<u>Juan F.</u> v. Malloy Exit Plan Quarterly Report July 1, 2014 - September 30, 2014 Civil Action No. 2:89 CV 859 (SRU)

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Highlights

- The Third Quarter 2014 findings regarding the Exit Plan indicate that the Department maintained compliance with 13 of the 22 measures. Of the nine measures that did not meet the established standards the most critical deal with the case planning process, meeting children's service needs, completing timely investigations, re-entry of children into care, appropriate visitation with family members of open in-home cases and excessive caseloads for Social Work staff.
- Over the course of many reports I have detailed both the considerable progress that has been made and the barriers facing Connecticut's Department of Children and Families. Commissioner Joette Katz has made significant progress by instituting innovative directives and new protocols to reshape the agency's approach to child welfare practice. Substantial changes have been made that address many of the core issues necessary to exit from the *Juan F*. Consent Decree. Teaming has become the norm in the Department. I have noted on numerous occasions, how this is benefiting children by allowing so many to remain in or return to their homes or live in a family-setting with relatives or kin and receive therapeutic services in the community. This includes children who would have previously stayed in a congregate care placement for lengthy periods of time, beyond what was clinically necessary. The number of children receiving behavioral or mental health treatment out-of-state or in in-state congregate care settings has been reduced dramatically. It is also important to note the Department's tremendous efforts in addressing human trafficking. This has rightfully been recognized on a national level.

Unfortunately, these areas of progress were tempered by significant problems. The first was the ill-advised level of reduction in staffing that occurred during the implementation of the Differential Response System and the lack of sufficient hiring by the state after a prolonged spike in reports and active cases. The second was the insufficient re-investment of the savings that resulted from the reduction in utilization of expensive and restrictive levels of care combined with budget reductions that have been instituted. The transition to a more family-focused, collaborative and strength-based model where families and stakeholders are always part of the teaming decisions and every effort is made to keep children in family-type settings required DCF staff to embrace a new model of case management. Progress and transition work continues on many fronts within the Department but the deficiencies cited must be addressed. To a large degree the Department has succeeded in making this important pivot, but it would have far more substantial if caseloads were reasonable and the level of service availability was adequate.

Challenging workload issues were still very prevalent during the quarter under review having great impact on many outcome measures. Even under the best of circumstances, the provision of case management services by front-line staff of a child protection agency is one of the most difficult jobs that exists. Despite the hiring of staff that I referenced in previous reports, many of the staff are still in training and are now beginning to take on full caseloads. While some

new trainees are receiving case assignments, supervision and management oversight dictates that they not receive full caseloads until properly trained. While, not yet corrected, one can see from reviewing reports that the caseload situation is improving. During the first week of January, 116 staff were over the maximum caseload limit and 76 had exceeded the limit for over 30 days. As of January 22, 2014 the numbers have been reduced to 77 and 45 respectively.

Unfortunately many more staff still have caseloads at or near the caseload maximum. Staff cannot meet the expectations laid out for them by state laws, state regulations, Consent Decree or DCF policy requirements when operating near or at the maximum caseloads levels for such long periods of time. These challenges will continue for the near future, and there are additional concerns. Given all of the changes in the workforce, many of the supervisors are newly promoted and require some training and time to develop appropriate skill sets to master their new roles. And, although the caseload numbers will improve with regular hiring, the impact of the re-assignment or transferring of hundreds of cases to new workers has a detrimental impact on the permanency and well-being outcomes for the children and families being served. Many independent studies have noted this concern and we are seeing the negative impact in reviewed cases.

The Department has worked on addressing the reinvestment issue on a number of parallel tracks that has included the continued work on the "Connecticut Children's Behavioral Health Plan" that is required as part of Public Act 13-178. The details of this plan need to be further developed and the plan must be funded and implemented. That said, the failure to reinvest a greater portion of the savings from reduced use of congregate care treatment and continued cuts to the Department's budget is harmful to the thousands of children that have been and continue to be diverted. While some new programming has occurred in each of the last few years, the Department's budget has been systematically reduced over the past four years by over \$100 million dollars via reductions and rescissions. Most recently, close to \$9 million dollars was removed from various accounts in the DCF budget despite a current deficit of almost \$9 million in the Foster Care Board and Care account. Service gaps, routinely documented by my office as well as numerous Department, Legislative and advocate reports, existed prior to the reduction in utilization of congregate care. The insufficient level of reinvestment has exacerbated these gaps and created additional concerns statewide. The gaps include: the lack sufficient out-patient services for children and adults, in-home services, substance abuse services, re-unification services, domestic violence services, emergency psychiatric services, support services for both non-related and related family resources and the need for additional foster home resources. During meetings with external stakeholders during the past quarter, most providers and stakeholders in attendance indicated that the Department's emphasis on servicing children in the community while placed with family or in family-based arrangements was sound and they are generally very supportive. But, they are alarmed that a corresponding increase in both community-based services, support services for foster resources, and short-term inpatient emergency services has not occurred. They voiced concerned for the welfare of both the children and the families they reside with, given the lack of appropriate and sufficient accessible services. I concur with the concerns they have expressed.

In addition to the negative impact that the lack of sufficient reinvestment in community based services causes it should be noted that the hiring of more than 150 new Social Workers over a

short period of time also decimates the workforce of private providers expected to provide these services since many hires come from their ranks. This effectively reduces and limits the community-based service they can provide until they hire and train new staff.

Goals and targeted outcomes are valuable tools when utilized correctly. While Commissioner Katz has been clear with her managers and staff that the "best interests" of the child are paramount in considering the treatment and placement needs of the child, I believe there are Central Office and Regional Office staff that have interpreted the message to emphasize family-based care too narrowly and have not always used available congregate care services when warranted. Mandates that are misinterpreted can result in an appropriate service not being used despite well-constructed clinical recommendations and is harmful to the children and families. While all referrals for utilization of congregate care are routed to Commissioner Katz for review, she rarely turns down a request that demonstrates that a thorough examination of treatment options has been explored. Clearly, there are many cases where a child will benefit from a short term treatment/placement episode in a congregate program. Based on our reviews and discussions with DCF staff and external professionals some children are not being referred for the most appropriate service. I am encouraged that Commissioner Katz has recognized this problematic issue and is in the process of addressing it with her staff.

- The Court Monitor's quarterly review of the Department's efforts to meet the Exit Plan Outcome Measures during the period of July 1, 2014 through September 30, 2014 indicates the Department achieved 13 of the 22 Outcome Measures. The nine measures not met include: Outcome Measure 2 (Completion of Investigation), Outcome Measure 3 (Case Planning), Outcome Measure 8 (Adoption), Outcome Measure 10 (Sibling Placement), Outcome Measure 11 (Re-entry into DCF Custody), Outcome Measure 14 (Placement Within Licensed Capacity), Outcome Measure 15 (Children's Needs Met), Outcome Measure 17 (Worker-Child Visitation In-Home)¹, and Outcome Measure 18 (Caseload Standards).
- The Court Monitor has continued the work to pre-certify Outcome Measures in order to advance the exit process from federal oversight. Eleven Outcome Measures have been certified thus far. Two Outcome Measures were found not to be at a compliance level that we could pre-certify findings. For more details reference the Pre-Certification Review Reference section of this report. *Juan F.* Pre-Certification of Outcome Measure 19 is the latest to be reviewed and pre-certified and is located in Appendix 2 of this report.
- The Division of Foster Care's monthly report for September 2014 indicates that there are 2,028 licensed DCF foster homes. This is a decrease of two homes when compared with the First Quarter 2014 report. The number of approved private provider foster care homes is 810 which is a decrease of 8 homes from the previous quarter. The number of private provider foster homes currently available for placement is 85.

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

- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased by 37 from the 505 in August 2014 to 468 at the close of this quarter. While this goal may be appropriate for some youth, it is not a preferred goal due to its lack of formal permanent and stable relationships with an identified adult support, be it relative or kin. The Department has continued training for staff regarding Permanency Teaming, which is a collaborative approach to permanency planning for children/youth in foster care or at risk of entering the foster care system. Permanency Teaming will be the primary means by which caseworkers engage a child's/youth natural network (birth parents, extended family, other important adults) in addition to professional supports and conduct ongoing case management activities. Individual conversations, joint meetings and large team meetings will be utilized in this effort and there is tremendous opportunity in implementing this effort to reduce the number of meetings currently held for other specific issues. The frequent large team meetings envisioned in this approach will allow a number of topics to be addressed in a more holistic manner. When successfully implemented this process will result in a significant efficiency for children, parents, stakeholders and DCF staff with respect to time and travel and improving the clarity of plans and expectation through improved communication.
- According to the 54 case, blind-sample conducted for the Third Quarter 2014, the Department's statewide result for Outcome Measure 3 (Case Plans), is 46.3%. This is the same finding as the previous quarter and below the standard of 90%. Outcome Measure 15 requires that all needs be met within the case for 80% of the children and families served. The Department's statewide result for OM 15 (Needs Met), within the 54 case sample is calculated at a rate of 64.8%. This means that the standard (80%) was not achieved for the Third Quarter 2014.

No Area Office achieved the OM 3 measure this quarter while the Bridgeport, Meriden, Middletown, New Britain, Norwalk and Waterbury Area Offices met the OM 15 standard. The impact of insufficient staffing resources was still very evident in the cases reviewed for the Third Quarter 2014.

It is very concerning that 10 of the 54 case plans reviewed for the Third Quarter 2014 were not approved at the time of my staffs review. This means that those case did not have a formal review and sign off by the Social Work Supervisor. The incidence rate for lack of approval has risen sharply over the last few quarters. The importance of a thorough review and approval is evidenced by the fact that in none of the 10 reviewed cases noted above was the lack of approval the only reason that a case plan was deemed "not appropriate"; additional concerns were noted regarding the quality of the case planning process in all 10. This issue of delayed approvals continues to be a concern as we cannot underscore the importance of timely sharing of accurate and clear assessments and expectations with the case participants by utilizing the case plans. In all of these instances the plans had not been finalized and shared with the families 25-30 days after the ACR or family conference. It is clear that the staffing issues and caseload/workload are some of the factors in the delay in case approvals as responses from area office staff often cite a lack of approval as a breakdown in their review process or the overwhelming demands of other case management priorities.

There were multiple needs noted in this quarter among the 54 cases. In all, 287 identifiable unmet needs rose to the level of what reviewers felt had a significant negative impact on the health, safety or well-being of the children and families were noted within the sample. The most common barrier identified is again the client refusal, but delays in referrals and unavailable or wait-listed services were also prevalent.

- As of November 2014, there were 103 *Juan F*. children placed in residential facilities. This is a reduction of 13 children compared with August 2014. The number of children residing in residential care for greater than 12 months was 35, which is a decrease of 3 children in comparison to the 38 reported in August 2014.
- The Department continues to reduce the number of <u>Juan F.</u> children residing and receiving treatment in out-of-state residential facilities. As of December 2014, the number of children decreased by 5 for a total of 11 children compared to the 16 children reported for September 2014.
- The number of children age 12 years old or younger in congregate care decreased by 11 to 19 children as of November 2014. Of the total, five are placed in Residential Care, 8 children reside in SAFE Homes, and 6 children are placed in group homes.
- As of August 2014, there were two children aged 1 to 5 years of age residing in a Congregate Care placement. The children were placed in medical care settings due to complex medical conditions.
- The number of children utilizing SAFE Home temporary placements decreased to 16 as of November 2014 compared with the 22 reported as of August 2014. The number of children in SAFE Home overstay status (>60 days) during the Third Quarter, was 15 children or 94%. There were 7 children with lengths of stay in excess of six months as of November 2014. There are a significant number of unused beds in the SAFE Home array and the Department is proceeding with a plan to change the SAFE Home model to focus on shorter lengths of stay and increased collaborative work with families and stakeholders during the child's placement episode.
- There were 43 youth in STAR programs as of November 2014, this is 5 less than the 49 reported in August 2014. Thirty (70%) of these youth in STAR programs were in overstay status (>60 days) as of November 2014. There were seven children with lengths of stay longer than six months as of November 2014. In the past, the lack of sufficient and appropriate treatment/placement services, especially family-based settings for older youth, hampered efforts to reduce the utilization of STAR services. Given the drop in utilization of this resource a review of the planning and service provision for children diverted from this service she be undertaken to ensure that their needs are adequately being addressed.

- The Monitor's quarterly review of the Department for the period of July 1, 2014 through September 30, 2014 indicates that the Department did not achieve compliance with nine (9) measures:
 - Completion of Investigation (78.6%)
 - Case Planning (46.3%)
 - Adoption (30.2%)
 - Sibling Placements (88.7%)
 - Re-entry into DCF Custody (7.7%)
 - Placement Within Licensed Capacity (95.3%)
 - Children's Needs Met (64.8%)
 - Worker-Child Visitation In-Home (N/A)²
 - Caseload Standards (84.5%)
- The Monitor's quarterly review of the Department for the period of July 1, 2014 through September 30, 2014 indicates the Department has achieved compliance with the following 13 Outcome Measures:
 - Commencement of Investigations (93.8%)
 - Search for Relatives (86.9%)
 - Repeat Maltreatment (4.5%)
 - Maltreatment of Children in Out-of Home Cases (0.3%)
 - Reunification (71.3%)
 - Transfer of Guardianship (73.2%)
 - Multiple Placements (96.5%)
 - Foster Parent Training (100.0%)
 - Worker-Child Visitation Out-of Home Cases (93.4% Monthly/98.4% Quarterly)
 - Residential Reduction (2.7%)
 - Discharge Measures regarding Education, Work, and Military Status (93.8%)
 - Discharge to Adult Services (100.0%)
 - Multi-disciplinary Exams (96.0%)

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.

- The Department has maintained compliance for at least two (2) consecutive quarters³ with 12 of the Outcome Measures reported as achieved this quarter:
 - Commencement of Investigations
 - Search for Relatives
 - Repeat Maltreatment
 - Maltreatment of Children in Out-of-Home Care
 - Reunification
 - Multiple Placements
 - Foster Parent Training
 - Visitation Out-of-Home
 - Residential Reduction
 - Discharge of Youth with High School diplomas, work or military service
 - Discharge of Youth to Adult Services
 - Multi-disciplinary Exams

A full copy of the Department's Third Quarter 2014 submission including the Commissioner's Highlights may be found on page 52.

³ The Defendants must be in compliance with all of the outcome measures, and in sustained compliance with all of the outcome measures for at least two consecutive quarters (six-months) prior to asserting compliance and shall maintain compliance through any decision to terminate jurisdiction.

Statewide	Juan F.	Exit	Plan R	eport (Outco	me Mo	easur	e Ove	rview	1																									
Measure	Measure	Base- line	3Q 2014	2Q 2014	1Q 2014	4Q 2013	3Q 2013	2Q 2013	1Q 2013	4Q 2012	3Q 2012	2Q 2012	1Q 2012	4Q 2011	3Q 2011	2Q 2011	1Q 2011	4Q 2010	3Q 2010	2Q 2010	1Q 2010	4Q 2009	3Q 2009	2Q 2009	1Q 2009	4Q 2008	3Q 2008	2Q 2008	1Q 2008	4Q 2007	3Q 2007	2Q 2007	1Q 2007	4Q 2006	3Q 2006
1: Commencement of Investigation	>=90%	х	93.8%	93.2%	93.6%	94.7%	96.0%	96.2%	95.5%	94.9%	95.7%	96.1%	96.6%	97.1%	97.3%	97.2%	97.2%	96.8%	97.4%	97.6%	97.4%	97.8%	97.6%	97.7%	97.6%	97.9%	97.4%	97.5%	97.8%	97.4%	97.0%	97.1%	96.5%	95.5%	98.7%
2: Completion of the Investigation	>=85%	73.7%	78.6%	77.3%	77.6%	83.7%	92.5%	92.2%	89.1%	90.2%	92.5%	92.4%	91.9%	93.3%	94.0%	94.4%	92.7%	90.0%	91.5%	92.9%	93.7%	94.3%	94.0%	91.8%	91.3%	91.4%	89.9%	93.7%	91.5%	92.9%	94.2%	93.7%	93.0%	93.7%	94.2%
3: Treatment Plans	>=90%	х	46.3%	46.3%	51.9%	NľA	65.5%	63.0%	56.4%	53.7%	47.8%	63.0%	39.6%	44.4%	50.9%	N∦A	81.1%	67.9%	66.0%	75.5%	86.5%	47.2%	53.8%	73.1%	65.4%	81.1%	62.3%	55.8%	58.8%	51.0%	30.0%	30.3%	41.3%	41.1%	54.3%
4: Search for Relatives	>=85%	58%	86.9%	85.1%	86.6%	88.3%	90.2%	85.3%	92.2%	87.3%	87.5%	89.5%	89.3%	92.8%	94.5%	94.5%	90.1%	88.8%	90.9%	91.2%	92.0%	90.0%	91.0%	91.2%	94.3%	94.3%	96.3%	95.8%	95.3%	93.6%	91.4%	93.8%	92.0%	91.4%	93.1%
<u>5: Repeat Maltreatment of In-Home</u> Children	<=7%	9.3%	4.5%	5.8%	6.3%	4.5%	4.9%	5.7%	4.4%	4.9%	4.3%	4.1%	4.3%	6.0%	6.1%	5.4%	5.7%	6.2%	6.5%	6.5%	5.8%	6.0%	5.4%	4.8%	5.8%	6.1%	5.7%	5.9%	5.7%	5.4%	6.1%	6.3%	7.4%	7.9%	7.9%
<u>6: Maltreatment of Children in Out-</u> of-Home Care	<=2%	1.2%	0.3%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.2%	0.1%	0.1%	0.4%	0.2%	0.1%	0.2%	0.3%	0.4%	0.1%	0.3%	0.2%	0.3%	0.3%	0.2%	0.2%	0.3%	0.0%	0.2%	0.2%	0.7%
7: Reunification	>=60%	57.8%	71.3%	73.9%	60.2%	62.5%	62.4%	62.8%	56.3%	57.6%	52.0%	61.1%	58.9%	65.8%	65.3%	73.1%	61.7%	64.9%	68.3%	67.1%	61.2%	71.4%	56.0%	71.9%	68.1%	69.6%	62.5%	64.4%	66.4%	61.0%	64.2%	67.9%	70.5%	61.3%	62.5%
8: Adoption	>=32%	12.5%	30.2%	34.2%	44.0%	33.9%	32.8%	31.6%	29.5%	25.9%	39.0%	34.3%	23.7%	33.6%	40.0%	32.7%	35.6%	38.5%	25.8%	36.0%	34.7%	35.2%	36.7%	33.2%	44.7%	27.2%	32.3%	33.0%	41.5%	35.5%	36.2%	40.6%	34.5%	33.6%	27.0%
9: Transfer of Guardianship	>=70%	60.5%	73.2%	65.2%	67.6%	63.8%	77.3%	65.6%	77.6%	76.5%	84.0%	76.7%	81.4%	83.1%	83.6%	78.4%	86.2%	87.3%	78.6%	74.6%	82.3%	76.3%	81.8%	75.7%	75.3%	64.9%	71.7%	70.0%	70.4%	80.8%	76.8%	88.0%	78.0%	76.4%	70.2%
10: Sibling Placement	>=95%	57%	88.7%	89.3%	90.6%	89.9%	92.5%	88.0%	89.5%	87.5%	87.5%	89.2%	88.5%	91.8%	89.3%	85.8%	86.7%	83.3%	81.9%	84.8%	85.6%	83.4%	84.7%	83.1%	83.4%	82.1%	82.6%	86.8%	86.7%	85.2%	83.3%	79.1%	84.9%	85.5%	84.8%
11: Re-Entry into DCF Custody	<=7%	6.9%	7.7%	8.0%	4.8%		5.5%					6.8%			7.2%				7.3%				9.9%				4.3%					8.5%			4.3%
12: Multiple Placements	>=85%	x	96.5%				96.6%					96.6%			96.4%				95.7%				95.7%										96.3%		
13: Foster Parent Training	100%	×	100.0%	100.0%			100.0%								100.0%				100.0%				100.0%				100.0%						100.0%		
14: Placement Within Licensed		94.9%	95.3%		96.0%		96.2%					95.3%							95.4%				96.3%				97.0%					97.1%		96.5%	
Capacity	>=96%			95.4%											95.2%																				
15: Children's Needs Met 16: Worker-Child Visitation (Out-of-	>=80%	×	64.8%				67.3%					61.1%			60.4%		58.5%		58.5%				55.8%				62.0%					51.3%			62.0%
Home)	>=85%(M)	x	93.4%		94.9%	95.4%	94.6%	95.8%	95.9%	94.2%	93.6%	92.7%	95.1%	92.3%	95.0%	95.1%	95.8%	95.3%	95.3%	95.7%	96.2%	95.8%	95.1%	95.7%	95.7%	95.0%	95.4%	94.9%	95.9%	94.6%	94.8%	94.6%	95.1%	94.7%	92.5%
17: Worker-Child Visitation (In-	=100%(Q)	x	98.4%	98.9%	98.8%	99.0%	98.8%	99.0%	99.2%	99.1%	98.7%	98.7%	99.2%	98.6%	99.0%	99.2%	99.2%	98.9%	98.9%	99.3%	99.6%	99.7%	99.0%	99.3%	99.2%	98.9%	91.5%	90.9%	93.1%	93.1%	92.8%	95.7%	93.3%	91.0%	91.5%
Home)	>=85%	x	83.3%	83.9%	83.0%	85.3.%	86.1%	88.6%	88.1%	84.1%	87.0%	85.8%	84.8%	85.9%	86.3%	89.7%	88.5%	89.7%	89.4%	89.7%	89.6%	88.5%	88.8%	89.6%	90.5%	89.7%	90.3%	91.4%	90.8%	89.9%	89.4%	90.9%	89.0%	89.2%	85.7%
18: Caseload Standards	100%	69.2%	84.5%	83.6%	94.5%	97.6%	99.9%	99.9%	99.8%	99.9%	100.0%	99.7%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	99.9%	99.6%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
19: Reduction in the Number of Children Placed in Residential Care	<=11%	13.5%	2.7%	3.4%	4.0%	4.2%	4.3%	4.9%	5.1%	5.8%	6.3%	6.9%	7.5%	8.5%	8.8%	9.8%	10.0%	9.9%	9.4%	10.1%	10.0%	9.9%	9.6%	9.7%	10.0%	10.0%	10.0%	10.4%	10.5%	10.9%	10.8%	11.0%	10.9%	11.0%	10.9%
20: Discharge Measures	>=85%	61%	93.8%	97.1%	90.9%	94.5%	85.7%	86.3%	86.5%	95.9%	89.2%	85.7%	86.9%	76.5%	88.0%	79.4%	82.9%	87.2%	88.5%	87.9%	86.0%	86.9%	80.0%	92.2%	85.3%	92.2%	93.0%	92.0%	92.0%	96.0%	95.0%	x	×	100.0%	100.0%
21: Discharge of Mentally Ill or Mentally Retarded Children	100%	x	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	92.0%	97.0%	96.1%	97.3%	98.1%	100.0%	97.6%	100.0%	97.2%	96.7%	95.0%	95.0%	98.0%	97.0%	96.0%	95.0%	×	×	97.0%	100.0%
22: Multi-disciplinary Exams (MDE)	>=85%	5.6%	96.0%	91.8%	85.4%	85.1%	94.1%	93.6%	95.0%	89.7%	95.5%	93.8%	90.0%	93.4%	93.3%	96.3%	91.9%	97.5%	96.1%	96.4%	95.7%	95.7%	91.4%	94.5%	93.6%	90.1%	94.0%	93.6%	98.7%	96.4%	95.2%	96.8%	91.1%	94.2%	86.0%

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

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

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

In recognition of the progress made and sustained by the Department with respect to a number of Outcome Measures, and the fact that the well-being of the <u>Juan F.</u> 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 <u>Juan F</u>. 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 <u>Juan F.</u> class members, and to increase the efficiency of DCF's eventual complete compliance and exit from the Consent Decree.

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

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

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

During the Third Quarter 2014, a Pre-Certification Review of Outcome Measure 19 (Residential Care) was completed. On December 17, 2006 when we last did our reporting, there were 663 *Juan F* children in residential care settings (excluding children with committed delinquent status). Of that total 225 *Juan F*. children were placed in out of state facilities. The majority of those placed out-of-state (47.1%) were located within the border states of Massachusetts, Rhode Island or New York.

In what can be touted as one of the most significant successes of this Administration, today (October 2014) there are 156 children in residential settings (2.75% of the <u>Juan F.</u> child-inplacement population). Of this residential cohort, 13 children are placed out-of-state and eight of those children are in the neighboring state of Massachusetts. Only seven children were under the age of 13 (10-12); all but one of these children was placed in-state.

The implemented ASO process has a child specific review so that a re-determination of need for this most restrictive placement setting is periodically undertaken in an effort to identify and then move children in a more timely and planned manner. Even today, eight years later, though major strides have been made, delays in achieving step-down placements do exist. This is due to the need for development of more therapeutic foster care homes and community based services to allow for reunification. Further reductions in the residential census will be dependent upon the level of success of these current initiatives, and the growth of appropriate, accessible community based services to a less restrictive placement setting.

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

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

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

OM 16: Worker/ Child	DCF shall visit at least 85% of all out-of-home children at	Pre-Certified
Visitation (Child in	least once a month, except for probate, interstate, or	April 2012
Placement)	voluntary cases. All children must be seen by their DCF	
	Social Worker at least quarterly.	
OM 17: Worker-Child	DCF shall visit at least 85% of all in-home family cases at	Not Pre-Certified
Visitation (In-Home)	least twice a month, except for probate, interstate or	January 2012
	voluntary cases.	
	Definitions and Clarifications:	
	1. Twice monthly visitation must be documented with	
	each active child participant in the case. Visitation	
	occurring in the home, school or other community setting	
	will be considered for Outcome Measure 17.	
OM 19: Reduction in the	The number of children placed in privately operated	Pre-Certified
Number of Children Placed	residential treatment care shall not exceed 11% of the total	December 2014
in Residential Care	number of children in DCF out-of-home care. The	200011001 2011
	circumstances of all children in-state and out-of-state	
	residential facilities shall be assessed after the Court's	
	approval of this Exit Plan on a child specific basis to	
	determine if their needs can be met in a less restrictive	
OM 20: Dischause Massures	setting.	Pre-Certified
OM 20: Discharge Measures	At least 85.0% of all children age 18 or older shall have	
	achieved one or more of the following prior to discharge	September 2011
	from DCF custody: (a) Graduation from High School; (b)	
	Acquisition of GED; (c) Enrollment in or completion of	
	college or other post secondary training program full-time;	
	(d) Enrollment in college or other post secondary training	
	program part-time with part-time employment; (e) Full-	
	time employment; (f) Enlistment full-time member of the	
	military.	
OM 21: Discharge of	DCF shall submit a written discharge plan to either/or	Pre-Certified
Mentally Ill or	DMHAS or DDS for all children who are mentally ill or	September 2011
Developmentally Disabled	developmentally delayed and require adult services."	
Youth		
OM22: Multi-disciplinary	At least 85% of the children entering the custody of DCF	Pre-Certified
Exams	for the first time shall have an MDE conducted within 30	January 2013
	days of placement."	

The full report for Outcome Measure 19 (Reduction in the Number of Children Placed in Residential Care) is located in **Appendix 2.**

Pre-Certification Next Steps

Outcome Measure 10 (Sibling Placement) is the next reviews in the queue.

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

Statewide, the Third Quarter 2014 DCF performance result for Outcome Measure 3 (OM3) - Case Plans is once again 46.3%. Though there were great variations within the performances in various offices and regions from the prior quarter, the statewide total is identical to the score achieved in the Second Quarter 2014. This quarter, 10 of the 54 case plans (18.5%) that did not pass lacked timely supervisory approval.

Area Off	ice		Appropriate Case Plan	Not an Appropriate Case Plan	Total
Region	Bridgeport	Count	2	3	5
Ĩ	61	%	40.0%	60.0%	100.0%
	Norwalk	Count	0	2	2
		%	0.00%	100.0%	100.0%
	Region I		28.6%	71.4%	100.0%
Region	New Haven	Count	2	3	5
Ĭ			40.0%	60.0%	100.0%
	Milford	Count	3	1	4
		%	75.0%	25.00%	100.0%
	Region II		55.6%	44.4%	100.0%
Region	Middletown	Count	1	1	2
Ш		%	50.00%	50.00%	100.0%
	Norwich	Count	1	4	5
		%	20.0%	80.0%	100.0%
	Willimantic	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Region III		40.0%	60.0%	100.0%
Region	Hartford	Count	2	6	8
ĬV		%	25.0%	75.0%	100.0%
	Manchester	Count	3	1	4
		%	75.0%	25.0%	100.0%
	Region IV		41.7%	58.3%	100.0%
Region	Danbury	Count	0	2	2
Ŭ		%	0.00%	100.0%	100.0%
	Torrington	Count	1	1	2
	C	%	50.00%	50.00%	100.0%
	Waterbury	Count	3	2	5
		%	60.0%	40.0%	100.0%
	Region V		44.4%	55.6%	100.0%
Region	Meriden	Count	1	1	2
ŬΙ		%	50.0%	50.0%	100.0%
	New Britain	Count	4	1	5
		%	80.0%	20.0%	100.0%
	Region VI		71.4%	28.6%	100.0%
	Statewide		25	29	54
		%	46.3%	53.7%	100.0%

No area office achieved the benchmark standard of 90% or higher this quarter; New Britain achieved the highest performance with 80% of its reviewed cases meeting the standards set forth

Table 1:	Table 1: Outcome Measure OM3 Regional Quarterly Performance Comparison												
		Si	tandard: 90%	ó									
	Region I	Region II	Region III	Region IV	Region V	Region VI	Statewide						
3 rd Quarter 2014	28.6%	55.6%	40.0%	41.7%	44.4%	71.4%	46.3%						
2 nd Quarter 2014	71.4%	33.3%	80.0%	25.0%	33.3%	42.9%	46.3%						
1 st Quarter 2014	28.6%	66.7%	80.0%	41.7%	22.2%	71.4%	51.9%						
4 th Quarter 2013	28.6%	50.0%	50.0%	50.0%	33.3%	75.0%	48.1%						
3 rd Quarter 2013	57.1%	77.8%	90.0%	46.2%	67.7%	57.1%	65.5%						
2 nd Quarter 2013	42.9%	88.9%	60.0%	50.0%	66.7%	71.4%	63.0%						
1 st Quarter 2013	37.5%	77.8%	70.0%	41.7%	55.6%	71.4%	58.2%						
4 th Quarter 2012	71.4%	55.6%	60.0%	46.2%	50.0%	57.1%	55.6%						
3 rd Quarter 2012	55.6%	54.5%	33.3%	64.3%	36.4%	55.6%	49.3%						
2 nd Quarter 2012	57.1%	66.7%	80.0%	45.5%	77.8%	50.0%	63.0%						

in the methodology. As shown, Region VI maintained the highest regional level of performance with 71.4%; while Region I was at the lowest level measured: 28.6%.

The table below provides a case by case summary of the individual scores for each area office/region. The eight domains and indication related to supervisory approval are provided for reference. Court Monitor overrides are signified by an overall score reported in italics. This quarter there were 11 overrides granted for Outcome Measure 3. Many were related at least in part to the lack of family feedback narratives being incorporated into the case plans, while evidence of family engagement was clear through other parts of the documentation. In some instances, goals or action steps that were not fully identified were actually in place at the time of our review therefore weight was given to that documentation and feedback in addition to the information available within the actual document.

					Outcome M	leasure 3 Tl	nird Quarte	r 2014 Case Sumr	naries				
Region	Area Office	Case Type	Approved?	Language Accommodated?	Reason for Involvement	Identifying Information	Engagement of Child and Family	Present Situation/ Assessment to Date of Review	Determining Goals/ Objectives	Progress	Action Steps for the Upcoming Six Months	Planning for Permanency	Overall Outcome Measure 3
	Bridgeport	CPS CIP	yes	yes	Optimal	Very Good	Marginal	Very Good	Optimal	Very Good	Very Good	Very Good	Appropriate Case Plan
	Bridgeport	CPS CIP	yes	yes	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	Bridgeport	CPS In- Home	yes	yes	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
Region	Bridgeport	CPS In- Home	yes	no	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
I	Bridgeport	CPS In- Home	yes	yes	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Marginal	Marginal	Not an Appropriate Case Plan
	AO %		100.0%	80.0%	100.0%	80.0%	40.0%	60.0%	80.0%	100.0%	60.0%	80.0%	40.0%
	Norwalk	CPS In- Home	yes	yes	Optimal	Marginal	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Norwalk	CPS CIP	yes	yes	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Marginal	Marginal	Not an Appropriate Case Plan
	A0%		100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	50.0%	100.0%	50.0%	50.0%	0.0%
Region	n I %		100.0%	85.7%	100.0%	57.1%	28.6%	42.9%	71.4%	100.0%	57.1%	71.4%	28.6%

Region	Area Office	Case Type	Approved?	Language Accommodated?	Reason for Involvement	Identifying Information	Engagement of Child and Family	Present Situation/ Assessment to Date of Review	Determining Goals/ Objectives	Progress	Action Steps for the Upcoming Six Months	Planning for Permanency	Overall Outcome Measure 3
	Milford	CPS CIP	yes	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Appropriate Case Plan
	Milford	CPS In- Home	yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
	Milford	CPS In- Home	yes	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Milford	CPS In- Home	yes	yes	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Marginal	Marginal	Appropriate Case Plan
	AO %		100.0%	100.0%	100.0%	100.0%	75.0%	75.0%	75.0%	100.0%	25.0%	75.0%	75.0%
Region II	New Haven	CPS In- Home	yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Optimal	Not an Appropriate Case Plan
	New Haven	CPS CIP	no	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	New Haven	CPS CIP	yes	yes	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Appropriate Case Plan
	New Haven	CPS In- Home	yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	New Haven	Voluntary Services In-Home	yes	yes	Very Good	Optimal	Marginal	Very Good	Marginal	Very Good	Very Good	Optimal	Appropriate Case Plan
	AO %		80.0%	100.0%	100.0%	100.0%	40.0%	40.0%	40.0%	100.0%	80.0%	100.0%	40.0%
	Region	II %	88.9%	100.0%	100.0%	100.0%	44.4%	55.6%	55.6%	100.0%	55.6%	88.9%	55.6%

ion	Area Office	Case Type	Approved?	Language Accommodated?	Reason for Involvement		Engagement of Child and Family	Present Situation Assessment to Da Review		8 8	Action Steps for the Upcoming Six Months	Planning for Permanency	Overall Outcome Measure 3
ion	Middletown	CPS CIP	no	yes	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Middletown	CPS In- Home	yes	yes	Very Good	Very Good	Very Good	Ū.	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	AO %		50.0%	100.0%	100.0%	100.0%	100.0%	50.		% 100.0%	50.0%	100.0%	50.0%
	Norwich	CPS In- Home	yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Norwich	CPS In- Home	yes	yes	Very Good	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Norwich	CPS CIP	yes	yes	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Marginal	Not an Appropriate Case Plan
	Norwich	CPS In- Home	yes	yes	Optimal	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Norwich	VSP CIP	yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	AO %		100.0%	100.0%	80.0%	100.0%	80.0%	20.	0% 40.0	% 100.0%	60.0%	80.0%	20.0%
	Willimantic	CPS In- Home	yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	Willimantic	CPS CIP	no	yes	Marginal	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Marginal	Not an Appropriate Case Plan
		CPS CIP	yes	yes	Very Good	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Appropriate Case Plan
	A0%		66.7%	100.0%	66.7%	100.0%	66.7%	66.	7% 100.0	% 33.3%	100.0%	66.7%	66.7%
	Regio	nal %	80.0%	100.0%	80.0%	100.0%	80.0%	40.	.0% 60.0	0% 80.0%	70.0%	80.0%	40.0%

Region	Area Office	Case Type	Approved?	Language Accommodated?	Reason for Involvement	Identifying Information	Engagement of Child and Family	Present Situation/ Assessment to Date of Review	Determining Goals/ Objectives	Progress	-	Planning for Permanency	
	Hartford	CPS In- Home	yes	yes	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Appropriate Case Plan
	Hartford	CPS CIP	yes	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Appropriate Case Plan
	Hartford	CPS In- Home	no	yes	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Marginal	Not an Appropriate Case Plan
	Hartford	CPS CIP	no	yes	Absent/ Averse	Poor	Marginal	Absent/Averse	Poor	Absent/Averse	Poor	Marginal	Not an Appropriate Case Plan
	Hartford	CPS CIP	no	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Hartford	CPS In- Home	no	no	Marginal	Marginal	Poor	Poor	Marginal	Absent/Averse	Marginal	Marginal	Not an Appropriate Case Plan
Region IV	Hartford	CPS CIP	no	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Hartford	CPS In- Home	no	UTD	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	AO %		25.0%	75.0%	75.0%	75.0%	25.0%	25.0%	62.5%	75.0%	50.0%	62.5%	25.0%
	Manchester	CPS CIP	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	yes	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Manchester	CPS In- Home	yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Manchester	CPS In- Home	yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	AO %		100.0%	100.0%	100.0%	100.0%	75.0%	50.0%	75.0%	100.0%	100.0%	100.0%	75.0%
	Region IV	%	50.0%	83.3%	83.3%	83.3%	41.6%	33.3%	66.7%	83.3%	66.7%	75.0%	41.7%

Region	Area Office	Case Type	Approved?	Language Accommodated?	Reason for Involvement		Engagement of Child and Family		Determining Goals/ Objectives	Progress	Action Steps for the Upcoming Six Months	Planning for Permanency	Overall Outcome Measure 3
Region V	Danbury	VSP In- Home	yes	yes	Very Good	Marginal	Marginal	Marginal	Very Good	Too early to note progress	Marginal	Very Good	Not an Appropriate Case Plan
	Danbury	CPS CIP	yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Marginal	Not an Appropriate Case Plan
	AO %		100.0%	100.0%	100.0%	50.0%	0.0%	0.0%	50.0%	0.0%	50.0%	50.0%	0.0%
	Torrington	CPS CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Torrington	CPS In- Home	yes	yes	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	AO %		100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	50.0%
	Waterbury	CPS In- Home	yes	yes	Optimal	Optimal	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	Appropriate Case Plan
	Waterbury	VSP In- Home	yes	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Waterbury	CPS In- Home	no	yes	Poor	Poor	Marginal	Poor	Poor	Poor	Poor	Marginal	Not an Appropriate Case Plan
	Waterbury	CPS CIP	yes	yes	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Marginal	Optimal	Appropriate Case Plan
	Waterbury	CPS CIP	yes	yes	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	AO %		80.0%	100.0%	80.0%	60.0%	80.0%	60.0%	60.0%	80.0%	40.0%	80.0%	60.0%
	Region V ⁶	%	88.9%	100.0%	88.9%	77.8%	55.6%	44.4%	66.7%	75.0%	55.6%	77.8%	44.4%

Region	Area Office	Case Type	Approved?	Language Accommodated?	Reason for Involvement	Identifying Information	Engagement of Child and Family	Present Situation/ Assessment to Date of Review	Determining Goals/ Objectives	Progress	for the Upcoming	Planning for Permanency	Overall Outcome Measure 3
	Meriden	CPS In- Home	yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Six Months Marginal	Very Good	Not an Appropriate Case Plan
	Meriden	CPS CIP	yes	yes	Optimal	Very Good	Optimal	Very Good	Marginal	Very Good	Marginal	Optimal	Appropriate Case Plan
	AO %		100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	0.0%	100.0%	0.0%	100.0%	50.0%
	New Britain	CPS CIP	yes	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
Region	New Britain	CPS In- Home	yes	yes	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Appropriate Case Plan
VI	New Britain	CPS In- Home	yes	yes	Optimal	Very Good	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	New Britain	CPS In- Home	yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
	New Britain	CPS CIP	yes	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Appropriate Case Plan
	AO %		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	80.0%	100.0%	80.0%
	Regio	n VI %	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	57.1%	100.0%	57.1%	100.0%	71.4%
	State	wide %	81.5%	94.4%n	96.3%	87.0%	59.3%	48.1%	63.0%	88.7%	61.1%	81.5%	46.3%

Outcome Measure 15

The Third Quarter sample results of 64.8% are an improvement over the prior quarter's results of 59.3%. This reflects some progress, but still remains significantly below the goal of 80% set by Outcome Measure 15 and continues to vary between the area offices and regions of the state:

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

Crosstabulation Score for Outcon	2: What is the so	cial worker's area o	ffice assignment? * Ov	erall
		Needs Met	Needs Not Met	Total
	Count	4	1	5
Bridgeport	% area office	80.%	20.%	100.0%
N II	Count	2	0	2
Norwalk	% area office	100.0%	0.0%	100.0%
Region I		85.7%	14.3%	100.0%
	Count	3	1	4
Milford	% area office	75.0%	25.0%	100.0%
N. 11	Count	3	2	5
New Haven	% area office	60.0%	40.0%	100.0%
Region II		66.7%	33.3%	100.0%
	Count	2	0	2
Middletown	% area office	100.0%	0.0%	100.0%
	Count	2	3	5
Norwich	% area office	40.0%	60.0%	100.0%
	Count	2	1	3
Willimantic	% area office	66.7%	33.3%	100.0%
Region III		60.0%	40.0%	100.0%
-	Count	4	4	8
Hartford	% area office	50.0%	50.0%	100.0%
NF N <i>L</i>	Count	2	2	4
Manchester	% area office	50.0%	50.0%	100.0%
Region IV		50.0%	50.0%	100.0%
	Count	0	2	2
Danbury	% area office	0.0%	100.0%	100.0%
	Count	1	1	2
Torrington	% area office	50.0%	50.0%	100.0%
	Count	4	1	5
Waterbury	% area office	80.0%	20.0%	100.0%
Region V		55.6%	44.4%	100.0%
	Count	2	0	2
Meriden	% area office	100.0%	0.0%	100.0%
N	Count	4	1	5
New Britain	% area office	80.0%	20.0%	100.0%
Region VI		85.7%	14.3%	100.0%
0	Count	35	19	54
Statewide	%	64.8%	35.2%	100.0%

⁴ Measure excludes Probate, Interstate and Subsidy only cases.

The Area Offices that met or exceeded the measure were Bridgeport, Meriden, Middletown, New Britain, Norwalk, and Waterbury. At the combined regional level, Region I and Region VI had scores that met or exceeded the level required by OM15. This is the third time Region I has achieved the measure. Region VI is achieving this accomplishment for the first time as a region.

Table	3: Outcon	ne Measure	15 Regional (Quarterly Per	rformance (Comparison	
			Standard:	80%			
	Region I	Region II	Region III	Region IV	Region V	Region VI	Statewide
3 rd Quarter 2014	85.7%	66.7%	60.0%	50.0%	55.6%	85.7%	64.8%
2 nd Quarter 2014	85.7%	77.8%	80.0%	16.7%	44.4%	71.4%	59.3%
1 st Quarter 2014	71.4%	55.6%	80.0%	25.0%	55.6%	71.4%	57.4%
4 th Quarter 2013	28.6%	62.5%	60.0%	75.0%	33.3%	75.0%	57.4%
3 rd Quarter 2013	57.1%	77.8%	90.0%	53.8%	66.7%	57.1%	67.3%
2 nd Quarter 2013	85.7%	77.8%	80.0%	50.0%	100.0%	57.1%	74.1%
1 st Quarter 2013	62.5%	77.8%	70.0%	41.7%	66.7%	71.4%	63.6%
4 th Quarter 2012	71.4%	77.8%	50.0%	38.5%	50.0%	57.1%	55.6%
3 rd Quarter 2012	33.3%	36.4%	60.0%	78.6%	27.3%	77.8%	53.6%
2 nd Quarter 2012	71.4%	66.7%	70.0%	54.5%	77.8%	25.0%	61.1%

In the Third Quarter there were 16 overrides granted by the Court Monitor to achieve Needs Met status. The majority of these were granted as a result of additional documentation provided by the Area Office in response to reviewers' emails for additional information. Some of these related to information not clear within the record regarding service provision in the prior six months, or cases in which the area office failed to clarify future planning but actions were already underway to signify progress toward those objectives/needs.

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

Area Office	I	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Bridgeport	N/A to Case	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Marginal	Very Good	Optimal	Needs Met
Bridgeport	N/A to Case	Very Good	Optimal	Very Good	Optimal	Marginal	Optimal	Very Good	Optimal	Optimal	Optimal	Needs Met
Bridgeport	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Marginal	N/A to Case	N/A to Case	Very Good	Needs Met
Bridgeport	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Very Good	N/A to Case	Very Good	Needs Met
Bridgeport	Very Good	N/A to Case	N/A to Ca	Very Good	N/A to Case	Marginal	Very Good	Very Good	Marginal	N/A to Case	Marginal	Needs Not Met
AO %	100.0%	100.0%	100.0%	100.0%	100.0%	40.0%	100.0%	80.0%	50.0%	100.0%	80.0%	80.0%
Norwalk	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Met
Norwalk	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Very Good	Very Good	N/A to Case	Very Good	Needs Met
AO %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Region I %	100.0%	100.0%	100.0%	100.0%	100.0%	57.1%	100.0%	85.7%	66.7%	100.0%	85.7%	85.7%

Table 4: Case Summaries of Outcome Measure 15 Domain Performances by Individual Area Office, Region, Statewide

Area Office	Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Milford	N/A to Case	Very Good	Optimal	Optimal	Optimal	Marginal	Marginal	Optimal	Optimal	Optimal	Very Good	Needs Met
Milford	Very Good	Very Good	N/A to Case	Optimal	N/A to Case	Marginal	Very Good	Marginal	Very Good	N/A to Case	N/A to Case	Needs Not Met
Milford	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Very Good	Marginal	N/A to Case	Very Good	Needs Met
Milford	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Very Good	Optimal	N/A to Case	N/A to Case	Needs Met
AO %	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	75.0%	75.0%	75.0%	100.0%	100.0%	75.0%
New Haven	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Very Good	Very Good	Very Good	N/A to Case	Very Good	Needs Met
New Haven	N/A to Case	Very Good	Very Good	Optimal	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Needs Not Met
New Haven	Very Good	Optimal	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Optimal	Optimal	N/A to Case	Very Good	Needs Met
New Haven	N/A to Case	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Needs Met
New Haven	Very Good	N/A to Case	N/A to Case	Marginal	N/A to Case	Marginal	Optimal	Very Good	Marginal	N/A to Case	Marginal	Needs Not Met
AO%	100.0%	100.0%	100.0%	80.0%	50.0%	60.0%	100.0%	100.0%	60.0%	100.0%	60.0%	60.0%
Region II%	100.0%	100.0%	100.0%	88.9%	66.7%	55.6%	88.9%	88.9%	66.7%	100.0%	71.4%	66.7%

Area Office	Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Middletown	N/A to Case	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met
Middletown	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 Met
AO%	100.0%	100.0%	100.0%	100.0%	100.0%	6 100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%
Norwich	-	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Marginal	Marginal	N/A to Case		Needs Not Met
Norwich	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Optimal	Very Good	Optimal	N/A to Case	Needs Not Met
Norwich	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Very Good	N/A to Case	Very Good	Needs Met
Norwich	N/A to Case	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
Norwich	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Optimal	Marginal	Marginal	N/A to Case	Very Good	Needs Not Met
AO %	100.0%	100.0%	100.0%	100.0%	100.0%	40.0%	100.0%	60.0%	60.0%	100.0%	100.0%	40.0%
Willimantic	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Very Good	Very Good	N/A to Case	Optimal	Needs Met
Willimantic	N/A to Case	Optimal	Optimal	Optimal	Optimal	Marginal	Optimal	Marginal	Very Good	Very Good	N/A to Case	Needs Met
Willimantic	N/A to Case	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Optimal	Very Good	Very Good	Optimal	Needs Not Met
AO %	100.0%	100.0%	100.0%	100.0%	50.0%	66.7%	100.0%	66.7%	66.7%	100.0%	100.0%	66.7%
Region III %	100.0%	100.0%	100.0%	100.0%	80.0%		100.0%	70.0%	70.0%	100.0%	100.0%	60.0%
	100.070	100.070	100.070	100.070	00.07	50.070	100.070	, 0.0 /0	70.070	100.070	100.070	00.070

HartfordVery GoodN/AN/A to CaseOptimalN/A to CaseOptimalOptimalOptimalGoodCaseN/A to CaseMHartfordVery GoodN/AN/A to CaseVery GoodN/A to CaseVery GoodN/A to CaseMarginalOptimalOptimalOptimalGoodCaseN/A to CaseN/A to CaseN/AHartfordN/A to CaseOptimalVery GoodOptimalOptimalOptimalOptimalVery GoodOptimalN/A to CaseN/A to Cas	Area Office	Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
HartfordVery GoodN/AN/A to CaseVery GoodN/A to CaseVery GoodN/A to CaseMarginalGoodCaseOptimalMarginalHartfordN/A to CaseOptimalVery GoodOptimalOptimalOptimalVery GoodOptimalVery GoodN/AN/AHartfordAbsent/ AverseVery GoodPoorMarginalVery GoodPoorVery GoodPoorVery GoodNery	Hartford	Very Good	N/A	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Optimal	Good		N/A to Case	Needs Met
HartfordN/A to CaseOptimalVery GoodOptimalOptimalVery GoodOptimalGoodGoodGoodOptimalVery GoodNaHartfordAbsent/ AverseVery GoodPoorMarginalVery GoodPoorVery GoodVery GoodVery GoodVery GoodMarginalMarginalVery GoodNe NoHartfordN/A to CaseVery GoodOptimalOptimalOptimalOptimalVery GoodVery GoodVery GoodVery GoodVery GoodVery GoodVery GoodVery GoodVery GoodVery GoodNarginalNarginalNe NoNe NoNe NoHartfordMarginalN/A to CaseMarginalN/A to CaseNe Yery GoodNe Yery Good	Hartford	Very Good	N/A	N/A to Case	Very Good	N/A to Case	Marginal	Optimal	Marginal			Optimal	Needs Met
HartfordAverseVery GoodPoorMarginalVery GoodPoorGoodGoodGoodMarginalMarginalVery GoodNoHartfordN/A to CaseVery GoodOptimalOptimalOptimalOptimalMarginalVery GoodVery GoodVery GoodVery GoodVery 	Hartford	N/A to Case	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal			Optimal	Very Good	Needs Met
HartfordN/A to CaseVery GoodOptimalOptimalMarginalGoodGoodGoodGoodGoodGoodGoodOptimalNoHartfordMarginalN/AN/AN/A to CaseMarginalN/A to CasePoorMarginalMarginalMarginalN/A to CaseMarginalN/A to CaseMarginalN/A to NoHartfordN/A to CaseVery GoodVery GoodVery GoodVery GoodVery GoodMarginalOptimalOptimalMarginalMarginalN/A to 	Hartford		Very Good	Poor	Marginal	Very Good	Poor	2		Marginal	Marginal	Very Good	Needs Not Met
HartfordMarginalN/AN/A to CaseMarginalN/A to CasePoorMarginalMarginalMarginalN/A to CaseMarginalN/A to NoHartfordN/A to CaseVery GoodVery GoodVery GoodVery GoodVery GoodMarginalOptimalOptimalOptimalVery GoodVery GoodNe 	Hartford	N/A to Case	Very Good	Optimal	Optimal	Optimal	Marginal	-				Optimal	Needs Not Met
Hartford N/A to Case Very Good N/A to Case Very Good Marginal Optimial Optimial Optimial Optimial Good Good Very Good No Hartford Very Good N/A to Case Very Good N/A to Case Very Good Marginal Very Good Marginal N/A to Case Very Good No	Hartford	Marginal	N/A	N/A to Case	Marginal	N/A to Case	Poor	Marginal	Marginal	Marginal		Marginal	Needs Not Met
Harmord Very Good N/A N/A to Case Very Good N/A to Case Very Good Marginal Good Marginal Case Very Good Marginal	Hartford	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Optimal			Very Good	Needs Not Met
AO % 60.0% 100.0% 75.0% 75.0% 100.0% 37.5% 75.0% 62.5% 75.0% 85.7%	Hartford	Very Good	N/A	N/A to Case	Very Good	N/A to Case	Very Good	Marginal		Marginal		Very Good	Needs Met
	AO %	60.0%	100.0%	75.0%	75.0%	100.0%	37.5%	75.0%	75.0%	62.5%	75.0%	85.7%	50.0%
Manchester Very Good N/A N/A to Case Very Good N/A to Case Marginal Marginal Marginal Case Very Good No	Manchester	Very Good	N/A	N/A to Case	Very Good	N/A to Case	Marginal	Marginal	Marginal	Marginal	Case	Very Good	Needs Not Met
	Manchester	Very Good	N/A	N/A to Case	Optimal	N/A to Case	Marginal	-		Marginal		Marginal	Needs Not Met
	Manchester	N/A to Case	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Marginal		Very Good	Needs Met
	Manchester	Very Good	N/A	N/A to Case	Very Good	N/A to Case	Marginal					Very Good	Needs Met
AO % 100.0% 100.0% 100.0% 100.0% 100.0% 25.0% 75.0% 75.0% 25.0% 100.0% 75.0% 5		100.0%	100.0%	100.0%	100.0%	100.0%	25.0%	75.0%	75.0%	25.0%	100.0%	75.0%	50.0%
	AO %												50.0%

Area Office	Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Danbury	N/A to Case	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Poor	Very Good	Needs Not Met
Danbury	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Marginal	Very Good	Very Good	N/A to Case	Very Good	Needs Not Met
AO %	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	50.0%	100.0%	50.0%	0.0%	100.0%	0.0%
Torrington	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Marginal	Very Good	Optimal	N/A to Case	Optimal	Needs Met
Torrington	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Not Met
AO %	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	100.0%	100.0%	100.0%	100.0%	50.0%
Waterbury	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Optimal	Very Good	N/A to Case	Very Good	Needs Met
Waterbury	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	N/A to Case	Needs Met
Waterbury	N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
Waterbury	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Optimal	Optimal	Marginal	N/A to Case	Optimal	Needs Not Met
Waterbury	N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Marginal	N/A to Case	Very Good	Very Good	Needs Met
AO %	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	80.0%	75.0%	100.0%	100.0%	80.0%
Region V %	100.0%	75.0%	75.0%	100.0%	100.0%	55.5%	66.7%	88.9 %	75.0%	75.0%	100.0%	55.6%

Area Office	Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	r —	Well-Being: Education	Overall Score for Outcome Measure 15
Meriden	N/A to Case	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Needs Met
Meriden	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Optimal	Optimal	Very Good	N/A to Case	Very Good	Needs Met
AO %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
New Britain	N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Needs Met
New Britain New Britain		Optimal Very Good	Optimal Optimal	Optimal Optimal	Optimal Very Good	Very Good Very Good	Very Good Optimal	-		Optimal Optimal	Very Good Very Good	
		Very	•	-	*		-	Good	Good			Met Needs
New Britain	N/A to Case	Very Good N/A to	Optimal	Optimal	Very Good	Very Good	Optimal	Good Optimal Very Good	Good Optimal Very	Optimal N/A to	Very Good	Met Needs Met Needs
New Britain New Britain	N/A to Case Very Good	Very Good N/A to Case N/A to	Optimal N/A to Case	Optimal Optimal	Very Good N/A to Case	Very Good Optimal	Optimal Very Good	Good Optimal Very Good Optimal	Good Optimal Very Good Very	Optimal N/A to Case N/A to	Very Good Very Good	Met Needs Met Needs Met Needs
New Britain New Britain New Britain New Britain AO %	N/A to Case Very Good Very Good Very Good 100.0%	Very Good N/A to Case N/A to Case N/A to Case 100.0%	Optimal N/A to Case N/A to Case N/A to Case 100.0%	Optimal Optimal Very Good Very Good 100.0%	Very Good N/A to Case N/A to Case N/A to Case 100.0%	Very Good Optimal Very Good Marginal 80.0%	Optimal Very Good Very Good Very Good 100.0%	Good Optimal Very Good Optimal Marginal 80.0%	Good Optimal Very Good Very Good Poor 80.0%	Optimal N/A to Case N/A to Case N/A to Case 100.0%	Very Good Very Good Very Good Marginal 80.0%	Met Needs Met Needs Met Needs Needs Not Met 80.0%
New Britain New Britain New Britain New Britain	N/A to Case Very Good Very Good Very Good	Very Good N/A to Case N/A to Case N/A to Case	Optimal N/A to Case N/A to Case N/A to Case	Optimal Optimal Very Good Very Good	Very Good N/A to Case N/A to Case N/A to Case	Very Good Optimal Very Good Marginal	Optimal Very Good Very Good Very Good	Good Optimal Very Good Optimal Marginal	Good Optimal Very Good Very Good Poor	Optimal N/A to Case N/A to Case N/A to Case	Very Good Very Good Very Good Marginal	Met Needs Met Needs Met Needs Needs Not Met

Many of the children and families sampled had priority needs met during the period under review. However, give the 64.8% overall outcome rating, and individual domain scores most noticeably related to mental, behavioral and substance abuse treatment and contracting for community services to achieve the permanency goal in low scoring ranges in several area offices across the state; reviewers continued to note a substantial number of unmet needs across the spectrum of services available.

There were 221 unmet needs captured this quarter throughout our reviews of the sample (n=54) during the prior six month period. Consistent with last quarter, 43% of the unmet needs identified were documented within the record as the result of a client barrier. 13.6% of the unmet needs were the result of a delayed referral. 5.4% of the unmet needs were the result of provider issues (internal systems or waitlists) The 221 unmet needs included:

Unmet Need	Barrier	Frequency
Afterschool Program	Referred Service is unwilling to engage client	1
Anger Management: Parent	Client Refused Service or initially engaged but was	2
	subsequently discharged for Non-Compliance	
Anger Management: Parent	Delay in Referral	1
ARG Consult	Delay in Referral	4
ARG Consult	No Service Identified to Meet Need/Lack of	2
	documentation related to Unmet Need	
Behavior Management	Provider Issue: Untimely provision of service, or gap	1
	in service related to staffing or lack of follow through	
	on part of provider	
Care Coordination	Other: Area Office did not respond to request for	1
	clarification on barriers to this service	
Case Management/Support/Advocacy	Delays in referrals, lack of supervisory oversight	11
Childcare/Daycare Program	Placed on waiting list	1
Day Treatment/Partial Hospitalization: Parent	Client Refused Service or initially engaged but was	2
	subsequently discharged for Non-Compliance	
Dental or Orthodontic Services	Placed on waiting list	1
Dental Screenings or Evaluations	Client Refused Service	5
Dental Screenings or Evaluations	Delay in Referral	4
Dental Screenings or Evaluations	No Service Identified to Meet this Need	3
Dental Screenings or Evaluations	Service deferred pending completion of another	1
Dental Screenings or Evaluations	Other: Mother is in the process of making	1
	appointment	
Dental Screenings or Evaluations	Other: Area Office did not respond to request for	1
	clarification on barriers to this service	
Developmental Screening or Evaluation	Client Refused Service	1
Domestic Violence Services :Victim	Delay in Referral	1
Domestic Violence Services: Perpetrator	Client Refused Service or initially engaged but was	2
	subsequently discharged for Non-Compliance	
Domestic Violence Services: Perpetrator	Delay in Referral	1
Domestic Violence Services: Perpetrator	Placed on waiting list	1
Domestic Violence Services: Victim	Client Refused Service or initially engaged but was	2
	subsequently discharged for Non-Compliance	
Domestic Violence Services: Victim	Placed on waiting list	1
Domestic Violence Services: Victim	No Service Identified to Meet this Need	1
Educational Screening or Evaluation	Delay in Referral	3

Table 5: Unmet Needs during Third Quarter 2014 (n=54)

Unmet Need	Barrier	Frequency
Educational Screening or Evaluation	Provider Issue: Untimely provision of service, or gap	1
C	in service related to staffing or lack of follow through	
	on part of provider	
Family or Marital Counseling	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	-
Family or Marital Counseling	Transportation Unavailable	1
Family or Marital Counseling	No Service Identified to Meet this Need	1
Family Preservation Services	Client Refused Service or initially engaged but was	1
Family Preservation Services		1
	subsequently discharged for Non-Compliance	1
Family Reunification Services	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
Flex Funds	UTD: Barrier cannot be determined from case plan,	1
	narrative or area office response provided	-
Foster Care: Relative Support	No Service Identified to Meet the Need	2
Foster Care: Relative Support	Approval Process	1
Foster Care: Relative Support	Delay in Referral	1
Foster Care: Relative Support (FAST)	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
Foster Care: Therapeutic Foster Care	Client Refused Service or initially engaged but was	1
-	subsequently discharged for Non-Compliance	
Foster Care: Therapeutic Foster Care	Delay in Referral	1
Foster Care: Therapeutic Foster Care	No Slots Available	1
Foster Parent Training	Approval Process	1
Health/Medical Screening or Evaluation	Client Refused Service	2
Health/Medical Screening or Evaluation	Lack of communication between DCF and provider	1
8		
Health/Medical Screening or Evaluation	UTD: Barrier cannot be determined from case plan,	1
	narrative or area office response provided	
Housing Assistance (Section 8)	Other: Parent has pending criminal charges and	1
	cannot be determined for eligibility until these are	
	resolved	
Housing Assistance (Section 8)	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
Housing Assistance (Section 8)	No Slots Available	1
Housing Assistance (Section 8)	Wait List	1
Housing Assistance (Section 8)	Delay in Referral	1
IEP Programming	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
IEP Programming	Service Deferred Pending Completion of Another	1
Individual Counseling: Child	Client Refused Service or initially engaged but was	5
6	subsequently discharged for Non-Compliance	
Individual Counseling: Child	Placed on Waiting List	2
Individual Counseling: Child	Provider Issue: Untimely provision of service, or gap	1
ing round counsering. Child	in service related to staffing or lack of follow through	
	on part of provider	
Individual Counseling: Child	Service Deferred Pending Completion of Another	1
Individual Counseling: Parent	Client Refused Service or initially engaged but was	15
murviuuai Counsening. Patent		15
Individual Counceling - Denergy	subsequently discharged for Non-Compliance	1
Individual Counseling: Parent	Delay in Referral	1
Individual Counseling: Parent	Placed on Waiting List	1
In-Home Parent Education and Support	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
In-Home Parent Education and Support	Provider Issue: Untimely provision of service, or gap	1
	in service related to staffing or lack of follow through	
	on part of provider	
In-Home Parent Education and Support	Wait List	1
In-Home Treatment	Delay in Referral	3
In-Home Treatment	Client Refused Service or initially engaged but was	2
	subsequently discharged for Non-Compliance	
In-Home Treatment	Other: Family relocated to another region	1

Unmet Need	Barrier	Frequency
In-Home Treatment	Other: Disruption in Service due to youth's travel	1
	out of country	
Legal	Other: Lengthy appeal process is barrier to timely	1
	permanency	
Life Skills Training	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
Maintaining Family Ties	Delay in Referral	1
Maintaining Family Ties	No Service Identified to Meet this Need	1
Medication Management: Child	Insurance Issues	1
Medication Management: Parent	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
Mental Health Screening or Evaluation: Child	Delay in Referral	1
Mental Health Screening or Evaluation: Parent	Client Refused Service or initially engaged but was	3
	subsequently discharged for Non-Compliance	
Mentoring	Delay in Referral	1
Mentoring	Other: Child Hospitalized	1
One-to-One Service	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
Other In-Home Service: Fatherhood Program	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
Other In-Home Service: Legal Assistance	Delay in Referral	1
Other Medical Intervention – Eye Examination	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
Other Medical Intervention: Hydrotherapy	Service does not exist in the community	1
Other Mental Health Need (Parent): Autism	Client Refused Service or initially engaged but was	1
Evaluation	subsequently discharged for Non-Compliance	
Other Mental Health Need (Parent): Trauma Assessment	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
Other State Agency (DMR, DMHAS, MSS, etc.)	Service Deferred Pending Completion of Another	1
Outreach, Tracking and Reunification Program	No Service Identified to Meet this Need	1
Parenting Classes	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	· · ·
Parenting Classes	No Service Identified to Meet this Need	1
Preparation for Adult Living Services	Delay in Referral	1
Preparation for Adult Living Services	No Service Identified to Meet this Need	1
Psychological/Psychosocial Evaluation: Child	Approval Process	1
Psychological/Psychosocial Evaluation: Parent	Approval Process	1
Respite Services	Other: Child Hospitalized	1
Substance Abuse Prevention – Child	Delay in Referral	1
Substance Abuse Prevention: Parent	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
Substance Abuse Screening/Evaluation: Child	Delay in Referral	1
Substance Abuse Screening/Evaluation: Child	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
Substance Abuse Screening: Parent	Client Refused Service or initially engaged but was	3
	subsequently discharged for Non-Compliance	1
Substance Abuse Treatment: Inpatient	Delay in Referral	1
Treatment - Child		
Substance Abuse Treatment: Inpatient	Client Refused Service or initially engaged but was	11
Treatment - Parent	subsequently discharged for Non-Compliance	
Substance Abuse Treatment: Outpatient - Parent	Client Refused Service or initially engaged but was	11
	subsequently discharged for Non-Compliance	
Substance Abuse Treatment: Relapse Prevention	Client Refused Service or initially engaged but was	1
Program - Parent	subsequently discharged for Non-Compliance	
Substance Abuse: Drug/Alcohol Education-	Client Refused Service or initially engaged but was	4
Child	subsequently discharged for Non-Compliance	

Unmet Need	Barrier	Frequency
Supervised Visitation	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
Supportive Housing for Recovering Families (SHRF)	Delay in Referral	1
Visitation: SW/Child	Visitation Standard Not Met	5
Visitation: SW/Parent	Visitation Standard Not Met	13
Visitation: SW/Provider Contacts	Lack of communication -failure to meet visitation	19
	contact standards	
WIC	Client Refused Service or initially engaged but was	1
	subsequently discharged for Non-Compliance	
		221

During the Third Quarter 2014 the level of engagement with families in case planning to achieve scores of Very Good or Optimal within our methodology as witnessed within the ACR documentation, case planning documentation and visitation documentation was up from the low point of 42.6% last quarter to 59.3%. (See Table 2 for details). This is still not near the benchmark required, however and is clearly is reflective of the continued strain of caseloads, as documentation fails to reflect conversations that may occur, and case plans lack the required family feedback element that is to reflect the family's position related to their progress, objectives and expectations for both the family members and Department in the past and upcoming six months.

The reviewers noted that the ACR, case planning documentation and case plan did document a discussion of all (45.5%), or some (31.8%) of the needs that were identified of unmet in the prior six month period and were necessary to be incorporated into action steps going forward. There were six cases (13.6%) in which the reviewers indicated that there were no unmet needs carried forward from the prior period. There were four cases (9.1%) in which the needs as identified on the prior case plan or ACR were still unresolved/unmet but not incorporated into action steps going forward. There were also 10 cases for which this was the initial case plan and these were not included in the percentage calculations as they were too soon to rate.

This process included a reading of the SDM tools within the review process. In the 26 cases in which the SDM tools were incorporated, 14 or 53.9% were identical to that indicated on the prior case plan assessment. This would indicate that the unmet objective or need has been in place for the child or individual greater than six months.

In 44.4% of this case sample, there were one or more instances where there was an identified need in the documentation or at the ACR or other meeting related to case planning, however that priority need did not get captured appropriately as an objective with defined action steps within the case plan approved by the SWS. There were 66 instances that reviewers pointed to specific needs that were of a level that should have been captured within the case planning and were not. We note that this is an improvement from the 90+ missing needs identified in the prior reporting period. The table is listed below:

Needs Not Incorporated into the Case Plans Developed for Upcoming Six Month Period

Unmet Need	Barrier	Frequency
ARG Consultation	No Service Identified to Meet this Need	3
Care Coordination	No Service Identified to Meet this Need	1
DCF SW Advocacy/Case Management	No Service Identified to Meet this Need	4
Dental or Orthodontic Services	No Service Identified to Meet this Need	1
Dental Screening or Evaluation	No Service Identified to Meet this Need	2
Dental Screening or Evaluation	Delay in Referral	1
Domestic Violence Services: Perpetrator	No Service Identified to Meet this Need	2
Domestic Violence Services: Prevention Program	No Service Identified to Meet this Need	1
Domestic Violence Services: Victims	No Service Identified to Meet this Need	2
Educational Screening or Evaluation	No Service Identified to Meet this Need	5
Family or Marital Counseling	No Service Identified to Meet this Need	2
Family or Marital Counseling	Referred Service is Unwilling to Engage Client	1
Family Reunification Services	No Service Identified to Meet this Need	1
Flex Funds	No Service Identified to Meet this Need	2
Foster Care: Relative Resource	No Service Identified to Meet this Need	3
Health or Medical Screening or Evaluation	No Service Identified to Meet this Need	2
Health or Medical Screening or Evaluation	Lack of Communication Between DCF and	1
	Provider	_
Health or Medical Screening or Evaluation	UTD from Case Plan, Narrative or Area Office	1
C	Response Provided	
Housing Assistance (Section 8)	No Service Identified to Meet this Need	1
IEP Programming	UTD from Case Plan, Narrative or Area Office	1
	Response Provided	
In Home Treatment	No Service Identified to Meet this Need	2
Individual Counseling: Child	No Service Identified to Meet this Need	3
Individual Counseling: Parent	Client Refusal	1
In-Home Parent Education and Support	No Service Identified to Meet this Need	2
Mental Health Screening or Evaluation: Child	No Service Identified to Meet this Need	1
Mental Health Screening or Evaluation: Parent	No Service Identified to Meet this Need	2
Mental Health Screening or Evaluation: Parent	Client Refusal	1
Mentoring	No Service Identified to Meet this Need	2
Other In-Home Services (RCM, Culturally	Delay in Referral	2
Appropriate Support Services)		
Other Medical Intervention: Hydrotherapy	No Service Identified to Meet this Need	1
Other State Agency Program: DMR, DMHAS,	No Service Identified to Meet this Need	1
MSS, etc.)		
Psychiatric Evaluation – Parent	Client Refusal	1
Psychological or Psychosocial Evaluation – Child	No Service Identified to Meet this Need	1
Psychological or Psychosocial Evaluation - Parent	No Service Identified to Meet this Need	1
Social Recreational Program	No Service Identified to Meet this Need	1
Substance Abuse Screening: Child	No Service Identified to Meet this Need	1
Substance Abuse Screening: Parent	Client Refusal	1
Substance Abuse Services: Drug and Alcohol	Client Refusal	1
Testing - Parent		
Substance Abuse Treatment: Inpatient – Child	No Service Identified to Meet this Need	1
Substance Abuse Treatment: Outpatient – Parent	No Service Identified to Meet this Need	1
Supportive Housing for Recovering Families (SHRF)	No Service Identified to Meet this Need	1
WIC	No Service Identified to Meet this Need	1
		66

This issue is critical in case planning, specifically with the turnover rate of social worker and supervisors as caseloads stabilize and new work teams get established. Without clear and directive case plans, elements of the assessment and work get lost or duplicated causing delays or disruptions to service.

JUAN F. ACTION PLAN MONITORING REPORT

November 2014

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

A. PERMANENCY ISSUES

Progress Towards Permanency:

The following table developed using the Chapin Hall database provides a longitudinal view of permanency for annual admission cohorts from 2002 through 2014.

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

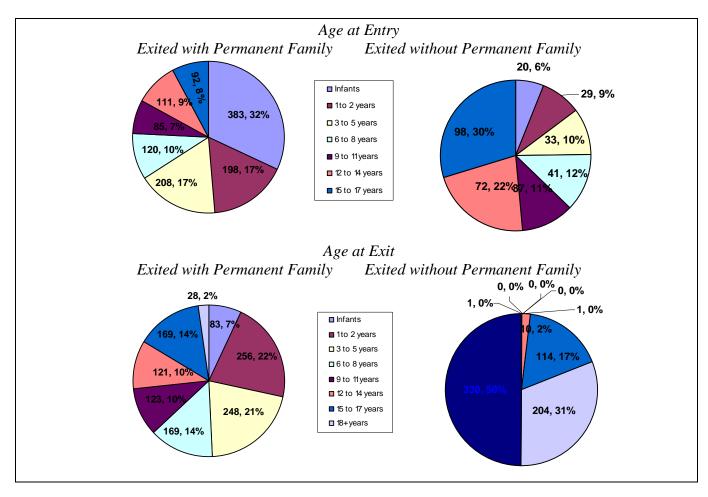
	Period of Entry to Care												
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total	3099	3545	3203	3091	3407	2854	2829	2628	2693	2298	1857	2005	1526
Entrie													
S													
Permanent Exits													
In 1	1179	1406	1228	1129	1263	1095	1098	1092	1023	705	545		
yr	38.0	39.7	38.3	36.5	37.1	38.4	38.8	41.6	38.0	30.7	29.3		
	%	%	%	%	%	%	%	%	%	%	%		
In 2	1637	2078	1805	1740	1973	1675	1676	1581	1376	1043			
yrs	52.8	58.6	56.4	56.3	57.9	58.7	59.2	60.2	51.1	45.4			
	%	%	%	%	%	%	%	%	%	%			
In 3	1964	2385	2092	2013	2324	1974	1944	1791	1670				
yrs	63.4	67.3	65.3	65.1	68.2	69.2	68.7	68.2	62.0				
	%	%	%	%	%	%	%	%	%				
In 4	2134	2539	2262	2158	2499	2090	2034	1894					
yrs	68.9	71.6	70.6	69.8	73.3	73.2	71.9	72.1					
	%	%	%	%	%	%	%	%					
То	2305	2705	2367	2255	2616	2164	2101	1932	1776	1263	872	542	219
Date	74.4	76.3	73.9	72.9	76.7	75.7	74.2	73.2	65.3	53.0	43.3	22.9	6.4%
	%	%	%	%	%	%	%	%	%	%	%	%	

					Non-P	ermane	ent Exit	5					
In 1 yr	274	249	231	289	259	263	250	208	196	138	93		
·	8.8%	7.0%	7.2%	9.3%	7.6%	9.2%	8.8%	7.9%	7.3%	6.0	5.0		
										%	%		
In 2	332	320	301	371	345	318	320	267	243	186			
yrs	10.7	9.0%	9.4%	12.0	10.1	11.1	11.3	10.2	9.0%	8.1			
	%			%	%	%	%	%		%			
In 3	365	366	366	431	401	354	363	300	272				
yrs	11.8	10.3	11.4	13.9	11.8	12.4	12.8	11.4	10.1				
	%	%	%	%	%	%	%	%	%				
In 4	406	392	403	461	449	392	394	326					
yrs	13.1	11.1	12.6	14.9	13.2	13.7	13.9	12.4					
	%	%	%	%	%	%	%	%					
То	509	492	505	563	525	442	436	350	302	223	146	138	33
Date	16.3	13.8	15.7	18.0	15.4	15.4	15.3	13.1	10.9	9.4	6.9	5.8	0.9
	%	%	%	%	%	%	%	%	%	%	%	%	%

					Р	eriod o	f Entry	to Ca	re				
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
					L	nknow	n Exits		-		-	-	
In 1	105	151	129	83	76	62	60	76	129	208	151		
yr	3.4	4.3	4.0	2.7	2.2	2.2	2.1	2.9	4.8	9.1	8.2		
	%	%	%	%	%	%	%	%	%	%	%		
In 2	136	191	171	124	117	98	91	140	307	412			
yrs	4.4	5.4	5.3	4.0	3.4	3.4	3.2	5.3	11.4	18.0			
	%	%	%	%	%	%	%	%	%	%			
In 3	161	218	208	163	140	124	125	193	395				
yrs	5.2	6.1	6.5	5.3	4.1	4.3	4.4	7.3	14.7				
	%	%	%	%	%	%	%	%	%				
In 4	179	242	234	181	167	156	167	221					
yrs	5.7	6.8	7.3	5.9	4.9	5.5	5.9	8.4					
	%	%	%	%	%	%	%	%					
То	259	324	301	232	218	199	205	247	426	506	307	191	30
Date	8.3	9.1	9.4	7.5	6.4	6.9	7.2	9.1	15.5	21.6	15.2	6.9	0.7
	%	%	%	%	%	%	%	%	%	%	%	%	%
						emain I	In Care	2					
In 1	1541	1739	1615	1590	1809	1434	1421	1252	1345	1247	1068		
yr	49.7	49.1	50.4	51.4	53.1	50.2	50.2	47.6	50.0	54.2	57.5		
	%	%	%	%	%	%	%	%	%	%	%		
In 2	994	956	926	856	972	763	742	640	767	657			
yrs	32.1	27.0	28.9	27.7	28.5	26.7	26.2	24.4	28.5	28.5			
	%	%	%	%	%	%	%	%	%	%			
In 3	609	576	537	484	542	402	397	344	356				
yrs	19.7	16.2	16.8	15.7	15.9	14.1	14.0	13.1	13.3				
	%	%	%	%	%	%	%	%	%				
In 4	380	372	304	291	292	216	234	187					
yrs	12.3	10.5	9.5	9.4	8.6	7.6	8.3	7.1					
	%	%	%	%	%	%	%	%					
То	26	24	30	41	48	49	87	99	189	306	532	1134	1244
Date	1.0	0.8	1.0	1.6	1.6	2.0	3.3	4.6	8.3	16.0	34.6	64.4	54.9
	%	%	%	%	%	%	%	%	%	%	%	%	%

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

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



Permanency Goals:

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

FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON NOVEMBER 2, 2014⁵)

Is the child	legally free (his or her parent	ts' rights have b	een terminated)?							
Yes 630	No ↓ 2,742										
Goals of:	Has the chil	d been in care m	ore than 15 mor	nths?							
526 (83%) Adoption	No 1,662	Yes ↓ 1,080									
98 (16%)		Has a TPR proceeding been filed?YesNo									
APPLA 4 (1%)		Yes 233									
Relatives		Goals of:	Is a reason do	cumented not to fi	le TPR?						
2 (<1%) Transfer of		165 (71%) Adoption	Yes 317		No 530						
p		46 (20%) APPLA 11 (5%) Reunify 6 (3%) Trans. of Guardian: Sub/Unsub 4 (2%) Relatives 1 (<1%) Blank	Goals of: 150 (47%) APPLA 58 (18%) Reunify 54 (17%) Trans. of Guardian: Sub/Unsub 39 (1012 Adoption 12 (4%) Relatives 4 (1%) Blank	Documented Reasons: 67% Compelling Reason 18% Child is with relative 12% Petition in process 3% Services not provided	Goals of: 166 (31%) Reunify 132 (25%) APPLA 114 (22%) Trans. of Guardian: Sub/Unsub 89 (17%) Adoption 24 (5%) Relatives 5 (1%) Blank						

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

Preferred Permanency Goals:

	Aug	Nov	Feb	May	Aug	Nov
Reunification	2013	2013	2014	2014	2014	2014
Total number of children with Reunification goal, pre-TPR and post-TPR	1172	1164	1219	1312	1257	1328
Number of children with Reunification goal pre-TPR	1171	1162	1217	1311	1257	1328
• Number of children with Reunification goal, pre-TPR, >= 15 months in care	227	195	191	211	221	235
• Number of children with Reunification goal, pre-TPR, >= 36 months in care	38	41	38	37	38	43
Number of children with Reunification goal, post-TPR	1	2	2	1	0	0

Transfer of Guardianship (Subsidized and Non-Subsidized)	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014	Nov 2014
Total number of children with Transfer of Guardianship goal (subsidized and non- subsidized), pre-TPR and post TPR	245	238	257	261	269	294
Number of children with Transfer of Guardianship goal (subsidized and non- subsidized), pre-TPR	243	238	257	259	268	292
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized, pre-TPR, >= 22 months	82	64	82	78	86	86
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months	14	15	15	16	25	29
Number of children with Transfer of Guardianship goal (subsidized and non- subsidized), post-TPR	2	0	0	2	1	2

Adoption	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014	Nov 2014
Total number of children with Adoption goal, pre-TPR and post-TPR	922	947	955	977	988	1030
Number of children with Adoption goal, pre- TPR	477	471	473	478	455	504
Number of children with Adoption goal, TPR not filed, >= 15 months in care	103	105	97	111	102	128
• Reason TPR not filed, Compelling Reason	8	6	6	3	1	3
 Reason TPR not filed, petitions in progress 	27	27	28	31	29	27
• Reason TPR not filed , child is in placement with relative	2	2	3	5	2	6
Reason TPR not filed, services needed not provided	3	5	3	4	3	3
• Reason TPR not filed, blank	63	65	57	68	67	89
Number of cases with Adoption goal post- TPR	445	476	482	499	533	526
• Number of children with Adoption goal, post-TPR, in care >= 15 months	419	433	452	452	489	497
• Number of children with Adoption goal, post-TPR, in care >= 22 months	357	372	376	371	397	396
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	14	8	16	13	13	13
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	98	89	89	83	72	74
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	244	275	284	279	333	344
Progress Towards Permanency:	Aug	Nov	Feb	May	Aug	Nov

Progress Towards Permanency:	Aug	Nov	Feb	May	Aug	Nov
	2013	2013	2014	2014	2014	2014
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	411	389	378	439	464	530

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014	Nov 2014
Total number of children with Long Term	61	53	58	56	52	52
Foster Care Relative goal						
Number of children with Long Term Foster	55	49	54	52	47	48
Care Relative goal, pre-TPR						
• Number of children with Long Term	2	5	5	4	2	1
Foster Care Relative goal, 12 years						
old and under, pre-TPR						
Long Term Foster Care Rel. goal, post-TPR	6	4	4	4	5	4
• Number of children with Long Term	0	1	0	0	0	0
Foster Care Relative goal, 12 years						
old and under, post-TPR						

APPLA*	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014	Nov 2014
Total number of children with APPLA goal	602	583	567	563	505	468
Number of children with APPLA goal, pre- TPR	482	458	448	451	400	370
• Number of children with APPLA goal, 12 years old and under, pre-TPR	6	19	18	16	9	6
Number of children with APPLA goal, post- TPR	120	125	119	112	105	98
• Number of children with APPLA goal, 12 years old and under, post-TPR	5	8	6	7	7	6

* 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.

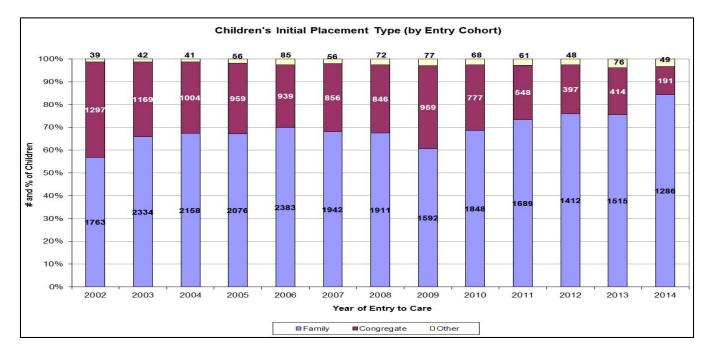
Missing Permanency Goals:

	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014	Nov 2014
Number of children, with no Permanency	19	19	24	24	102	25
goal, pre-TPR, ≥ 2 months in care						
Number of children, with no Permanency	11	9	11	14	18	17
goal, pre-TPR, ≥ 6 months in care						
Number of children, with no Permanency	7	5	7	6	6	10
goal, pre-TPR, ≥ 15 months in care						
Number of children, with no Permanency	5	5	5	4	4	5
goal, pre-TPR, TPR not filed, >= 15 months						
in care, no compelling reason						

B. PLACEMENT ISSUES

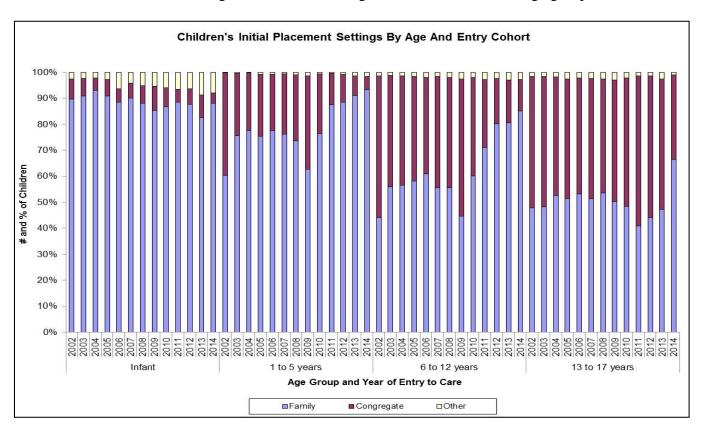
Placement Experiences of Children

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

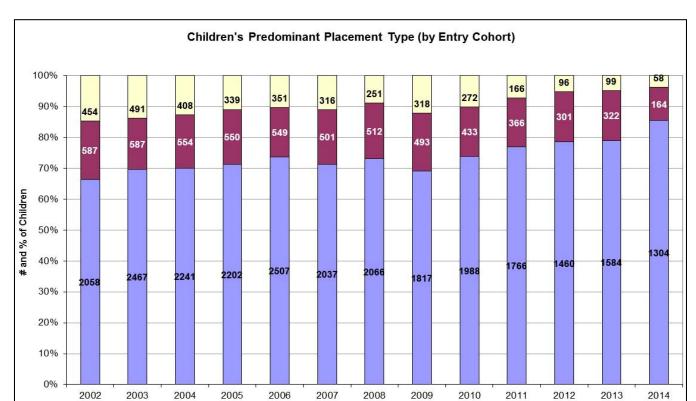


The next table shows specific care types used month-by-month for entries between October 2013 and September 2014.

					Ca	ise Summ	aries						
First placement	type	enterOct	enterNov	enterDec	enterJan	enterFeb	enterMar	enterApr	enterMay	enterJun	enterJul1	enterAug	enterSep
		13	13	13	14	14	14	14	14	14	4	14	14
Residential	N	9	10	7	5	4	2	9		3	1	2	4
	%	5.3%	5.3%	4.2%	2.9%	2.6%	1.0%	5.2%		1.9%	0.6%	1.2%	2.3%
DCF Facilities	N	3	4	3	3	4	5	5	4	2	5	3	1
	%	1.8%	2.1%	1.8%	1.8%	2.6%	2.5%	2.9%	3.1%	1.3%	2.8%	1.7%	0.6%
Foster Care	N	78	87	72	71	53	94	90	62	66	88	90	78
	%	45.6%	45.8%	43.1%	41.8%	34.9%	46.5%	52.3%	47.7%	42.9%	48.6%	52.0%	45.6%
Group Home	N	2	3	1	2	1	6	2	2	1	3	3	2
	%	1.2%	1.6%	0.6%	1.2%	0.7%	3.0%	1.2%	1.5%	0.6%	1.7%	1.7%	1.2%
Relative Care	N	41	45	51	51	52	55	46	48	62	61	43	60
	%	24.0%	23.7%	30.5%	30.0%	34.2%	27.2%	26.7%	36.9%	40.3%	33.7%	24.9%	35.1%
Medical	N	5	6	10	7	8	10	2	2	7	3	5	4
	%	2.9%	3.2%	6.0%	4.1%	5.3%	5.0%	1.2%	1.5%	4.5%	1.7%	2.9%	2.3%
Safe Home	N	8	6	5	3	7	6	2	2	1	1	4	
	%	4.7%	3.2%	3.0%	1.8%	4.6%	3.0%	1.2%	1.5%	0.6%	0.6%	2.3%	
Shelter	N	10	12	13	11	12	14	9	3	5	12	8	6
_	%	5.8%	6.3%	7.8%	6.5%	7.9%	6.9%	5.2%	2.3%	3.2%	6.6%	4.6%	3.5%
Special Study	N	15	17	5	17	11	10	7	7	7	7	15	16
1	%	8.8%	8.9%	3.0%	10.0%	7.2%	5.0%	4.1%	5.4%	4.5%	3.9%	8.7%	9.4%
Total	N	171	190	167	170	152	202	172	130	154	181	173	171
_	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



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



It is also useful to look at where children spend most of their time in DCF care. The chart below shows this for admission the 2002 through 2014 admission cohorts.

The following chart shows monthly statistics of children who exited from DCF placements between October 2013 and September 2014, and the portion of those exits within each placement type from which they exited.

■ Family

Year of Entry to Care

■ Congregate

Other

					Ca	ise Summ	aries						
ast placement t	ype in		exitNov1	exitDec1	exitJan1	exitFeb1	exitMar1		exitMay1	exitJun1		exitAug1	exitSep
cell (as of censo	or date)	exitOct13	3	3	4	4	4	exitApr14	4	4	exitJul14	4	4
Residential	N	10	7	7	7	7	5	1	8	7	10	4	
	%	6.4%	3.9%	4.5%	5.0%	5.1%	4.0%	0.7%	6.6%	5.3%	6.3%	2.2%	2.0
DCF Facilities	N	5	8	3	5	3		4	2	6	4	4	3
	%	3.2%	4.5%	1.9%	3.6%	2.2%		2.7%	1.7%	4.6%	2.5%	2.2%	2.0%
Foster Care	N	76	92	79	45	54	51	64	46	62	81	78	
	%	48.4%	51.4%	50.3%	32.4%	39.1%	40.5%	43.8%	38.0%	47.3%	51.3%	43.8%	44.2
Group Home	Ν	9	12	9	11	9	14	10	5	9	9	16	
	%	5.7%	6.7%	5.7%	7.9%	6.5%	11.1%	6.8%	4.1%	6.9%	5.7%	9.0%	7.5
Independent	N	4	2	4	7	4	5	8	1	1	1	1	
Living	%	2.5%	1.1%	2.5%	5.0%	2.9%	4.0%	5.5%	0.8%	0.8%	0.6%	0.6%	
Relative Care	Ν	38	41	37	46	42	29	39	41	31	35	48	
	%	24.2%	22.9%	23.6%	33.1%	30.4%	23.0%	26.7%	33.9%	23.7%	22.2%	27.0%	32.7
Medical	N		3			1	3	3	1	2		1	
	%		1.7%			0.7%	2.4%	2.1%	0.8%	1.5%		0.6%	
Safe Home	Ν	1	1	2	1	1	3	4	4		1	3	
	%	0.6%	0.6%	1.3%	0.7%	0.7%	2.4%	2.7%	3.3%		0.6%	1.7%	0.7
Shelter	Ν	9	4	10	6	5	9	4	4	4	5	7	
	%	5.7%	2.2%	6.4%	4.3%	3.6%	7.1%	2.7%	3.3%	3.1%	3.2%	3.9%	2.7
Special Study	Ν	3	8	3	8	10	6	8	7	5	9	13	
	%	1.9%	4.5%	1.9%	5.8%	7.2%	4.8%	5.5%	5.8%	3.8%	5.7%	7.3%	6.1
Uknown	Ν	2	1	3	3	2	1	1	2	4	3	3	
	%	1.3%	0.6%	1.9%	2.2%	1.4%	0.8%	0.7%	1.7%	3.1%	1.9%	1.7%	2.0
Total	N	157	179	157	139	138	126	146	121	131	158	178	1
	%	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 September 1, 2014 organized by length of time in care.

			Primary type of	f spell (>50%) *		<u> </u>				
						ration Category				
			30	90	180	< 365	< 545	< 1095	1095	Total
Primary type of	Residential	Count	0	8	4	23	15	26	49	125
spell (>50%)		% Row	0.0%	6.4%	3.2%	18.4%	12.0%	20.8%	39.2%	100.0%
		% Col	0.0%	2.6%	1.0%	3.0%	2.5%	3.0%	5.3%	3.2%
	DCF Facilities	Count	0	6	9	13	3	2	1	34
		% Row	0.0%	17.6%	26.5%	38.2%	8.8%	5.9%	2.9%	100.0%
		% Col	0.0%	2.0%	2.3%	1.7%	0.5%	0.2%	0.1%	0.9%
	Foster Care	Count	1	133	156	344	247	447	551	1879
		% Row	0.1%	7.1%	8.3%	18.3%	13.1%	23.8%	29.3%	100.0%
		% Col	33.3%	43.8%	40.7%	44.3%	41.2%	51.1%	59.2%	48.5%
	Group Home	Count	0	5	6	18	26	52	82	18
		% Row	0.0%	2.6%	3.2%	9.5%	13.8%	27.5%	43.4%	100.0%
		% Col	0.0%	1.6%	1.6%	2.3%	4.3%	5.9%	8.8%	4.9%
	Independent	Count	0	0	0	0	0	1	1	
	Living	% Row	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	100.0%
		% Col	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%
Relat	Relative Care	Count	2	97	157	276	225	231	88	1076
		% Row	0.2%	9.0%	14.6%	25.7%	20.9%	21.5%	8.2%	100.0%
Me		% Col	66.7%	31.9%	41.0%	35.5%	37.6%	26.4%	9.5%	27.8%
	Medical	Count	0	3	4	3	2	2	3	17
		% Row	0.0%	17.6%	23.5%	17.6%	11.8%	11.8%	17.6%	100.0%
		% Col	0.0%	1.0%	1.0%	0.4%	0.3%	0.2%	0.3%	0.4%
	Mixed (none	Count	0	0	0	12	16	41	125	194
	>50%)	% Row	0.0%	0.0%	0.0%	6.2%	8.2%	21.1%	64.4%	100.0%
	,	% Col	0.0%	0.0%	0.0%	1.5%	2.7%	4.7%	13.4%	5.0%
	Safe Home	Count	0	4	4	8	7	6	1	30
		% Row	0.0%	13.3%	13.3%	26.7%	23.3%	20.0%	3.3%	100.0%
		% Col	0.0%	1.3%	1.0%	1.0%	1.2%	0.7%	0.1%	0.8%
	Shelter	Count	0	12	14	18	9	2	0	5
	Chicher	% Row	0.0%	21.8%	25.5%	32.7%	16.4%	3.6%	0.0%	100.0%
		% Col	0.0%	3.9%	3.7%	2.3%	1.5%	0.2%	0.0%	1.4%
	Special Study		0.070	29	23	59	48	59	27	24
	opoolal olady	% Row	0.0%	11.8%	9.4%	24.1%	19.6%	24.1%	11.0%	100.0%
		% Col	0.0%	9.5%	6.0%	7.6%	8.0%	6.7%	2.9%	6.3%
Linko	Unknown	Count	0.0%	7	6	3	0.070	6	2.570	2
	Cindiowit	% Row	0.0%	28.0%	24.0%	12.0%	4.0%	24.0%	2 8.0%	100.0%
		% Col	0.0%	20.0 %	1.6%	0.4%	4.0%	0.7%	0.0%	0.6%
Total			0.0%	304	383	0.4%	599	875	930	387
Total		Count								
		% Row	0.1%	7.9%	9.9%	20.1%	15.5%	22.6%	24.0%	100.0%
		% Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Congregate Care Settings

Placement Issues	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014	Nov 2014
Total number of children 12 years old and	41	47	42	34	30	19
under, in Congregate Care						
• Number of children 12 years old and under, in DCF Facilities	0	1	1	0	1	0
 Number of children 12 years old and under, in Group Homes 	13	12	10	9	7	6
• Number of children 12 years old and under, in Residential	8	11	11	13	8	5
• Number of children 12 years old and under, in SAFE Home	18	21	17	11	14	8
• Number of children 12 years old and under in Shelter	2	2	3	1	0	0
Total number of children ages 13-17 in Congregate Placements	477	442	434	431	380	328

Use of SAFE Homes, Shelters and PDCs

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

	Period of Entry to Care											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total												
Entries	3545	3203	3091	3407	2854	2829	2628	2693	2298	1857	2005	1526
SAFE	629	453	394	395	382	335	471	331	146	68	56	26
Homes/PDC												
S	18%	14%	13%	12%	13%	12%	18%	12%	6%	4%	3%	2%
Shelters	135	147	178	114	136	144	186	175	194	169	175	81
	4%	5%	6%	3%	5%	5%	7%	6%	8%	9%	9%	5%
Total	764	600	572	509	518	479	657	506	340	237	231	107
	22%	19%	19%	15%	18%	17%	25%	19%	15%	13%	12%	7%

		Period of Entry to Care										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total	764	600	572	509	518	479	657	506	340	237	231	107
Initial												
Plcmnts												
<= 30 days	308	249	241	186	162	150	229	135	103	60	63	31
	40.3	41.5	42.1	36.5	31.3	31.3	34.9	26.7	30.3	25.3	27.3	29.0
	%	%	%	%	%	%	%	%	%	%	%	%
31 - 60	180	102	114	73	73	102	110	106	57	44	41	22

	Period of Entry to Care											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total	764	600	572	509	518	479	657	506	340	237	231	107
Initial												
Plcmnts												
	23.6	17.0	19.9	14.3	14.1	21.3	16.7	20.9	16.8	18.6	17.7	20.6
	%	%	%	%	%	%	%	%	%	%	%	%
61 - 91	121	81	76	87	79	85	157	91	54	39	38	22
	15.8	13.5	13.3	17.1	15.3	17.7	23.9	18.0	15.9	16.5	16.5	20.6
	%	%	%	%	%	%	%	%	%	%	%	%
92 - 183	107	124	100	118	131	110	124	136	84	56	57	25
	14.0	20.7	17.5	23.2	25.3	23.0	18.9	26.9	24.7	23.6	24.7	23.4
	%	%	%	%	%	%	%	%	%	%	%	%
184+	48	44	41	45	73	32	37	38	42	38	32	7
	6.3%	7.3%	7.2%	8.8%	14.1	6.7%	5.6%	7.5%	12.4	16.0	13.9	6.5%
					%				%	%	%	

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	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014	Nov 2014
Total number of children in SAFE Home	40	35	33	34	28	22	16
• Number of children in SAFE Home, > 60 days	35	24	22	23	20	17	16
• Number of children in SAFE Home, >= 6 months	12	12	8	10	10	12	8
Total number of children in STAR/Shelter Placement	64	75	73	70	59	49	43
• Number of children in STAR/Shelter Placement, > 60 days	30	35	46	40	30	27	30
• Number of children in STAR/Shelter Placement, >= 6 months	8	8	5	7	11	7	12
Total number of children in MH Shelter	1	1	1	1	1	1	1
• Total number of children in MH Shelter, > 60 days	1	1	1	1	1	0	0
• Total number of children in MH Shelter, >= 6 months	1	1	1	1	1	0	0

Time in Residential Care

Placement Issues	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014	Nov 2014
Total number of children in Residential care	190	173	147	157	147	116	103
• Number of children in Residential care, >= 12 months in Residential placement	54	51	42	47	40	38	35
• Number of children in Residential care, >= 60 months in Residential placement	2	2	2	2	2	1	1

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

Commissioner Statement Juan F. Third Quarter 2014 Report

Amidst so much change at the Department of Children and Families these last four years, I am pleased to say that we are entering a period in which the focus will be on stability and honing the reforms we have instituted to continue our improvement. With the Administration entering a second term, we can look back on the first and take great satisfaction with both the reforms and the results.

The changes have been sweeping. The Strengthening Families Practice Model and Differential Response were established. Policies and procedures to reduce the use of congregate care and out of state care and to increase the use of relative and kinship homes were instituted. Child and family teaming has become expected practice -- most recently in situations where we are considering removal -- and unannounced visits only take place when required to maintain safety.

The results have been dramatic. The number of children in care has been reduced by 761 or 15.9 percent. The number of children in group care has been reduced by 763 or 53.5 percent. The number of children out of state has been reduced by 347 or 95.9 percent. The percentage of children in care who are in a kinship home has risen from 21 percent to 35.3 percent. The Considered Removal Child and Family Team Meetings have been remarkable. During a recent six-month period, 79 percent of the children who received a meeting prior to removal were not removed. Of the children who were placed by the Department, 64 percent were placed with kin. Less than 10 percent were placed into care with someone they did not know.

I am very proud of our staff for both implementing the reforms and for achieving the results. We all know, however, that challenges remain. While 11 of the 22 Juan F. outcome measures have been precertified, and we are confident of a steady increase each quarter to follow, outcomes for treatment planning and needs met remain challenging. We have high expectations for addressing racial injustice for children across all our work, preparing youths to transition successfully to adulthood, maintaining children safely in homes, and supporting our workforce to meet the needs of children and families.

It is precisely because we have instituted so many reforms, made so much progress and have significant challenges remaining that we want to perfect the practice we have established and not add new initiatives. We are on the right course, and so we must focus on conducting our current practice the very best we can. There are challenges, for certain, in the environment with which we must contend. While we are settling in with the infusion of new social work staff -- who recently moved to assume full caseloads -- there also are fiscal restraints that will require that we work with less. These last several years, we have accommodated significant budget reductions in large measure because the re-shaped system -- with fewer children in group settings -- has enabled us to place children in more suitable home settings while also spending less. But we also know, as demonstrated in the Children's Behavioral Health Plan we presented the Legislature in October, that enhanced community based services also are required if we are to continue to build on this healthy momentum whereby more children are served in homes, largely, of their relatives and kin. With the support of the Governor and the Legislature, I am confident we will continue to make strides toward making Connecticut a place where children receive quality services to meet behavioral health and other needs while living with families whenever possible.

More than anything else, I want to thank our staff for their work, talent and commitment to providing quality services that will improve the lives of so many Connecticut children and families. Our staff has made great progress, and we are on path together to make so much more.

Appendix 2 Outcome Measure 19 Pre-Certification Review: Reduction in the Number of Children Placed in Residential Care

Pre-Certification Reporting of Outcome Measure 19: Reduction in the Number of Children Placed in Residential Care

Overview

The DCF Court Monitor's Office is undertaking a series of pre-certification reviews as part of the agreement of the parties via discussions arising from the <u>Revised Juan F. Exit Plan</u> on the 22 Outcome Measures. The latest of the measures to undergo review is Outcome Measure 19: Reduction in the Number of Children Placed in Residential Care.

The Revised Juan F Exit Plan requires that,

"The number of children placed in privately operated residential treatment care shall not exceed 11.0% of the total number of children in DCF out-of-home care.

The circumstances of all children in state and out-of-state residential facilities shall be assessed after the Court's approval of this Exit Plan on a child specific basis to determine if their needs can be met in a less restrictive setting.

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

Data Reporting and Findings

On December 17, 2006 when we last did our reporting, there were 663 <u>Juan F</u> children in residential care settings (excluding children with committed delinquent status). Of that total 225 <u>Juan F</u>. children were placed in out of state facilities. The majority of those placed out-of-state (47.1%) were located within the border states of Massachusetts, Rhode Island or New York.

In what can be touted as one of the most significant successes of this Administration, today (October 2014) there are 106 children in residential settings (2.75% of the *Juan F*. child-in-placement population). Of this residential cohort, 13 children are placed out-of-state and eight of those children are in the neighboring state of Massachusetts. Only seven children were under the age of 13 (10-12); all but one of these children was placed in-state.

The implemented ASO process has a child specific review so that a re-determination of need for this most restrictive placement setting is periodically undertaken in an effort to identify and then move children in a more timely and planned manner. Even today, eight years later, though major strides have been made, delays in achieving step-down placements do exist. This is due to the need for development of more therapeutic foster care homes and community based services to allow for reunification. Further reductions in the residential census will be dependent upon the level of success of these current initiatives, and the growth of appropriate, accessible community based services to support children within the communities upon reunification or step-down to a less restrictive placement setting.

Methodology

The Monitor did not conduct a qualitative review of Outcome Measure 19, as Outcome Measure 15: Needs Met incorporates elements of this requirement. However, the LINK logic has been verified and the available on-line reports are reviewed by the Court Monitor each quarter.

The following tables detail the residential population as a factor of all <u>Juan F</u>. children at our earlier review in 2006 and at our most recent review of the data on October 1, 2014.

Table 1: All Children in Placement (excluding Committed Delinquent status CIP) on December 17, 2006									
Area Office	<u>Juan F</u> . Children In Residential Care	<u>Juan F.</u> Children In Care	Percentage of <u>Juan F</u> . in Residential Care						
Unassigned	6	97	6.2%						
Bridgeport	56	450	12.4%						
Danbury	10	133	7.5%						
Greater New Haven	61	374	16.3%						
Hartford	90	871	10.3%						
Manchester	63	532	11.8%						
Meriden	25	226	11.1%						
Middletown	21	161	13.0%						
New Britain	52	653	8.0%						
New Haven Metro	82	603	13.6%						
Norwalk	12	94	12.8%						
Norwich	47	488	9.6%						
Stamford	12	90	13.3%						
Torrington	31	215	14.4%						
Waterbury	53	659	8.0%						
Willimantic	42	383	11.0%						
Statewide Total	663	6,029	11.0%						

The Court Monitor has extracted LINK data reflecting end of the 3rd Quarter 2014/start of the 4th Quarter, (October 1, 2014). At that point in time the Juan F. Children in Residential Care from the On-Line Reporting totaled:

Table 2: Performance Outcome Measure 19 - Reduction in Number of Children Placed in Residential Care										
Area Office	Children In Residential Care	Juan F. Children In Care	Percentage of Juan F. CIP in Residential	Target Reduction	Reduction Realized to Date					
Bridgeport	8	283	2.8%	32	-24					
Danbury	0	140	0.0%	13	-13					
Hartford	9	590	1.5%	71	-62					
Manchester	8	273	2.9%	32	-24					
Meriden	3	156	1.9%	18	-15					
Middletown	6	113	5.3%	12	-6					
Milford	8	238	3.4%	25	-17					
New Britain	20	357	5.6%	42	-22					
New Haven	12	330	3.6%	37	-25					
Norwalk/Stamford	5	131	3.8%	13	-8					
Norwich	14	383	3.7%	43	-29					
Torrington	4	162	2.5%	19	-15					
Waterbury	3	412	0.7%	41	-38					
Willimantic	6	282	2.1%	30	-24					
TOTAL	106	3850	2.8%	429	-322					

Clearly this measure has been maintained, as it has been achieved for the last 34 quarters (since 2q 2006). Though OM15 reviews have infrequently noted an occasional attempt to restrict this level of care when it appears from the documentation to be the most appropriate, this information has been anecdotal in nature to date. Given all information, at this juncture however, both the quantitative reporting and the majority of OM15 reviews find decisions documented related to residential care are appropriate. As such, Outcome Measure 19 is pre-certified.