Juan F. v. Malloy Exit Plan Quarterly Report July 1, 2012 - September 30, 2012 Civil Action No. 2:89 CV 859 (SRU)

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Juan F. v Malloy Exit Plan Quarterly Report July 1, 2012 - September 30, 2012

Highlights

- The Court Monitor's quarterly review of the Department's efforts to meet the Exit Plan Outcome Measures during the period of July 1, 2012 through September 30, 2012 indicates the Department achieved 15 of the 22 Outcome Measures. The seven measures not met include: Outcome Measure 3 (Case Planning), Outcome Measure 7 (Reunification), Outcome Measure 10 (Sibling Placements), Outcome Measure 11 (Re-Entry into DCF Custody), Outcome Measure 14 (Placement within Licensed Capacity), Outcome Measure 15 (Children's Needs Met), and Outcome Measure 17 (Worker-Child Visitation In-Home)¹.
- During the Third Quarter 2012, Pre-Certification Reviews of Outcome Measure 8 (Adoption),
 Outcome Measure 9 (Transfer of Guardianship), and Outcome Measure 22 (Multi Disciplinary
 Exams) were completed. The results were discussed by the <u>Juan F.</u> parties. Each of these
 measures was found to be pre-certified and strengths and weakness of the practice associated
 with each measure were reviewed.

First Quarter 2012 Outcome Measure 8 results did not meet the benchmark standard. This was an aberration in the quarterly results for Outcome Measure 8 (Adoption), and the parties agreed to pre-certify the measure with an understanding that future performances will be closely monitored.

The findings for Outcome Measure 22 were especially significant for the Department. At the time of development of the Exit Plan 2003-2004 only 5.0% of the children entering care received a Multi Disciplinary Exam (MDE). The pre-certification review found that well over 90.0% of children received a timely MDE (within 30 days of placement) and even more noteworthy 100.0% of the reviewed children (506) received an MDE. The 17 children who did not receive the MDE within the required 30 days, did receive one, in only a slightly longer timeframe. The strength of imbedding this practice principle routinely is a foundational component that can be utilized as a springboard for appropriate early assessment and initial case planning at the earliest stages of DCF involvement with children requiring placement services.

The final Pre-Certification reports on these measures can be found in Appendices 2, 3, and 4. In addition, a revised table of Pre-Certification results can be found beginning on page 11.

• There are emerging factors that must be considered that have direct impact the Department's work; especially the work related to Outcome Measures 3 (Case Planning) and 15 (Meeting Children's Needs). The diversion of low risk cases to the Differential Response System (DRS) track has resulted in changes to caseloads. A two tier Investigation caseload now exists where

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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.

in addition to the traditional investigation case assessment practices, lower risk cases are offered short term assessment and community linkages. The Ongoing Services staff is now faced with caseloads made up almost entirely of moderate and high-risk or otherwise complex cases. A full component of these cases present unique challenges to ensuring appropriate case planning and timely service provision. The Department has been effecting case practice improvements to better engage families and stakeholders. The focus is a strength-based approach. Implementation of formal child and family teaming approaches is well underway and demonstrating positive outcomes for children and families in the cases that it has been utilized. Another initiative, funded through a federal CONCEPT grant, involves the implementation of the trauma-informed practice approach. All of these require working in partnership to plan with families and stakeholders effectively, which is very time consuming. The "workload" capacity required to implement and practice this fundamental reform with caseloads made up of extremely challenging situations and needs is substantial. Consideration must be given to both the workload demands as well as caseload standards since the Consent Decree caseload standards were not developed with current demands and capacities factored into the equation.

The Department is also succeeding in reducing the use of congregate care and promoting the use of family-based care, especially relative and kin families. This requires additional models of support, as well as new models and increased levels of timely and well coordinated community-based-service. These essential changes in the Department's approach promoted by the current administration and supported by the Court Monitor, present daunting workload and service provision challenges for social workers that could undermine their ability to effectively service children and families.

It is clear that in order to realize the overwhelming benefits of these collaborative approaches it is necessary to ensure that there is a full complement of staff and adequate levels of service provision. In addition, in order to ensure that children diverted from restrictive levels of care, including out-of-state programs, receive appropriate and coordinated service there must be ample in-home, outpatient and community services as well as sufficient in-state capacity to service special populations of children in short-term congregate programs.

• Statewide, of the Third Quarter 2012 sample reviewed for Outcome Measure 3, a total of 34 of the 69 cases or 49.3% achieved the measure. This is a decline over the prior quarter's result of 63.0%. It is concerning that seven (7) case plans were not approved by the Social Work Supervisor. This issue had not been prevalent in the recent quarterly reviews and was immediately brought to the attention of the Commissioner and Regional Administrators as the findings became evident. With the exception of one of these seven cases; there were also significant concerns with the individual domains that the review measures, such as engagement, assessment, objectives, progress and action steps. Also, the Third Quarter 2012 findings show a sharp contrast in results when isolating the cases by in-home family cases versus child-in-placement cases. Only 29.6% (8 of 27 cases) of sample in-home cases were deemed appropriate as opposed to 65.0% (26 of 40 cases) of the child in placement case.

Liaison activities regarding OM 3 and 15 findings and improvement efforts have continued that include Court Monitor staff, Regional Office staff, and Administrative Case Review (ACR) staff. Over the last few quarters the communication patterns have become more efficient and timely. In addition, there was considerable evidence of Regional and/or Area Office initiatives attempting to address and strengthen the case planning process.

This quarter's review identified engagement, assessment, and action steps as the elements most in need of improvement. While there was some improvement noted, the Area Office staff still is not consistently utilizing the feedback from the Administrative Case Review (ACR) Social Work Supervisors. However, Court Monitor reviewers indicated that the value of the independent review is very evident in many of the reviewed cases.

• The Third Quarter 2012 findings for Outcome Measure 11 (Re-Entry) indicate that 9.1% of the children re-entered care during the quarter. These are children re-entering care after a previous placement episode that ended with a legal discharge from DCF placement to a parent or guardian. The measurement's standard is $\leq 7.0\%$. The reported percentage is the highest it has been since Third Quarter 2009. Re-Entry findings/percentages are based on the number of children re-entering care divided by the number of children-in-placement entries. Fluctuations or trends regarding the number of entries impact the findings as do policy changes (reducing congregate care utilization, increasing family based care as well as implementation of new initiatives such as the Differential Response System (DRS). An analysis of the data related to Outcome Measure 11 over the last few years indicates a consistent decline in the number of children re-entering care and an even greater decrease in the number of children-in-placement. The Third Quarter 2012 results represent a slight increase in the number of re-entries into care as well as the number of children-in-placement. But, the number of children that re-entered this quarter (40) was exactly the same number that re-entered during this quarter one year ago. Due to the changes in the total number of children-in-care the finding last year was 7.2% as opposed to the 9.1% finding this year. As is typical, not all offices experienced the increase described above and trending data by office indicates only some offices have struggled with this measure in recent quarters.

An informal review of a sample of the 40 Third Quarter 2012 re-entries reveals evidence of discharge planning activities, service provision and reunification efforts prior to the children previously leaving care. A number of the children reviewed will continue to be prone to the risk of re-entry going forward due to the episodic nature of their specific behavioral health issues or the episodic nature of their parent/guardian's issues or conditions.

Given the changing landscape of DCF interventions with families under the direction of the current administration, the underlying baselines and standards will be challenged by emerging trends and patterns. The findings for Outcome Measure 11 will be analyzed over the following quarters to ascertain whether trends continue or emerge. Rather than simply reporting the findings, it is becoming more important than ever before to understand the underlying interplay of the changing dynamics including: case management, service provision, changes in populations, workload and the existing Exit Plan standards.

• Outcome Measure 15 (Children's Needs Met) was achieved at a rate of 53.6%, which is a decrease from the 61.6% achieved in the Second Quarter 2012. Of the 69 cases reviewed, 37 were assessed as having all of the priority needs of the children and families identified during

the period under review met timely and adequately. There is a marked difference between the in-home cases and the child in placement case findings for Third Quarter 2012. Only 33.0% (9 of 27 cases) of the sample in-home cases found that the child's priority needs were met as opposed to the 70.0% (28 of 40 cases) findings for child in placement cases.

The Department is in the midst of implementing or procuring a number of important service programs that will assist in addressing identified concerns including: recruitment and retention of the State's foster care resources, congregate care diversion, timely identification of relative/kin and utilization for placement and family ties, and both targeted congregate care facilities and community mental health services to address the needs for special populations of children currently served out of state. All of these efforts are helpful and necessary to address some of the needs routinely identified for children and families.

In order to ensure that children diverted from the most restrictive levels of care, including outstate programs, receive appropriate service there must be ample in-home, outpatient, community services as well as sufficient in-state capacity to service special populations of children discharging from congregate treatment programs. Focused changes must continue that improve the quality and efficiency of the full service continuum. The current fiscal constraints may challenge the Department's ability to meet the need for additional service that will fully promote the reforms underway, address the comprehensive scope of children and family needs, and allow for exit from the *Juan F*. Consent Decree.

As with previous reviews, the most problematic areas for meeting the service needs for the children and families within our 69 sample cases were the domains Permanency: DCF Case Management-Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months (statewide score of 43.5%) and Well Being: Mental Health, Behavioral Health and Substance Abuse Services (statewide score of 67.7%). In addition, Well Being: Education (statewide score of 78.6%) did not reach the 80.0% level. All of the other domains were above 80.0%.

Individually identified Unmet Needs are provided for the Third Quarter Sample set on pages 30 to 37 (Priority needs unmet in the period under review) and (Priority needs identified but unplanned for in the case plan going forward). The table reveals a combined total of 360 instances of needs where barriers presented obstacles to service provision. These included both internal and external issues such as: delays in making a referral, the lack of properly assessing a need, the lack of available service, the lack of a service provider ability to meet the child or families need due to internal provider issues or wait lists, the lack of communication between the provider and DCF or refusal by clients to utilize the services existed.

• As of November 2012, there were 252 <u>Juan F.</u> children placed in residential facilities. This is a decrease of 21 children compared to the 273 children reported last quarter. Compared to August of last year there has been a decrease of 151 children in residential care. The number of children residing in residential care for greater than 12 months was 76, which is a decrease of 13 children in comparison to the 89 reported last quarter and 43 less children than November 2011 (119).

- The Department continues to make significant strides in reducing the number of <u>Juan F.</u> children residing and receiving treatment in out-of-state residential facilities. As of December 2012, the number of children decreased by 23 to 83 compared to the 106 reported for August 2012.
- The number of children age 12 years old or younger in congregate care rose slightly to 58 as of November 2012. This increase was primarily due to SAFE Home placements.
- As of November 2012, there were no children aged 1 to 5 years of age residing in Congregate Care placements.
- The number of children utilizing SAFE Home temporary placements increased to 49 as of November 2012 compared with the 45 reported as of August 2012. The number of children in SAFE Home overstay status (>60 days), decreased to 31 children compared with the 35 children reported last quarter but the Third Quarter data indicates that 63.2% (31 of 49) of the children are in overstay status. There were 8 children with lengths of stay in excess of six months as of August 2012. The lack of sufficient foster/adoptive resources or the need for continued reunification efforts remain the significant barriers to timely discharge for these children.
- There were 78 youth in STAR programs as of August 2012, 6 less than the 84 reported in August 2012. The number of youth in overstay status (>60 days) in STAR placements was 40 youth, compared with the 53 youth noted last quarter. Over half (51.2%) of the youth (40 of 78) in STAR programs were in overstay status as of November 2012. There were 9 children with lengths of stay longer than six months as of August 2012. The lack of sufficient and appropriate treatment/placement services especially family-based settings for older youth hamper efforts to reduce the utilization of STAR services and manage short lengths of stay.
- The Division of Foster Care's monthly report for June 2012 indicates that there are 2,245 licensed DCF foster homes. This is a decrease of 54 homes when compared with the Second Quarter 2012 report. The number of approved private provider foster care homes is 879. The number of private provider foster homes currently available for placement is 70. The Department's goal as outlined in the Stipulation Regarding Outcome Measures 3 and 15 required (1) a statewide gain of 350 foster homes by June 30, 2009; and (2) an additional statewide gain of 500 foster homes by June 30, 2010. The baseline set in June 2008 and revised during the Second Quarter 2011 is 3,287 foster homes. The Department's status as of June 2012 is 3,124 homes, a net loss of 163 homes compared with the baseline set in June 2008. Additional foster care and adoptive resources remain an essential component required to address the needs of children, reduce discharge delays, avoid overcapacity placements, and ensure placement in the most appropriate and least restrictive setting.
- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased by 5 from the 634 to 629 this quarter. The Department's efforts to appropriately pursue APPLA goals for youth, including modifying the goal of children with an APPLA goal to a more preferred goal, and the continued age-out of older youth contributes to the continued reduction in the number of children with APPLA over the last few years. In conjunction with the Child Welfare Group, the Department is set to begin an initiative that could be very beneficial to these children. A review all APPLA children will be conducted in an attempt to identify the best permanency options available for those youth.

- The Monitor's quarterly review of the Department for the period of July 1, 2012 through September 30, 2012 indicates that the Department did not achieve compliance with seven (7) measures:
 - Treatment Planning (49.3%)
 - Reunification (52.0%)
 - Sibling Placements (87.5%)
 - Placement within Licensed Capacity (95.3%)
 - Re-Entry into DCF care (9.1%)
 - Children's Needs Met (53.6%)
 - Worker-Child Visitation In-Home (N/A)²
- The Monitor's quarterly review of the Department for the period of July 1, 2012 through September 30, 2012 indicates the Department has achieved compliance with the following 15 Outcome Measures:
 - Commencement of Investigations (95.7%)
 - Completion of Investigations (92.5%)
 - Search for Relatives (87.5%)
 - Repeat Maltreatment (4.3%)
 - Maltreatment of Children in Out-of Home Cases (0.2%)
 - Adoption (39.0%)
 - Transfer of Guardianship (84.0%)
 - Multiple Placements (96.4%)
 - Foster Parent Training (100.0%)
 - Worker-Child Visitation Out-of Home Cases (93.6% Monthly/98.7% Quarterly)
 - Residential Reduction (6.3%)
 - Discharge Measures regarding Education, Work, and Military Status (89.2%)
 - Discharge to DMHAS and DMR (100.0%)
 - Multi-disciplinary Exams (95.5%)

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 13 of the Outcome Measures reported as achieved this quarter. (Measures are shown designating the number of consecutive quarters for which the measure was achieved):
 - Commencement of Investigations (thirty-second consecutive quarter)
 - Completion of Investigations (thirty-second consecutive quarter)
 - Search for Relatives (twenty-seventh consecutive quarter)
 - Repeat Maltreatment (twenty-second consecutive quarter)
 - Maltreatment of Children in Out-of-Home Care (thirty-fifth consecutive quarter)
 - Adoption (second consecutive quarter)
 - Transfer of Guardianship (fifteenth consecutive quarter)
 - Multiple Placements (seventeenth consecutive quarter)
 - Foster Parent Training (thirty-fourth consecutive quarter)
 - Visitation Out-of-Home (twenty-eighth consecutive quarter)
 - Residential Reduction (twenty-sixth consecutive quarter)
 - Discharge to DMHAS and DMR (fourth consecutive quarter)
 - Multi-disciplinary Exams (twenty-seventh consecutive quarter)

A full copy of the Department's Third Quarter 2012 submission including the Commissioner's Highlights may be found on page 52.

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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.

Q 4Q 3Q 2Q 11 2010 2010 2010		4Q 3 2006 20
.2% 96.8% 97.4% 97.6%	% 97.0% 97.1% 96.5%	95.5% 9
.7% 90.0% 91.5% 92.9%	% 94.2% 93.7% 93.0%	93.7% 9
.1% 67.9% 66.0% 75.5%	% 30.0% 30.3% 41.3%	41.1% 5
.1% 88.8% 90.9% 91.2%	% 91.4% 93.8% 92.0% 9	91.4% 9
.7% 6.2% 6.5% 6.5%	% 6.1% 6.3% 7.4%	7.9%
.1% 0.4% 0.2% 0.1%	% 0.3% 0.0% 0.2%	0.2%
.7% 64.9% 68.3% 67.19	% 64.2% 67.9% 70.5%	61.3% 6
.6% 38.5% 25.8% 36.0%	% 36.2% 40.6% 34.5%	33.6% 2
.2% 87.3% 78.6% 74.6%	% 76.8% 88.0% 78.0%	76.4% 7
.7% 83.3% 81.9% 84.89	% 83.3% 79.1% 84.9%	85.5% 8
.7% 6.3% 7.3% 6.79	% 7.2% 8.5% 7.5%	8.2%
.1% 96.1% 95.7% 95.89	% 94.4% 96.0% 96.3%	95.0%
.0% 100.0% 100.0% 100.0%	% 100.0% 100.0% 100.0% 1	00.0% 10
.8% 96.8% 95.4% 95.19	% 96.9% 97.1% 96.8%	96.5% 9
.5% 56.6% 58.5% 52.8%	% 64.0 % 51.3 % 45.3 %	52.1%
.8% 95.3% 95.3% 95.79	% 94.8% 94.6% 95.1% 9	94.7%
.2% 98.9% 98.9% 99.3%	% 92.8% 95.7% 93.3% 9	91.0%
.5% 89.7% 89.4% 89.7%	% 89.4% 90.9% 89.0%	89.2%
.0% 100.0% 99.9% 100.0%	% 100.0% 100.0% 100.0% 1	00.0% 10
.0% 9.9% 9.4% 10.1%	% 10.8% 11.0% 10.9%	11.0%
.9% 87.2% 88.5% 87.9%	% 95.0% X X 10	00.0% 10
.0% 96.1% 97.3% 98.1%	% 95.0% X X	97.0% 10
.9% 97.5% 96.1% 96.4%	% 95.2% 96.8% 91.1%	94.2%
ed, ho	wever this does not accurately reflect performance findings. The Outcome Measure 17 Pre-Certification Review indicated that con	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% wever this does not accurately reflect performance findings. The Outcome Measure 17 Pre-Certification Review indicated that compliance is not achieved. illure to demonstrate that workers are meeting the specific steps called for with the definition of visit calls into question the automated report findings.

Juan F. Pre-Certification Review-Status Update Third Quarter 2012

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 $\underline{Juan\ F}$ class members will be promoted by the earliest possible identification and resolution of the any quantitative or qualitative problems affecting class members that may be identified by the review required by Revised Exit Plan ¶5, the parties and the Court Monitor agree that it is in the best-interests of the $\underline{Juan\ F}$ class members to create a "Pre-Certification" review process. It is expected that this "pre-certification" process may, in certain instances, obviate the need to implement the full certification review for certain outcome measures after sustained compliance is achieved for all Outcome Measures.

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

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

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

If the Pre-Certification Review does not identify any material issues requiring remediation, and no assertions of noncompliance with the specific Outcome Measures(s) at issue are pending at the time Defendants assert sustained compliance with all Outcome Measures, the Parties agree that the full review as per paragraph 5 of the Revised Exit Plan will not be required after the

Defendants assert sustained compliance with all Outcome Measures. Upon Defendants' assertion of sustained compliance with all Outcome Measures, the parties, with the involvement and consent of the Court Monitor, agree to present for the Court's review, any agreement to conduct less than the full review process required by Revised Exit Plan (¶5) for any specific Outcome Measures, as a proposed modification of the Revised Exit Plan.

This report contains three additional Pre-Certification reviews conducted per the agreement of the parties and consistent with the required statistical methodology outlined in the <u>Juan F.</u> v Rell Revised Exit Plan July 1, 2004. (See Appendices 2, 3, and 4 for results on OM 8, OM 9 and OM 22 Pre-Certification Reviews.) This brings the total number of reviews completed to nine (9). One additional review, OM7 (Reunification) has undergone data collection and is currently in the data entry stage.

The <u>Juan F.</u> parties and the Court Monitor have determined that the results from eight of the nine completed pre-certification reviews have 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 below.

Outcome Measure	Statement of Outcome	Status
OM 7: Reunification	At least 60% of the children, who are reunified with	In Progress
	their parents or guardians, shall be reunified within 12	
	months 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	
	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 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	Pre-Certified
Placements	children in DCF custody shall experience no more than	
	three (3) 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	
	capacity, except when necessary to accommodate	
	sibling groups.	
OM 16: Worker/ Child	DCF shall visit at least 85% of all out-of-home children	Pre-Certified
Visitation (Child in	at least once a month, except for probate, interstate, or	
Placement)	voluntary cases. All children must be seen by their DCF	
	Social Worker at least quarterly.	

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

Pre-Certification Next Steps

In discussion with the parties it was determined that prior to proceeding with additional statistically valid methodologies outlined in the Revised Exit Plan for the remaining outcome measures, the Court Monitor would establish the need for such intensive and resource heavy focused review efforts/evaluation, with proposals for conducting reviews of the remaining outcome measures to be shared with the parties for consideration and approval.

This work has been completed and the Court Monitor has begun the task of organizing to conduct additional reviews over the next year. Future reports will update both completed reviews and reviews in progress. As part of the discussion with the parties, steps are also in place to assist the Department in replication of the Congregate Care Discharge Review that was undertaken in early 2012 to assess the impact of the decline in the population in residential care due to diversion efforts and the discharges from that placement type.

Review of Outcome Measure 3 and Outcome Measure 15 for the Third Quarter 2012

Statewide, the Third Quarter 2012 result for Outcome Measure 3 (OM3) - Case Plans, is 49.3%. This is a decline over the prior quarter's result of 63.0%, and represents 34 of the 69 case plans achieving the score of "Appropriate Case Plan". One area office achieved the required 90.0% benchmark requirement for the measure as Danbury reached 100.0% compliance among the three plans reviewed. Bridgeport achieved the second highest individual area office performance with 83.3%, closely followed by Manchester with 80.0%. Region IV achieved the highest combined regional performance with 64.3% across all sample cases scored.

Crosstabulation 1: What is the social worker's area office assignment? * Overall Score

for OM3 * DCF Region

DCF		1	Overs	all Score for OM 3	
Region	What is the socia assignment?	al worker's area office	Appropriate Case Plan	Not an Appropriate Case Plan	Total
	Duidgeneut	Count	5	1	6
	Bridgeport	% within Area Office	83.3%	16.7%	100.0%
	Norwalk	Count	0	2	2
Region I	Noiwaik	% within Area Office	0.0%	100.0%	100.0%
Region i	Stamford	Count	0	1	1
	Stannoru	% within Area Office	0.0%	100.0%	100.0%
	Region Total	Count	5	4	9
	Kegion Total	% within Area Office	55.6%	44.4%	100.0%
	Milford	Count	2	3	5
	Milloru	% within Area Office	40.0%	60.0%	100.0%
Dogion II	New Haven	Count	4	2	6
Region II	New naven	% within Area Office	66.7%	33.3%	100.0%
	Danion Total	Count	6	5	11
	Region Total	% within Area Office	54.5%	45.5%	100.0%
	Middletown	Count	0	3	3
	Miduletown	% within Area Office	0.0%	100.0%	100.0%
	Name als	Count	1	5	6
Region III	Norwich	% within Area Office	16.7%	83.3%	100.0%
	Willimantic	Count	4	2	6
		% within Area Office	66.7%	33.3%	100.0%
	Danion Total	Count	5	10	15
	Region Total	% within Area Office	33.3%	66.7%	100.0%
	Hartford	Count	5	4	9
	Hartioru	% within Area Office	55.6%	44.4%	100.0%
Region IV	Manchester	Count	4	1	5
	Manchester	% within Area Office	80.0%	20.0%	100.0%
	Danion Total	Count	9	5	14
	Region Total	% within Area Office	64.3%	35.7%	100.0%
	Danhum	Count	3	0	3
	Danbury	% within Area Office	100.0%	0.0%	100.0%
	Tourington	Count	1	2	3
Region V	Torrington	% within Area Office	33.3%	6.7%	100.0%
Region v	Watarbury	Count	0	5	5
	Waterbury	% within Area Office	0.0%	100.0%	100.0%
	Danion Total	Count	4	7	11
	Region Total	% within Area Office	36.4%	63.6%	100.0%
	Maridan	Count	1	2	3
	Meriden	% within Area Office	33.3%	66.7%	100.0%
Region VI	Now Dritein	Count	4	2	6
-	New Britain	% within Area Office	66.7%	33.3%	100.0%
	D	Count	5	4	9
	Region Total	% within Area Office	55.6%	44.4%	100.0%

All 69 case plans and case planning efforts were accommodating of the family's primary language. Seven case plans were not approved by the Social Work Supervisor. One of the cases had all of the other domains within the very good or optimal range and via our review of the LINK record and area office feedback demonstrated supervisory oversight; and therefore was granted an override. The others had lower scores identified in areas such as engagement, assessment, objective, progress or action steps and therefore would not have passed our review for these other factors in addition to the lack of supervisory approval. This issue was called to the attention of the Area Directors as it has not been prevalent in recent review findings. Statewide scores are reflected in the column headings. All other domain areas were in the eight or ninety percentile range for compliance with the set standards.

Table 1: Case Summaries for Outcome Measure 3

		Has the Case plan been approved by the SWS	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Area Office	Case	89.9%	95.7%	94.2%	53.6%	58.0%	69.6%	79.7%	68.1%	88.4%	47.8%
Bridgeport	1	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan*
	2	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Appropriate Case Plan
	4	no	Very Good	Optimal	Marginal	Marginal	Very Good	Very Good	Very Good	Optimal	Not an Appropriate Case Plan
	5	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	6	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
		83.3%	100.0%	100.0%	66.7%	66.7%	100.0%	100.0%	100.0%	100.0%	83.3%
Danbury	1	yes	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	yes	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan*
		100.0%	100.0%	100.0%	66.7%	66.7%	100.0%	100.0%	100.0%	100.0%	66.7%

		Has the Case plan been approved by the SWS	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Area Office	Case	89.9%	95.7%	94.2%	53.6%	58.0%	69.6%	79.7%	68.1%	88.4%	47.8%
Milford	1	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	3	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Very Good	Not an Appropriate Case Plan
	4	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	5	yes	Optimal	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan*
		100.0%	100.0%	100.0%	40.0%	20.0%	40.0%	60.0%	60.0%	100.0%	40.0%
Hartford	1	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	2	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Very Good	Not an Appropriate Case Plan
	3	yes	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Optimal	Not an Appropriate Case Plan
	4	yes	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Marginal	Appropriate Case Plan*
	5	yes	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	6	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan*
	7	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Too early to note progress	Marginal	Very Good	Not an Appropriate Case Plan
	8	yes	Optimal	Optimal	Marginal	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan*
	9	yes	Optimal	Optimal	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
		100.0%	100.0%	100.0%	55.6%	77.8%	66.7%	87.5%	77.8%	88.9%	55.6%

		Has the Case plan been approved by the SWS	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Area Office	Case	89.9%	95.7%	94.2%	53.6%	58.0%	69.6%	79.7%	68.1%	88.4%	47.8%
Manchester	1	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Marginal	Marginal	Optimal	Appropriate Case Plan*
	3	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	4	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	5	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
		100.0%	100.0%	100.0%	80.0%	80.0%	100.0%	80.0%	80.0%	100.0%	80.0%
Meriden	1	yes	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	3	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
		100.0%	100.0%	100.0%	66.7%	66.7%	66.7%	100.0%	33.3%	100.0%	33.3%
Middletown	1	no	Optimal	Very Good	Marginal	Very Good	Very Good	Optimal	Very Good	Optimal	Not an Appropriate Case Plan
	2	no	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	3	yes	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
		33.3%	100.0%	66.7%	0.0%	33.3%	66.7%	66.7%	66.7%	100.0%	0.0%

		Has the Case plan been approved by the SWS	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Area Office	Case	89.9%	95.7%	94.2%	53.6%	58.0%	69.6%	79.7%	68.1%	88.4%	47.8%
New Britain	1	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	yes	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Appropriate Case Plan
	4	yes	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
	5	no	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan*
	6	yes	Marginal	Very Good	Marginal	Marginal	Marginal	Too early to note progress	Marginal	Very Good	Not an Appropriate Case Plan
		83.3%	83.3%	100.0%	83.3%	66.7%	83.3%	100.0%	66.7%	100.0%	66.7%
New Haven	1	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Optimal	Marginal	Very Good	Not an Appropriate Case Plan
	2	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	4	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan*
	5	yes	Optimal	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	6	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan*
		100.0%	100.0%	100.0%	50.0%	50.0%	83.3%	100.0%	83.3%	100.0%	83.3%
Norwalk	1	yes	Optimal	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal	Not an Appropriate Case Plan
	2	yes	Optimal	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	Marginal	Not an Appropriate Case Plan
		100.0%	100.0%	50.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%

Area Office	Case	Has the Case plan been approved by the SWS 89.9%	Reason for DCF Involvement 95.7%	Identifying Information 94.2%	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review 58.0%	Determining the Goals/ Objectives 69.6%	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency 88.4%	Overall Score for OM3 47.8%
Norwich	1	69.970	93.1 /0	34.2 /0	33.0 /0	30.0 /0	07.070	19.1 /0	00.1 /0	00.4 /0	Not an
1101 WICH		yes	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	3	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Too early to note progress	Optimal	Optimal	Appropriate Case Plan*
	4	no	Optimal	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Marginal	Not an Appropriate Case Plan
	5	yes	Very Good	Optimal	Marginal	Marginal	Very Good	Too early to note progress	Very Good	Very Good	Not an Appropriate Case Plan
	6	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Marginal	Not an Appropriate Case Plan
		83.3%	100.0%	83.3%	33.3%	16.7%	66.7%	75.0%	66.7%	66.7%	16.7%
Stamford	1	yes	Poor	Marginal	Marginal	Poor	Marginal	Poor	Poor	Poor	Not an Appropriate Case Plan
		100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Torrington	1	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	2	yes	Very Good	Very Good	Very Good	Optimal	Marginal	Optimal	Very Good	Very Good	Appropriate Case Plan*
	3	no	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
		66.7%	100.0%	100.0%	33.3%	66.7%	33.3%	66.7%	66.7%	100.0%	33.3%

A 055		Has the Case plan been approved by the SWS	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Area Office	Case	89.9%	95.7%	94.2%	53.6%	58.0%	69.6%	79.7%	68.1%	88.4%	47.8% Not an
Waterbury	1	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Appropriate Case Plan
	2	no	Very Good	Very Good	Very Good	Poor	Very Good	Marginal	Marginal	Marginal	Not an Appropriate Case Plan
	3	yes	Optimal	Optimal	Marginal	Very Good	Marginal	Optimal	Marginal	Very Good	Not an Appropriate Case Plan
	4	yes	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	5	yes	Marginal	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
		80.0%	80.0%	100.0%	40.0%	60.0%	40.0%	60.0%	0.0%	60.0%	0.0%
Willimantic	1	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Too early to note progress	Optimal	Optimal	Appropriate Case Plan
	4	yes	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	5	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	6	yes	Very Good	Optimal	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good	Not an Appropriate Case Plan
		100.0%	100.0%	100.0%	83.3%	100.0%	83.3%	80.0%	83.3%	100.0%	66.7%
Statewide Total	N	69	69	69	69	69	69	69	69	69	69
TUTAL	%	89.9%	95.7%	94.2%	53.6%	58.0%	69.6%	79.7%	68.1%	88.4%	47.8%

^{*} indicates the presence of a Court Monitor's Override to allow for overall appropriate score due to information presented in the case documentation or in conversation with the area office related to case planning that may be marginal within the identified area of the case plan document, but can be demonstrated to have been achieved via other avenues.

Outcome Measure 15 was achieved at a rate of 53.6% down slightly from the 61.1% achieved in Second Quarter 2012. This translates to 37 of the 69 cases reviewed being assessed as having all of the priority needs of the children and families identified during the period under review met timely and adequately. Several offices did meet or exceed this mark during the quarter: Manchester (100.0%), New Britain (83.3%), and Willimantic (83.3%). None of the six designated regions achieved 80.0%. The two highest performing regions were Region IV with 78.6% and Region VI with 77.8%.

Crosstabulation 2: What is the social worker's area office assignment? * Overall Score for Outcome Measure 15 * DCF Region

			Overall Sc	ore for Outcome Me	asure 15
DCF Region			Needs Met	Needs Not Met	Total
		Count	3	3	6
	Bridgeport	% within Office	50.0%	50.0%	100.0%
		Count	0	2	2
Region I	Norwalk	% within Office	.0%	100.0%	100.0%
Region i		Count	0	1	1
	Stamford	% within Office	.0%	100.0%	100.0%
		Count	3	6	9
	Total	% within Region	33.3%	66.7%	100.0%
		Count	1	4	5
	Milford	% within Office	20.0%	80.0%	100.0%
Danian II		Count	3	3	6
Region II	New Haven	% within Office	50.0%	50.0%	100.0%
		Count	4	7	11
	Total	% within Region	36.4%	63.6%	100.0%
		Count	2	1	3
	Middletown	% within Office	66.7%	33.3%	100.0%
		Count	2	4	6
ъ . ш	Norwich	% within Office	33.3%	66.7%	100.0%
Region III		Count	5	1	6
	Willimantic	% within Office	83.3%	16.7%	100.0%
		Count	9	6	15
	Total	% within Region	60.0%	40.0%	100.0%
		Count	6	3	9
	Hartford	% within Office	66.7%	33.3%	100.0%
ъ . т.		Count	5	0	5
Region IV	Manchester	% within Office	100.0%	.0%	100.0%
		Count	11	3	14
	Total	% within Region	78.6%	21.4%	100.0%
		Count	2	1	3
	Danbury	% within Office	66.7%	33.3%	100.0%
	•	Count	0	3	3
	Torrington	% within Office	.0%	100.0%	100.0%
Region V	8	Count	1	4	5
	Waterbury	% within Office	20.0%	80.0%	100.0%
	Total	Count	3	8	11
		% within Region	27.3%	72.7%	100.0%
	Meriden	Count	2	1	3
		% within Office	66.7%	33.3%	100.0%
		Count	5	1	6
Region VI	New Britain	% within Office	83.3%	16.7%	100.0%
	11011 Diltain	Count	7	2	9
	Total	% within Region	77.8%	22.2%	100.0%

The most problematic areas for meeting the service needs for the children and families sampled within our 54 cases were in the domains of Permanency: DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months (statewide score of 43.5%) and Well-Being: Mental Health, Behavioral and Substance Abuse Services (statewide score of 67.7%). In addition, the domain Well-Being: Education (statewide score of 78.6%) did not meet the 80.0% level. All other individual domain areas were above the 80.0% threshold. Domain percentages are indicated in the column headings below. Area Office performances are indicated at the bottom of each area case count in the summary.

Table 2: Case Summaries for Third Quarter 2012 Outcome Measure 15

Area Office		Risk: In- Home 90.6%	Risk: Child In Placement 95.5%	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 82.6%	Well- Being: Dental Needs 84.1%	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement 92.9%	Well-Being: Education 78.6%	Overall Score for Outcome Measure 15
Bridgeport	1	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Very Good	Very Good	N/A to Case Type	N/A to Case Type	Needs Met
	2	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Poor	Marginal	Very Good	Marginal	Needs Not Met
	3	N/A to Case Type	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
	4	Marginal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Marginal	Marginal	Marginal	N/A to Case Type	Very Good	Needs Not Met
	5	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Marginal	Optimal	Marginal	Very Good	Optimal	Very Good	Needs Met
	6	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Poor	Needs Not Met
		50.0%	100.0%	100.0%	100.0%	100.0%	33.3%	83.3%	50.0%	50.0%	100.0%	60.0%	50.0%

Danbury 1 N/A to Case Optimal Optimal	Area		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
N/A to Case Type	Office		90.6%	95.5%	100.0%	91.3%	100.0%	43.5%	82.6%	84.1%	67.7%	92.9%	78.6%	53.6%
N/A to Case Very Good N/A to Case N/A to Case Type N/A to Case Type N/A to Case Type Very Good N/A to Case Type Very Good N/A to Case Type Very Good N/A to Case N/A to Case Type Very Good N/A to Case Type Very Good N/A to Case N/A to Case N/A to Case N/A to Case Type Very Good N/A to Case N/A to Case N/A to Case Type Very Good N/A to Case Type Very Good Very Good Very Good N/A to Case N/A to	Danbury	1		Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	
Very Good Type Type Absent/Averse Type Very Good Good Good Very Good Type Very Good Not Met Type Type Type Type Type Absent/Averse Type Very Good Good Good Very Good Type Very Good Not Met Type Not Ocase Type Not Met Type Not Met Type Not Met Type Not Met Not Met Type Not Met Type Not Met		2		Very Good	Very Good	Optimal	Very Good	Very Good			Very Good	Very Good	Very Good	
Very Good Ni/A to Case Type Very Good Ni/A to Case Type Very Good Ni/A to Case Type Marginal Marginal Very Good Marginal Ni/A to Case Type Marginal Needs Not Met		3	Very Good			Absent/Averse		Very Good			Very Good		Very Good	
Very Good Type Type Very Good Type Very Good Type Marginal Marginal Marginal Good Marginal Type Marginal Not Met			100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%
N/A to Case Type Optimal Very Good Optimal Needs Met N/A to Case Type Very Good Optimal Optimal Optimal Optimal Very Good Optimal N/A to Case Type N/A to	Milford	1	Very Good			Very Good		Marginal	Marginal		Marginal		Marginal	
Very Good Optimal Very Good Optimal Optimal Optimal Optimal Optimal Very Good Type Type Not Met Very Good Optimal Very Good Optimal Optimal Optimal Optimal Very Good Type Type Not Met Very Good Very Good Very Good Very Good Optimal Optimal Optimal Optimal Very Good Type Not Met N/A to Case Type Very Good Very Good Very Good Optimal Needs Not Met N/A to Case Type Very Good Very Good Optimal Needs Not Met N/A to Case Type Very Good Very Good Optimal Needs Not Met		2		Optimal	Very Good	Optimal	Very Good	Very Good		Optimal	Very Good	Very Good	Optimal	
Very Good Type Type Very Good Not Met Not Marginal Marginal Wery Good Very Good Very Good Very Good Very Good Very Good Very Good Not Met Not Met Very Good Not Met		3	Very Good	Optimal		Very Good	Optimal	Marginal	Optimal	Optimal	Very Good			
N/A to Case Type Very Good Very Good Very Good Optimal Marginal Very Good Very Good Very Good Optimal Needs Not Met		4	Very Good			Very Good		Marginal	Marginal		Very Good		Marginal	
$oxed{100.0\%} oxed{100.0\%} oxed{100.0\%} oxed{100.0\%} oxed{100.0\%} oxed{100.0\%} oxed{20.0\%} oxed{60.0\%} oxed{100.0\%} oxed{80.0\%} oxed{100.0\%} oxed{50.0\%} oxed{20.0\%}$		5		Very Good	Very Good	Very Good	Optimal	Marginal		_	Very Good	Very Good	Optimal	
			100.0%	100.0%	100.0%	100.0%	100.0%	20.0%	60.0%	100.0%	80.0%	100.0%	50.0%	20.0%

Area Office	Risk: In- Home 90.6%	Risk: Child In Placement 95.5%	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 84.1%	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education 78.6%	Overall Score for Outcome Measure 15
Hartford 1	90.0%	95.5%	100.0%	91.3%	100.0%	43.5%	82.0%	84.1%	07.7%	92.9%	/8.0%	53.0%
Tiantion 1	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	N/A to Case Type	Needs Met
2	Optimal	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Marginal	Poor	Marginal	N/A to Case Type	Marginal	Needs Not Met
3	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Marginal	Marginal	Very Good	Optimal	Optimal	Optimal	Needs Not Met
4	N/A to Case Type	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
5	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Marginal	Optimal	Optimal	Optimal	Optimal	Very Good	Needs Not Met
6	Very Good	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Needs Met
7	N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Needs Met
8	N/A to Case Type	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	N/A to Case Type	Needs Met
9	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Marginal	Marginal	Very Good	N/A to Case Type	Very Good	Needs Met*
	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	66.7%	77.8%	88.9%	100.0%	85.7%	66.7%

Area	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
Office	90.6%	95.5%	100.0%	91.3%	100.0%	43.5%	82.6%	84.1%	67.7%	92.9%	78.6%	53.6%
Manchester 1	N/A to Case Type	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	N/A to Case Type	Needs Met
2	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
3	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Very Good	Very Good	Very Good	N/A to Case Type	Very Good	Needs Met*
4	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Marginal	N/A to Case Type	Optimal	Needs Met*
5	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Marginal	Optimal	Optimal	Very Good	Optimal	Very Good	Needs Met*
	100.0%	100.0%	100.0%	100.0%	100.0%	60.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%
Meriden 1	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Optimal	Very Good	Marginal	N/A to Case Type	Marginal	Needs Not Met
2	N/A to Case Type	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Needs Met
3	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met*
	100.0%	100.0%	100.0%	100.0%	100.0%	33.3%	100.0%	100.0%	66.7%	100.0%	66.7%	66.7%

Area	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
Office	90.6%	95.5%	100.0%	91.3%	100.0%	43.5%	82.6%	84.1%	67.7%	92.9%	78.6%	53.6%
Middletown 1	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Marginal	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met*
2	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	N/A to Case Type	Needs Met
3	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Poor	Very Good	Marginal	N/A to Case Type	Marginal	Needs Not Met
	100.0%	100.0%	100.0%	100.0%	100.0%	33.3%	66.7%	100.0%	66.7%	100.0%	50.0%	66.7%
New Britain 1	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	N/A to Case Type	Very Good	Needs Met
2	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Marginal	Marginal	Very Good	N/A to Case Type	Very Good	Needs Met*
3	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
4	N/A to Case Type	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met
5	N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
6	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Marginal	Optimal	Very Good	Marginal	Optimal	N/A to Case Type	Needs Not Met
	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	83.3%	83.3%	83.3%	100.0%	100.0%	83.3%

Area	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
Office	90.6%	95.5%	100.0%	91.3%	100.0%	43.5%	82.6%	84.1%	67.7%	92.9%	78.6%	53.6%
New Haven	Optimal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	N/A to Case Type	N/A to Case Type	Needs Met
	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	N/A to Case Type	Very Good	Needs Met
	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Marginal	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Met*
	Marginal	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Marginal	Needs Not Met
5	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Optimal	Needs Not Met
	Very Good	Very Good	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Very Good	Very Good	Marginal	N/A to Case Type	Very Good	Needs Not Met
	83.3%	100.0%	100.0%	83.3%	100.0%	33.3%	83.3%	83.3%	50.0%	33.3%	80.0%	50.0%
Norwalk	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Optimal	Very Good	Optimal	N/A to Case Type	Needs Not Met
	Optimal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Optimal	Optimal	Very Good	N/A to Case Type	Marginal	Needs Not Met
	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%

Area Office	Risk: In- Home 90.6%	Risk: Child In Placement 95.5%	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 82.6%	Well- Being: Dental Needs 84.1%	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement 92.9%	Well-Being: Education 78.6%	Overall Score for Outcome Measure 15
Norwich 1	N/A to Case Type	Marginal	Very Good	Very Good	Very Good	Poor	Marginal	Optimal	Marginal	Very Good	Very Good	Needs Not Met
2	Marginal	N/A to Case Type	N/A to Case Type	Marginal	N/A to Case Type	Marginal	Optimal	Optimal	Marginal	N/A to Case Type	Very Good	Needs Not Met
3	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Marginal	N/A to Case Type	Needs Met*
4	Very Good	Marginal	Very Good	Very Good	Optimal	Marginal	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Not Met
5	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Very Good	Very Good	Marginal	N/A to Case Type	Marginal	Needs Not Met
6	N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Marginal	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met*
	66.7%	50.0%	100.0%	83.3%	100.0%	16.7%	83.3%	100.0%	50.0%	75.0%	80.0%	33.3%
Stamford 1	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Poor	Very Good	Very Good	Marginal	N/A to Case Type	Marginal	Needs Not Met
	100.0%	N/A	N/A	100.0%	N/A	0.0%	100.0%	100.0%	0.0%	N/A	0.0%	0.0%
Torrington 1	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Very Good	Very Good	Very Good	N/A to Case Type	Very Good	Needs Not Met
2	Very Good	N/A to Case Type	N/A to Case Type	Marginal	N/A to Case Type	Marginal	Very Good	Marginal	Marginal	N/A to Case Type	Very Good	Needs Not Met
3	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Optimal	Marginal	Very Good	Optimal	Needs Not Met
	100.0%	100.0%	100.0%	66.7%	100.0%	0.0%	100.0%	66.7%	33.3%	100.0%	100.0%	0.0%

Area		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
Office		90.6%	95.5%	100.0%	91.3%	100.0%	43.5%	82.6%	84.1%	67.7%	92.9%	78.6%	53.6%
Waterbury	I	N/A to Case Type	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Marginal	N/A to Case Type	Very Good	N/A to Case Type	Needs Met*
	2	N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Marginal	Marginal	Optimal	Marginal	Marginal	N/A to Case Type	Needs Not Met
	3	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Optimal	Very Good	Very Good	Marginal	N/A to Case Type	Very Good	Needs Not Met
	4	Very Good	N/A to Case Type	N/A to Case Type	Poor	N/A to Case Type	Marginal	Marginal	Poor	Very Good	N/A to Case Type	Poor	Needs Not Met
	5	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Marginal	Very Good	Very Good	Needs Not Met
		100.0%	100.0%	100.0%	80.0%	100.0%	40.0%	60.0%	40.0%	25.0%	66.7%	66.7%	20.0%
Willimantic	1	Very Good	N/A to Case Type	N/A to Case Type	Marginal	N/A to Case Type	Marginal	Very Good	Optimal	Marginal	N/A to Case Type	Very Good	Needs Not Met
	2	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Very Good	Very Good	Very Good	Very Good	Needs Met*
	3	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Needs Met
	4	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	Marginal	Optimal	Optimal	Very Good	Very Good	N/A to Case Type	Needs Met*
	5	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Needs Met
+	-		N/A to Case	N/A to Case		N/A to Case					N/A to Case		Needs
	6	Very Good	Type	Type	Optimal	Type	Very Good	Optimal	Optimal	Very Good	Туре	Very Good	Met

^{*} Indicates Court Monitor's application of the Override exception to achieve "met" status in one or more of the cases within the area office.

The individual needs identified within the cases sampled included the following 254 needs:

Table 3: Unmet Needs Identified during Period under Review

	nuclitified during I cribu under Keview	-
Unmet Need	Barrier	Frequency
Adoption Recruitment	Service Deferred Pending Completion of Another	1
Adoption Supports (PPSP)	Delay in Referral	1
Adoption Training	Delay in Referral	1
Anger Management	No Service Identified to Meet this Need	2
Anger Management	Client Referred but was subsequently discharged for	2
	noncompliance/missed appointments/or refusal of follow-up	
	services	
ARG Consultation	Delay in Referral	8
ARG Consultation	No Service Identified to Meet this Need	1
ARG Consultation	Other	1
ARG Consultation	Lack of Communication between AO and ARG	1
ARG Consultation	Client referred but refused contact by ARG	1
Behavior Management	UTD - Client subsequently engaged in recommended service	1
Behavior Management	Client Referred but was subsequently discharged for	1
Denavior Management	noncompliance/missed appointments/or refusal of follow-up	1
	services	
Behavior Management	Lack of Communication between DCF and Provider	1
Dental or Orthodontic Services	Client Referred but was subsequently discharged for	2
Dental of Orthodontic Services	noncompliance/missed appointments/or refusal of follow-up	2
	services	
Dontal or Outhodontic Compage	Delay in Referral	2
Dental or Orthodontic Services		2
Dental or Orthodontic Services	Approval Process	1
Dental or Orthodontic Services	Financing Unavailable	1
Dental or Orthodontic Services	No Service Identified to Meet this Need	3
Dental or Orthodontic Services	Mother failed to make appointment for needed sealants	1
Dental Screening or Evaluation	Client Referred but was subsequently discharged for	5
	noncompliance/missed appointments/or refusal of follow-up	
	services	
Dental Screening or Evaluation	UTD - Client subsequently engaged in recommended service	3
Dental Screening or Evaluation	Issues with Release of Information and Verification have	2
	prevented DCF from obtaining necessary information from	
	provider	
Dental Screening or Evaluation	UTD from Case Plan or Area Office Response	2
Dental Screening or Evaluation	Delay in Referral	1
Dental Screening or Evaluation	Insurance Issues	1
Dental Screening or Evaluation	Provider Issues - untimely provision of services related to	1
-	staffing, lack of follow through, etc	
Domestic Violence Services -	Client Referred but was subsequently discharged for	2
Perpetrators	noncompliance/missed appointments/or refusal of follow-up	
	services	
Domestic Violence Services -	Client Referred but was subsequently discharged for	4
Victims	noncompliance/missed appointments/or refusal of follow-up	
	services	
Domestic Violence Services -	Delay in Referral	1
Victims		
Domestic Violence Services -	Referred Service is Unwilling to Engage Client	1
Victims	<i>C G G G G G G G G G G</i>	
Domestic Violence Shelter	Client Referred but refused or was subsequently discharged for	1
	noncompliance	-
Drug/Alcohol Testing - Parent	Client Referred but was subsequently discharged for	1
g,e	noncompliance/missed appointments/or refusal of follow-up	1
	services	

Unmet Need	Barrier	Frequency
Education: IEP Programming	Provider Issue - untimely provision of services or gaps in	1
	service related to staffing, lack of follow through, etc.	
Education: IEP Programming	Lack of Communication between DCF and Provider	1
Education: IEP Programming	IEP is unclear - Meeting is needed to clarify goals and services	1
zuwewww. zzz z z g. mg	for child	
Educational Screening or	No Service Identified to Meet this Need	2
Evaluation Evaluation	The service racinities to wheet and reces	2
Educational Screening or	Delay in Referral	1
Evaluation	Delay in Referral	1
Educational Screening or	Lack of Communication between DCF and Provider	1
Evaluation	Lack of Communication between DCF and Flovider	1
	Client Deferred but was subsequently discharged for	1
Extended Day Treatment	Client Referred but was subsequently discharged for	1
	noncompliance/missed appointments/or refusal of follow-up	
	services	
Family or Marital Counseling	Client Referred but was subsequently discharged for	5
	noncompliance/missed appointments/or refusal of follow-up	
	services	
Family or Marital Counseling	Service Deferred Pending Completion of Another	1
Family or Marital Counseling	No Service Identified to Meet this Need	1
Family or Marital Counseling	Delay in Referral	1
Family Preservation Services	Client Referred but was subsequently discharged for	2
·	noncompliance/missed appointments/or refusal of follow-up	
	services	
Family Preservation Services	No Service Identified to Meet this Need	1
Family Preservation Services	Delay in Referral	1
Family Preservation Services	Referred Service is Unwilling to Engage Client	1
Family Reunification Services	Wait List	1
Family Reunification Services	Provider Issue - untimely provision of services or gaps in	1
ranny Reunification Services		1
Elen Enn de fon Desie Monde	service related to staffing, lack of follow through, etc.	1
Flex Funds for Basic Needs	Delay in Referral	1
Group Counseling - Parents	Client Referred but was subsequently discharged for	1
	noncompliance/missed appointments/or refusal of follow-up	
	services	
Head Start	Delay in Referral	1
Health/Medical - Other	Client Refusal	1
Intervention (Multiple Testing)		
Health/Medical - Other	No Verification of Services by DCF	1
Intervention (Scoliosis Testing)		
Health/Medical - Other	No Service Identified	1
Intervention (Weight		
Management - Obese)		
Health/Medical - Other	Client Refusal and Conflicting Opinions related to Need	1
	- ^	
Intervention (Weight	I I	
Management - Obese)	Client Referred but was subsequently discharged for	6
	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up	6
Management - Obese) Health/Medical Screening or	noncompliance/missed appointments/or refusal of follow-up	6
Management - Obese) Health/Medical Screening or Evaluation	noncompliance/missed appointments/or refusal of follow-up services	6
Management - Obese) Health/Medical Screening or Evaluation Health/Medical Screening or	noncompliance/missed appointments/or refusal of follow-up	
Management - Obese) Health/Medical Screening or Evaluation Health/Medical Screening or Evaluation	noncompliance/missed appointments/or refusal of follow-up services Delay in Referral	4
Management - Obese) Health/Medical Screening or Evaluation Health/Medical Screening or Evaluation Health/Medical Screening or	noncompliance/missed appointments/or refusal of follow-up services	
Management - Obese) Health/Medical Screening or Evaluation Health/Medical Screening or Evaluation Health/Medical Screening or Evaluation	noncompliance/missed appointments/or refusal of follow-up services Delay in Referral No Service Identified to Meet this Need	4
Management - Obese) Health/Medical Screening or Evaluation Health/Medical Screening or Evaluation Health/Medical Screening or Evaluation Health/Medical Screening or Evaluation	noncompliance/missed appointments/or refusal of follow-up services Delay in Referral	4
Management - Obese) Health/Medical Screening or Evaluation	noncompliance/missed appointments/or refusal of follow-up services Delay in Referral No Service Identified to Meet this Need Lack of Communication between DCF and Provider	1
Management - Obese) Health/Medical Screening or Evaluation Health/Medical Screening or	noncompliance/missed appointments/or refusal of follow-up services Delay in Referral No Service Identified to Meet this Need Lack of Communication between DCF and Provider UTD from Case Plan, narrative or Area Office Response	4
Management - Obese) Health/Medical Screening or Evaluation Health/Medical Screening or Evaluation	noncompliance/missed appointments/or refusal of follow-up services Delay in Referral No Service Identified to Meet this Need Lack of Communication between DCF and Provider UTD from Case Plan, narrative or Area Office Response Provided	1 1
Management - Obese) Health/Medical Screening or Evaluation Health/Medical Screening or	noncompliance/missed appointments/or refusal of follow-up services Delay in Referral No Service Identified to Meet this Need Lack of Communication between DCF and Provider UTD from Case Plan, narrative or Area Office Response	1

Unmet Need	Barrier	Frequency
Individual Counseling - Child	Delay in Referral	2
Individual Counseling - Child	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Individual Counseling - Child	Provider Issue - untimely provision of services or gaps in service related to staffing, lack of follow through, etc. (specifically poor relationship with child/therapist)	1
Individual Counseling - Child	Child changed Placements	1
Individual Counseling - Parent	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	14
Individual Counseling - Parent	Delay in Referral	1
Individual Counseling - Parent	Lack of Communication between DCF and Provider	1
Individual Counseling - Parent	UTD from Case Plan, narrative or Area Office Response	1
In-Home Parent Education and Support	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	6
In-Home Parent Education and Support	Delay in Referral	2
In-Home Parent Education and Support	Wait List	1
In-Home Parent Education and	Provider Issue - untimely provision of services or gaps in	1
Support In-Home Treatment	service related to staffing, lack of follow through, etc. Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
In-Home Treatment	UTD from Case Plan, narrative or Area Office Response	1
In-Home Treatment	Provider Issue - untimely provision of services or gaps in service related to staffing, lack of follow through, etc.	1
In-Home Treatment	UTD - Client subsequently engaged in recommended service	1
Inpatient Substance Abuse Treatment - Parent	No Service Identified to Meet this Need	1
Job Coaching/Placement	Provider Issues - untimely provision of services related to staffing, lack of follow through, etc	1
Life Skills Training	Delay in Referral	1
Life Skills Training	Provider Issues - untimely provision of services related to staffing, lack of follow through, etc	1
Medication Management - Child	Lack of Communication between DCF and Provider	1
Medication Management - Parent	Lack of Communication between DCF and Provider	2
Mental Health Screening or Evaluation - Child	Lack of Communication between DCF and Provider	1
Mental Health Screening or Evaluation - Child	Delay in Referral	1
Mental Health Screening or Evaluation - Child	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Mental Health Screening or Evaluation - Parent	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
Mental Health Screening or Evaluation - Parent	Other - Parents are incarcerated and service is therefore unavailable	1

Unmet Need	Barrier	Frequency
Mentoring	Delay in Referral	1
Mentoring	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Mentoring	Service Deferred Pending Completion of Another	1
Mentoring	Wait List	1
Other In-Home Service - Resource	No Service Identified	1
Management/Budgeting Other Out of Home Service - Clinical Services to address stuttering	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Other Out of Home Service - True Colors	Delay in Referral	2
Other State Agency	Approval Process	1
Outpatient Substance Abuse Treatment - Parent	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	6
Parenting Classes	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
Parenting Classes	No Service Identified to Meet this Need	1
Parenting Classes	Delay in Referral	1
Parenting Classes	Referred Service is Unwilling to Engage Client	1
Parenting Groups	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Permanency Diagnostic Center (PDC)	No Slots Available	1
Problem Sexual Behavior Evaluation	Service Deferred Pending Completion of Another	1
Psychiatric Evaluation - Parent	Per Follow Up Response - Service Not Available in Area	1
Psychiatric Evaluation - Parent	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Psychological or Psychosocial Evaluation - Parent	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Psychological or Psychosocial Evaluation - Parent	Delay in Referral	1
Psychological or Psychosocial Evaluation - Parent	Wait List	1
Relapse Prevention - Child	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Relapse Prevention - Parent	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
Relapse Prevention - Parent	UTD - Client subsequently engaged in recommended service	1
Residential Facility	Approval Process	1
itesiaeiniai i aeini		

Unmet Need	Barrier	Frequency
Substance Abuse Screening - Child	Delay in Referral	3
Substance Abuse Screening - Parent	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	6
Substance Abuse Screening - Parent	Delay in Referral	1
Substance Abuse Screening - Parent	UTD from Case Plan, narrative or Area Office Response	1
Substance Abuse Screening - Parent	Other - Father incarcerated and pending sentencing therefore services are not available at present time	1
Supervised Visitation	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Supervised Visitation	No Service Identified to Meet this Need	1
Supportive Housing for Recovering Families (SHRF)	Delay in Referral	2
SW/Child Visitation	Case Management/Supervision: Visitation below Benchmark/Policy	15
SW/Parent Visitation	Case Management/Supervision: Visitation below Benchmark/Policy	14
SW/Provider Contacts	Case Management/Supervision: Contacts below Benchmark/Policy	23
WIC	Other - Father Needs Assistance with Application Process	1
		254

The ACR continues to be a process that reviewers identify as a strength for the Department. The new ACR-I process has been received by most as a positive advancement, however there are still some technical issues and issues with timing and ownership of narrative entries that must be resolved as the process goes forward.

This quarter there appeared to be a slight decline in the general engagement of families in case planning throughout the full period of review up to the point of the ACR or family conference as narrated within the visitation documentation. In all, just over half of the sample: 53.6% of the cases showed very good or optimal engagement of families in the case planning process through documented discussions with the families and the Social Worker *throughout* the period under review.

At the ACR, findings reflect that 76.8% of the cases did document a discussion (or in the case of in-home family cases the family meeting or formal case conference) of some (46.4%) or all (30.4%) of the needs that were identified as unmet in the just completed six-month planning cycle. The reviewers identified only one case where the planning process did not address any needs that were unmet from the last planning cycle. In nine cases, the reviewers indicated that all needs identified at the prior ACR were "fully achieved" or "no longer needed" and did not need to be planned for. In six cases, the plan reviewed was the initial case plan.

Table 4: Were all needs and services unmet during the prior six month discussed at the ACR and, as appropriate, incorporated as action steps on the current case plan?

Needs Unmet Incorporated into Current Case Plan	Frequency	Valid Percent	Cumulative Percent
Yes - All	21	30.4	30.4
Yes - Partially	32	46.4	76.8
No - None	1	1.4	78.3
N/A - There are no Unmet Needs	9	13.0	91.3
N/A - this is the initial plan	6	8.7	100.0
Total	69	100.0	

In 19 of 44 cases in which SDM was conducted (43.2%) a need was identified in the current SDM identical to that which was identified on the prior case plan assessment. (This would indicate and unmet need for greater than 6 months for a family or individual.)

In 50.7% of the 69 case plans reviewed, it was the opinion of the Court Monitor's staff that there was at least one priority need that was evident from the review of the documentation that was not incorporated into the newly developed case plan document. In many of these cases where an ACR was held, the ACR Social Work Supervisor also identified these areas and noted the need to address them in the assessment, objectives and/or action steps but the recommendations were not incorporated nor addressed within the supervisory documentation to reflect an alternate point of view.

The 106 unmet needs and the barrier related to each service not addressed/included on the case plan to be secured in the following planning cycle were:

Table 5: Unmet Needs Not Incorporated in Upcoming Six-Month Case Planning

Unmet Need	Barrier	Frequency
Adoption Supports (PPSP)	No Service Identified to Meet this Need	1
Anger Management - Parent	No Service Identified to Meet this Need	1
Behavior Management	No Service Identified to Meet this Need	2
Care Coordination	Delay in Referral	1
Dental of Orthodontic Services	Delay in Referral	2
Dental or Orthodontic Services	No Service Identified to Meet this Need	3
Dental Screening or Evaluation	No Service Identified to Meet this Need	8
Dental Screening or Evaluation	UTD from the Area Office Response, narratives, or Case Plan	1
Dental Screening or Evaluation	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Domestic Violence Services - Perpetrators	No Service Identified to Meet this Need	2
Domestic Violence Services - Victims	No Service Identified to Meet this Need	1
Domestic Violence Services - Victims	Delay in Referral	1
Educational Screening or Evaluation	No Service Identified to Meet this Need	5
Educational Screening or Evaluation	Delay in Referral	1
Family or Marital Counseling	No Service Identified to Meet this Need	3
Head Start	Delay in Referral	1

Unmet Need	Barrier	Frequency
Health/Medical - Other	Provider Issues - untimely provision of services related to	1
Intervention (Blood work)	staffing, lack of follow through, etc	1
Health/Medical - Other	No Service Identified to Meet this Need	1
Intervention (Weight	No service identified to wice this feed	1
Management)		
Health/Medical Screening or	Delay in Referral	1
Evaluation	Belay in Referrar	1
Health/Medical Screening or	Client Referred but was subsequently discharged for	2
Evaluation	noncompliance/missed appointments/or refusal of follow-up	_
	services	
Health/Medical Screening or	No Service Identified to Meet this Need	6
Evaluation		
Individual Counseling - Child	Delay in Referral	1
Individual Counseling - Child	No Service Identified to Meet this Need	4
Individual Counseling - Parent	No Service Identified to Meet this Need	3
Individual Counseling - Parent	Lack of Communication between DCF and Provider	1
Individual Counseling - Parent	Delay in Referral	1
Inpatient Substance Abuse	No Service Identified to Meet this Need	1
Treatment - Parent		
In-Home Treatment	No Service Identified to Meet this Need	1
In-Home Treatment	Delay in Referral	1
Job Coaching/Placement	Client Referred but was subsequently discharged for	1
	noncompliance/missed appointments/or refusal of follow-up	
	services	
Positive Youth Development	No Service Identified to Meet this Need	1
Program		
Preparation for Adult Living	Delay in Referral	1
Services (PALS)		
WIC Program	Other - Father Needs Assistance in Application Process	1
Life Skills Training	No Service Identified to Meet this Need	1
SW/Child Visitation	No Service Identified to Meet this Need	1
SW/Parent Visitation	No Service/Delays/UTD	3
SW/Provider Contacts	Delays/Lack of Communication/UTD	5
ARG Consultation	Delays in Referral	3
ARG Consultation	No Service Identified to Meet this Need/UTD	3
Housing Assistance (Section 8)	No Service Identified to Meet this Need	1
Medication Management - Child	No Service Identified to Meet this Need	1
Medication Management -	No Service Identified to Meet this Need	1
Parent	No Service Identified to Meet this Need	1
Mental Health Screening or	No Service identified to Meet this Need	1
Evaluation - Parent	Daloy in Pafarral	2
Mentoring Pospita Sarvigas	Delay in Referral Client Referred but was subsequently discharged for	1
Respite Services	noncompliance/missed appointments/or refusal of follow-up	
	services	
Social Recreational Programs	Delay in Referral	1
Outpatient Substance Abuse	Delay in Referral	1
Treatment - Parent	Down in Release	1
Parenting Classes	Delay in Referral	1
Parenting Classes	No Service Identified to Meet this Need	3
Other Out of Home Services -	No Service Identified to Meet this Need	1
Budgeting/Resource		
Management Course		
Other Out of Home Services -		
other out of Home Services	Delay in Referral	1
True Colors	Delay in Referral	1
	Delay in Referral No Service Identified to Meet this Need	1
True Colors		_

Unmet Need	Barrier	Frequency
Substance Abuse Screening -	Client Referred but was subsequently discharged for	1
Parent	noncompliance/missed appointments/or refusal of follow-up	
	services	
Substance Abuse Screening -	Delay in Referral	1
Child		
Substance Abuse Screening -	No Service Identified to Meet this Need	1
Child		
Substance Abuse Screening -	No Service Identified to Meet this Need	3
Parent		
Psychological or Psychosocial	Client Referred but was subsequently discharged for	1
Evaluation - Parent	noncompliance/missed appointments/or refusal of follow-up	
	services	
In-Home Parent Education and	No Service Identified to Meet this Need	3
Support Program		
Transitional Living Program	No Service Identified to Meet this Need	1
(TLAP)		
		106

JUAN F. ACTION PLAN MONITORING REPORT

November 2012

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

A. PERMANENCY ISSUES

Progress Towards Permanency:

The following table developed using the Chapin Hall database provides a longitudinal view of permanency for annual admission cohorts from 2002 through 2012.

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

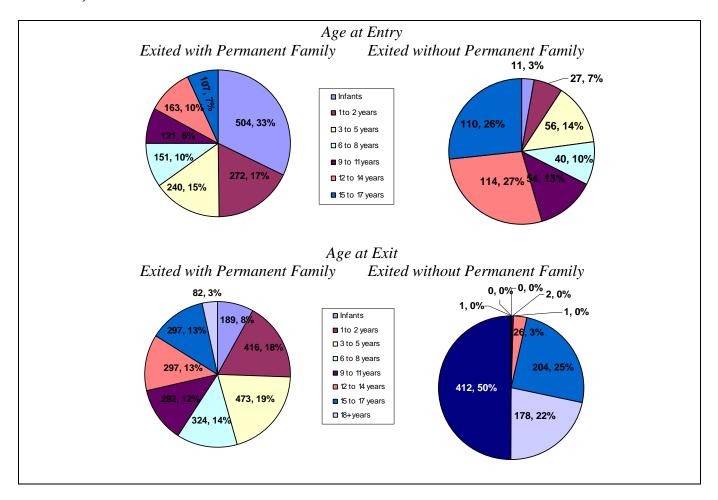
				-	Period o	f Entry	to Care	<u> </u>			
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total	3100	3547	3204	3092	3408	2854	2829	2629	2694	2297	1423
Entries											
				Per	manent .	Exits					
	1178	1406	1229	1131	1263	1095	1098	1091	1023		
In 1 yr	38.0	39.6	38.4	36.6	37.1	38.4	38.8	41.5	38.0		
	%	%	%	%	%	%	%	%	%		
	1637	2078	1806	1742	1973	1675	1676	1580			
In 2 yrs	52.8	58.6	56.4	56.3	57.9	58.7	59.2	60.1			
	%	%	%	%	%	%	%	%			
	1964	2385	2093	2015	2324	1974	1944				
In 3 yrs	63.4	67.2	65.3	65.2	68.2	69.2	68.7				
	%	%	%	%	%	%	%				
	2135	2540	2263	2160	2500	2090					
In 4 yrs	68.9	71.6	70.6	69.9	73.4	73.2					
	%	%	%	%	%	%					
	2302	2704	2364	2247	2600	2138	2042	1814	1445	812	216
To Date	74.3	76.2	73.8	72.7	76.3	74.9	72.2	69.0	53.6	35.4	15.2
	%	%	%	%	%	%	%	%	%	%	%

				Non-P	Permane	nt Exits					
In 1 110	274	249	231	289	259	263	250	208	196		
In 1 yr	8.8%	7.0%	7.2%	9.3%	7.6%	9.2%	8.8%	7.9%	7.3%		
	332	320	301	371	345	318	320	267			
In 2 yrs	10.7	9.0%	9.4%	12.0	10.1	11.1	11.3	10.2			
	%			%	%	%	%	%			
	365	366	366	431	401	354	363				
In 3 yrs	11.8	10.3	11.4	13.9	11.8	12.4	12.8				
	%	%	%	%	%	%	%				
	406	392	403	461	449	392					
In 4 yrs	13.1	11.1	12.6	14.9	13.2	13.7					
	%	%	%	%	%	%					
	497	483	488	544	498	417	396	307	247	152	38
To Date	16.0	13.6	15.2	17.6	14.6	14.6	14.0	11.7	9.2%	6.6%	2.7%
	%	%	%	%	%	%	%	%			

]	Period o	f Entry	to Care	<u>, </u>			
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
				Un	known l	Exits					
In 1 yr	106	153	129	83	76	62	60	77	130		
In 1 yi	3.4%	4.3%	4.0%	2.7%	2.2%	2.2%	2.1%	2.9%	4.8%		
In 2 yrs	136	193	171	124	117	98	91	141			
In 2 yrs	4.4%	5.4%	5.3%	4.0%	3.4%	3.4%	3.2%	5.4%			
In 3 yrs	161	220	208	163	140	125	126				
In 5 yrs	5.2%	6.2%	6.5%	5.3%	4.1%	4.4%	4.5%				
In 4 yrs	179	244	234	181	167	158					
In 4 yrs	5.8%	6.9%	7.3%	5.9%	4.9%	5.5%					
	253	318	291	219	206	174	166	197	322	252	26
To Date	8.2%	9.0%	9.1%	7.1%	6.0%	6.1%	5.9%	7.5%	12.0	11.0	1.8%
									%	%	
				Ren	nain In	Care					
	1542	1739	1615	1589	1810	1434	1421	1253	1345		
In 1 yr	49.7	49.0	50.4	51.4	53.1	50.2	50.2	47.7	49.9		
	%	%	%	%	%	%	%	%	%		
	995	956	926	855	973	763	742	641			
In 2 yrs	32.1	27.0	28.9	27.7	28.6	26.7	26.2	24.4			
	%	%	%	%	%	%	%	%			
	610	576	537	483	543	401	396				
In 3 yrs	19.7	16.2	16.8	15.6	15.9	14.1	14.0				
	%	%	%	%	%	%	%				
	380	371	304	290	292	214					
In 4 yrs	12.3	10.5	9.5%	9.4%	8.6%	7.5%					
	%	%									
	48	42	61	82	104	125	225	311	680	1081	1143
To Date	1.5%	1.2%	1.9%	2.7%	3.1%	4.4%	8.0%	11.8	25.2	47.1	80.3
								%	%	%	%

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

FIGURE 2: CHARACTERISTICS OF CHILDREN EXITING WITH AND WITHOUT PERMANENCY (2011 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 $1,2012^4$)

Is the child	legally free	(his or her parent	ts' rights have b	een terminated)?	
Yes	No				
704	↓ 2716				
Goals of:	Has the chi	ild been in care m	ore than 15 mor	iths?	
558 (79%)	No	Yes			
Adoption	1,533	↓ 1,183			
135 (19%)		Has a TPR pro	oceeding been fi	led?	
APPLA		Yes	No		
6 (1%)		311	↓ 872		
Relatives		Goals of:	Is a reason do	cumented not to fi	le TPR?
5 (1%)		199 (64%)	Yes		No
Trans. of		Adoption	455		417
Guardian:		74 (24%)	Goals of:	Documented	Goals of:
Sub/Unsub		APPLA	241 (53%)	Reasons:	138 (33%)
		21 (7%)	APPLA	71%	Reunify
		Reunify	95 (21%)	Compelling Reason	107 (26%)
		8 (3%)	Reunify		APPLA
		Relatives	59 (13%)	16% Child is with	78 (19%)
		8 (3%)	Trans. of	relative	Trans. of
		Trans. of	Guardian:	8%	Guardian:
		Guardian:	Sub/Unsub	Petition in	Sub/Unsub
		Sub/Unsub	35 (8%)	process 5%	77 (18%)
		1 (<1%)	Adoption	Service not	Adoption
	Blank		24 (5%)	provided	9 (2%)
		Relatives	1	Blank	
			1 (<1%)		8 (2%)
			Blank		Relatives

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

Preferred Permanency Goals:

	Aug	Nov	Feb	May	Aug	Nov
Reunification	2011	2011	2012	2012	2012	2012
Total number of children with	1585	1531	1495	1382	1300	1254
Reunification goal, pre-TPR and post-TPR						
Number of children with Reunification goal	1584	1527	1494	1381	1298	1254
pre-TPR						
Number of children with	277	245	301	272	282	254
Reunification goal, pre-TPR, >= 15						
months in care						
Number of children with	36	40	43	41	40	31
Reunification goal, pre-TPR, >= 36						
months in care						
Number of children with Reunification	1	4	1	1	2	0
goal, post-TPR						

Transfer of Guardianship (Subsidized	Aug	Nov	Feb	May	Aug	Nov
and Non-Subsidized)	2011	2011	2012	2012	2012	2012
Total number of children with Transfer of	177	228	229	223	272	259
Guardianship goal (subsidized and non-						
subsidized), pre-TPR and post TPR						
Number of children with Transfer of	177	225	226	220	268	254
Guardianship goal (subsidized and non-						
subsidized), pre-TPR						
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized, pre-TPR, >= 22 months	39	49	43	31	58	63
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, >= 36 months	15	13	15	9	9	11
Number of children with Transfer of Guardianship goal (subsidized and non- subsidized), post-TPR	0	3	3	3	4	5

Adoption	Aug 2011	Nov 2011	Feb 2012	May 2012	Aug 2012	Nov 2012
Total number of children with Adoption goal, pre-TPR and post-TPR	1103	1057	1042	1106	1117	1058
Number of children with Adoption goal, pre-TPR	632	626	583	573	528	500
Number of children with Adoption goal, TPR not filed, >= 15 months in care	129	98	94	88	106	112
Reason TPR not filed, Compelling Reason	15	4	6	6	10	6

Adoption	Aug 2011	Nov 2011	Feb 2012	May 2012	Aug 2012	Nov 2012
Reason TPR not filed, petitions in progress	24	20	13	14	12	26
 Reason TPR not filed, child is in placement with relative 	6	4	3	5	1	1
 Reason TPR not filed, services needed not provided 	0	0	0	0	1	2
 Reason TPR not filed, blank 	84	70	72	63	82	77
Number of cases with Adoption goal post- TPR	471	431	459	533	589	558
 Number of children with Adoption goal, post-TPR, in care >= 15 months 	439	398	425	493	549	522
• Number of children with Adoption goal, post-TPR, in care >= 22 months	384	349	359	406	457	437
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	33	25	21	17	18	22
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	146	120	112	115	123	124
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	203	200	203	272	312	283

Progress Towards Permanency:	Aug 2011	Nov 2011	Feb 2012	May 2012	Aug 2012	Nov 2012
Total number of children, pre-TPR, TPR	355	343	422	390	435	422
not filed, >=15 months in care, no						
compelling reason						

Non-Preferred Permanency Goals:

Lang Taum Easten Cana Balatina	Aug 2011	Nov 2011	Feb 2012	May 2012	Aug 2012	Nov 2012
Long Term Foster Care Relative:		2011	2012		2012	2012
Total number of children with Long Term	79	70	65	70	61	61
Foster Care Relative goal						
Number of children with Long Term Foster	69	61	54	61	52	55
Care Relative goal, pre-TPR						
 Number of children with Long 	7	10	5	7	7	9
Term Foster Care Relative goal, 12						
years old and under, pre-TPR						
Long Term Foster Care Rel. goal, post-TPR	10	9	11	9	9	6
 Number of children with Long 	0	0	0	0	1	0
Term Foster Care Relative goal, 12						
years old and under, post-TPR						

	Aug	Nov	Feb	May	Aug	Nov
APPLA*	2011	2011	2012	2012	2012	2012
Total number of children with APPLA goal	752	751	711	671	634	629
Number of children with APPLA goal, pre-	596	588	559	533	504	494
TPR						
 Number of children with APPLA 	23	27	28	31	21	22
goal, 12 years old and under, pre-						
TPR						
Number of children with APPLA goal,	156	163	152	138	130	135
post-TPR						
 Number of children with APPLA 	10	8	8	7	7	11
goal, 12 years old and under, post-						
TPR						

^{*} 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.

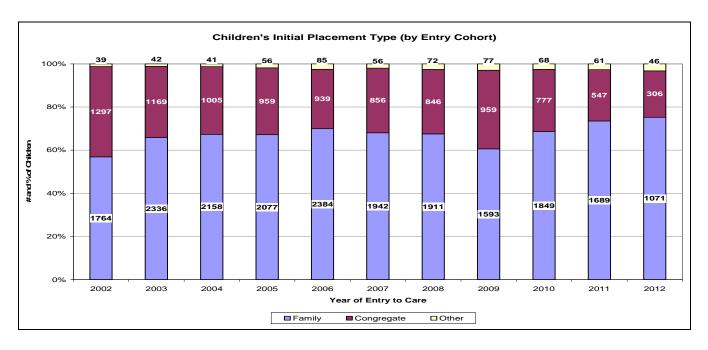
Missing Permanency Goals:

	Aug 2011	Nov 2011	Feb 2012	May 2012	Aug 2012	Nov 2012
Number of children, with no Permanency	16	17	25	24	21	21
goal, pre-TPR, >= 2 months in care						
Number of children, with no Permanency	7	8	10	11	16	13
goal, pre-TPR, >= 6 months in care						
Number of children, with no Permanency	2	5	6	5	9	11
goal, pre-TPR, >= 15 months in care						
Number of children, with no Permanency	2	3	3	2	6	9
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 2012.

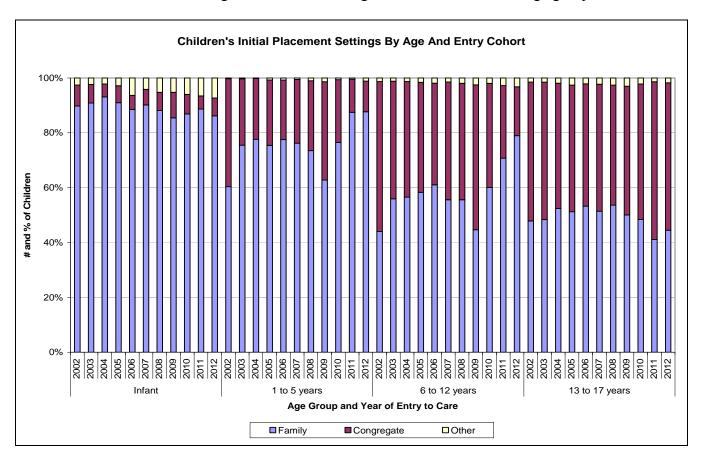


The next table shows specific care types used month-by-month for entries between October 2011 and September 2012.

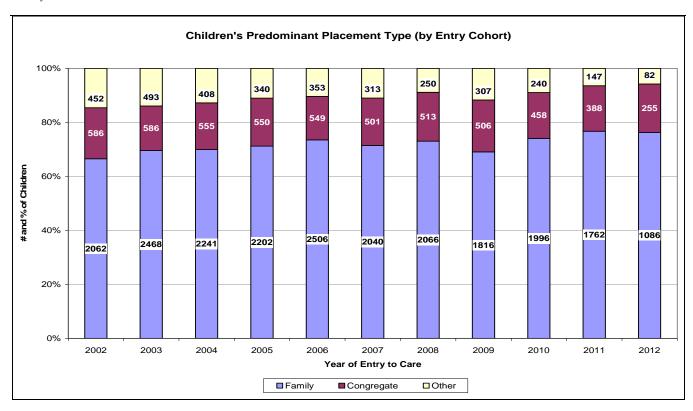
Case Summarie	s
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		enter											
First placement type		Oct11	Nov11	Dec11	Jan12	Feb12	Mar12	Apr12	May12	Jun12	Jul12	Aug12	Sep12
Residential	N	10	11	11	13	9	11	7 7	5	8	4	12	7
	%	5.6%	7.1%	7.9%	8.5%	6.1%	6.6%	5.0%	2.9%	5.4%	2.7%	6.8%	4.1%
DCF Facilities	N	4	2	2	2	4	4	6	2		2	6	2
	%	2.2%	1.3%	1.4%	1.3%	2.7%	2.4%	4.3%	1.2%		1.4%	3.4%	1.2%
Foster Care	N	82	67	61	85	69	94	68	80	67	101	89	104
	%	45.6%	42.9%	43.9%	55.6%	46.6%	56.3%	48.2%	46.5%	45.3%	68.7%	50.6%	60.8%
Group Home	N	4	4		6	2			4	3	2	3	4
	%	2.2%	2.6%		3.9%	1.4%			2.3%	2.0%	1.4%	1.7%	2.3%
Independent Living	N								1				
	%								.6%				
Relative Care	N	37	30	37	21	29	30	27	39	27	21	33	27
	%	20.6%	19.2%	26.6%	13.7%	19.6%	18.0%	19.1%	22.7%	18.2%	14.3%	18.8%	15.8%
Medical	Ν	5	4	5	4	3	1	7	8	7	2	5	8
	%	2.8%	2.6%	3.6%	2.6%	2.0%	.6%	5.0%	4.7%	4.7%	1.4%	2.8%	4.7%
Safe Home	Ν	11	18	7	3	12	9	7	10	8	3	4	5
	%	6.1%	11.5%	5.0%	2.0%	8.1%	5.4%	5.0%	5.8%	5.4%	2.0%	2.3%	2.9%
Shelter	Ν	12	16	8	12	10	15	14	19	15	9	15	8
	%	6.7%	10.3%	5.8%	7.8%	6.8%	9.0%	9.9%	11.0%	10.1%	6.1%	8.5%	4.7%
Special Study	Ν	15	4	8	7	10	3	5	4	13	3	9	6
	%	8.3%	2.6%	5.8%	4.6%	6.8%	1.8%	3.5%	2.3%	8.8%	2.0%	5.1%	3.5%
Total	Ν	180	156	139	153	148	167	141	172	148	147	176	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 2012 admission cohorts.



The following chart shows monthly statistics of children who exited from DCF placements between October 2011 and September 2012, and the portion of those exits within each placement type from which they exited.

	Case Summ aries												
Last placement type in spell (as of censor date)		exit Oct1 1	exit Nov11	exit Dec11	exit Jan12	exit Feb12	exit Mar 12	exit Apr1 2	exit May12	exit Jun 12	e xit Jul 1 2	e xit Aug 12	e xit Sep 12
Residential	N	10	12	15	26	14	29	13	7	19	11	14	9
	%	5.6%	7.7%	6.3%	15.5%	8.9%	14.8%	7.9%	3.8%	10.7%	6.1%	5.9%	7.0%
DCF Facilities	N	2	3	6	2	3	2	3	2	4	5	6	
	%	1.1%	1.9%	2.5%	1.2%	1.9%	1.0%	1.8%	1.1%	2.3%	2.8%	2.5%	
Foster Care	N	82	71	1 30	61	74	82	85	80	80	77	129	59
	%	46.3%	45.8%	54.4%	36.3%	46.8%	41.8%	51.5%	44.0%	45.2%	42.8%	54.7%	45.7%
Group Home	N	14	8	14	14	8	17	10	13	14	14	13	4
	%	7.9%	5.2%	5.9%	8.3%	5.1%	8.7%	6.1%	7.1%	7.9%	7.8%	5.5%	3.1%
IndependentLiving	N	1	4		5	8	6	5	2		2		4
	%	.6%	2.6%		3.0%	5.1%	3.1%	3.0%	1.1%		1.1%		3.1%
Relative Care	N	48	47	53	41	33	33	29	51	46	48	53	37
	%	27.1%	30.3%	22.2%	24.4%	20.9%	16.8%	17.6%	28.0%	26.0%	26.7%	22.5%	28.7%
Medical	N	1		1	1		3	1		1	2	1	1
	%	.6%		.4%	.6%		1.5%	.6%		.6%	1.1%	.4%	.8 %
Safe Home	Ν	2	2	5	2	3	3		6	3	2	6	1
	%	1.1%	1.3%	2.1%	1.2%	1.9%	1.5%		3.3%	1.7%	1.1%	2.5%	.8 %
Shelter	N	6	4	10	8	7	11	9	9	6	8	6	6
	%	3.4%	2.6%	4.2%	4.8%	4.4%	5.6%	5.5%	4.9%	3.4%	4.4%	2.5%	4.7%
Special Study	N	8	2	4	8	8	8	9	8	4	7	7	7
	%	4.5%	1.3%	1.7%	4.8%	5.1%	4.1%	5.5%	4.4%	2.3%	3.9%	3.0%	5.4%
Uknown	N	3	2	1			2	1	4		4	1	1
	%	1.7%	1.3%	.4%			1.0%	.6%	2.2%		2.2%	.4%	.8 %
Total	Ν	177	1 55	239	1 68	1 58	1 96	165	182	177	180	236	129
	%	1 00 .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 October 1, 2012 organized by length of time in care.

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

						uration Categ	ory			
			1 <=	30 ⇐	90 <= durat	180 <=	365 <=	545 <= durat	m ore than	
			durat < 30	durat < 90	< 180	durat < 365	durat < 545	< 1095	1095	Total
Primary	Residential	Count	0	1	22	55	36	105	89	308
type of		%Row	.0%	.3%	7.1%	17.9%	11.7%	34.1%	28.9%	100.0%
spell (>50%)		% Col	.0%	3.8%	5.5%	7.9%	5.2%	9.2%	7.7%	7.5%
(>3076)	DCF Facilities	Count	0	1	7	9	7	4	6	34
		%Row	.0%	2.9%	20.6%	26.5%	20.6%	11.8%	17.6%	100.0%
		% Col	.0%	3.8%	1.8%	1.3%	1.0%	.4%	.5%	.8%
	Foster Care	Count	1	9	170	282	310	604	647	2023
		%Row	.0%	.4%	8.4%	13.9%	15.3%	29.9%	32.0%	100.0%
		% Col	33.3%	34.6%	42.6%	40.7%	45.1%	53.1%	55.8%	49.3%
	Group Home	Count	0	0	7	17	29	47	115	215
		%Row	.0%	.0%	3.3%	7.9%	13.5%	21.9%	53.5%	100.0%
		% Col	.0%	.0%	1.8%	2.5%	4.2%	4.1%	9.9%	5.2%
	Independent Living	Count	0	0	0	0	0	4	2	6
		%Row	.0%	.0%	.0%	.0%	.0%	66.7%	33.3%	100.0%
		% Col	.0%	.0%	.0%	.0%	.0%	.4%	2%	.1%
	Relative Care	Count	0	6	104	225	226	237	83	881
		%Row	.0%	.7%	11.8%	25.5%	25.7%	26.9%	9.4%	100.0%
		% Col	.0%	23.1%	26.1%	32.5%	32.9%	20.8%	7.2%	21.5%
	Medical	Count	1	1	4	3	6	1	2	18
		%Row	5.6%	5.6%	222%	16.7%	33.3%	5.6%	11.1%	100.0%
		% Col	33.3%	3.8%	1.0%	.4%	.9%	.1%	2%	.4%
	Mixed (none > 50%)	Count	0	0	4	10	22	70	163	269
	,	%Row	.0%	.0%	1.5%	3.7%	8.2%	26.0%	60.6%	100.0%
		% Col	.0%	.0%	1.0%	1.4%	3.2%	6.2%	14.1%	6.6%
	Safe Home	Count	0	1	17	20	6	9	3	56
		%Row	.0%	1.8%	30.4%	35.7%	10.7%	16.1%	5.4%	100.0%
		% Col	.0%	3.8%	4.3%	2.9%	.9%	.8%	.3%	1.4%
	Shelter	Count	1	7	35	29	4	2	0	78
		%Row	1.3%	9.0%	44.9%	37.2%	5.1%	2.6%	.0%	100.0%
		% Col	33.3%	26.9%	8.8%	4.2%	.6%	.2%	.0%	1.9%
	Special Study	Count	0	0	25	39	40	53	43	200
	-,,	%Row	.0%	.0%	12.5%	19.5%	20.0%	26.5%	21.5%	100.0%
		% Col	.0%	.0%	6.3%	5.6%	5.8%	4.7%	3.7%	4.9%
	Unknown	Count	0	0	4	4	1	1	6	16
		% Row	.0%	.0%	25.0%	25.0%	6.3%	6.3%	37.5%	100.0%
		% Col	.0%	.0%	1.0%	.6%	.1%	.1%	.5%	.4%
Total		Count	3	26	399	693	687	1137	1159	4104
		% Row	.1%	.6%	9.7%	16.9%	16.7%	27.7%	28.2%	100.0%
		% Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		,0 O O	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Congregate Care Settings

Placement Issues	Aug 2011	Nov 2011	Feb 2012	May 2012	Aug 2012	Nov 2012
Total number of children 12 years old and	132	105	90	78	55	58
under, in Congregate Care						
 Number of children 12 years old and under, in DCF Facilities 	4	2	5	5	5	4
 Number of children 12 years old and under, in Group Homes 	31	28	24	23	21	22
 Number of children 12 years old and under, in Residential 	40	34	25	15	10	7
 Number of children 12 years old and under, in SAFE Home 	54	36	35	34	17	24
Number of children 12 years old and under, in Permanency Diagnostic Center	0	0	0	0	0	0
 Number of children 12 years old and under in Shelter 	3	5	1	1	2	1
Total number of children ages 13-17 in Congregate Placements	729	713	675	624	576	556

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										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total											
Entries	3100	3547	3204	3092	3408	2854	2829	2629	2694	2297	1423
SAFE	728	629	453	394	395	382	335	471	331	146	61
Homes/PDCs	23%	18%	14%	13%	12%	13%	12%	18%	12%	6%	4%
Shelters	165	135	147	178	114	136	144	186	175	193	117
Sneuers	5%	4%	5%	6%	3%	5%	5%	7%	6%	8%	8%
Total	893	764	600	572	509	518	479	657	506	339	178
Total	29%	22%	19%	18%	15%	18%	17%	25%	19%	15%	13%

	Period of Entry to Care										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Initial											
Plcmnts	893	764	600	572	509	518	479	657	506	339	178
<= 30 days	351	308	249	241	186	162	150	229	135	103	56
	39%	40%	42%	42%	37%	31%	31%	35%	27%	30%	31%
31 - 60	284	180	102	114	73	73	102	110	106	57	39

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	Period of Entry to Care										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Initial											
Plcmnts	893	764	600	572	509	518	479	657	506	339	178
	32%	24%	17%	20%	14%	14%	21%	17%	21%	17%	22%
61 - 91	106	121	81	76	87	79	85	157	91	54	25
	12%	16%	14%	13%	17%	15%	18%	24%	18%	16%	14%
92 - 183	101	107	124	100	118	131	110	124	136	84	46
	11%	14%	21%	17%	23%	25%	23%	19%	27%	25%	26%
	51	48	44	41	45	73	32	37	38	41	12
184+	6%	6%	7%	7%	9%	14%	7%	6%	8%	12%	7%

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	Aug	Nov	Feb	May	Aug	Nov
Total gyarban of shildren in CAFE Home	2011	2011	2011	2012	2012	2012	2012
Total number of children in SAFE Home	70	79	63	60	63	45	49
Number of children in SAFE	50	42	35	44	40	35	31
Home, > 60 days	1.5	1.0	1.4	0	1.1	7	0
 Number of children in SAFE Home, >= 6 months 	15	13	14	9	11	7	8
Total number of children in STAR/Shelter	80	80	79	75	71	84	78
Placement							
 Number of children in 	41	48	43	40	37	53	40
STAR/Shelter Placement, > 60							
days							
 Number of children in 	4	3	11	7	9	9	9
STAR/Shelter Placement, >= 6							
months							
Total number of children in Permanency	1	0	0	0	0	0	0
Planning Diagnostic Center							
 Total number of children in 	1	0	0	0	0	0	0
Permanency Planning Diagnostic							
Center, > 60 days							
 Total number of children in 	1	0	0	0	0	0	0
Permanency Planning Diagnostic							
Center, >= 6 months							
Total number of children in MH Shelter	1	2	5	2	1	2	1
 Total number of children in MH 	1	1	4	2	1	1	1
Shelter, > 60 days							
 Total number of children in MH 	0	1	1	1	0	0	0
Shelter, >= 6 months							

Time in Residential Care

Placement Issues	May	Aug	Nov	Feb	May	Aug	Nov
	2011	2011	2011	2012	2012	2012	2012
Total number of children in	488	454	403	372	316	273	252
Residential care							
 Number of children in 	132	126	119	124	113	89	76
Residential care, >= 12							
months in Residential							
placement							
Number of children in	2	2	1	1	1	1	0
Residential care, >= 60							
months in Residential							
placement							

Appendix 1 Commissioner's Highlights from The Department of Children & Families Third Quarter 2012 Exit Plan Report

Commissioner Statement

As we approach the two-year mark of this administration and the well-documented transformation of the Department, the 2012 Third Quarter <u>Juan F.</u> Report affords us the opportunity to highlight the progress made by our staff and also the ongoing reforms necessary to build on this success. As the data demonstrates, significant positive trends have taken hold and are ongoing. As of December 1, 2012 and compared to a January 1, 2011 baseline, we have seen these advances:

- The number of children in care has declined by 14.2 percent;
- The share of children in care who are in a congregate setting has declined 20.3 percent;
- The share of children in care who are living with a relative has increased 32.9 percent:
- The share of children in care who are living in a family (traditional foster family, relative home, or special study home) has increased by 13.0 percent; and
- The number of children in care who are in an out-of-state placement has declined by 77.5 percent.

The data includes an additional fact that speaks volumes about the transformation underway: for the first time in anyone's memory, a higher percentage of children in care are living with someone they know -- a relative or special study home -- than are living in a congregate setting. This is an important threshold toward the goal of having every child get tucked into bed at night by the same person who wakes them in the morning.

Our staff have enthusiastically embraced the Strengthening Families Practice Model and Differential Response System and are immersed in their implementation. The Department's relationships with families and with children have been greatly improved through this strengths-based, solution-focused approach. By seeing and treating families as the solution to challenges, we are making substantial forward strides. This work is difficult, but by engaging families as partners and gaining their full participation in our efforts, we are much more effective.

While the progress is clearly evident, there are many areas that need continued reform. There are still too many children in temporary congregate settings for too long a period of time. There are too many children who are not living in a family. There are too many siblings we cannot keep together. Adolescents and children with complex medical needs also present special challenges for finding a foster resource. Too many adolescents exit the system without a permanent family resource. We must -despite significant improvement since January 2011 -- continue to increase the percentage of children in care who live in a relative or special study home.

Accordingly, we will press forward with our agenda of reform. One of the most important initiatives in the overall effort of strengthening family participation is the evolution and expansion of child and family teaming. Teaming is a fundamental outgrowth of the practice model's strength-based, solution-focused approach. Originally focused on efforts to move children from congregate settings to family settings, we are now about to expand teaming to families where a removal comes under consideration. These "Considered Removal -- Child and Family Team" (CR-CFT) meetings are to occur prior to the removal or, where an emergency removal is necessary to ensure safety, immediately following the removal and prior to a court hearing.

The basic premise of the CR-CFT initiative is that all families have strengths, families are experts about themselves, and, when properly supported, families can make well-informed decisions about keeping

children safe. The meeting involves parents, family members, professionals, and interested community members in safety planning and placement-related decision making. Dedicated meeting facilitators have been identified in each office and training for the facilitators and their supervisors will occur in January 2013. In February, the teaming will be implemented in all "considered removal" cases, and, in March, coaching and consultation will be provided to embed these meetings in our practice. Data from other jurisdictions shows that children whose families participate in teaming were more likely to reunify, had shorter stays in foster care and were more likely to be placed in a family setting.

This implementation will be followed by a further expansion of teaming later this year to include a broad expanse of cases in which a child's permanency needs must be addressed. The goal is to use permanency planning teams as a case-planning and decision-making process throughout the life of a case and as a means of connecting youth with enduring family relationships to prevent aging out of the foster care system. Children who enter care or are in care will benefit from these team meetings -- especially older children who are approaching a transition out of the foster care system. Training for Permanency Child and Family Teaming will begin in September 2013 and implementation will follow in December 2013.

This "Permanency Child and Family Teaming" initiative will follow on the heals of another effort to establish greater permanency for adolescents in our care. Earlier in 2013, adolescent services workers will begin to conduct "Permanency Roundtables" for adolescents in care with an "APPLA" (Another Planned Permanent Living Arrangement) designation. The roundtables will convene the youth, staff and other individuals involved with the youth together to identify and plan to arrange permanent relationships for the youth so that they do not "age out" of foster care without them. It is expected that the training for adolescent services staff will begin in the spring of 2013, and the roundtables will commence immediately thereafter.

Another major initiative that continues to roll out is the trauma-informed practice promoted through the federal CONCEPT grant. This five-year \$3.2 million grant awarded the Department by the Administration for Children and Families moved from a scheduled planning phase that ended in October and is embarking on an ambitious, multiple-day, all-staff training that will be completed in the spring. The research has established that the traumas experienced by children and families in the child welfare system have a pervasive impact that must be addressed to ensure the effectiveness of our interventions. In addition, the secondary trauma experienced by child welfare staff is likewise a reality that must be confronted to maintain an effective workforce. Due to these substantial effects of trauma, our work will be enhanced considerably by developing our staff to more fully understand and respond to the multifaceted impacts of trauma.

There is no doubt that many challenges -- those noted above and others -- continue to face the Department as we engage families in improving outcomes for children. Case planning and meeting children's needs remain areas demanding improvement. In addition, we find ourselves in a time in which state government in Connecticut is struggling under the weight of a slow economic recovery and tighter resources. Undoubtedly, there will be ideas for service expansions that will not proceed under these fiscal circumstances. We are fortunate that in reducing the number of children in care and the numbers of children in congregate settings, the Department has been able to absorb budget reductions while still advancing the needed reforms. I believe that having fewer children in care and fewer children in congregate care is the right thing for the children, and we will continue to move in this direction.

Lastly, I want to thank our staff and our families for making such important progress in this difficult work. Significant challenges lie ahead of us, but the staff has shown its mettle in overcoming the adversities -- much like the families and children we serve do every day themselves. This is a partnership in which mutual support will allow us to achieve the advances to which we all aspire.

Appendix 2 Outcome Measure 8 Pre-Certification Review - Adoption

Outcome Measure 8: Pre-Certification Review - Adoption

Overview:

This is a qualitative review on the timeliness of finalization of children's adoptions which is conducted to provide qualitative and quantitative data supplemental to the DCF LINK data verified by the Court Monitor on a quarterly basis. As with previously reported reviews, the purpose of this 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 which are affecting the well-being of <u>Juan F.</u> class members, and to increase the efficiency of DCF's eventual compliance with the Exit Plan and exit from the <u>Juan F.</u> Consent Decree.

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

The Outcome Measure 8 requirement is for DCF to comply and sustain the following level of practice:

"At least 32% of the children who are adopted shall have their adoptions finalized within 24 months of the child's most recent removal from his/her home."

DCF has reported compliance with this measure in 24 of the 34 quarters as of the Second Quarter 2012 reporting. Though somewhat inconsistent, performance is vastly improved since the baseline of 12.5% was established in 2004. Most recent non-compliance occurred in the First Quarter 2012 when the Department dropped to 23.7% of adoptions finalized within 24 months of removal after five quarters of sustained compliance. This review will focus on the Outcome Measure results for the Second Quarter 2011 and Third Quarter 2011. During these quarters the Department reported quantitative compliance with the 32% requirement and the following performance for universe of all exits via adoption:

Second Quarter 2011 OM8 Reported by DCF: 32.7% Third Quarter 2011 OM8 Reported by DCF: 40.0%

Our review of each sample from the respective quarters concurs with the assertion of compliance, as we have identified the following quantitative results:

Court Monitor Review Findings for Second Quarter 2011 OM8: 33.6% Court Monitor Review Findings for Third Quarter 2011 OM8: 37.3%

On a case by case basis, the Court Monitor sample findings were quantitatively 99.2% consistent with the ROM data for the specific cases in the Second Quarter reporting and 100.0% consistent with the specific ROM data reported in the Third Quarter. The one inconsistent case was provided to DCF for further investigation. It was found to be the result of a social worker data

entry error related to the episode entry date when the child's case was created following a termination of parental rights (TPR).

Crosstabulation 1: Quarter that this sample represents? * Does your response related to compliance agree with the ROM/LINK assessment of compliance with OM8 reported in the quarter (as provided on ROM spreadsheet)?

Quarter that this sample represents?	Does your response related to compliance agree with the ROM/LINK assessment of compliance with OM8 reported in the quarter (as provided on ROM spreadsheet)?							
	Yes	No	Total					
2nd Quarter 2011 Exit via Adoption	130	1	131					
3rd Quarter 2011 Exit via Adoption	102	0	102					
Total	232	1	233					

With respect to the qualitative review, we find 85.5% of the cases were designated with scores reflecting strength in overall case practice: specified as either Good or Optimal quality of case practice. Supervision was designated as Good or Optimal in 71.8% of the cases. Cases in which both case practice and supervision concurrently achieved the Good and/or Optimal scores occurred in 69.5% of the 131 the cases reviewed for the second quarter. During the Third Quarter, the concurrent rate was 63.7% of the 102 case reviewed; with supervision scoring Good or Optimal in 64.7% and case practice identified as a strength in 87.3% of the cohort population reviewed.

Limitations

Since the sample is composed entirely of children that exited DCF care during Second Quarter 2011 and Third Quarter 2011, the results are solely applicable to those groups. Given the limitations of an exit cohort review, results should not be generalized to the entire population of children either entering or already in DCF care at that time with the goal of adoption, though certainly the findings can point to systemic factors in a qualitative manner.

Methodology

By agreement of the parties, the Monitor's Office requested the DCF provide the universe of all children that were discharged from DCF custody during the two consecutive quarters of April - June and July - September, 2011 with the reason being "adoption". This universe was provided and included a total of 289 children. 167 children were adopted during the quarter of April 1, 2011 to June 30, 2011 and 122 children were adopted during the quarter of July 1, 2011 to September 30, 2011. Sampling methodology was undertaken such that a sample was selected at a 95% confidence level (+/-4%). This resulted in the need to identify a minimum of 131 and 102 children per quarter for the sampling respectively. Samples were stratified by area office resulting in the following sample populations:

Table 1: Universe and Sample Set Designation by Area Office

Area Office	Number of Children in 2nd Quarter 2011 Universe		Child 2nd Q 2011 S	ber of Iren in Quarter Sample Set	Chil 3rd(nber of dren in Quarter Universe	Number of Children in 3 rd Quarter 2011 Sample	
Bridgeport	11	6.6%	9	6.9%	7	5.7%	6	5.9
Danbury	6	3.6%	5	3.8%	0	0.0%	0	0
Hartford Office	23	13.8%	18	13.7%	19	15.6%	16	15.7
Manchester Office	14	8.4%	11	8.4%	5	4.1%	4	3.9
Meriden Office	2	1.2%	2	1.5%	6	4.9%	5	4.9
Middletown Office	6	3.6%	5	3.8%	12	9.8%	10	9.8
Milford	9	5.4%	7	5.3%	4	3.3%	3	2.9
New Britain Office	25	15.0%	19	14.5%	12	9.8%	10	9.8
New Haven	10	6.0%	8	6.1%	14	11.5%	12	11.8
Norwalk Office	4	2.4%	3	2.3%	2	1.6%	2	2.0
Norwich Office	25	15.0%	19	14.5%	21	17.2%	18	17.6
Stamford Office	4	2.4%	3	2.3%	0	0.0%	0	0
Torrington Office	5	3.0%	4	3.1%	6	4.9%	5	4.9
Waterbury Office	14	8.4%	11	8.4%	10	8.2%	8	7.8
Willimantic Office	9	5.4%	7	5.3%	4	3.3%	3	2.9
Grand Total	167	100.0%	131	100.0%	122	100.0%	102	100.0%

Second Quarter 2011 Outcome Measure 8 Pre-Certification Findings

Population Description:

A number of data were collected in order to describe the population, and comparisons between outcome groups were drawn on each variable to evaluate those variables that may or may not have an impact on outcome performance. This Second Quarter 2011 adoption exit cohort sample included 131 children. There were 71 males and 60 female children ranging from birth to 14 years 8 months at the time of the most recent episode of DCF out of home placement. The children were of varying race and ethnicity as follows.

Crosstabulation 2: Second Quarter Adoption Exit Cohort - Child's Race * Child's Ethnicity

Child's Race			Child's Et	hnicity	
		Hispanic	Non-Hispanic	Unknown	Total
Asian	Count	0	1	0	1
	% within Child's Race	.0%	100.0%	.0%	100.0%
	% within Child's Ethnicity	.0%	1.2%	.0%	.8%
Black/African American	Count	4	23	1	28
	% within Child's Race	14.3%	82.1%	3.6%	100.0%
	% within Child's Ethnicity	8.9%	27.1%	100.0%	21.4%
White	Count	37	46	0	83
	% within Child's Race	44.6%	55.4%	.0%	100.0%
	% within Child's Ethnicity	82.2%	54.1%	.0%	63.4%
Multiracial (more than one race	Count	4	15	0	19
selected)	% within Child's Race	21.1%	78.9%	.0%	100.0%
	% within Child's Ethnicity	8.9%	17.6%	.0%	14.5%
Total	Count	45	85	1	131
	% within Child's Race	34.4%	64.9%	.8%	100.0%
	% within Child's Ethnicity	100.0%	100.0%	100.0%	100.0%

Race and ethnicity did not appear to have a significant impact on the timeliness of the adoption finalization.

There does appear to be a relationship between children's ages on entry and how quickly the court process takes from the point of filing to having TPR granted. Those children six and older at entry had slightly longer amounts of time pass between entry, filing of TPR and ultimately achieving the finalized adoption. The Crosstabulation below provide the point in time snapshots by age at entry.

Crosstabulation 3: Second Quarter Adoption Exit Cohort - Adoption within 24 months* Child's age on entry date

Child's Age on	A	doption With					
Entry Date	Yes		No	•	Total		
(Categories)	Count	%	Count	%	Count	%	
<1 Year Old	31	47.7%	34	52.3%	65	100.0%	
1 - 5 Years Old	10	27.8%	26	72.2%	36	100.0%	
6 - 12 Years Old	2	8.3%	22	91.7%	24	100.0%	
13 - 17 Years Old	1	16.7%	5	83.3%	6	100.0%	
Total	44	33.6%	87	66.4%	131	100.0%	

Crosstabulation 4: Second Quarter Adoption Exit Cohort - Time between Dates of Entry and TPR Filing * Child's Age on Entry Date

Child's Age on	1	Time Between Dates of Entry and TPR Filing									
Entry Date	<12 Months		12 - 23 Months		24+ N	Ionths	Total				
(Categories)	#	%	#	%	#	%	#	%			
<1 Year Old	23	35.4%	36	55.3%	6	9.2%	65	100.0%			
1 - 5 Years Old	14	32.6%	23	53.5%	6	13.9%	43	100.0%			
6 - 12 Years Old	5	22.7%	12	54.5%	5	22.7%	22	100.0%			
13 - 17 Years Old	0	.0%	0	.0%	1	100.0%	1	100.0%			
Total	42	32.1%	71	54.2%	18	13.7%	131	100.0%			

Crosstabulation 5: Second Quarter Adoption Exit Cohort - Time between Dates of TPR Filing and TPR Granted * Child's Age on Entry Date

					I TEND C	4 1			
Child's Age on	Tim	e Between	Dates of TP	K Filing an	d TPK Gra	nted			
Entry Date	<12 Months		12 - 23 Months		24+ N	Ionths	Total		
(Categories)	#	%	# %		#	%	#	%	
<1 Year Old	8	12.3%	35	53.8%	22	33.8%	65	100.0%	
1 - 5 Years Old	4	9.3%	21	48.8%	18	41.9%	43	100.0%	
6 - 12 Years Old	1	4.5%	11	50.0%	10	45.5%	22	100.0%	
13 - 17 Years Old	0	.0%	0	.0%	1	100.0%	1	100.0%	
Total	13	9.9%	67	51.1%	51	38.9%	131	100.0%	

Crosstabulation 6: Second Quarter Adoption Exit Cohort - Child's Length of Stay * Child's Age on Entry Date

	(6 - 11	1	2 - 23	2	24 - 35	3	6 - 47		48+		
Child's Age on Entry	N	Ionths	N	Ionths	N	Ionths	N.	Ionths	M	Ionths		Γotal
Date (Categories)	#	%	#	%	#	%	#	%	#	%	#	%
<1 Year Old	2	3.1%	22	33.8%	29	44.6%	6	9.2%	6	9.2%	65	100.0%
1 - 5 Years Old	1	2.3%	9	20.9%	17	39.5%	9	20.9%	7	16.3%	43	100.0%
6 - 12 Years Old	0	.0%	3	13.6%	7	31.8%	4	18.2%	8	36.4%	22	100.0%
13 - 17 Years Old	0	.0%	0	.0%	1	100.0%	0	.0%	0	.0%	1	100.0%
Total	3	2.3%	31	23.7%	54	41.2%	19	14.5%	21	16.0%	131	100.0%

Placement Episode Characteristics:

Data were also gathered to describe the children's placement episodes (from date of entry through legal discharge). A majority, 111 children (84.7%) were experiencing their first episode in DCF care during the time period reviewed. Sixteen of the twenty children were on their second episode, while the remaining four were on their third placement episode. There were no statistically significant differences found between these groups and achieving timely adoption.

Crosstabulation 7: Adoption within 24 months? * Was this the first placement episode experienced by this child?

Was this the first placement	A	Adoption With	in 24 Month	s?			
episode experienced by this	Y	es		No	Total		
child?	Count	%	Count	%	Count	%	
Yes	37	33.3%	74	66.7%	111	100.0%	
No	7	35.0%	13	65.0%	20	100.0%	
Total	48	33.6%	87	66.4%	131	100.0%	

It was not surprising to find a relationship between timely identification of adoption as the child's primary permanency goal, filing of the TPR and the achievement of timely adoption.

Crosstabulation 8: Adoption within 24 months? * For how long had adoption been the primary permanency goal for this child as of the date child's Adoption was finalized?

CM.5. For how long had Adoption	Ad	option With	in 24 Month	s?			
been the primary permanency goal	Ye	es	N	0	Total		
for this child as of the date child's	G	0./	C .	0./	G .	0/	
Adoption was finalized?	Count	%	Count	%	Count	%	
<6 Months	3	75.0%	1	25.0%	4	100.0%	
6 to <12 Months	24	70.6%	10	29.4%	34	100.0%	
12 to <18 Months	11	26.2%	31	73.8%	42	100.0%	
18 to <24 Months	6	21.4%	22	78.6%	28	100.0%	
>=24 Months	0	.0%	23	100.0%	23	100.0%	
Total	44	33.6%	87	66.4%	131	100.0%	

Crosstabulation 9: Child's length of stay * Time from entry to date of TPR filing

Crossianulation 3	. CII	nu s iei	igui (n stay	Lind stength of stay Time from entry to date of 11 K ming									
Time from Entry Date to TPR Filing		- 11 onths		2 - 23 onths		- 35 onths		5 - 47 onths	48 + I	Months	,	Γotal		
(Categories)	#	%	#	%	#	%	#	%	#	%	#	%		
<6 Months	3	20.0%	7	46.7%	3	20.0%	0	.0%	2	13.3%	15	100.0%		
6 - 11 Months	0	.0%	17	58.6%	9	31.0%	1	3.4%	1	3.4%	29	100.0%		
12 - 23 Months	0	.0%	16	22.9%	33	47.1%	11	15.7%	10	14.3%	70	100.0%		
24+ Months	0	.0%	0	.0%	2	11.8%	7	41.2%	8	47.1%	17	100.0%		
Total	3	2.3%	41	31.3%	46	35.1%	19	14.5%	20	15.3%	131	100.0%		

It is also more likely that timely adoption occurs in cases where the time from TPR filing to when the court grants the petition is within 6 months.

Crosstabulation 10: Adoption within 24 months? * Time from TPR Filing to TPR granted

	Ac	doption With					
Time from TPR Filing to	Y	es	N	0	Total		
Granted (Categories)	Count	%	Count	%	Count	%	
<3 Months	14	60.9%	9	39.1%	23	100.0%	
3 - 6 Months	19	44.2%	24	55.8%	43	100.0%	
7 - 11 Months	7	17.9%	32	82.1%	39	100.0%	
12 - 17 Months	4	19.0%	17	81.0%	21	100.0%	
18 - 23 Months	0	.0%	5	100.0%	5	100.0%	
Total	44	33.6%	87	66.4%	131	100.0%	

Crosstabulation 11: Adoption within 24 months? * Time from TPR granted to adoption finalized

	A	doption With	in 24 Month	s?			
Time from TPR Granted	Y	es	N	0	Total		
to Adoption (Categories)	Count	%	Count	%	Count	%	
<3 Months	12	70.6%	5	29.4%	17	100.0%	
3 - 6 Months	21	38.2%	34	61.8%	55	100.0%	
6 - 11 Months	11	35.5%	20	64.5%	31	100.0%	
12 - 17 Months	0	.0%	9	100.0%	9	100.0%	
18 - 23 Months	0	.0%	11	100.0%	11	100.0%	
24+ Months	0	.0%	8	100.0%	8	100.0%	
Total	44	33.6%	87	66.4%	131	100.0%	

In cases when Legal Risk foster homes were identified and utilized, the rate of achieving timely adoption significantly increased. Of the 33 homes utilizing Legal Risk foster parents as the resource, 60.6% achieved timely adoption. In the 98 homes using non-legal risk foster parents the rate was significantly lower, at 24.5%. The cases utilizing Legal Risk foster homes also had uniformly positive reviews and comments concerning supervisory practices, including clear directives, time lines and thorough ongoing assessments of the case.

Crosstabulation 12: Adoption within 24 months? * Was this adoptive resource a legal risk home?

	A	doption With					
Was this adoptive resource a	Y	es	N	lo	Total		
Legal Risk home?	Count	%	Count	%	Count	%	
Yes	20	60.6%	13	39.4%	33	100.0%	
No	24	24.5%	74	75.5%	98	100.0%	
Total	44	33.6%	87	66.4%	131	100.0%	

As shown, some of the cases that did not achieve adoption within 24 months incorporated the use of legal risk homes but did so later during their placement episode, which also meant that the decision to file a TPR came later. In several of these situations, although the child was in the identified permanent resource, the court required DCF to provide more intensive reunification efforts prior to granting TPR. In other cases, the parents contested the TPR once filed, which further delayed the adoption finalization. It also seemed from the documentation in LINK that marginal supervision played a role in some situations, in that reviewers observed cut and paste

supervisory narratives and identified that supervisory directives were lacking thorough assessments, instruction, and clear timeframes for workers. When a social worker failed to follow through on task assignments, these cases offered little to no timely re-direction and thus the timeline to TPR was impacted.

The Department utilized relatives for 30.5% of the adoptive resources and special study homes for an additional 5.3% of the resource. These populations, while offering a positive benefit of being known and already bonded to the individual child, did not fare as well in relation to the timeliness of permanency within 24 months. It is posited that issues in regard to decision making around adoption versus guardianship which include the conflicting loyalties to family are just one of the barriers that might delay the process. Other issues in regard to early cooperation and compliance with relative licensing processes were problematic in some cases.

This phenomenon will need to be explored and understood in greater detail as the Department moves forward with the emphasis on utilization of relative resources to provide support and permanency for children coming into DCF care. Timely utilization of PPSP and/or FASU support in this regard may improve the communication and ultimately enhance the understanding of the benefits of both the permanency options for the relatives, and in the case of the older children, the child as well earlier in the case.

Connections made with non-relative foster parents often in fact led to bonds between that resource and the child to secure the identified adoptive resource. In all, 67.9%, or 89 children were adopted by a non-relative foster parent that had not been originally identified adoptive resource at the point of placement.

Crosstabulation 13: Was the adoptive parent a relative or special study kin known to this child? * Did Adoption occur within 24 months of the child's entry into DCF custody?

Was the adoptive parent a r	elative or special study kin known to this	Did Adoption occur within 24 months of the child's entry into DCF custody?			
child?	1	Yes	No	Total	
	Count	14	26	40	
Yes - relative resource	% within Was the adoptive parent a relative or special study kin known to this child?	35.0%	65.0%	100.0%	
	% within 24 months	31.8%	29.9%	30.5%	
	Count	1	6	7	
Yes - special study resource	% within Was the adoptive parent a relative or special study kin known to this child?	14.3%	85.7%	100.0%	
resource	% within 24 months	2.3%	6.9%	5.3%	
	Count	29	55	84	
No - non-relative resource	% within Was the adoptive parent a relative or special study kin known to this child?	34.5%	65.5%	100.0%	
	% within 24 months	65.9%	63.2%	64.1%	
	Count	44	87	131	
Total	% within Was the adoptive parent a relative or special study kin known to this child?	33.6%	66.4%	100.0%	
	% within 24 months	100.0%	100.0%	100.0%	

The Department fared quite well in limiting the number of moves. The sample cohort had an average number of placements prior to the adoption resource of 1.3. In this sample, the majority of children (87.0%) experienced two or less foster placements prior to placement with their adoptive family.

Table 2: In addition to the placement that ultimately became the child's adoptive family at finalization and exit, how many placements did this child experience prior to finalize adoption?

, , , , , , , , , , , , , , , , , , ,		
Additional Placements	Frequency	Cumulative Percent
0	44	33.6
1	50	71.8
2	20	87.0
3	8	93.1
4	1	93.9
5	3	96.2
6	2	97.7
7	1	98.5
8	1	99.2
15	1	100.0
Total	131	

The impact of the placement experience is seen even more dramatically when reviewing children by the predominant placement type while in care, not just their final permanency resource. A child's predominant placement type (the type of placement in which they spent more than 50% of their episode) may have relationship with achieving the outcome. As indicated prior, the results point to the possibility that given current practices, children whose predominant placement type is in relative DCF foster care may have a lower rate of successfully achieving the goal of a timely 24 month adoption.

The Department has shown that they can produce timely adoptions with a non relative appropriate match with no familial ties may offer a more prompt road to permanency. Securing a relative or special study resource comes with some issues that non-relative resources do not. One must factor in the time to identify and screen all possible resources on maternal and paternal sides of the family and kin, and the possibility that some might come forward that had not have initially been identified. Then there is additional time for relative or special study licensure, and the work through the familial issues that come with the legal decisions regarding adoption. All considerations for the best interest of the child must be weighed when making policy and practice decisions.

- Of the 44 *timely* adoptions, 11 were by relatives. Four of these cases included children who actually spent more than 50% of their episode in another placement type and then were moved to that relative to be adopted.
- Eleven of the 22 *untimely* relative adoptions had this similar scenario.

This has implications for the Department going forward given the current practice shifts and policies to utilize family resources whenever possible to attain a child's permanency goal.

As seen in the Crosstabulation below, this population (relative in-state DCF Foster Care >50% of the placement episode) had the lowest rate of timely adoption within the in-state family setting.

Crosstabulation 14: Primary Placement Type (>50% of Episode) * did Adoption occur within 24 months of the child's entry into DCF custody?

Primary Placement Type (>50%	of Episode)	Did Adoption occur within 24 months of the child's entry into DCF custody?			
		Yes	No	Total	
In State Non Relative Licensed	Count	32	44	76	
DCF Foster Care Setting	% within Primary Placement Type	42.1%	57.9%	100.0%	
In State licensed Relative DCF	Count	11	22	33	
Foster Care Setting	% within Primary Placement Type	33.3%	66.7%	100.0%	
In-State Private Provider	Count	0	19	19	
Foster Care Setting	% within Primary Placement Type	.0%	100.0%	100.0%	
L. A.A. D. C.L. C. C. C.	Count	0	1	1	
In-state Residential Setting	% within Primary Placement Type	.0%	100.0%	100.0%	
Out of State Non Relative	Count	0	1	1	
Foster Care Setting	% within Primary Placement Type	.0%	100.0%	100.0%	
Out of State Relative Foster	Count	1	0	1	
Care Setting	% within Primary Placement Type	100.0%	.0%	100.0%	
Tatal	Count	44	87	131	
Total	% within Primary Placement Type	33.6%	66.4%	100.0%	

Eleven children experienced multiple pre-adoptive placements in this cohort. None of these children had more than two such failed pre-adoptive placements. 90.9% of the children that experienced two pre-adoptive placements failed to achieve timely adoption, which is not surprising given the time and effort expended in matching children to pre-adoptive families.

Quality of Case Practice and Supervision

Those cases identified as having excellent supervision achieved compliance with OM8 at a rate of 50.0%. Those cases rated with poor or good supervision appeared more likely not to achieve compliance (73.0% and 70.3% respectively).

Crosstabulation 15: Adoption within 24 months? * Overall Quality of Supervision

		Adoption With				
Overall Quality of	Y	es	N	lo	To	tal
Supervision	Count	%	Count	%	Count	%
Excellent	15	50.0%	15	50.0%	30	100.0%
Good	19	29.7%	45	70.3%	64	100.0%
Poor	10	27.0%	27	73.0%	37	100.0%
Total	44	33.6%	87	66.4%	131	10.0%

Reviewers found documented discussions of an assessment of risk factors in supervision notes in 56 (42.7%) cases. Furthermore, in the 28 cases in which there were assessed with issues requiring action, 22 cases, or 78.6% had clearly documented directives regarding how the social worker should proceed with case management regarding those issues. This indicates six cases

(21.4%) devoid of Social Work Supervisory oversight in relation to clear risk factors present in the LINK narratives.

Reviewers also looked at the overall quality of the Social Worker's quality of practice during the period under review; taking into account case management, follow through with supervisory directives, communication with providers, legal requirements, and engagement of case participants. Correlations to outcomes show the impact of the quality case management on timeliness of outcome.

Crosstabulation 16: Overall quality of Case Practice during placement episode ending in Adoption * Did Adoption occur within 24 months of the child's entry into DCF custody?

Overall quality of Case	A	doption With	in 24 Months	s?		•	
Practice during placement	Y	Yes		No		Total	
episode ending in Adoption		%	Count	%	Count	%	
Optimal	27	75.0%	9	25.0%	36	100.0%	
Very Good	15	19.7%	61	80.3%	76	100.0%	
Marginal	2	11.1%	16	88.9%	18	100.0%	
Poor	0	.0%	1	100.0%	1	100.0%	
Total	44	33.6%	87	66.4%	131	100.0%	

Looking at the intersection of the case management and the supervision within the case record, clearly one would expect the best results when both the supervisor and the worker are optimal, but the data suggests some other exceptions. It seems that some lapses in supervision may be compensated for if strong case management is displayed by the social worker over the period leading to the adoption. As this was a "record review only" format we have not interviewed social workers and supervisors to determine if the documentation in LINK reflects the actual supervision and direction that occurred over the period under review. It has been our experience over the course of many such reviews that appropriate documentation is very uneven throughout the Department.

Crosstabulation 17: Overall quality of Case Practice during placement episode ending in Adoption * Overall Quality of Supervision * Did Adoption occur within 24 months of the child's entry into DCF custody?

Did A	Did Adoption occur within 24 months of the child's entry into		Overall Quality of Supervision			
DCF custody?		Poor	Good	Optimal	Total	
	Overall quality of Case Practice during	Marginal	2	0	0	2
Vos	Overall quality of Case Practice during placement episode ending in Adoption	Very Good	7	6	2	15
res		Optimal	1	13	13	27
	Total		10	19	15	44
		Poor	1	0	0	1
	Overall quality of Case Practice during	Marginal	13	3	0	16
No	placement episode ending in Adoption	Very Good	13	40	8	61
		Optimal	0	2	7	9
	Total		27	45	15	87

There are some barriers that presented and which were well assessed, addressed, and resolved, but in the end delayed permanency. In these cases which did not meet the measure but in which the social worker's case management or supervision were identified as optimal, the delays were

due to issues outside the DCF span of control and documentation reflected good communication and support.

Reasons for delays in adoption finalization were captured by our reviewers in the 87 cases that did not meet the 24 month requirement. Some cases had multiple issues identified, while others had only one which appeared to result in delays extending the child's episode in care and permanency through adoption. These identified categories (not mutually exclusive) included:

- 37 cases had issues identified as DCF Case Management needing improvement
- 29 cases identified Court Delays
- 22 cases identified the need for Further Efforts to Reunify beyond 15 months
- 12 cases identified Subsidy Rate Negotiation as a delaying factor
- 10 cases indicated Pre-Adoptive Parent Indecision throughout the narratives as cause for delay in the adoption.
- 8 cases indicated the Approval Process (Central Office) delayed the adoption process.
- 8 cases showed a Lack of Adoption Resource/Matching as part of the delay in the finalization of the adoption.
- 6 cases included a placement disruption due to Child's Behaviors or Special Needs
- 4 cases included a placement disruption due to Abuse/Neglect in pre-adoptive placement
- 4 cases indicated that the ICPC Process caused delays in the adoption process.
- In one case the child's indecision resulted in a delay in the finalization of the adoption
- In 20 instances reviewers selected "Other" (these included such issues as conflicts with pre-adoptive sibling, period of adjustment requested by adoptive parents, translation of forms required, issues with child's sibling also to be adopted, child required step down prior to adoptive placement, immigration issues, criminal court issues to be resolved by adoptive parent, relative resource process, initial goal of TOG switched to adoption midstream, paternity testing, safety issues in pre-adoptive home put on hold due to relative, awaiting completion of therapy)

Within the cohort of children, 126 of the 131 adoptions (96.2%) involved subsidy. 122 cases were inclusive of both financial and medical subsidy, and one case was inclusive of medical subsidy only, while three cases were solely financial in nature. Subsidy negotiations delayed 9.5% of the 126 applicable cases.

The Adoption Resource Exchange (ARE) registration process protocol was not followed as stringently as in the past. 54 children of the sample of 131 children (41.2%) did not have the LINK documentation of registration with the Adoption Resource Exchange (ARE). Only one of the 54 had an allowable exception documented where one would expect to see it in the LINK record. There was minimal or no evidence of annual updates to photo-listing in any of the 131 case records.

Crosstabulation 18: Was this child registered on the Adoption Resource Exchange (ARE)? * Did Adoption occur within 24 months of the child's entry into DCF custody?

Was t	his child registered on the Adoption Resource		onths of the child's ody?	
Excha	ange (ARE)?	Yes	No	Total
	Count	32	45	77
Yes	% within Was this child registered on the Adoption Resource Exchange (ARE)?	41.6%	58.4%	100.0%
	Count	12	42	54
No	% within Was this child registered on the Adoption Resource Exchange (ARE)?	22.2%	77.8%	100.0%
Total	Count	44	87	131
	% within Was this child registered on the Adoption Resource Exchange (ARE)?	33.6%	66.4%	100.0%

Support and services for post adoption also may be a problematic area, (or may just be a weak area of electronic documentation). There were 30 cases in which PPSP services were identified in the months prior to the adoption as a need to prepare for the adoption. In these thirty cases, services were documented as provided for only 12 children and families. Post adoption services were likewise identified in 30 cases as a need. The records reflect that the services were referred, secured and in place for the identified post adoption support in only four (4) cases at the time the child's case was closed. It is unclear if this is a need, or a documentation failure as the methodology was limited to a record review only.

Only 18 (22.5%) children received post-adoptive services, and while all but three of them did not achieve a timely adoption there was not a statistically significant relationship between these two variables. It was also found that only three children were receiving services through the Community Collaborative, and none of those passed the measure either. On the other hand, all but two of the 131 adoptive families reviewed are receiving subsidy payments and/or medical benefits for their adopted children. In both the remaining two cases, the children were adopted as perfectly healthy infants with no siblings so they did not have a need for a subsidy.

Reviewers believed adoption was in the child's best interest in 98.5% of the sample cases. In these two situations the reviewers questioned 1) the long term stability planning and 2) risk assessment conducted prior to adoption finalization.

- In one situation, an infant child had been placed with the non-relative adoptive family since birth. She is now three and is receiving good care. Reviewers had concerns given that the adoptive parents are now 71 and 73 and are experiencing some health issues, and given the child's long term needs for continued parenting it appeared this match did not seem to be in this child's best interests for long term well being and permanency.
- In a second situation a child is bonded to his relative adoptive family and happy in the home, but there are several red flags that the documentation did not adequately address. This was an open adoption but the paternal grandmother and mother don't get along and it is unclear how much contact will be maintained. The child's uncle is living in a basement apartment and there are some concerns related to his character. The child's brother who

had been sexually abused also lives in this home and there was no confirmation of appropriate assessment of possible issues between siblings or for the need of any services.

Regional Performance

Overall, 44 (33.6%) of the sample achieved the adoption within 24 months, exceeding the required standard. Lengths of stay ranged from 6 to 123 months, with a median length of stay of 27 months. The mode was 23 months, reported in ten cases. This was followed by clusters of eight cases reported for both 18 month stays and 26 month stays.

Table 3: Children's Length of Stay during placement episode ending with adoption

Categorized Length of Stay (Months)	Frequency	Percent	Cumulative Percent
6 - 11 Months	3	2.3%	2.3%
12 - 23 Months	41	31.3%	33.6%
24 - 35 Months	47	35.9%	69.5%
36 - 47 Months	19	14.5%	84.0%
48 - 59 Months	13	9.9%	93.9%
60 - 71 Months	5	3.8%	97.7%
72 + Months	3	2.3%	100.0%
Total	131	100.0%	

Performance by region and area office is shown in the tables below. As indicated, Region V had the most success as a region, while individually; the Middletown (80.0%), Torrington (75.0%) and Manchester Office (63.6%) had the top three performances for achieving timely adoption statewide. Least successful in achieving the goal were Meriden (.0%), New Haven (12.5%) and Hartford (16.7%).

Crosstabulation 19: Region * Did Adoption occur within 24 months of the child's entry into DCF custody?

V		Did Adoption occur within 24 months of the child's entry into DCF custody?				
Region		Yes	No	Total		
Region I	Count	5	10	15		
	% within Region	33.3%	66.7%	100.0%		
Region II	Count	4	11	15		
	% within Region	26.7%	73.3%	100.0%		
Region III	Count	11	20	31		
	% within Region	35.5%	64.5%	100.0%		
Region IV	Count	10	19	29		
	% within Region	34.5%	65.5%	100.0%		
Region V	Count	9	11	20		
	% within Region	45.0%	55.0%	100.0%		
Region VI	Count	5	16	21		
	% within Region	23.8%	76.2%	100.0%		
Total	Count	44	87	131		
	% within Region	33.6%	66.4%	100.0%		

Crosstabulation 20: SW's Area Office Assignment? * Did Adoption occur within 24 months of the child's entry into DCF custody?

SW's Area Office Assignment?		Did Adoption oc child's ent	cur within 24 m ry into DCF cus	
		Yes	No	Total
Bridgeport	Count	3	6	9
Briageport	% Area Office	33.3%	66.7%	100.0%
Danbury	Count	3	2	5
Danbury	% Area Office	60.0%	40.0%	100.0%
Hartford	Count	3	15	18
nartioru	% Area Office	16.7%	83.3%	100.0%
Manchester	Count	7	4	11
Manchester	% Area Office	63.6%	36.4%	100.0%
Meriden	Count	0	2	2
	% Area Office	.0%	100.0%	100.0%
Middletown	Count	4	1	5
	% Area Office	80.0%	20.0%	100.0%
Milford	Count	3	4	7
	% Area Office	42.9%	57.1%	100.0%
New Britain	Count	5	14	19
	% Area Office	26.3%	73.7%	100.0%
New Haven	Count	1	7	8
	% Area Office	12.5%	87.5%	100.0%
NT 11	Count	1	2	3
Norwalk	% Area Office	33.3%	66.7%	100.0%
* I	Count	5	14	19
Norwich	% Area Office	26.3%	73.7%	100.0%
C4	Count	1	2	3
Stamford	% Area Office	33.3%	66.7%	100.0%
TF • 1	Count	3	1	4
Torrington	% Area Office	75.0%	25.0%	100.0%
Waterbury	Count	3	8	11
	% Area Office	27.3%	72.7%	100.0%
XX 70110 40	Count	2	5	7
Willimantic	% Area Office	28.6%	71.4%	100.0%
	Count	44	87	131
Total	% Area Office	33.6%	66.4%	100.0%

Some area offices seem to have more success than others in securing relative and special kin relations to adopt the children in care. During this quarter, New Britain (57.9%), Manchester (45.5%) and Waterbury (45.5%) appeared to be leading the state in this regard.

Crosstabulation 21: SW's Area Office Assignment? * Was the adoptive parent a relative or special study kin known to this child?

		Was the adoptive parent a relative or special study kin known to this child?			
SW's Area Office	Assignment?	yes - relative resource	yes - special study resource	no - non- relative resource	Total
Bridgeport	Count	3	0	6	9
Drugeport	% within SW's Area Office	33.3%	.0%	66.7%	100.0%
	Count	1	0	4	5
Danbury	% within SW's Area Office	20.0%	.0%	80.0%	100.0%
_	Count	4	1	13	18
Hartford	% within SW's Area Office	22.2%	5.6%	72.2%	100.0%
_	Count	4	1	6	11
Manchester	% within SW's Area Office	36.4%	9.1%	54.5%	100.0%
_	Count	0	0	2	2
Meriden	% within SW's Area Office	.0%	.0%	100.0%	100.0%
_	Count	2	0	3	5
Middletown	% within SW's Area Office	40.0%	.0%	60.0%	100.0%
_	Count	2	0	5	7
Milford	% within SW's Area Office	28.6%	.0%	71.4%	100.0%
_	Count	9	2	8	19
New Britain	% within SW's Area Office	47.4%	10.5%	42.1%	100.0%
_	Count	2	1	5	8
New Haven	% within SW's Area Office	25.0%	12.5%	62.5%	100.0%
_	Count	0	0	3	3
Norwalk	% within SW's Area Office	.0%	.0%	100.0%	100.0%
_	Count	6	2	11	19
Norwich	% within SW's Area Office	31.6%	10.5%	57.9%	100.0%
	Count	0	0	3	3
Stamford	% within SW's Area Office	.0%	.0%	100.0%	100.0%
_	Count	1	0	3	4
Torrington	% within SW's Area Office	25.0%	.0%	75.0%	100.0%
	Count	5	0	6	11
Waterbury	% within SW's Area Office	45.5%	.0%	54.5%	100.0%
	Count	1	0	6	7
Willimantic	% within SW's Area Office	14.3%	.0%	85.7%	100.0%
	Count	40	7	84	131
Total	% within SW's Area Office	30.5%	5.3%	64.1%	100.0%

Given that court delays were identified as problematic in 29 of the 87 cases that did not meet the measure, our review also looked at the individual courts assigned responsibility for processing the adoption.

Crosstabulation 22: What court finalized the adoption? * Did Adoption occur within 24 months of the child's entry into DCF custody? * Region

		entry into DCF custo		months of	tion occur w the child's ei CF custody?	
Region				Yes	No	Total
Region I	What	Bridgeport Probate	Count	2	4	6
S	court finalized		% within What court finalized the adoption?	33.3%	66.7%	100.0%
	the	Norwalk Probate	Count	1	1	2
	adoption?		% within What court finalized the adoption?	50.0%	50.0%	100.0%
		Stamford Probate	Count	1	3	4
			% within What court finalized the adoption?	25.0%	75.0%	100.0%
		Stratford Probate	Count	0	1	1
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		Trumbull Probate	Count	1	1	2
Total Regio		% within What court finalized the adoption?	50.0%	50.0%	100.0%	
	Total Region	n	Count	5	10	15
			% within What court finalized the adoption?	33.3%	66.7%	100.0%
Region II	What	Branford Probate	Count	0	1	1
	court finalized		% within What court finalized the adoption?	.0%	100.0%	100.0%
	the	Milford Probate	Count	1	0	1
	adoption?		% within What court finalized the adoption?	100.0%	.0%	100.0%
		New Haven Probate	Count	1	4	5
			% within What court finalized the adoption?	20.0%	80.0%	100.0%
		North Branford Probate	Count	0	1	1
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		Orange Probate	Count	0	1	1
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		Shelton Probate	Count	1	1	2
			% within What court finalized the adoption?	50.0%	50.0%	100.0%
		Stratford Probate	Count	1	0	1
			% within What court finalized the adoption?	100.0%	.0%	100.0%
		Waterbury Probate	Count	0	3	3
	m		% within What court finalized the adoption?	.0%	100.0%	100.0%
	Total Regio	on	Count	4	11	15
			% within What court finalized the adoption?	26.7%	73.3%	100.0%

				months of	tion occur wi the child's er CF custody?	
Region				Yes	No	Total
Region	What	Berlin Probate	Count	1	0	1
III	court		% within What court	100.00/	00/	100.00/
	finalized		finalized the adoption?	100.0%	.0%	100.0%
	the	Brooklyn Probate	Count	1	0	1
	adoption?		% within What court	100.0%	.0%	100.0%
			finalized the adoption?	100.070	.070	100.070
		Colchester Probate	Count	0	2	2
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		Lebanon Probate	Count	0	1	1
			% within What court	.0%	100.0%	100.0%
		Meriden Probate	finalized the adoption? Count	1	0	1
		Menden Probate	% within What court	1	-	1
			finalized the adoption?	100.0%	.0%	100.0%
		Montville Probate	Count	1	0	1
			% within What court finalized the adoption?	100.0%	.0%	100.0%
		New Haven Probate	Count	1	1	2
			% within What court finalized the adoption?	50.0%	50.0%	100.0%
		New London Probate	Count	0	3	3
		New London Flobate	% within What court finalized the adoption?	.0%	100.0%	100.0%
		Norwich Probate	Count	3	5	8
		Notwich Trobate	% within What court	3	3	0
			finalized the adoption?	37.5%	62.5%	100.0%
		Old Saybrook Probate	Count	0	1	1
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		South Windsor Probate	Count	0	1	1
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		Vernon Probate	Count	2	2	4
			% within What court finalized the adoption?	50.0%	50.0%	100.0%
		Windham Probate	Count	1	2	3
			% within What court finalized the adoption?	33.3%	66.7%	100.0%
		Windsor Locks Probate	Count	0	1	1
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		Woodstock Probate	Count	0	1	1
			% within What court finalized the adoption?	.0%	100.0%	100.0%
	Total Regio	n	Count	11	20	31
			% within What court finalized the adoption?	35.5%	64.5%	100.0%

				months of	tion occur w the child's ei CF custody?	
Region				Yes	No	Total
Region IV	What	Cheshire Probate	Count	0	1	1
	court finalized		% within What court finalized the adoption?	.0%	100.0%	100.0%
	the	East Hartford Probate	Count	3	1	4
ac	adoption?		% within What court finalized the adoption?	75.0%	25.0%	100.0%
		Glastonbury Probate	Count	1	1	2
			% within What court finalized the adoption?	50.0%	50.0%	100.0%
	Hartford Probate	Count	2	7	9	
			% within What court finalized the adoption?	22.2%	77.8%	100.0%
		Meriden Probate	Count	0	2	2
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		Naugatuck Probate	Count	0	1	1
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		Simsbury Probate	Count	1	2	3
			% within What court finalized the adoption?	33.3%	66.7%	100.0%
		South Windsor Probate	Count	1	0	1
			% within What court finalized the adoption?	100.0%	.0%	100.0%
		Trumbull Probate	Count	2	0	2
			% within What court finalized the adoption?	100.0%	.0%	100.0%
		Vernon Probate	Count	0	1	<u>l</u>
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		West Hartford Probate	Count	0	1	1
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		Windham Probate	Count	0	1	1
			% within What court finalized the adoption?	.0%	100.0%	100.0%
	Windsor Probate	Count	0	1	1	
			% within What court finalized the adoption?	.0%	100.0%	100.0%
	Total Regio	n	Count	10	19	29
			% within What court finalized the adoption?	34.5%	65.5%	100.0%

				months of	tion occur w the child's ei CF custody?	
Region				Yes	No	Total
Region V	What	Danbury Probate	Count	3	2	5
Ü	court finalized		% within What court finalized the adoption?	60.0%	40.0%	100.0%
	the	New Haven Probate	Count	0	1	1
	adoption?		% within What court finalized the adoption?	.0%	100.0%	100.0%
		New Milford Probate	Count	1	0	1
			% within What court finalized the adoption?	100.0%	.0%	100.0%
		Norwalk Probate	Count	2	0	2
			% within What court finalized the adoption?	100.0%	.0%	100.0%
		Old Saybrook Probate	Count	0	1	1
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		Torrington Probate	Count	0	1	1
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		Waterbury Probate	Count	2	6	8
			% within What court finalized the adoption?	25.0%	75.0%	100.0%
		Windsor Locks Probate	Count	1	0	1
		% within What court finalized the adoption?	100.0%	.0%	100.0%	
	Total Region	on	Count	9	11	20
			% within What court finalized the adoption?	45.0%	55.0%	100.0%

				months of	tion occur w the child's ei CF custody?	
Region				Yes	No	Total
Region VI	What	Berlin Probate	Count	1	3	4
	court finalized		% within What court finalized the adoption?	25.0%	75.0%	100.0%
	the	Bloomfield Probate	Count	0	2	2
	adoption?		% within What court finalized the adoption?	.0%	100.0%	100.0%
		Bristol Probate	Count	1	2	3
			% within What court finalized the adoption?	33.3%	66.7%	100.0%
		Litchfield Probate	Count	0	2	2
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		Meriden Probate	Count	0	3	3
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		New Britain Probate	Count	0	1	1
			% within What court finalized the adoption?	.0%	100.0%	100.0%
		North Branford Probate	Count	1	0	1
			% within What court finalized the adoption?	100.0%	.0%	100.0%
		Torrington Probate	Count	1	0	1
			% within What court finalized the adoption?	100.0%	.0%	100.0%
		Waterbury Probate	Count	1	3	4
			% within What court finalized the adoption?	25.0%	75.0%	100.0%
	Total Region	n	Count	5	16	21
			% within What court finalized the adoption?	23.8%	76.2%	100.0%

The success of a child's adoption must also be measured by the stability of permanency after discharge, so reviewers were also asked to determine whether a child had re-entered foster care since that time. Since the Second Quarter 2011 adoptions, there were no "Re-Entries" to DCF placement. In fact, of the 131 cases selected for this sample, only one case re-opened. This case was a case re-opened as a Voluntary Services In-Home case.

Third Quarter 2011 Outcome Measure 8 Pre-Certification Findings

Population Description:

A number of data were collected in order to describe the population, and comparisons between outcome groups were drawn on each variable to evaluate those variables that may or may not have an impact on outcome performance. This Third Quarter 2011 adoption exit cohort sample included 102 children. There were 56 males and 46 female children ranging from birth to 14 years 9 months at the time of the most recent episode of DCF out of home placement. The children were of varying race and ethnicity as follows.

Crosstabulation 23: Third Quarter 2011 Adoption Exit Cohort: Child's Race * Child's Ethnicity

			Child's Et	hnicity	
Child's Race		Hispanic	Non- Hispanic	Unknown	Total
Asian	Count	1	1	0	2
	% within Child's Race	50.0%	50.0%	.0%	100.0%
	% within Child's Ethnicity	3.2%	1.4%	.0%	2.0%
Black/African American	Count	4	17	2	23
	% within Child's Race	17.4%	73.9%	8.7%	100.0%
	% within Child's Ethnicity	12.9%	24.6%	100.0%	22.5%
White	Count	23	40	0	63
	% within Child's Race	36.5%	63.5%	.0%	100.0%
	% within Child's Ethnicity	74.2%	58.0%	.0%	61.8%
UTD	Count	2	0	0	2
	% within Child's Race	100.0%	.0%	.0%	100.0%
	% within Child's Ethnicity	6.5%	.0%	.0%	2.0%
Multiracial (more than one	Count	1	11	0	12
race selected)	% within Child's Race	8.3%	91.7%	.0%	100.0%
	% within Child's Ethnicity	3.2%	15.9%	.0%	11.8%
Total	Count	31	69	2	102
	% within Child's Race	30.4%	67.6%	2.0%	100.0%
	% within Child's Ethnicity	100.0%	100.0%	100.0%	100.0%

The cohort of white children appeared to achieve more timely permanence than the cohort of children of color in this quarter of exits in comparison with the prior quarter in that 39.6% of the white cohort achieved timely permanence versus 30.1% of the children of color. In the prior quarter this was reversed, with 41.3% of the children of color achieving timely permanency versus 30.7% of their white counterparts. In a six month review (both quarters considered), the comparison show little statistical difference, with the rates of timely achievement of the measure for children of color exiting at 35.6% and that of the white cohort exits at 34.9%.

There does appear to be a relationship between children's ages on entry and how quickly the court process takes from the point of filing to having TPR granted. Those children six and older at entry had slightly longer amounts of time pass between entry, filing of TPR and ultimately achieving the finalized adoption. The Crosstabulation below provide the point in time snapshots by age at entry.

Crosstabulation 24: Third Quarter Adoption Exit Cohort - Adoption within 24 months* Child's age on entry date

Child's Age on	1	Adoption With	in 24 Months?				
Entry Date	Ye	es	N	lo	Total		
(Categories)	Count	%	% Count %		Count	%	
<1 Year Old	25	54.3%	21	45.7%	46	100.0%	
1 - 5 Years Old	10	29.4%	24	70.6%	34	100.0%	
6 - 12 Years Old	3	14.3%	18	85.7%	21	100.0%	
13 - 17 Years Old	0	0.0%	1	100.0%	1	100.0%	
Total	38	37.3%	64	62.7%	102	100.0%	

Crosstabulation 25: Third Quarter Adoption Exit Cohort - Time between Dates of Entry and TPR Filing * Child's Age on Entry Date

Child's Age on	,	Time Betwe						
Entry Date	<12 N	Ionths	12 - 23	12 - 23 Months		Ionths	Total	
(Categories)	#	%	#	%	#	%	#	%
<1 Year Old	22	47.8%	21	45.7%	3	6.5%	46	100.0%
1 - 5 Years Old	9	26.5%	21	61.8%	4	11.8%	34	100.0%
6 - 12 Years Old	2	9.5%	14	66.7%	5	23.8%	21	100.0%
13 - 17 Years Old	1	100.0%	0	0.0%	0	0.0%	1	100.0%
Total	34	33.3%	56	54.9%	12	11.8%	102	100.0%

Crosstabulation 26: Third Quarter Adoption Exit Cohort - Time between Dates of TPR Filing and TPR Granted * Child's Age on Entry Date

i ming and i i i i c										
Child's Age on	Child's Age on Time Between Dates of TPR Filing and TPR Granted									
Entry Date	<12 Months		12 - 23	12 - 23 Months		Ionths	Total			
(Categories)	#	%	#	%	#	%	#	%		
<1 Year Old	41	89.1%	5	10.9%	0	0.0%	46	100.0%		
1 - 5 Years Old	25	73.5%	8	23.5%	1	2.9%	34	100.0%		
6 - 12 Years Old	15	71.4%	3	14.3%	3	14.3%	21	100.0%		
13 - 17 Years Old	1	100.0%	0	0.0%	0	0.0%	1	100.0%		
Total	82	80.4%	16	15.7%	4	3.9%	102	100.0%		

Crosstabulation 27: Third Quarter Adoption Exit Cohort - Child's Length of Stay * Child's Age on Entry Date

				Child's L	ength	of Stay (C	Categ	ories)				
	6 - 11		1	12 - 23		24 - 35	3	36 - 47		48+		
Child's Age on Entry	N	Ionths	N	Ionths	N	Ionths	N	Ionths	M	lonths		Γotal
Date (Categories)	#	%	#	%	#	%	#	%	#	%	#	%
<1 Year Old	3	6.5%	21	45.6%	18	39.1%	3	6.5%	1	2.2%	46	100.0%
1 - 5 Years Old	0	0.0%	10	29.4%	14	41.2%	5	14.7%	5	14.7%	34	100.0%
6 - 12 Years Old	0	0.0%	3	14.3%	6	28.6%	5	23.8%	7	33.3%	21	100.0%
13 - 17 Years Old	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	100.0%
Total	3	2.9%	34	33.3%	39	38.2%	13	12.7%	13	12.7%	102	100.0%

Placement Episode Characteristics:

Data were also gathered to describe the children's placement episodes (from date of entry through legal discharge). A majority, 87 children (85.3%) were experiencing their first episode in DCF care during the time period reviewed. Thirteen of the children were on their second episode, while the remaining two were on their third placement episode. Unlike the second quarter exit population, there appears to be a significant difference found between these groups and achievement of timely adoption, as 13.3% of the cohort with multiple placement episodes achieved timely permanency in comparison with 41.4% of the group experiencing their first episode of placement.

Crosstabulation 28: Adoption within 24 months? * Was this the first placement episode experienced by this child?

Was this the first placement	A	Adoption With	in 24 Month	s?			
episode experienced by this	Y	es		No	Total		
child?	Count	%	Count	%	Count	%	
Yes	36	41.4%	51	58.6%	87	100.0%	
No	2	13.3%	13	86.6%	15	100.0%	
Total	38	37.2%	64	62.7%	102	100.0%	

It was not surprising to find a relationship between timely identification of adoption as the child's primary permanency goal, filing of the TPR and the achievement of timely adoption.

Crosstabulation 29: Adoption within 24 months? * For how long had adoption been the primary permanency goal for this child as of the date child's Adoption was finalized?

For how long had Adoption been	Ac	loption With					
the primary permanency goal for this child as of the date child's	Y	es	N	0	Total		
Adoption was finalized?	Count	%	Count	%	Count	%	
<6 Months	6	85.7%	1	14.3%	7	100.0%	
6 to <12 Months	17	89.5%	2	10.5%	19	100.0%	
12 to <18 Months	14	53.8%	12	46.2%	26	100.0%	
18 to <24 Months	1	3.4%	28	96.6%	29	100.0%	
>=24 Months	0	0.0%	21	100.0%	21	100.0%	
Total	38	37.3%	64	62.7%	102	100.0%	

Crosstabulation 30: Child's length of stay * Time from entry to date of TPR filing

		Child's Length of Stay (Categories)										
Time from Entry Date to TPR Filing	_	- 11 onths		2 - 23 onths		- 35 onths		onths	48 + I	Months	7	Γotal
(Categories)	#	%	#	%	#	%	#	%	#	%	#	%
<6 Months	3	37.5%	5	62.5%	0	0.0%	0	0.0%	0	0.0%	8	100.0%
6 - 11 Months	0	0.0%	14	53.9%	9	34.6%	3	11.5%	0	0.0%	26	100.0%
12 - 23 Months	0	0.0%	15	26.8%	30	53.6%	6	10.7%	5	8.9%	56	100.0%
24+ Months	0	0.0%	0	0.0%	0	0.0%	4	33.3%	8	66.7%	12	100.0%
Total	3	2.9%	34	33.3%	39	38.2%	13	12.7%	13	12.7%	102	100.0%

It is also more likely that timely adoption occurs in cases where the time from TPR filing to when the court grants the petition lasts less than 6 months. Cases with short times from filing to petition granted often already had experienced longer times in foster care.

Crosstabulation 31: Adoption within 24 months? * Time from TPR Filing to TPR granted

Crosstabulation 31. Adoption within 24 months: Time from 11 K						111 Si ani	
	Ac	doption With	s?				
Time from TPR Filing to	Yes		N	0	Total		
Granted (Categories)	Count	%	Count	%	Count	%	
<3 Months	13	61.9%	8	38.1%	21	100.0%	
3 - 6 Months	13	56.5%	10	43.5%	23	100.0%	
7 - 11 Months	11	28.9%	27	71.1%	38	100.0%	
12 - 17 Months	1	7.1%	13	92.9%	14	100.0%	
18 - 23 Months	0	0.0%	2	100.0%	2	100.0%	
24+ Months	0	0.0%	2	100.0%	2	100.0%	
Total	38	37.3%	64	62.7%	102	100.0%	

Crosstabulation 32: Adoption within 24 months? * Time from TPR granted to adoption finalized

	Ac	doption With					
Time from TPR Granted	Yes		N	0	Total		
to Adoption (Categories)	Count	%	Count	%	Count	%	
<3 Months	8	80.0%	2	20.0%	10	100.0%	
3 - 6 Months	19	52.8%	17	47.2%	36	100.0%	
6 - 11 Months	10	30.3%	23	69.7%	33	100.0%	
12 - 17 Months	1	8.3%	11	91.7%	12	100.0%	
18 - 23 Months	0	0.0%	5	100.0%	5	100.0%	
24+ Months	0	0.0%	6	100.0%	6	100.0%	
Total	38	33.6%	64	62.7%	102	100.0%	

In cases when Legal Risk foster homes were identified and used, the rate of achieving timely adoption significantly increased. Of the 34 homes utilizing Legal Risk the foster parent resources, 44.1% achieved timely adoption. In the 68 homes using non-legal risk foster parents the rate for timeliness was significantly lower, at 33.8%.

Crosstabulation 33: Adoption within 24 months? * Was this adoptive resource a legal risk home?

	A	doption With				
Was this adoptive resource a	Yes		No		Total	
Legal Risk home?	Count	%	Count	%	Count	%
Yes	15	44.1%	19	55.9%	34	100.0%
No	23	33.8%	45	66.2%	68	100.0%
Total	38	37.3%	64	62.7%	102	100.0%

As shown, some of the cases that did not achieve adoption within 24 months incorporated the use of legal risk homes but did so later during their placement episode, which also meant that the decision to file a TPR came later. In several of these situations, although the child was in the identified permanent resource, the court required DCF to provide more intensive reunification efforts prior to granting the TPR. In other cases, the parents contested the TPR once filed, which further delayed the adoption finalization. Marginal supervision appeared to play a role in some delayed situations, as observed by cut and paste supervisory narratives, and supervision direction that was lacking thorough assessment, instruction, and clear timeframes for workers. Often a social worker failed to follow through on task assignments, and no timely re-direction or recourse occurred to ensure the timelines to TPR and permanency were kept on target.

The Department utilized 18 relatives for a total of 17.6% of the 102 children and special studies accounted for an additional 3.9%. This was a significantly lower rate of related or kin adoptions than in the second quarter exit cohort in which 30.5% of the cohort was adopted by relative resources and 5.3% by special study parents. It is unclear why there was such a shift between the two quarters.

Crosstabulation 34: Was the adoptive parent a relative or special study kin known to this child? * Did Adoption occur within 24 months of the child's entry into DCF custody?

Was the adoptive parent a	relative or special study kin known to this	months of	otion occur w the child's e CF custody?	ntry into
child?		Yes	No	Total
	Count	6	12	18
Yes - relative resource	% within Was the adoptive parent a relative or special study kin known to this child?	33.0%	66.7%	100.0%
	% within 24 months	15.8%	18.8%	17.6%
	Count	2	2	4
Yes - special study resource	% within Was the adoptive parent a relative or special study kin known to this child?	50.0%	50.0%	100.0%
resource	% within 24 months	5.3%	3.1%	3.9%
	Count	30	50	80
No - non-relative resource	% within Was the adoptive parent a relative or special study kin known to this child?	37.5%	62.5%	100.0%
	% within 24 months	78.9%	78.1%	78.4%
	Count	38	64	102
Total	% within Was the adoptive parent a relative or special study kin known to this child?	37.3%	62.7%	100.0%
	% within 24 months	100.0%	100.0%	100.0%

In all, 67.6%, or 69 children were adopted by a resource other than the initial placement at the point of removal. Overall, however, the Department fared quite well in limiting the number of moves. The sample cohort had an average number of placements prior to the adoption resource of 1.27. In this sample, the majority of children (85.3%) experienced two or less foster placements prior to placement with their adoptive family.

Table 4: In addition to the placement that ultimately became the child's adoptive family at finalization and exit, how many placements did this child experience prior to finalize adoption?

Additional Placements	Frequency	Percent	Cumulative Percent
0	33	32.4	32.4
1	37	36.3	68.6
2	17	16.7	85.3
3	8	7.8	93.1
4	2	2.0	95.1
5	3	2.9	98.0
6	2	2.0	100.0
Total	102	100.0	

The impact of the placement experience is seen even more dramatically when reviewing children by the predominant placement while in care, not just their final permanency resource. A child's predominant placement type (the type of placement in which they spent more than 50% of their episode) may have relationship with achieving the outcome. As indicated prior the results point to the possibility that given current practices, children whose primary placement types is in relative DCF foster care may have a lower rate of successfully achieving the 24 month goal of adoption.

As identified in the second quarter findings, one must consider each child's current and long term situation: considering all relative, kin, legal risk and other adoptive resources that are available to meet that child's physical, safety, behavioral/emotional, and permanency needs.

- Of the 38 *timely* adoptions, six were by relatives and two were special study foster parents and 30 were non-relative adoptive parents.
 - o The rate of timely adoptions within the relative foster parent pool was 33.3%.
 - o The rate of timely adoptions within the four children adopted by a special study foster parent pool was 50.0%.
 - The timely adoption rate for those adopted by a non-relative foster parent was 37.5%

During this quarter, as seen in the Crosstabulation below, those children residing for the majority of time in non-relative DCF foster population >50% of the placement episode had the lowest rate of timely adoption within the in-state family setting rather than those in relative care. This could reflect improvement in the work being done with relative resource at the point of placement, and timelier licensure due to waiver practices that had begun to take place. More study would need to be undertaken as this is a small cohort of an exit sample.

Crosstabulation 35: Primary Placement Type (>50% of Episode) * did Adoption occur within 24 months of the child's entry into DCF custody?

Primary Placement Type (>50%	of Episode)		Did Adoption occur within 24 months of the child's entry into DCF custody?			
		Yes	No	Total		
In State Non Relative Licensed	Count	31	39	70		
DCF Foster Care Setting	% within Primary Placement Type	44.3%	55.7%	100.0%		
In State licensed Relative DCF	Count	6	7	13		
Foster Care Setting	% within Primary Placement Type	46.2%	53.8%	100.0%		
In-State Private Provider Foster Care Setting*	Count	0	12	12		
	% within Primary Placement Type	0.0%	100.0%	100.0%		
Out of State Non-Relative	Count	1	0	1		
Foster Care Setting	% within Primary Placement Type	100.0%	0.0	100.0%		
Out of State Relative Foster	Count	0	2	2		
Care Setting	% within Primary Placement Type	0.0%	100.0%	100.0%		
Cuan Hama Satting	Count	0	3	3		
Group Home Setting	% within Primary Placement Type	0.0%	100.0%	100.0%		
Other	Count	0	1	1		
	% within Primary Placement Type	38	64	102		
		37.3%	62.7%	100.0%		

^{*}includes one relative who did not achieve the measure

Eight children experienced multiple pre-adoptive placements in this cohort. Six of these children had two such failed pre-adoptive placements and two children had three pre-adoptive placements. All eight of these children's adoptions were ultimately achieved with non-relative adoptive parents but exceeded the 24 months time frame.

Quality of Case Practice and Supervision

In all 64.7% of the cases were felt to have had documented supervision reflecting good or excellent practice. The impact of that supervision on the timeliness of the adoption was not a clear cause/effect relationship as one might expect. The timeliness of adoption appears to have been impacted by a multitude of factors within this quarter.

Crosstabulation 36: Adoption within 24 months? * Overall Quality of Supervision

		Adoption With				
Overall Quality of	Y	es	No		Total	
Supervision	Count	%	Count	%	Count	%
Excellent	6	35.3%	11	64.7%	17	100.0%
Good	22	44.9%	27	55.1%	49	100.0%
Poor	10	31.3%	22	68.8%	32	100.0%
Negligible	0	0.0%	4	100.0%	4	100.0%
Total	38	37.3%	64	62.7%	102	100.0%

Reviewers found documented discussions of assessment of risk factors in supervision notes in 57 (55.9%) cases. In 19 cases in which there were assessed issues requiring action, 9 cases, or 47.4% had clearly documented directives regarding how the social worker should proceed with

case management regarding those issues. 47.4% of the cases did not reflect clear SWS directives and one case (5.3%) had no SWS narratives during the period reviewed. In seven cases, the reviewer's reading of the LINK record entries by the social worker, raised questions regarding risk that did not appear to be evaluated or discussed in supervision prior to the adoption finalization.

Reviewers also looked at the overall quality of the Social Worker's quality of practice during the period under review; taking into account case management, follow through with supervisory directives, communication with providers, legal requirements, and engagement of case participants. Correlations to outcomes show the impact of the quality case management on timeliness of outcome.

Crosstabulation 37: Overall quality of Case Practice during placement episode ending in Adoption * Did Adoption occur within 24 months of the child's entry into DCF custody?

Overall quality of Case	A	doption With					
Practice during placement	Y	Yes		No		Total	
episode ending in Adoption		%	Count	%	Count	%	
Optimal	19	70.4%	8	29.6%	27	100.0%	
Very Good	18	29.0%	44	71.0%	62	100.0%	
Marginal	1	11.1%	8	88.9%	9	100.0%	
Poor	0	0.0%	4	100.0%	4	100.0%	
Total	38	37.3%	64	62.7%	102	100.0%	

Looking at the intersection of the case management and the supervision within the case record, clearly one would expect best results when both supervisor and worker are optimal, but the data suggests some other exceptions. It seems that some lapses in supervision may be compensated for if strong case management is displayed by the social worker over the period leading to the adoption. As this was a "record review only" format we have not interviewed social workers and supervisors to determine if the documentation in LINK reflects the actual supervision and direction that occurred over the period under review. It has been our experience over the course of many such reviews that appropriate documentation is very uneven throughout the Department.

Crosstabulation 38: Overall quality of Case Practice during placement episode ending in Adoption * Overall Quality of Supervision * Did Adoption occur within 24 months of the child's entry into DCF custody?

Did Ad	option occur within 24 months of the	child's entry	Overall Quality of Supervision					
into DC	CF custody?		Negligible	Poor	Good	Optimal	Total	
	Overall quality of Case Practice N		0	1	0	0	1	
Yes	luring placement episode ending	Very Good	0	8	10	0	18	
res	in Adoption	Optimal	0	1	12	6	19	
	Total		0	10	22	6	38	
	Organil quality of Case Practice	Poor	3	1	0	0	4	
	Overall quality of Case Practice	Marginal	1	6	1	0	8	
No	during placement episode ending in Adoption	Very Good	0	15	23	6	44	
	ш даорион	Optimal	0	0	3	5	8	
	Total		4	22	27	11	64	

There are some barriers that presented and which were well assessed, addressed, and resolved, but in the end delayed permanency. In these cases which did not meet the measure but in which

the social worker's case management or supervision were identified as optimal, the delays were due to issues outside the DCF span of control and documentation reflected good communication and support.

Reasons for delays in adoption finalization were captured by our reviewers in the 64 cases that did not meet the 24 month requirement. Some cases had multiple issues identified, while others had only one which appeared to result in delays extending the child's episode in care and permanency through adoption. These identified categories (not mutually exclusive) included:

- 29 cases had issues identified as DCF Case Management needing improvement
- 24 cases identified Court Delays
- 13 cases identified the need for Further Efforts to Reunify beyond 15 months due to the progress of the parents
- 12 cases indicated Pre-Adoptive Parent Indecision throughout the narratives as cause for delay in the adoption.
- 11 cases indicated the Approval Process (Central Office) delayed the adoption process.
- 9 cases showed a Lack of Adoption Resource/Matching as part of the delay in the finalization of the adoption.
- 9 cases included a Placement Disruption due to Child's Behaviors or Special Needs
- 7 cases identified Subsidy Rate Negotiation as a delaying factor
- 7 cases indicated that the ICPC Process caused delays in the adoption process.
- 6 cases identified the Child's Indecision resulted in a delay in the finalization of the adoption
- 4 cases identified Child's deterioration in mental health and need for higher level of care during the episode of placement as cause for delay in adoption.
- 4 cases were delayed for reasons UTD from the documentation.
- 1 case included a Placement Disruption due to Abuse/Neglect Investigation (not substantiation) in Pre-Adoptive Placement
- In 18 instances reviewers selected "Other" (these included such issues as: efforts to place siblings together, licensing issues, issues with a child's sibling also to be adopted, investigation in foster home, foster parent's divorcing, relative coming forward then failing to follow through with licensing process, relative foster parent not willing to be a long term permanent, educational programming issues, relative unsure whether to pursue adoption or STOG, pre-adoptive parent requesting additional therapy for child prior to finalization, criminal court issues to be resolved by pre-adoptive parent.)

Within the cohort of children, 100.0% involved subsidy. 100 cases were inclusive of both financial and medical subsidy, and two cases were solely financial in nature. Subsidy negotiations delayed 6.9% of the 102 applicable cases.

The Adoption Resource Exchange (ARE) registration process protocol was not followed as stringently as in the past. 69 children of the sample of 102 children (67.6%) had the LINK documentation of registration with the Adoption Resource Exchange (ARE). Only two of children had an allowable exception documented where one would expect to see it in the LINK record. There was minimal or no evidence of annual updates to photo-listing in the case records.

Crosstabulation 39: Was this child registered on the Adoption Resource Exchange (ARE)? * Did Adoption occur within 24 months of the child's entry into DCF custody?

	his child registered on the Adoption Resource	Did Adoption occur within 24 months of the child's entry into DCF custody?					
Excha	ange (ARE)?	Yes	No	Total			
	Count	20	49	69			
Yes	% within Was this child registered on the Adoption Resource Exchange (ARE)?	40.8%	71.0%	100.0%			
	Count	18	15	33			
No	% within Was this child registered on the Adoption Resource Exchange (ARE)?	54.5%	45.5%	100.0%			
Total	Count	38	64	102			
	% within Was this child registered on the Adoption Resource Exchange (ARE)?	37.3%	62.7%	100.0%			

Support and services for post adoption appear to be a problematic area, (or may just be a weak area of electronic documentation). Twenty-four children had documentation that they received services through the Community Collaboratives. There were 43 cases in which PPSP services were identified in the months prior to the adoption as a need to prepare for the adoption. In these cases, services were documented as provided for only 12 children and families. Post adoption services were likewise identified as a need in 44 cases. The records reflect that the services were referred, secured and in place for the identified post adoption support in only seven (7) cases at the time the child's case was closed. It is unclear if this is actually a service need, or a systemic documentation failure as the methodology was limited to a record review only.

Reviewers believed adoption was in the child's best interest in 98 of the 102 cases or 96.1% of the sample cases. In the four situations the reviewers questioned 1) stability, and 2) risk assessment conducted prior to adoption finalization, as the documentation within the case records was so limited.

- In two situations the documentation reflected that both the adoptive resource and child did not want the adoption to occur in the narratives immediately preceding the legal entry identifying that the adoption had occurred. No explanation, further exploration or supports were provided prior to the finalization.
- In one situation the foster home had undergone tremendous upheaval such that the foster mother's mental health had declined and she was on SSI due to debilitating depression. Little attention was given to the risk or well-being issues in the home. The family moved out of state the day after the adoption occurred.
- The last case had such poor documentation the reviewer could not assess the situation to obtain and accurate account of the situation.

Regional Performance

Overall, 38 (37.3%) of the sample achieved their adoptions within 24 months, exceeding the required standard. Lengths of stay ranged from 7 - 112 months, with median length of stay of 28 months. The most frequently identified length of stay was the multi-modal at 23 and 28 months,

each reported in eight cases. This was followed by clusters of seven cases each at 19 month stays and 32 month stays.

Table 5: Children's Length of Stay during placement episode ending with adoption

Categorized Length of Stay (Months)	Frequency	Percent	Cumulative Percent
6 - 11 Months	3	2.9%	2.9%
12 - 23 Months	34	33.3%	36.3%
24 - 35 Months	39	38.2%	74.5%
36 - 47 Months	13	12.7%	87.3%
48 - 59 Months	4	6.9%	91.2%
60 - 71 Months	6	5.9%	97.1%
72 + Months	3	2.9%	100.0%
Total	102	100.0%	

Performance by region and area office is shown in the tables below. As indicated, Region IV had the most success as a region, while individually; Milford (66.7%), Middletown (60.0%) and Manchester Office (50.0%) and New Britain (50.0%) had the top three performances for achieving timely adoption statewide. Least successful in achieving the goal were New Haven (8.3%) and Meriden (20.0%) which were similarly situated in the prior quarter's reporting. Danbury had no adoptions within the quarter.

Crosstabulation 40: Region * Did Adoption occur within 24 months of the child's entry into DCF custody?

		Did Adoption occur within 24 months of the child's entry into DCF custody?			
Region		Yes	No	Total	
Region I	Count	3	5	8	
	% within Region	37.5%	62.5%	100.0%	
Region II	Count	3	12	15	
	% within Region	20.0%	80.0%	100.0%	
Region III	Count	13	18	31	
	% within Region	41.1%	58.1%	100.0%	
Region IV	Count	9	11	20	
	% within Region	45.0%	55.0%	100.0%	
Region V	Count	4	9	13	
	% within Region	30.8%	69.2%	100.0%	
Region VI	Count	6	9	15	
	% within Region	40.0%	60.0%	100.0%	
Total	Count	38	64	102	
	% within Region	37.3%	62.7%	100.0%	

Crosstabulation 41: SW's Area Office Assignment? * Did Adoption occur within 24 months of the child's entry into DCF custody?

SW's Area Office Assignment?			occur within entry into DC	
		Yes	No	Total
Dwidgenout	Count	2	4	6
Bridgeport	% within SW's Area Office	33.3%	66.7%	100.0%
Danhuur	Count	0	0	0
Danbury	% within SW's Area Office			
Hartford	Count	7	9	16
Hartioru	% within SW's Area Office	43.8%	56.3%	100.0%
Manahastan	Count	2	2	4
Manchester	% within SW's Area Office	50.0%	50.0%	100.0%
Manidan	Count	1	4	5
Meriden	% within SW's Area Office	20.0%	80.0%	100.0%
M: ddla4a	Count	6	4	10
Middletown	% within SW's Area Office	60.0%	40.0%	100.0%
3.511.6	Count	2	1	3
Milford	% within SW's Area Office	66.7%	33.3%	100.0%
N D '/ '	Count	5	5	10
New Britain	% within SW's Area Office	50.0%	50.0%	100.0%
N II	Count	1	11	12
New Haven	% within SW's Area Office	8.3%	91.7%	100.0%
N 11-/64 C1	Count	1	1	2
Norwalk/Stamford	% within SW's Area Office	50.0%	50.0%	100.0%
N 1-	Count	6	12	18
Norwich	% within SW's Area Office	33.3%	66.7%	100.0%
	Count	2	3	5
Torrington	% within SW's Area Office	40.0%	60.0%	100.0%
Watashaan	Count	2	6	8
Waterbury	% within SW's Area Office	25.0%	75.0%	100.0%
Willimantia	Count	1	2	3
Willimantic	% within SW's Area Office	33.3%	66.7%	100.0%
Total	Count	38	64	102
Total	% within SW's Area Office	37.3%	62.7%	100.0%

Some area offices seem to have more success than others in securing relative and special kin relations to adopt the children in care. During this quarter, Bridgeport (66.7%), Manchester (50.0%) and Hartford (37.5%) appeared to be leading the state in this regard.

Crosstabulation 42: SW's Area Office Assignment? * Was the adoptive parent a relative or

special study kin known to this child?

		Was the adoptive parent a relative or special study kin known to this child?					
SW's Area Office Assignment?		yes - relative resource	yes - special study resource	no - non- relative resource	Total		
Bridgeport	Count	3	1	2	6		
Briageport	% within SW's Area Office	50.0%	16.7%	33.3%	100.0%		
	Count	5	1	10	16		
Hartford	% within SW's Area Office	31.3%	6.3%	62.5%	100.0%		
	Count	2	0	2	4		
Manchester	% within SW's Area Office	50.0%	.0%	50.0%	100.0%		
	Count	0	0	5	5		
Meriden	% within SW's Area Office	.0%	.0%	100.0%	100.0%		
	Count	2	0	8	10		
Middletown	% within SW's Area Office	20.0%	.0%	80.0%	100.0%		
	Count	0	0	3	3		
Milford	% within SW's Area Office	.0%	.0%	100.0%	100.0%		
	Count	2	1	7	10		
New Britain	% within SW's Area Office	20.0%	10.0%	70.0%	100.0%		
	Count	2	0	10	12		
New Haven	% within SW's Area Office	16.7%	.0%	83.3%	100.0%		
	Count	0	0	2	2		
Norwalk	% within SW's Area Office	.0%	.0%	100.0%	100.0%		
	Count	0	1	17	18		
Norwich	% within SW's Area Office	.0%	5.6%	94.4%	100.0%		
	Count	1	0	4	5		
Torrington	% within SW's Area Office	20.0%	.0%	80.0%	100.0%		
	Count	1	0	7	8		
Waterbury	% within SW's Area Office	12.5%	.0%	87.5%	100.0%		
-	Count	0	0	3	3		
Willimantic	% within SW's Area Office	.0%	.0%	100.0%	100.0%		
Tatal	Count	18	4	80	102		
Total	% within SW's Area Office	17.6%	3.9%	78.4%	100.0%		

Given that court delays were identified as problematic in 24 of the 64 cases that did not meet the measure, our review also looked regionally at the individual courts assigned responsibility for processing the adoption.

Crosstabulation 43: What court finalized the adoption? * Did Adoption occur within 24 months of the child's entry into DCF custody? * Region

Region				Did Adoption of the child's of		
Ü				Yes	No	Total
		Bridgeport Probate	Count	0	4	4
			% Within court	.0%	100.0%	100.0%
	What court	Hartford Probate	Count	1	0	1
	finalized		% Within court	100.0%	.0%	100.0%
D · I	the	Norwalk Probate	Count	1	1	2
Region I	adoption?		% Within court	50.0%	50.0%	100.0%
		T. 1 U.D. 1	Count	1	0	1
		Trumbull Probate	% Within court	100.0%	.0%	100.0%
		D : T ()	Count	3	5	8
		Region Total	% Within court	37.5%	62.5%	100.0%
		Ansonia Probate	Count	0	1	1
		Ansonia Probate	% Within court	.0%	100.0%	100.0%
		Bridgeport Probate	Count	0	1	1
			% Within court	.0%	100.0%	100.0%
		Brookfield Probate	Count	1	0	1
			% Within court	100.0%	.0%	100.0%
		Derby Probate	Count	0	1	1
			% Within court	.0%	100.0%	100.0%
	What court	Hamden Probate	Count	0	1	1
	finalized	Transacti i robute	% Within court	.0%	100.0%	100.0%
Region II	the	Meriden Probate	Count	0	1	1
region ii	adoption?	1110114011 1100400	% Within court	.0%	100.0%	100.0%
		New Haven Probate	Count	1	4	5
			% Within court	20.0%	80.0%	100.0%
		New London Probate	Count	0	1	1 22 22 4
			% Within court	.0%	100.0%	100.0%
	South Windsor Probate	Count	0	100.00/	100.00/	
			% Within court	.0%	100.0%	100.0%
		Waterbury Probate	Count % Within court	50.00/	50.00/	
			% within court Count	50.0%	50.0%	100.0% 15
		Region Total	% Within court	20.0%	80.0%	100.0%

Region				on occur within s entry into DC		
				Yes	No	Total
		Brooklyn Probate	Count	1	1	2
		Blooklyll Plobate	% Within court	50.0%	50.0%	100.0%
		Enfield Probate	Count	0	1	1
		Elifield Flobate	% Within court	.0%	100.0%	100.0%
		Fairfield Probate	Count	0	1	1
		Tall field I fooate	% Within court	.0%	100.0%	100.0%
		Glastonbury Probate	Count	0	1	1
		Glastolloury 1 lobate	% Within court	.0%	100.0%	100.0%
		Madison Probate	Count	2	0	2
		Madison Probate	% Within court	100.0%	.0%	100.0%
		Manchester Probate	Count	0	1	1
		Manchester Flooate	% Within court	.0%	100.0%	100.0%
		Meriden Probate	Count	1	0	1
		Wenden Frobate	% Within court	100.0%	.0%	100.0%
	What court	Middletown Probate	Count	2	0	2
	finalized		% Within court	100.0%	.0%	100.0%
Region III	the	New London Probate	Count	4	2	6
Kegion III	adoption?	New London Floodie	% Within court	66.7%	33.3%	100.0%
		Norwich Probate	Count	0	3	3
		Not with 1 totate	% Within court	.0%	100.0%	100.0%
		Old Saybrook Probate	Count	0	3	3
		Old Sayblook I lobate	% Within court	.0%	100.0%	100.0%
		Plainfield Probate	Count	1	0	1
		Transferd Trobate	% Within court	100.0%	.0%	100.0%
		SCJM Waterford	Count	0	1	1
		SCIW Waterfold	% Within court	.0%	100.0%	100.0%
		South Windsor Probate	Count	0	2	2
		South willusof Frobate	% Within court	.0%	100.0%	100.0%
		Waterbury Probate	Count	0	1	1
		wateroury ritodate	% Within court	.0%	100.0%	100.0%
		Willimantic Probate	Count	2	1	3
		vv illilliantic Flooate	% Within court	66.7%	33.3%	100.0%
		Region Total	Count	13	18	31
		region rotal	% Within court	41.9%	58.1%	100.0%

Region					occur within entry into DC	
				Yes	No	Total
		Bristol Probate	Count	0	2	2
		Bristor Frobate	% Within court	.0%	100.0%	100.0%
		East Haddam Probate	Count	1	0	1
		East naddaill Plobate	% Within court	100.0%	.0%	100.0%
		Enfield Probate	Count	2	0	2
		Ellifeid Probate	% Within court	100.0%	.0%	100.0%
		Hamden Probate	Count	1	0	1
		Hamden Floodie	% Within court	100.0%	.0%	100.0%
	What court	Hartford Probate	Count	1	5	6
	finalized	Harriord Probate	% Within court	16.7%	83.3%	100.0%
Region IV	the	New Haven Probate	Count	0	2	2
Region IV	adoption?	New naveli Plobate	% Within court	.0%	100.0%	100.0%
		Ctuatfand Duahata	Count	1	0	1
		Stratford Probate	% Within court	100.0%	.0%	100.0%
		West Hartford Probate	Count	1	1	2
			% Within court	50.0%	50.0%	100.0%
		Willimantic Probate	Count	1	1	2
			% Within court	50.0%	50.0%	100.0%
		Windsor Probate	Count	1	0	1
			% Within court	100.0%	.0%	100.0%
		D . T. (1	Count	9	11	20
		Region Total	% Within court	45.0%	55.0%	100.0%
		Dathany Drobata	Count	0	1	1
		Bethany Probate	% Within court	.0%	100.0%	100.0%
		Bristol Probate	Count	0	1	1
		Diistoi Piovate	% Within court	.0%	100.0%	100.0%
		Canaan Probate	Count	0	1	1
		Canaan Probate	% Within court	.0%	100.0%	100.0%
	What court	Naugatuck Probate	Count	1	0	1
	finalized	Naugatuck Probate	% Within court	100.0%	.0%	100.0%
Region V	the	Name Harray Duckata	Count	1	0	1
Region v	adoption?	New Haven Probate	% Within court	100.0%	.0%	100.0%
		Name I am dan Duahata	Count	0	1	1
		New London Probate	% Within court	.0%	100.0%	100.0%
		Torrington Probate	Count	2	1	3
		Torrington Probate	% Within court	66.7%	33.3%	100.0%
		Waterbury Probate	Count	0	4	4
		waterbury Probate	% Within court	.0%	100.0%	100.0%
		Dogion Total	Count	4	9	13
		Region Total	% Within court	30.8%	69.2%	100.0%

Region	Region			_	occur within entry into DC	
				Yes	No	Total
		Berlin Probate	Count	2	1	3
		Berlin Frobate	% Within court	66.7%	33.3%	100.0%
		Fast Hartford Probate	Count	0	1	1
			% Within court	.0%	100.0%	100.0%
		Farmington Probate	Count	1	0	1
		rannington Probate	% Within court	100.0%	.0%	100.0%
	What court	Meriden Probate	Count	0	3	3
	finalized		% Within court	.0%	100.0%	100.0%
Region VI	the	New Britain Probate	Count	0	3	3
Region vi	adoption?		% Within court	.0%	100.0%	100.0%
		Newington Probate	Count	2	0	2
		New ingloir Frobate	% Within court	100.0%	.0%	100.0%
		Old Saybrook Probate	Count	1	0	1
		Old Sayblook I lobate	% Within court	100.0%	.0%	100.0%
		Waterbury Probate	Count	0	1	1
		wateroury ritobate	% Within court	.0%	100.0%	100.0%
		Dogion Total	Count	6	9	15
		Region Total	% Within court	40.0%	60.0%	100.0%

The success of a child's adoption must also be measured by the stability of permanency after discharge, so reviewers were also asked to determine whether a child had re-entered foster care since that time. Since the Third Quarter 2011 adoptions, there were no "Re-Entries" to DCF placement. In fact, of the 102 cases selected for this sample, only one child was participant to an open case. This case was a case re-opened as a Voluntary Services In-Home case for a sibling, the identified child from this cohort was noted as thriving in his home.

Appendix 3 Outcome Measure 9 Pre-Certification Review Transfer of Guardianship

Outcome Measure 9: Pre-Certification Review - Transfer of Guardianship

Under the <u>Juan F.</u> Revised Exit Plan the Court Monitor is required to conduct what the parties and the Court Monitor refer to as "Certification Reviews" under the following circumstances:

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 valid sample of case files at a 96% confidence level and such other measurements as are necessary to determine whether the 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 head by the Court Monitor before rendering his findings and recommendations.

In recognition of the progress made and sustained by DCF with respect to many of the Outcome Measures to date, and the fact that the well-being of the Juan F class members can be served by earlier identification and resolution of existing qualitative issues that might be present and are not easily identifiable through the monthly quantitative data provided, the DCF Court Monitor's Office determined it feasible at this time, with the agreement of the <u>Juan F</u>. parties, to conduct a series of reviews on the 22 Outcome Measures to identify areas of strengths and challenges that may be necessary to focus on prior to assertion of compliance and exit.

The resulting "pre-certification" process which the parties and the Court Monitor have created identifies that if DCF has sustained compliance as required by the *Juan F*. Revised Exit Plan for at least two consecutive quarters (6 months) for any Outcome Measure (OM), the Court Monitor may, at his discretion, conduct a "pre-certification review" of that OM.

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 which may 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 precertification review earlier than the review mandated by the <u>Juan F.</u> Revised Exit Plan, the pre-certification review will be conducted in accordance with the provisions for review as described in the <u>Juan F.</u> Revised Exit Plan.

If the pre-certification review does not identify any material issues requiring remediation and no assertions of noncompliance with the specific OM 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 review will be pending discussions and agreement of the parties to and will be

formalized in a modification of the <u>Juan F.</u> Revised Exit Plan at the time of assertion of compliance.

This pre-certification review, Outcome Measure 9: Transfer of Guardianship (TOG) is a qualitative review that will supplement the quarterly data provided by DCF and verified by the Court Monitor regarding the instances of TOG. The measure requires that DCF comply and sustain the following level of practice related to TOG:

"At least 70% of all children whose custody is legally transferred shall have their guardianship transferred within 24 months of the child's most recent removal from his/her home."

The Monitor's Office requested that the DCF provide the universe of all children that were discharged from DCF custody during the consecutive quarters of April, 2011 through June, 2011 and July, 2011 through September, 2011. This request was fulfilled in January 2012, with the available Excel Database in LINK which included the universe of 57 children and 70 children respectively. The sampling methodology agreed to by the parties required a sample at a 95% confidence level (+/-4%). This resulted in the need to identify a minimum of 52 and 63 children per quarter for the sampling respectively. Samples selected were stratified by area office then randomly selected within those resulting in the following sample populations:

Table 1: Identified Universe (N=127) and Sample Set (n =115) Designation by Area Office

Area Office	Nur	nber of	Nur	nber of	Number of		Number of		
	Children in						dren in		ldren in
	2 nd (Duarter		Quarter			Quarter		Quarter
	201	1 TOG		ple Set			1 TOG	Sample	
	Un	iverse		•		Un	iverse	- Jumpie	
Bridgeport	9	15.8%	8	15.4%		9	12.9%	8	12.7%
Danbury	2	3.5%	2	3.9%		1	1.4%	1	1.6%
Hartford Office	6	10.5%	5	9.6%		8	11.4%	7	11.1%
Manchester Office	7	12.3%	6	11.5%		8	11.4%	7	11.1%
Meriden Office	0	0.0%	0	0.0%		2	2.9%	2	3.2%
Middletown Office	7	12.3%	7	13.5%		3	4.3%	3	4.8%
Milford	2	3.5%	2	3.9%	1	1	15.7%	10	15.9%
New Britain Office	2	3.5%	2	3.9%		3	4.3%	3	4.8%
New Haven	5	8.8%	5	9.6%		3	4.3%	3	4.8%
Norwalk Office	1	1.7%	1	1.9%		2	2.9%	2	3.2%
Norwich Office	6	10.5%	5	9.6%		5	7.1%	4	6.3%
Stamford Office	0	0.0%	0	0.0%		1	1.4%	1	1.6%
Torrington Office	1	1.7%	1	1.9%		0	0.0%	0	0.0%
Waterbury Office	6	10.5%	5	9.6%	1	2	17.1%	10	15.9%
Willimantic Office	3	5.3%	3	5.8%		2	2.9%	2	3.2%
Grand Total	57	100.0%	52	100.0%	7	70	100.0%	63	100.0%

Upon initial review, there was a need to exclude 14 of the cases within the initial sample sets that did not meet the criteria for inclusion. Therefore the resulting number of cases reviewed actually totaled 113 cases. Accounting for the cases eliminated, our review team actually reviewed the full universe of all children exiting care via TOG across the Second Quarter (N = 48) or Third Quarter 2011(N = 65) rather than a sample of those populations. The 14 identified cases were eliminated for having the TOG occur outside of the period of review or, were not a TOG - as children did not

have guardianship transferred to a relative or kin, but were revocations and discharges from care into to some other form of permanency or case closing. The actual distribution of cases of children with transfer of guardianship achieved was as follows:

Table 2: Actual Sample Set Reviewed Designated by Area Office Assignment and

Quarter of TOG (N=113)

SW's Area Office	e Assignment?	(Quarter of TOG	
		2nd Quarter 2011	3rd Quarter 2011	Total
Bridgeport	Count	9	8	17
	% within Area Office	52.9%	47.1%	100.0%
Danbury	Count	1	0	1
	% within Area Office	100.0%	.0%	100.0%
Hartford	Count	6	8	14
	% within Area Office	42.9%	57.1%	100.0%
Manchester	Count	6	6	12
	% within Area Office	50.0%	50.0%	100.0%
Meriden	Count	0	2	2
	% within Area Office	.0%	100.0%	100.0%
Middletown	Count	5	5	10
	% within Area Office	50.0%	50.0%	100.0%
Milford	Count	1	11	12
	% within Area Office	8.3%	91.7%	100.0%
New Britain	Count	1	3	4
	% within Area Office	25.0%	75.0%	100.0%
New Haven	Count	4	3	7
	% within Area Office	57.1%	42.9%	100.0%
Norwalk	Count	2	2	4
	% within Area Office	50.0%	50.0%	100.0%
Norwich	Count	5	4	9
	% within Area Office	55.6%	44.4%	100.0%
Torrington	Count	1	0	1
_	% within Area Office	100.0%	.0%	100.0%
Waterbury	Count	5	11	16
	% within Area Office	31.3%	68.8%	100.0%
Willimantic	Count	2	2	4
	% within Area Office	50.0%	50.0%	100.0%
Total	Count	48	65	113
	% within Area Office	42.5%	57.5%	100.0%

The LINK record review was conducted during February and March 2012 following a pilot test conducted during mid-January to ensure issues of reliability and validity prior to initiating the full review. A portion of the reviewed cases were also reviewed and scored by the project supervisor so that inter-rater scores could be assessed in an ongoing manner.

A limitation of this review is that it is based on an exit cohort of children achieving permanency through successful TOG during the Second or Third Quarter 2011. As such, caution must be taken in any generalizations to the full population of children remaining in care, or any population just entering care.

Highlights of the Findings

- Both quarter's data reviewed verify that the measure was achieved. The Department's reporting actually undercut the percentages achieved; as it appears that in both quarters several cases that were revocations were pulled into the universe and lowered the overall findings for those quarters. Further, the reporting is live, and some additional changes have also occurred over time and data entry errors or late entries into LINK may have been incorporated so the current numbers available for this measure differ from what was reported at the time the reporting was made available at the quarter. Our findings are:
 - Second Ouarter
 - DCF Reporting: OM9 Achieved for 57 children at 78.4%
 - Current DCF Reporting: OM9 Achieved for 64 children at 84.4%
 - Court Monitor's Review: OM9 Achieved for 48 children with 85.4%
 - Of those children with TOG during the Second Quarter 2011, there were 7 children, who as of the date of review in the First Quarter 2012, were an active case participant in an Ongoing Services case. Four children (8.3%) were participants to a Child Protective Services case, and three children (6.3%) were the identified child in a Voluntary Services case.
 - None of the 48 children had come back into placement since the time of the TOG
 - o Third Ouarter
 - DCF Reporting: OM9 Achieved for 70 children at 83.6%
 - Current DCF Reporting: OM9 Achieved for 70 children at 81.6%
 - <u>Court Monitor's Review</u>: OM9 Achieved for 65 children with 86.2%
 - Of those children with TOG during the Third Quarter 2011, there were six children, who as of the date of review in the First Quarter 2012, were an active case participant in an Ongoing Services case. All six children were participants to a Child Protective Services case.
 - One of these six children came back into placement two months after the TOG via an Administrative Hold due to safety concerns identified by DCF and she is currently identified with the legal status committed/abuse/neglect/uncared for. (Note: the Court ordered this TOG against the recommendation of DCF)
- Reviewers indicated that while the majority of the quality of work was often a
 strength and rated as good or optimal based upon the standard, the documentation
 did not always reflect case practice consistent with the policy guidelines, which is
 why the overall case practice scores reflected a substantial portion of cases
 scoring in the combined lower ranges of marginal and poor. A continued focus on
 documentation both supervisory and by the assigned social worker related to the

assessment of and ongoing efforts to address barriers to TOG. Aftercare planning should be a focus of case planning.

- The LINK narratives did not clearly identify the subsidy decisions and aftercare planning for many of the children and guardians.
- A large portion of those children under the age of 5 that were not identified as being in Head Start or B-3 did not have documented discussions regarding potential for those programs. This does not mean that they were not held, but one could not determine such from the record.
- The number of children identified as special education students appeared to be low given the historical perspective of the populations generally in care. Reviewers wondered if this was an accurate accounting, or if documentation was an issue in this regard. (Only six children in the Second Quarter and four children in the Third Quarter)
- The use of court ordered protective supervision following the transfer of guardianship due to safety and well being concerns of several of the child in the care of the new guardian was something questioned by our review staff. Particularly when the case was kept open under the biological parent's case record rather than establishing a case record under the new guardian's name.

Second Quarter 2011 Outcome Measure 9 Pre-Certification Review Findings

• DCF ROM Reporting in 2nd Quarter 2011: 78.4%

• Review Findings: 85.4%

While it is clear that the agency has met the measure, with rates above the requirement for many reporting periods, upon review there seems to be minor issues with the reporting mechanisms. At the time of reporting on the Second Quarter 2011 findings, the agency reported a performance of 78.4% compliance via the ROM/LINK reporting for 57 children that had TOG during the period. The same current automated online reporting now indicates that the DCF met the benchmark with a performance of 84.4% with a universe of 64 children. Due to the live nature of the ROM data, corrections or additions to legal status and permanency have changed the database to add seven additional children since we pulled the sample in January 2012.

As identified earlier, we found that of those 57 children identified in that initial universe, the number of children with a TOG during the quarter was less, with 48 children actually exiting the custody of DCF through TOG versus other discharge or timeframe. One child did not achieve TOG until August 2011, the others were actually revocations. Of the accurate total (n=48), the DCF reporting identified that 41 of the 48 children achieved timely TOG (within 24 months). This total is consistent with the reviewers' assessment in this pre-certification review. This rate would indicate a higher compliance rate than the 78.4% reported, or even the reporting now displayed in ROM. This total is 85.4% compliance. Per our findings, regionally, compliance was achieved as follows:

Crosstabulation 1: DCF Region * Did guardianship occur within 24 months of the child's entry into DCF custody?

DCE Darier		Did guardianship child's en	occur within 24 try into DCF cus	
DCF Region		Yes	No	Total
Region I	Count	12	0	12
	% within DCF Region	100.0%	.0%	100.0%
Region II	Count	5	0	5
	% within DCF Region	100.0%	.0%	100.0%
Region III	Count	9	3	12
	% within DCF Region	75.0%	25.0%	100.0%
Region IV	Count	9	2	11
	% within DCF Region	81.8%	18.2%	100.0%
Region V	Count	6	1	7
	% within DCF Region	85.7%	14.3%	100.0%
Region VI	Count	0	1	1
	% within DCF Region	.0%	100.0%	100.0%
Total	Count	41	7	48
	% within DCF Region	85.4%	14.6%	100.0%

Having reviewed the entire universe of completed transfer of guardianships throughout the quarter, our review found that Bridgeport Superior Court for Juvenile Matters processed the most transfer of guardianships, accounting for 25.0% of the total completed in the quarter (12).

Crosstabulation 2: What court finalized the adoption? * Did the LINK reporting identify that child met Outcome Measure 9 - That is achieving permanency through TOG in less than 24 months from entry into DCF placement?

What court finalized the adoption?	Did the LINK reporting identify that child met Outcome Measure 9 - That is achieving permanency through TOG in less than 24 months from entry into DCF placement?					
	Yes No Total					
SCJM-Bridgeport	12	0	12			
SCJM-Danbury	0	1	1			
SCJM-Hartford	7	1	8			
SCJM-Manchester	0	1	1			
SCJM-Middletown	4	1	5			
SCJM-New Britain	0	1	1			
SCJM-New Haven	4	0	4			
SCJM-Rockville	3	0	3			
SCJM-Torrington	1	0	1			
SCJM-Waterbury	4	0	4			
SCJM-Waterford	4	2	6			
SCJM-Willimantic	2	0	2			
Total	41	7	48			

Demographics

Our pre-certification review of the second quarter includes the universe of children having a TOG during the quarter, and contains children placed as long ago as September 1996 and as recently as May 2011; with the median placement date of calculated as July 28, 2010. The cohort is 64.6% male (n=31) and 35.4% female (n=17). This was the first placement episode for 40 children, or 83.3% of the cohort. Of the eight children with prior placement episodes, seven (had experience one prior episode. One child had experienced two prior episodes.

The majority of the cohort, 68.8%, had been placed for more than half of this placement episode with the licensed relative foster parent that assumed guardianship. Twenty five percent of the group (n=12) spent the majority of the placement in a non-relative DCF foster placement, while one child (2.1%) spent the majority of the placement episode in a group home.

Twenty-two of the 48 children (45.8%) experienced only one placement during the episode, with guardianship transferred to that resource. The range of placements recorded, as shown in Table X below is one through nine. The average number is two placements.

Table 3: How many placements did this child experience prior to TOG?

Placements	Frequency	Percent	Cumulative Percent
1	22	45.8	45.8
2	12	25.0	70.8
3	5	10.4	81.3
4	6	12.5	93.8
5	1	2.1	95.8
7	1	2.1	97.9
9	1	2.1	100.0
Total	48	100.0	

The group was predominately identified as White and non-Hispanic. The full racial and ethnic make-up of the cohort is displayed in the Crosstabulation below:

Crosstabulation 3: Child's Race * Child's Ethnicity

Child's Race		Child's Ethnicity			
		Hispanic	Non- Hispanic	Unknown	Total
Black/African American	Count	0	14	1	15
	% within Child's Race	.0%	93.3%	6.7%	100.0%
	% within Child's Ethnicity	.0%	36.8%	100.0%	31.3%
White	Count	8	21	0	29
	% within Child's Race	27.6%	72.4%	.0%	100.0%
	% within Child's Ethnicity	88.9%	55.3%	.0%	60.4%
Unknown	Count	1	0	0	1
	% within Child's Race	100.0%	.0%	.0%	100.0%
	% within Child's Ethnicity	11.1%	.0%	.0%	2.1%
Multiracial (more than one	Count	0	3	0	3
race selected)	% within Child's Race	.0%	100.0%	.0%	100.0%
	% within Child's Ethnicity	.0%	7.9%	.0%	6.3%
Total	Count	9	38	1	48
	% within Child's Race	18.8%	79.2%	2.1%	100.0%
	% within Child's Ethnicity	100.0%	100.0%	100.0%	100.0%
	76 Within Child's Ethinicity	100.076	100.076	100.076	10

There was clear documentation in 46 or 95.8% of the cases that the social worker communicated with the family in their preferred primary language or had taken the necessary steps to secure a translator/interpreter as needed for visits and translation of documents relation to case planning during the period.

Twenty children were identified as mainstream education students (41.7%), six were special education students (12.5%), and two were identified as having 504 protection status (4.2%). One child was enrolled in a Head Start pre-school program (2.1%). Six children were receiving Birth to 3 services (12.5%). Thirteen children (27.1%) were too young for Kindergarten enrollment and there was no documentation that they required/were enrolled in Birth to 3 or Head Start.

Reviewers identified findings from the investigations leading to placement. Reasons for the entry into care varied. Below is a table of those identified reasons.

Table 4: Child's Reasons for Entry into Care Preceding TOG

Reason Identified	Frequency	% Children Impacted by this Reason
Substantiated Neglect	40	83.3%
Parent/Guardian's Substance Abuse	27	56.3%
Parent/Guardian's Mental Health	16	33.3%
Domestic Violence	8	16.7%
Housing	4	8.3%
Abandonment	3	6.3%
Parent/Guardian's Incarceration	3	6.3%
Child's Mental Health, Behavioral Health,	2	4.2%
Substance Abuse (Needs beyond caretaker's ability)		
Parent/Guardian's Death	2	4.2%
Substantiated Abuse	2	4.2%
Child's Medical Condition	1	2.1%
Moral Neglect	1	2.1%
Parent/Guardian Whereabouts Unknown	1	2.1%

Of those children with TOG during the Second Quarter 2011, there were 7 children, who as of the date of review in the First Quarter 2012, were an active case participant in an Ongoing Services case. Four children (8.3%) were participants to a Child Protective Services case, and three children (6.3%) were the identified child in a Voluntary Services case. None of the 48 children had come back into placement since the time of the TOG. Reviewers noted that three of the cases (sibling group) included protective supervision of the child after the transfer of guardianship, due to concerns that the guardian would not follow through with educational planning, which was identified as odd given that the guardian selected as appropriate for TOG should not have been the source of CPS concerns requiring legal action.

Findings Related to Second Quarter 2011 Transfer of Guardianship

As part of the process, reviewers established the timeframe upon which DCF identified the permanent resource for the child after case open. Data collected found that most frequently the resource was identified prior to or within days of the child coming into care. This accounted for 18.8% of the cases documenting the resource prior to removal. The range for identification of the resource within the cohort was zero months (prior to entry or within days of the placement) to 180 months.

Reviewers also identified for how long Transfer of Guardianship was the established goal for the child. For the majority of the children within the universe, the goal was officially in effect less than 6 months (72.9%). In some instances the goal was established in less than one month, in others it took as long as 169 months to officially identify this goal. On average (median) this goal was established in accordance with expectations, at seven months from date of placement which would be at the time of the permanency planning team meeting.

Table 5: How many months after the most recent entry into DCF Custody was the

guardian identified as the permanent resource?

# Months	Frequency	Percent	Cumulative Percent
0	9	18.8	18.8
1	5	10.4	29.2
2	8	16.7	45.8
3	2	4.2	50.0
4	3	6.3	56.3
5	4	8.3	64.6
6	1	2.1	66.7
7	3	6.3	72.9
8	3	6.3	79.2
12	4	8.3	87.5
21	1	2.1	89.6
25	3	6.3	95.8
33	1	2.1	97.9
180	1	2.1	100.0
Total	48	100.0	

The range of dates for placement with the identified TOG resource spanned from January 10, 2006 through June 11, 2011. The average date for placement with the permanent resource amongst this cohort is August 8, 2010.

Most frequently the identified relative was a maternal grandparent (47.9%). See the table below for other relatives providing guardianship resource during this quarter.

Table 6: What is the relationship of the guardian(s) that obtained TOG to the child

in the review sample?

TOG Resource	Frequency	Percent	Cumulative Percent
Maternal grandparent(s)	23	47.9	47.9
Paternal grandparents	12	25.0	72.9
Maternal aunt or uncle	4	8.3	81.3
Other paternal relative	4	8.3	89.6
Other maternal relative	3	6.3	95.8
Friend to child or parent	1	2.1	97.9
Paternal aunt or uncle	1	2.1	100.0
Total	48	100.0	

Barriers to achievement of the timely transfer of guardianship for the identified child were collected throughout the review process. Of the seven cases not achieving the measure, a total of 14 barriers were identified as contributing to the delay. Several cases presented with multiple barriers. Please note that the percentage reported below is the based upon the total number of barriers, not the seven cases failing to meet the measure.

Table 7: Barriers to Achievement of the Transfer of Guardianship Measure

Barrier	Frequency	Percent
Guardian Indecision	3	21.4%
Child's Indecision	2	14.3%
DCF Case Management	2	14.3%
Placement Disruption Due to Child's Behavior	2	14.3%
Lack of Identified Family Relative	2	14.3%
Child's Deterioration - Higher Level of Care Required	1	7.2%
Child Ran Away to Relative who was not sanctioned by DCF	1	7.2%
Placement Disruption Due to Abuse/Neglect Allegation	1	7.2%
Approval Process	0	0.0%
Court Delays	0	0.0%
ICPC or Private Agency	0	0.0%
Lack of Community Resource to Support TOG	0	0.0%
Subsidy Negotiation	0	0.0%
Six Month Subsidy Requirement	0	0.0%
Total	14	100.0%

In 39 of the 48 cases (81.3%), documentation reflected that other goals such as reunification or adoption had been thoroughly explored and ruled out in favor of transfer of guardianship.

The review found that 83.3% of the records had supervisory conference narrative entries by the SWS in relation to safety and stability for the identified child within the six months leading up to the transfer of guardianship. That being said, reviewers found that of the cases with barriers identified, only 41.7% included clear ongoing directives on how to proceed with the case in order to minimize the identified risks or issues raised. This is not to say that actions were not taken on behalf of the child and family assuming guardianship, but that these steps and dialogues with the family and children were not always well documented.

Overall supervision of the cases was assessed by the reviewers based on the following directions:

Compare the documented supervisory practice with standards set out in Supervisory Conference Policy 31-7-1.2, and your knowledge of best practices in child welfare supervision.

Policy 31-7-1.2

The purpose of supervision is to provide guidance and case direction to Area Office Social Workers to assure progress toward case goals, and the appropriate and timely delivery of services to the families and children served by DCF, in accordance with the provisions of their Treatment Plan.

Area Office Social Work Supervisors must:

- document the steps necessary to achieve permanency on each case under their supervision
- know the quantitative aspects of the service delivery of Social Workers including, specifically, the frequency of contact by workers with their cases
- document and approve the plan for Social Workers' contacts for each case under their supervision

• have knowledge of the service plan for the family and assure that services are delivered in accordance with the plan.

Supervisory Conferences

Social Work Supervisors shall conduct regular, consistent supervision so that each case under their purview has a documented supervisory conference a minimum of once each month.

The supervisory conference discussions shall include, but not be limited to, the following topic areas:

- safety and risk assessment
- steps necessary to achieve permanency including concurrent planning, relative search, and community supports
- assessment of the adequacy of existing services, including cultural and linguistic needs
- any need for a change in services in order to promote the well-being of the family and/or children
- assessment of the Department's efforts to engage the family, and the family's willingness and capacity to engage in their own treatment
- determination of the necessity for implementing any legal action
- the development of a work-plan, as necessary, to guide and reinforce necessary and timely actions expected by the Social Worker."

Supervisory Responsibility for Case Management

It is the Area Office Social Work Supervisor's responsibility to:

- implement all necessary systems to assure that he/she is knowledgeable of both quantitative and qualitative aspects of his/her Social Workers' performance
- take necessary action, in consultation with management, to establish a plan of remediation for performance that does not meet existing standards."

Using this policy outlined above, and knowing the importance of supervision; rank the overall supervision reflected in the case record on a scale of 1 through 4; with a "1" indicating supervisory oversight non-existent or adverse to social worker's efforts during the period, through a "4" indicating supervision reflecting timely and thoughtful oversight of the worker's case management efforts throughout the period which assisted in the achievement of the permanency goal.

Reviewers found the quality of supervision related to these 48 cases to be and area of strength in 89.6% of the cases reviewed. Supervision in the last six months was found to be good in 75.0% and excellent for 14.6% of the cases. In five of the cases, reviewers found supervision to be lacking and scored the supervision to be in the poor range. In no instances, was the supervision found to be in the absent or adverse quality range. The positive comments predominantly identified consistency in holding the conferences, identification of barriers or needs and actions to alleviate them, reminders to engage collaterals and case participants. Deficits generally pointed to lack of documentation or follow up to identified issues.

The review sought to measure engagement with three parties: parents, the child, and the relative who assumed the guardianship. The following tables provide the feedback on those questions. Formal family conferencing with all parties, and case planning meetings with individual participants were all explored. While formal conferencing does not appear to be utilized, there is evidence that the case planning efforts for Outcome Measure 3 are having an impact as outreach to case participants was documented in relation to the TOG goal in the majority of the cases. Family Conferencing was utilized in 10.4% of the cases.

Table 8: Is there evidence in the most recent six month case planning engagement that FAMILY CONFERENCING was attempted by DCF in working with the parent/guardian from whom this child was removed to successfully achieve the permanency goal for this child?

		Frequency	Percent	Valid Percent
Valid	Yes	5	10.4	10.4
	No	43	89.6	89.6
	Total	48	100.0	100.0

Case meetings with the parent or guardian from whom the child was removed were documented in 81.3% of the cases.

Table 9: Is there evidence in the most recent six month case planning engagement that CASE PLANNING MEETINGS were held during home visits with the parent/guardian from whom this child was removed to successfully achieve the permanency goal for this child?

		Frequency	Percent	Valid Percent
Valid	Yes	39	81.3	81.3
	No	9	18.8	18.8
	Total	48	100.0	100.0

There is evidence of active case planning and engagement activities with the relative guardian in 97.9% of the cases.

Table 10: Is there evidence in the most recent six months planning that engagement activities were attempted by DCF in working with the identified permanent resource to whom this child's guardianship was to be transferred to successfully achieve the goal?

		Frequency	Percent	Valid Percent
Valid	Yes	47	97.9	97.9
	No	1	2.1	2.1
	Total	48	100.0	100.0

The child had documented engagement in case planning in the six months prior to TOG (where applicable) in 92.9% of the cases.

Table 11: Is there evidence in the most recent six months planning that engagement activities were attempted by DCF in working with the child to successfully achieve

the goal for this child?

		Frequency	Percent	Valid Percent
Valid	Yes	26	54.2	54.2
	No	2	4.2	4.2
	N/A - given the child's age, condition or level of functioning	20	41.7	41.7
	Total	48	100.0	100.0

Thirty of the children (62.5%) received subsidy. Documentation in the LINK electronic records in regard to the specifics of the subsidy was not clear in the majority these cases. In nine of eleven cases in which Aftercare services were identified as a need, the record documented that DCF arranged for such services. In one case, the family was subsequently identified as the barrier to the receipt of the service.

In two instances, the Court decided to grant guardianship contrary to DCF recommendations. Of the 48 cases reviewed the reviewers opined that 89.6% of the TOG were in the best interest of the children. One of these cases was a case granted contrary to DCF recommendations. Four others were questioned. Some examples:

- A case of a ten month old sent out of state to the paternal grandparents after only six months in care. The parents were receiving services and were partially compliant. The reviewer felt more time could have been attempted for reunification as now the parent/child bond is broken. Future reunification efforts are highly unlikely.
- A case of a newborn, in which the reviewer indicated that adoption, is a preferred goal but it was not fully explored with MGM who asked for TOG in hopes that the mother improves. This outcome is highly unlikely given history.
- In one of the cases in which the Department also had the shared concerns of the reviewer and TOG was contrary to DCF recommendations. The Court vested custody just four months after removal. Then only 2 months later, transferred guardianship. This case only had 3 months of reunification efforts.

The reviewers were asked not only to rate the supervision, as noted before, but also to rate the overall case practice of DCF during the full placement episode that ended with the child's TOG. For the 48 children in this universe during the 2nd quarter, the DCF case practice was ranked as a strength in 75.0% of the cases (68.8% ranked Good, 6.3% Optimal) and an Area Needing Improvement in 25.0% of the cases with 12 of the cases scored marginal. No cases were deemed adverse.

Overall, while there were some issues with the automated data collection that need to be monitored, as it appears that some revocations may be incorrectly being filtered into this universe, the Monitor's Office finds that the quantity and quality of social work related to this area of the Exit Plan has met the 70% requirement consistently, however the documentation does not always reflect case practice consistent with the outlined case practice standards identified (documentation being cited in the majority of the 25% of the cases scoring marginal). A continued focus on documentation both supervisory and by the assigned social worker related to the assessment of and ongoing efforts to address barriers to TOG and aftercare planning should continue to be a focus. Consideration of improvements to the documentation of the subsidy in the automated record may be warranted as currently much of this information is available only in hard copy format.

Third Quarter 2011 Outcome Measure 9 Pre-Certification Review Findings

• DCF ROM Reported in Third Quarter 2011: 83.6%

• Review Findings: 86.2%

While it is clear that the agency has met the measure, with rates above the requirement for many reporting periods, upon review there seems to be minor issues with the reporting mechanisms. At the time of reporting on the Third Quarter 2011 findings, the agency reported a performance of 83.6% compliance via the ROM/LINK reporting for 70 children that had TOG during the period. The same current automated online reporting now indicates that the DCF met the benchmark with a performance of 81.4%. Due to the live nature of the ROM data, it is believed that corrections or additions to legal status and permanency icons have changed the database related to some children since we pulled the sample in January 2012.

As identified in the Second Quarter review, we found that of those 70 children identified in the initial universe for the Third Quarter, the number of children with a TOG during the quarter was slightly less, with 65 children actually exiting the custody of DCF through TOG versus other discharge or timeframe. This full population of 65 was reviewed. 56 of the 65 children did have a timely TOG (within 24 months of entry). This total identified by reviewers' assessment in this pre-certification review is consistent with the total number of cases identified as meeting the measure in LINK once the five cases were eliminated that did not meet the criteria for inclusion. This rate would indicate a higher compliance rate than the 83.6% reported by DCF, or even the reporting now displayed in ROM. This total is 86.2% compliance. Per our findings, regionally, the compliance requirement of 70% was achieved within all regions as follows:

Crosstabulation 4: DCF Region * Did guardianship occur within 24 months of the child's entry into DCF custody?

DCF Region		Did guardianship occur within 24 months o the child's entry into DCF custody?		
		Yes	No	Total
Region I	Count	7	3	10
	% within DCF Region	70.0%	30.0%	100.0%
Region II	Count	12	2	14
	% within DCF Region	85.7%	14.3%	100.0%
Region III	Count	10	0	10
	% within DCF Region	100.0%	.0%	100.0%
Region IV	Count	12	2	14
	% within DCF Region	85.7%	14.3%	100.0%
Region V	Count	9	2	11
	% within DCF Region	81.8%	18.2%	100.0%
Region VI	Count	6	0	6
	% within DCF Region	100.0%	.0%	100.0%
Total	Count	56	9	65
	% within DCF Region	86.2%	13.8%	100.0%

Having reviewed the entire universe of completed transfer of guardianships throughout the quarter, our review found that Waterbury Superior Court for Juvenile Matters processed the most transfer of guardianships, accounting for 24.6% of the total completed in the quarter (N=65).

Crosstabulation 5: What court finalized the adoption? * Did the LINK reporting identify that child met Outcome Measure 9 - That is achieving permanency through TOG in less than 24 months from entry into DCF placement?

What court finalized the adoption?	Outcome Management of the permanency the	Did the LINK reporting identify that child met Outcome Measure 9 - That is achieving permanency through TOG in less than 24 months from entry into DCF placement?				
	Yes	No	Total			
SCJM-Waterbury	14	2	16			
SCJM-New Haven	8	2	10			
SCJM-Bridgeport	7	3	10			
SCJM-Hartford	7	1	8			
SCJM-Middletown	6	0	6			
SCJM-Rockville	5	1	6			
SCJM-Waterford	4	0	4			
SCJM-New Britain	3	0	3			
SCJM-Willimantic	2	0	2			
SCJM-Danbury	0	0	0			
SCJM-Manchester	0	0	0			
SCJM-Torrington	0	0	0			
Total	56	9	65			

Demographics

Our pre-certification review of the Third Quarter TOG includes the universe of children having a TOG achieved during the quarter, and contains children placed as long ago as March 27, 1998 and as recently as August 24, 2011; with the median placement date of calculated as April 28, 2011. The cohort is 47.7% male (n=31) and 52.3% female (n=34). This was the first placement episode for 57 children, or 87.7% of the cohort. Of the eight children with prior placement episodes, one child had experience one prior episode. One child had experienced four prior episodes.

The majority of the cohort, 70.8%, had been placed for more than half of this placement episode with the in-state licensed relative foster parent that assumed guardianship. Of the remaining group, 18.5 % (n=12) spent the majority of their placement in a non-relative DCF foster placement, four children were placed with an out of state relative foster parent, two children (3.1%) spent the majority of the placement episode in a residential setting, and one child spent the majority of time in a temporary shelter placement (1.5%).

32 of the 65 children (49.2%) experienced only one placement during the episode, with guardianship transferred to that resource. The range of placements recorded, as shown in Table 12 below is one through 18 placements. The average number is two placements.

Table 12: How many placements did this child experience prior to TOG?

Placements	Frequency	Percent	Cumulative Percent
1	32	49.2%	49.2%
2	18	27.7%	76.9%
3	7	10.8%	87.7%
4	2	3.1%	90.8%
5	1	1.5%	95.4%
6	1	1.5%	96.9%
9	1	1.5%	98.5%
18	1	1.5%	100.0%

The children within this universe were identified as White in 56.9% cases reviewed. Ethnicity within that majority group was almost equally identified as Hispanic an Non-Hispanic (48.6% and 45.9% respectively) with two children having "unknown" as their identified ethnicity (5.4%). Black/African American children accounted for 32.3% of the universe and were largely identified as Non-Hispanic (76.2%). The full racial and ethnic make-up of the cohort is displayed in the Crosstabulation below:

Crosstabulation 6: Child's Race * Child's Ethnicity

Child's Race		Child's Ethnicity			
		Hispanic	Non- Hispanic	Unknown	Total
Black/African American	Count	2	16	3	21
	% within Child's Race	9.5%	76.2%	14.3%	100.0%
	% within Child's Ethnicity	9.5%	41.0%	60.0%	32.3%
White	Count	18	17	2	37
	% within Child's Race	48.6%	45.9%	5.4%	100.0%
	% within Child's Ethnicity	85.7%	43.6%	40.0%	56.9%
Multiracial (more than one	Count	1	6	0	7
race selected)	% within Child's Race	14.3%	85.7%	0.0%	100.0%
	% within Child's Ethnicity	4.8%	15.4%	0.0%	10.8%
Total	Count	21	39	5	65
	% within Child's Race	32.3%	60.0%	7.7%	100.0%
	% within Child's Ethnicity	100.0%	100.0%	100.0%	100.0%

There was clear documentation in 63 case records or 96.9% of the cases that the social worker communicated with the family in their preferred primary language or had taken the necessary steps to secure a translator/interpreter as needed for visits and translation of documents relation to case planning during the period.

Twenty-six children were identified as mainstream education students (40.0%), four were special education students (6.2%), and three children were identified as having 504 protection status (4.6%). Three children were enrolled in a Head Start pre-school program

(4.6%). Five children were receiving Birth to 3 services (7.7%). Twenty-four children (36.9%) were too young for Kindergarten enrollment and there was no documentation that they required/were enrolled in Birth to 3 or Head Start. Of the four children identified as special education students, one child had an outdated IEP and no current PPT documented prior to the TOG.

Reviewers identified findings from the investigations leading to placement. Reasons for the entry into care varied and could include multiple issues for each child at the time of placement. Below is a table of those identified reasons.

Table 13: Child's Reasons for Entry into Care Preceding TOG

Reason Identified	Frequency	% Children Impacted by this Reason
Substantiated Neglect	54	83.1%
Parent/Guardian's Substance Abuse	37	56.9%
Parent/Guardian's Mental Health	16	24.6%
Parent/Guardian's Incarceration	9	13.8%
Housing	8	12.3%
Domestic Violence	5	7.7%
Substantiated Abuse	5	7.7%
Child's Mental Health, Behavioral Health,	3	4.6%
Substance Abuse (Needs beyond caretaker's ability)		1.070
Abandonment	2	3.1%
Parent/Guardian's Death	2	3.1%
Criminal History/Activity	1	1.5%
History regarding other children (similarly situated)	1	1.5%
Unsubstantiated Physical Neglect	1	1.5%

Of those children with TOG during the Third Quarter 2011, there were six children, who as of the date of review in the First Quarter 2012, were an active case participant in an Ongoing Services case. All six children were participants to a Child Protective Services case. One of the six children had come back into placement two months after the TOG via an Administrative Hold due to safety concerns identified by DCF and at the request of the biological mother who still had a relationship with her infant child and who had identified a former foster parent whom she felt may be a more appropriate resource. This placement was in fact secured for the child who is placed with this resource, currently identified with the legal status committed/abuse/neglect/uncared for. It is unfortunate that the infant's young mother has since passed away. The father was recently identified through paternity testing and the Department is researching paternal resources for possible permanency.

Again as in the prior quarter, there were children were placed under protective supervision upon the TOG to ensure safety and well being. Reviewers questioned why these two children remained as open case participants in the mother's case rather than the PS being identified for a child under the newly established guardian.

Findings Related to Third Quarter 2011 Transfer of Guardianship

As part of the process, reviewers established the timeframe upon which DCF identified the permanent resource for the child after case open. Unlike the second quarter, in which data collected found that most frequently the resource was identified prior to or within days of the child coming into care, the Third Quarter data had the most frequently

reported timeframe of 3 months from date of placement (9 children or 13.9%). The range for identification of the resource within the cohort was zero months (prior to entry or within days of the placement) to 156 months. The median length of time to identify the resource was six months.

Table 14: How many months after the most recent entry into DCF Custody was the

guardian identified as the permanent resource?

# Months	Frequency	Percent	Cumulative Percent
0	6	9.2	9.2
1	8	12.3	21.5
2	2	3.1	24.6
3	9	13.8	38.5
4	1	1.5	40.0
5	2	3.1	43.1
6	7	10.8	53.8
7	1	1.5	55.4
8	2	3.1	58.5
9	5	7.7	66.2
10	4	6.2	72.3
11	2	3.1	75.4
12	6	9.2	84.6
13	2	3.1	87.7
14	1	1.5	89.2
16	2	3.1	92.3
21	1	1.5	93.8
26	1	1.5	95.4
28	1	1.5	96.9
56	1	1.5	98.5
156	1	1.5	100.0
Total	65	100.0	

The range of dates for placement with the identified TOG resource spanned from September 2, 2009 through September 27, 2011. The average date for placement with the permanent resource amongst this cohort is November 1, 2010.

Most frequently the identified relative was a maternal grandparent (43.1%). See the table below for other relatives providing guardianship resource during this quarter.

Table 15: What is the relationship of the guardian(s) that obtained TOG to the child in the review sample?

Identified TOG Resource	Frequency	Percent	Cumulative Percent
Maternal grandparent(s)	28	43.1%	43.1%
Paternal grandparents	11	16.9%	60.0%
Maternal aunt or uncle	10	15.4%	75.4%
Other maternal relative	10	15.4%	90.8%
Paternal aunt or uncle	3	4.6%	65.4%
Other paternal relative	2	3.1%	98.5%
Friend to child or parent	1	1.5%	100.0%
Total	65	100.0%	

Reviewers also identified for how long Transfer of Guardianship was the established goal for the child. For 50.0% of the children within the universe, the goal was officially in effect 9 months from date of entry into care. The range in identification of TOG as the official goal spanned from less than one month (5 children) to 156 months (1 child).

Barriers to achievement of the timely transfer of guardianship for the identified child were collected throughout the review process. Of the nine cases not achieving the measure, a total of 14 barriers were identified as contributing to the delay. Several cases presented with multiple barriers. Please note that the percentage reported below is the based upon the total number of barriers, not the nine cases failing to meet the measure.

Table 16: Barriers to Achievement of the Transfer of Guardianship Measure

Barrier	Frequency	Percent
DCF Case Management	4	28.6%
ICPC or Private Agency	3	21.4%
Child's Deterioration - Higher Level of Care Required	2	14.3%
Placement Disruption Due to Child's Behavior	2	14.3%
Court Decisions (DCF approved plan of LTFC)	1	7.1%
Lack of Identified Family Relative	1	7.1%
Reunification had been goal for significant part of case - mother	1	7.1%
died during trial home visit and child re-entered care and		
required TOG.		
Total	14	100.0%

In 41 of the 65 cases (63.1%), documentation reflected that other goals such as reunification or adoption had been thoroughly explored and ruled out in favor of transfer of guardianship.

The review found that 72.3% of the records had supervisory conference narrative entries by the SWS in relation to safety and stability for the identified child within the six months leading up to the transfer of guardianship. That being said, reviewers found that of the cases with barriers identified, only 42.6% of those 47 cases included clear ongoing directives on how to proceed with the case in order to minimize the identified risks or issues raised. This is not to say that actions were not taken on behalf of the child and family assuming guardianship, but that these steps and dialogues with the family and children were not always well documented in the supervisory narratives. In three cases,

the reviewers indicated that there appeared to be risk factors clearly identifiable in the six months worth of social worker's narrative entries prior to TOG that were not addressed adequately prior to the TOG.

Overall supervision of the cases was assessed by the reviewers based on the following directions:

Compare the documented supervisory practice with standards set out in Supervisory Conference Policy 31-7-1.2, and your knowledge of best practices in child welfare supervision.

Policy 31-7-1.2

The purpose of supervision is to provide guidance and case direction to Area Office Social Workers to assure progress toward case goals, and the appropriate and timely delivery of services to the families and children served by DCF, in accordance with the provisions of their Treatment Plan.

Area Office Social Work Supervisors must:

- document the steps necessary to achieve permanency on each case under their supervision
- know the quantitative aspects of the service delivery of Social Workers including, specifically, the frequency of contact by workers with their cases
- document and approve the plan for Social Workers' contacts for each case under their supervision
- have knowledge of the service plan for the family and assure that services are delivered in accordance with the plan.

Supervisory Conferences

Social Work Supervisors shall conduct regular, consistent supervision so that each case under their purview has a documented supervisory conference a minimum of once each month.

The supervisory conference discussions shall include, but not be limited to, the following topic areas:

- safety and risk assessment
- steps necessary to achieve permanency including concurrent planning, relative search, and community supports
- assessment of the adequacy of existing services, including cultural and linguistic needs
- any need for a change in services in order to promote the well-being of the family and/or children
- assessment of the Department's efforts to engage the family, and the family's willingness and capacity to engage in their own treatment
- determination of the necessity for implementing any legal action
- the development of a work-plan, as necessary, to guide and reinforce necessary and timely actions expected by the Social Worker."

Supervisory Responsibility for Case Management

It is the Area Office Social Work Supervisor's responsibility to:

- implement all necessary systems to assure that he/she is knowledgeable of both quantitative and qualitative aspects of his/her Social Workers' performance
- take necessary action, in consultation with management, to establish a plan of remediation for performance that does not meet existing standards."

Using this policy outlined above, and knowing the importance of supervision; rank the overall supervision reflected in the case record on a scale of 1 through 4; with a "1" indicating supervisory oversight non-existent or adverse to social worker's efforts during the period, through a "4" indicating supervision reflecting timely and thoughtful oversight of the worker's case management efforts throughout the period which assisted in the achievement of the permanency goal.

Reviewers found the quality of supervision related to these 65 cases to be and area of strength in 84.6% of the cases reviewed. Supervision in the last six months was found to be good in 69.2% and excellent for 15.4% of the cases. In eight of the cases, reviewers found supervision to be lacking and scored the supervision to be in the poor range. In two instances, supervision was identified in a negligible quality range. The positive comments predominantly identified consistency in holding the conferences, identification of barriers or needs and actions to alleviate them, reminders to engage collaterals and case participants. Some spoke to supporting the worker, and keeping a focus on the goal. Deficits generally pointed to lack of documentation, "cut and paste" narratives of little insight or relevance to current case issues, and/or lack of follow up to identified issues.

The review sought to measure engagement with three parties: parents, the child, and the relative who assumed the guardianship. The following tables provide the feedback on those questions. Formal family conferencing with all parties, and case planning meetings with individual participants were all explored. While formal conferencing does not appear to be utilized, there is evidence that the case planning efforts for Outcome Measure 3 are having an impact as outreach to case participants was documented in relation to the TOG goal in the majority of the cases. Family Conferencing was utilized in 10.8% of the cases.

Table 17: Is there evidence in the most recent six month case planning engagement that FAMILY CONFERENCING was attempted by DCF in working with the parent/guardian from whom this child was removed to successfully achieve the permanency goal for this child?

		Frequency	Percent	Valid Percent
Valid	Yes	7	10.8	10.8
	No	58	89.2	89.2
	Total	65	100.0	100.0

Case meetings with the parent or guardian from whom the child was removed were documented in 72.3% of the cases.

Table 18: Is there evidence in the most recent six month case planning engagement that CASE PLANNING MEETINGS were held during home visits with the parent/guardian from whom this child was removed to successfully achieve the permanency goal for this child?

		Frequency	Percent	Valid Percent
Valid	Yes	47	72.3	72.3
	No	18	27.7	27.7
	Total	65	100.0	100.0

There is evidence of active case planning and engagement activities with the relative guardian in 93.8% of the cases.

Table 19: Is there evidence in the most recent six months planning that engagement activities were attempted by DCF in working with the identified permanent resource to whom this child's guardianship was to be transferred to successfully achieve the goal?

		Frequency	Percent	Valid Percent
Valid	Yes	61	93.8	93.8
	No	4	6.2	6.2
	Total	65	100.0	100.0

The child had documented engagement in case planning in the six months prior to TOG (where applicable) in 85.7% of the cases.

Table 20: Is there evidence in the most recent six months planning that engagement activities were attempted by DCF in working with the child to successfully achieve the goal for this child?

		Frequency	Percent	Valid Percent
Valid	Yes	24	36.9	85.7
	No	4	6.2	100.0
	N/A - given the child's age, condition or level of functioning	37	56.9	
	Total	65	100.0	

Forty-nine of the children (75.4%) received subsidized TOG. Documentation in the LINK electronic records in regard to the specifics of the subsidy was not clear in the majority these cases. In six of ten cases in which Aftercare services were identified as a need, the record documented that DCF arranged for such services. In one case, the family was identified as the barrier to the receipt of the service.

In two instances, the Court decided to grant guardianship contrary to DCF recommendations. Of the 65 cases reviewed the reviewers opined that 89.2% of the TOG were in the best interest of the children. Two of these cases were the cases granted contrary to DCF recommendations. Five others were questioned:

- In one of the cases which was granted contrary to DCF recommendations, there was a 13year old who had been in relative foster placement for two and a half years. Long term foster care with that relative was the approved permanency plan. Grandparent's attorney and child's attorney petitioned court for TOG. Grandparents were questionable caretakers who often refused to cooperate with DCF. They continued to allow unsupervised contact between child and his mother and father. They continually undermined his placement with maternal aunt and uncle. Therapist did not feel it was in child's best interest, DCF also didn't feel it was in child's best interest but an agreement was reached in court based on child's age and desire to live with MGPs and child had TOG to those grandparents.
- Two month old had been in care prior and returned to DCF per court order. Only in care one month before mother's attorney filed straight TOG over DCF objections. Protective supervision was put in place. This placement ended up disrupting less than two months later, when child was just 4 months old.
- A child in placement for ten months. His maternal grandmother was identified as the resource at six months. There was no movement and then just placed with no transitional planning. Social work was not engaging with mother toward reunification in the months prior.
- In one case the reviewer found that the documentation provided so little assessment of home as long term resource that she could not determine the level of safety and well being that was present.
- For one child, although permanency was achieved with appropriate family, there was very little opportunity provided to the biological parents toward reunification.
- In the case of a young child, with poor chance of reunification or rehabilitation of parents with chronic issues, it was not clear why adoption not pursued. Maybe there was a legal consultation and work with the resource family that explored this, but it was not clear.
- While the TOG to very appropriate paternal grandparents may in the long run have been the most appropriate plan for a newborn child, it seems as if this TOG was rushed.

The reviewers were asked not only to rate the supervision, as noted before, but also to rate the overall case practice of DCF during the full placement episode that ended with the child's TOG. For the 65 children in this universe during the Third Quarter, the DCF case practice was ranked as a strength in 73.9% of the cases (53.8% ranked Good, 20.0% Optimal) and an Area Needing Improvement in 26.2% of the cases with 11 of the cases scored marginal and 6 cases scoring poor. No cases were deemed adverse.

As with the second quarter there were some issues with the automated data collection that need to be monitored, as it appears that some revocations may be incorrectly being filtered into this universe, overall the Monitor's Office finds that the quantity of work related to this area of the Exit Plan has met the 70.0% requirement consistently.

Reviewers indicated that while the majority of the quality of work was often of a good standard (70.0%), the documentation did not always reflect case practice consistent with the practice standards, which is why the overall case practice scores reflected 20% of the cases scoring in the optimal range and 26.2% were in the combined lower ranges of marginal and poor. A continued focus on documentation both supervisory and by the assigned social worker related to the assessment of and ongoing efforts to address barriers to TOG and aftercare planning should continue to be a focus. This is was also the conjecture in relation to some of the Social Work Supervisory oversight. One may have gotten the sense that more was being provided, yet the documentation in 15.4% of the cases reflected marginally or poorly on the level of supervision during the period. Again, consideration of improvements to the documentation of the subsidy in the automated record may be warranted as currently much of this information is available only in hard copy format.

Appendix 4 Outcome Measure 22 Pre-Certification Review - Multidisciplinary Examinations (MDEs)

Outcome Measure 22: Pre-Certification Review: Multidisciplinary Examinations (MDEs)

Overview

Outcome Measure 22 requires that "at least 85% of the children entering the custody of DCF for the first time shall have an MDE conducted within 30 days of placement."

The Monitor's Office qualitatively reviews compliance with Outcome Measure 22 as a component of the quarterly Outcome Measure 15 review. Additionally, the Court Monitor reviews and analyzes the Department's quarterly automated data. This measure has been successfully met for the last 27 consecutive quarters as of this quarterly reporting.

The OM22 reporting mechanism has proven to routinely be highly accurate, with minor errors due to data entry. Query logic may need to be revisited in light of the inclusion of a committed delinquent child in the First Quarter 2012 population to ensure that this cohort is accurately being routinely excluded from the *Juan F*. reporting. Given the fact that Outcome Measure 15 (Needs Met) addresses the issue, a qualitative component is not part of the requirement for OM 22. However, the parties did agree to the inclusions of questions related to the quality of the documentation and timeliness of the data entered by the ARG. The quality and timeliness are significant given that they are directly related to the availability of MDE findings and recommendations for the child's case planning conference and initial case plan 45 days upon entry into care.

In light of the findings based on the methodology outlined herein, the Monitor's Office pre-certifies that OM22 is met given the 95.0% and 91.8% respective findings for the Fourth Quarter 2011 and First Quarter 2012; and the consistency with which this measure has been met and reported on over the last 27 quarters. Further, of the 17 children who did not receive an MDE within 30 days, but for which an MDE was required during this period of review 100.0% received the required examination with an average length to MDE of 44.4 days. It is important to note that the initial baseline findings for this measure established in 2004 found only 5.6% of the children receiving this service.

The sample methodology looks only at the negative sub-population but within that population there was a 50% rate of non-compliance for documentation of the MDE within the case narrative by the time of the initial case planning conference and approval of the case plan. However, caution should be taken in applying this percentage to the full population. It is our belief given our extensive reviewing activities that this is a finding associated with the negative cohort ("MDE Not Met") and that the experience of those in the "MDE Met" may differ. Should the parties decide to pursue this issue at a later date further review of the "MDE Met" subset can also be investigated for comparison.

Methodology

A qualitative record review is not required for this Outcome Measure. However, by agreement of the Court Monitor and <u>Juan F.</u> parties for the Pre-Certification process, the Court Monitor's Office conducted a LINK record review of the data for two quarters worth of cases identified through the Results Oriented Management (ROM) reports as

non-compliant. Narratives, medical icons and treatment plan documentation were researched in an effort to establish barriers to compliance.

On September 7, 2012 the Court Monitor accessed the Department's reporting and identified that for the two quarter calendar period time period of October 1, 2011 through March 31, 2012 there were a total of 508 children who were identified by the Department's ROM reporting as first time <u>Juan F</u>. population entrants in the custody of DCF thus requiring the MDE during this time period. Of this total, 482 children, or 94.9% of the population were identified as having the MDE completed within the 30 day requirement. In all, 26 children were identified as not having this need met within the specified timeframe. Seventeen of the children were entrants requiring MDE in the Fourth Quarter 2011 and nine required MDE in the First Quarter 2012.

Table 1: DCF Reporting by Unit View for Multi-Disciplinary Exam EP#22 10/1/2011-3/31/2012 (Standard: MDE Completed in 30 Days Statewide)

10/1/2011-5/51/2012 (Standard: WIDE Completed in 50 Days Statewide)									
Area Office	MDE Met	% Met	MDE Not Met	% Not Met	MDE Total				
Bridgeport	26	89.7%	3	10.3%	29				
Danbury	16	94.1%	1	5.9%	17				
Hartford	75	96.2%	3	3.8%	78				
Manchester	30	90.9%	3	9.1%	33				
Meriden	19	95.0%	1	5.0%	20				
Middletown	23	95.8%	1	4.2%	24				
Milford	27	93.1%	2	6.9%	29				
New Britain	33	97.1%	1	2.9%	34				
New Haven	41	93.2%	3	6.8%	44				
Norwalk/Stamford	26	92.9%	2	7.1%	28				
Norwich	57	98.3%	1	1.7%	58				
Torrington	21	91.3%	2	8.7%	23				
Waterbury	38	95.0%	2	5.0%	40				
Willimantic	<u>50</u>	<u>98.0%</u>	<u>1</u>	2.0%	<u>51</u>				
Statewide	482	94.8%	26	5.2%	508				

Review Findings

The review of the LINK records of the 26 children who were identified as not meeting the measure across these two quarters of measurement found that in fact, seven children did actually meet the requirements of the MDE timing requirement per policy. Further, two children were not subject to the MDE reporting requirement, as one child was committed delinquent, and therefore not a *Juan F*. class member and the second child was in the custody of the DCF for only 10 days during the quarter as the OTC was vested in the MGM at the 10 day hearing (we note however that this child has subsequently come back into DCF custody in the second quarter 2012 and has not had the MDE.) Thus, the scores for the quarters identified were slightly higher than reported by the Department in Fourth Quarter and First Quarters.

- Fourth Quarter 2011 Score Reported by DCF: 282 of 302 children or 93.4%
- Fourth Quarter 2011 Score Adjusted by Court Monitor's Pre-Certification Review Findings (5 children having received timely MDE): 95.0%

- First Quarter 2012 Score Reported by DCF: 189 of 210 children or 90.0%
- First Quarter 2012 Score Adjusted by Court Monitor's Pre-Certification Review Findings (2 exclusions and 2 children having achieved timely MDE): 91.8%

As with our prior findings related to a review of OM22 in the <u>Juan F. v Rell 2006</u> Comprehensive Targeted Review dated September 24, 2007 we reiterate that it appears there continues to be inconsistencies in the formats in use for MDE examinations as well as the individual ARG written recommendations. Basic well-child medical, dental and immunization schedules are well documented. But the focus on mental health, developmental, behavioral and substance abuse, educational, gynecological, vision and hearing, as well as special needs for individual clients are not documented in similar fashion. Expectations related to timelines and services by a provider are included by some ARG while others appeared to be more vaguely written, or were not included in narrative at all. Timeliness of entry is also an issue in the subsample reviewed.

- Of the 24 cases reviewed (recalling two were exempt) 12 or 50.0% had LINK narratives available to the ACR Social Work Supervisor and Area Office staff in LINK at the time of the first child in placement case conference (CPC) prior to the 45-day juncture to develop the first case plan.
- Of the 17 children that actually did not have timely MDEs, family arrangements with a relative that subsequently became licensed foster parents to obtain departmental supports, accounted for eight cases or (47.1%) of the population. This percentage indicated a trend worth mentioning for consideration of the Department. as the Department is moving forward proactively to increase the number of family arrangements. This finding could be indicative of some underlying technical or case management issue that will increase the number of delinquent MDE. The Court Monitor fully supports the use of family caretakers, but strongly urges the need to ensure that children's needs are identified timely and planned for in an informed way prior to the initial Child in Placement case plan and Case Planning Conference (CPC). Often, and as we are beginning to see in our OM3 and OM15 reviews, an increasing number of in-home cases are actually relative family arrangements that are more akin to foster care without the formal designation of foster care. The relatives in some cases quickly recognize that they require additional support, in terms of case management, community based service and/or financial assistance. Often they do not have a clear understanding of the child's medical, dental, behavioral, mental health, or educational issues to ensure that these areas can be addressed adequately. These needs may then go unassessed/unmet until after the relative family is licensed - several months after the child has been unofficially in their care, waiting until legal custody and placement occur (triggering the MDE).

- All 17 children who did not receive an MDE within 30 days, but for which an MDE was required during this period of review did receive the required examination. The range in time frames to receipt was 13 to 110 days, with an average length of time to MDE of 44.4 days. In one situation LINK indicated a barrier to receipt of a timely MDE due to a child's brief psychiatric hospitalization. An alternate provider was sought to provide the timeliest appointment available but it was just outside the 30 day window. While the MDE might have been undertaken for all, the other case records had no reference within the write up or narrative to the MDE being untimely or the need to incorporate issues into case planning outside the scope of the CPC.
- ARG staff writing the recommendations were not included in attendance at the CPC.
 This was true even in the two cases identified as Medically Complex children. Our OM3 and OM15 reviews find that ARG attendance is rare at CPC or ACR, even when recommendations may be comprehensively written, or related to significantly complex matters. This may be an area for improved case practice in follow through related to not only the MDE recommendations, but for the overall meeting of priority needs (OM15).
- Region V seemed to have the greatest difficulty in regard to entry of the MDE during this period. Of the five cases reviewed, four met the measure but due to data entry issues were not captured accurately by the ARG in the LINK data field. In some regions the ARG identified the date of referral to the provider as well as the date of examination within the write up. This documentation effort may be helpful to replicate in other regions for future quality assurance efforts.

Table 2: Court Monitor's Pre-Certification Review Findings -Revised Reporting Unit View for Multi-Disciplinary Exam EP#22 10/1/2011-3/31/2012 (Standard: MDE Completed in 30 Days Statewide)

Area Office	MDE Me	% Me	MDE Not Me	% Not Me	MDE Tota
Bridgeport	20	92.9%	1	7.1%	28
Danbury	10	94.1%		5.9%	1′
Hartford	7:	96.2%	1	3.8%	78
Manchester	30	90.9%	1	9.1%	33
Meriden	20	100.0%		0.0%	20
Middletown	24	100.0%		0.0%	24
Milford	28	96.6%		3.4%	29
New Britain	3.	100.0%		0.0%	33
New Haven	4	93.2%	1	6.8%	44
Norwalk/Stamford	20	92.9%	1	7.1%	28
Norwich	51	98.3%		1.7%	58
Torrington	21	100.0%	(0.0%	23
Waterbury	4(100.0%		0.0%	40
Willimantic	<u>5(</u>	98.0%		2.0%	5
Statewide	489	94.8%	11	5.2%	500

We take this moment to stress that these qualitative issues while important, are identified in the negative sub-sample, and may not reflect the improvements in performance and sustained level of achievement of the Department in this area to date one would see across the full universe of 508 cases. There have been notable strides in securing the necessary clinics to perform these multidisciplinary examinations in close proximity to the removal from children's biological homes and inform the Department and foster care providers of the needs of the children so that appropriate planning can be implemented. DCF has clearly made this area of practice a focus since this was first the target of case practice with the baseline established in 2003. At that juncture, the baseline of performance was 5.6% of MDE achieved within 30 days of placement. The most recent quarterly performance is 95.5%.