

*Juan F.* v. Rell Exit Plan  
Quarterly Report  
October 1, 2007 - December 31, 2007  
Civil Action No. H-89-859 (AHN)  
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**Juan F. v Rell Exit Plan Quarterly Report  
October 1, 2007 - December 31, 2007**

**Highlights**

- The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of October 1, 2007 through December 31, 2007 indicates that the Department achieved 16 of the 22 measures.
- For the third consecutive quarter, the Department has met the goal for Repeat Maltreatment (Outcome Measure 5). The recorded percentage of 5.4% cases in which repeat maltreatment occurred is the best performance by the Department since implementation of the Exit Plan.
- Based on the Monitor's review of a 51 case sample (see Monitor's Office Case Review for Outcome Measure 3 and Outcome Measure 15, pages 8 through 46), The Department of Children and Families attained the level of "Appropriate Treatment Plan" in 26 of the 51-case sample or 51.0% and attained the designation of "Needs Met" in 24 of the 51 case sample or 47.1%. The treatment plan findings are an improvement over the 4<sup>th</sup> Quarter result of 30.0% appropriate plans and it is the first time since the pilot review that the Department has achieved over 50% compliance with this measure.

Initiatives undertaken by individual offices had a positive impact on the quality of their treatment plans. There was a noticeable improvement demonstrated for offices that employed concentrated efforts. Sufficiency of specific and time limited action steps and goals remained an area needing improvement. Provider input was rarely incorporated into treatment plans diminishing the quality of planning and service provision efforts.

Some offices utilized the regularly supplied feedback by the Court Monitor's Office on individual cases to undertake discussions within their offices and with Court Monitor staff. This provides a forum to better understand and clarify specific circumstances and take advantage of opportunities for improvement.

The lack of appropriate foster homes and wait-lists for community services, contribute to system gridlock that exists throughout the treatment and service array. Discharge delays at emergency departments, group homes, residential treatment centers, SAFE Homes, STAR/Shelters and other treatment placement services occur throughout the system. Additional foster and adoptive homes, especially therapeutic homes are needed. Specialized residential treatment for sexually reactive children, pervasive developmentally delayed/ mentally retarded (DD/MR) children and assaultive children are not readily available. While the Department has met the residential reduction standard (Outcome Measure 19), recent data indicates that the out-of-state residential population are increasing.

The findings reported for this quarter and impacting service provision are similar to information contained in the recently released "**Juan F. Court Monitor's Review of Children in Overstay Status (>60Days) within Temporary Congregate Care Placement Settings** and "**Juan F. Court Monitor's Review of Adolescents in Temporary Placement- Old Shelter Model Facilities**".

- The Monitor's Office will next review a series of children including cohorts of pre and post Termination of Parental Rights (TPR) legal status. This permanency review will include children that have the non- preferred goal of Another Planned Permanent Living Arrangement (APPLA), children with the goal of Reunification that are well beyond one year in placement, and children with goal of adoption where barriers exist to finalizing the adoption.
- The recent report "**Juan F. Court Monitor's Review of Children in Overstay Status (>60Days) within Temporary Congregate Care Placement Settings** and "**Juan F. Court Monitor's Review of Adolescents in Temporary Placement- Old Shelter Model Facilities**" found that as of October 2007, 144 children/youth were in placement beyond 60 days in a temporary placement setting. A review of the same cohort 90 days later found that 59 of the 144 children remained in temporary settings with length of stay beyond 120 days.
- Beginning March 24, 2008, the Department is implementing a pilot that will utilize an approach similar to the Federal Child and Family Service Review process. This qualitative review will initially examine Bridgeport case practice through a sample of cases and later this spring the Manchester and Norwich offices will also participate in this review. Staff from the DCF Court Monitor's Office will take part in this agency-driven effort. The establishment of a rolling, qualitative review process that involves each of the area offices is an important foundation component to ensure continued review and the identification of both areas of strength and opportunities for improvement.

- The Monitor's quarterly review of the Department for the period of October 1, 2007 through December 31, 2007 indicates the Department has achieved compliance with the following 16 Outcome Measures:
  - Commencement of Investigations (97.4%)
  - Completion of Investigations (92.9%)
  - Search for Relatives (93.6%)
  - Repeat Maltreatment (5.4%)
  - Maltreatment of Children in Out-of-Home Care (0.2%)
  - Adoption (35.5%)
  - Transfer of Guardianship (80.8%)
  - Multiple Placements (92.7%)
  - Foster Parent Training (100.0%)
  - Placement within Licensed Capacity (96.8%)
  - Worker-Child Visitation Out-of-Home Cases (94.6% Monthly/ 98.5% Quarterly)
  - Worker-Child Visitation In-Home Cases (89.9%)
  - Caseload Standards (100.0%)
  - Residential Reduction (10.8%)
  - Discharge Measures (96%)
  - Multi-disciplinary Exams (96.4%)

- The Department has maintained compliance for at least two (2) consecutive quarters<sup>1</sup> with 16 of the Outcome Measures. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
  - Commencement of Investigations (thirteenth consecutive quarter)
  - Completion of Investigations (thirteenth consecutive quarter)
  - Search for Relatives (ninth consecutive quarter)
  - Repeat Maltreatment (third consecutive quarter)
  - Maltreatment of Children in Out-of-Home Care (sixteenth consecutive quarter)
  - Adoption (fifth consecutive quarter)
  - Transfer of Guardianship (sixth consecutive quarter)
  - Multiple Placements (fifteenth consecutive quarter)
  - Foster Parent Training (fifteenth consecutive quarter)
  - Placement within Licensed Capacity (sixth consecutive quarter)
  - Visitation Out-of-Home (ninth consecutive quarter)
  - Visitation In-Home (ninth consecutive quarter)
  - Caseload Standards (fourteenth consecutive quarter)
  - Residential Reduction (seventh consecutive quarter)
  - Discharge Measures (tenth consecutive quarter)
  - Multi-disciplinary Exams (eighth consecutive quarter)
  
- The Monitor's quarterly review of the Department for the period of October 1, 2007 through December 31, 2007 indicates that the Department did not achieve compliance with six (6) measures:
  - Treatment Plans (51%)
  - Reunification (58%)
  - Sibling Placements (81.39%)
  - Re-Entry (7.8%)
  - Children's Needs Met (47.1%)
  - Discharge to DMHAS and DMR (95%)

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<sup>1</sup> 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.

**4Q October 1 - December 31, 2007 Exit Plan Report  
Outcome Measure Overview**

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

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

### **I. Background and Methodology:**

The *Juan F. v Rell* Revised Exit Plan and the subsequent stipulated agreement reached by the parties and court ordered on July 11, 2006 requires the Monitor's Office to conduct a series of quarterly case reviews to monitor Outcome Measure 3 (Treatment Planning) and Outcome Measure 15 (Needs Met). The implementation of this review began with a pilot sample of 35 cases during the third quarter 2006. During the Fourth Quarter 2007, the Monitor's Office reviewed a total of 51 cases.

This quarter's 51-case sample was stratified based upon the distribution of area office caseload on September 1, 2007. Data was extracted for the record review from September 27<sup>th</sup> through January 15, 2008. The sample incorporates both in-home and out-of-home cases based on the overall statewide percentage reflected on the date that the sample was determined.

**Table 1: Fourth Quarter Sample Required, Based on September 1, 2007 Caseload Universe**

Area Office	Total Caseload	% of State Caseload	% of In-Home Cases within in AO Caseload	In-Home Sample	OOH Sample	Total Sample
Bridgeport	1,165	8.6%	15.6%	1	3	4
Danbury	316	2.3%	9.8%	1	1	2
Greater New Haven	925	6.8%	13.1%	1	2	3
Hartford	1,862	13.7%	19.7%	1	4	5
Manchester	1,256	9.2%	15.2%	1	4	5
Meriden	581	4.3%	15.7%	1	1	2
Middletown	414	3.0%	13.3%	1	1	2
New Britain	1,458	10.7%	15.0%	1	4	5
New Haven Metro	1,512	11.1%	17.6%	1	4	5
Norwalk	232	1.7%	3.9%	1	1	2
Norwich	1,095	8.0%	14.3%	1	2	3
Stamford	276	2.0%	12.0%	1	1	2
Torrington	461	3.4%	7.6%	1	1	2
Waterbury	1,260	9.3%	13.1%	1	5	6
Willimantic	798	5.9%	10.9%	1	2	3
	13,611	100.0%		17	34	51

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

1. A review of the Case LINK Record documentation for each sample case concentrating on the most recent six months. This includes narratives, treatment planning documentation, investigation protocols, and the provider narratives for any foster care provider during the last six-month period.

2. Attendance/Observation at the Treatment Planning Conference (TPC)/Administrative Case Review (ACR) or Family Conference (FC)<sup>2</sup>.
3. A subsequent review of the final approved plan conducted fourteen to twenty days following the date identified within the TPC/ACR/FC schedule from which the sample was drawn. The reviewer completed an individual assessment of the treatment plan and needs met outcome measures and filled out the scoring forms for each measure.

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

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

During the fourth quarter, there were 14 such cases submitted for consideration/assistance of supervisory oversight. Included in these cases, were five cases requesting an override of Outcome Measure 3 and five cases requesting an override for Outcome Measure 15. All requests were deemed valid and resulted in the approval of an override to allow a passing score. The additional four cases were counseled for appropriate scoring and did not require additional override consideration.

### **Sample Demographics**

The sample consisted of 51 cases distributed among the fifteen area offices. The work of 51 Social Workers and 42 Social Work Supervisors' work was incorporated into the record review. Cases were most recently opened across the range of time from as long ago as November 15, 1997 to most recently, October 17, 2007. At the point of review, the data indicates that the majority of cases (96.1%) were open for child protective service reasons. There were 60.8% cases that had at least one prior investigation within their history.

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<sup>2</sup> Attendance at the family conference is included where possible. In many cases, while there is a treatment plan due, there is not a family conference scheduled during the quarter we are reviewing. To compensate for this, the Monitoring of in-home cases includes hard copy documentation from any family conference held within the six month period leading up to the treatment plan due date.

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

What is the type of case assignment noted in LINK?	Is there a history of prior investigations?		
	Yes	No	Total
CPS In-Home Family Case (IHF)	11	3	14
CPS Child in Placement Case (CIP)	19	16	35
Voluntary Services In-Home Family Case (VSIHF)	0	1	1
Voluntary Services Child in Placement Case (VSCIP)	1	0	1
<b>Total</b>	31	20	51

Of the 36 children that had been in placement during the period, 52.8% were female and 47.2% were male. Ages ranged from 16 months to 17 years and 10 months as of December 31, 2007. Legal status was most frequently committed, with 55.6% of the children in placement having this designation. An additional 27.8% of the children in placement were TPR. The table below provides additional information related to legal status for both the In-Home and Child-in-Placement cases.

**Table 2: Legal Status**

Legal Status	Frequency	Percent
Committed	20	39.2
TPR/Statutory Parent	10	19.6
N/A - In-Home CPS case with no legal involvement	8	15.7
Not Committed	5	9.8
Protective Supervision	4	7.8
Order of Temporary Custody	2	3.9
Dually Committed	1	2.0
N/A - In-Home Voluntary Service Case	1	2.0
<b>Total</b>	51	100.0

Of the 36 children in out-of-home placement at some point during the quarter, five or 13.9% had documented involvement with the juvenile justice system during the period. Racial and ethnic make-up of this sample population was most frequently identified as White and non-Hispanic.

**Crosstabulation 2: Race (Child or Family Case Named Individual) \* Ethnicity (Child or Family Case Named Individual)**

Race (Child or Family Case Named Individual)	Ethnicity (Child or Family Case Named Individual)			
	Hispanic	Non-Hispanic	Unknown	Total
Black/African American	1	12	1	14
White	3	25	0	28
UTD	2	0	0	2
Multiracial (more than one race selected)	1	6	0	7
<b>Total</b>	7	43	1	51

In establishing the reason for the most recent "case open date", reviewers were asked to identify all allegations or voluntary service needs identified at the point of most recent case opening. This was a multiple response question which allowed the reviewers to select more than one response as situations warranted. In total, 165 allegations or issues were identified at the time of report to the Hotline. The data indicates that physical neglect remains the most frequent identified reason for referral. Thirty-four of the 51 cases had physical neglect included in the concerns identified upon most recent referral to the Hotline. In 24 cases, physical neglect was substantiated. This was followed by issues related to Parental Substance Abuse/ Mental Health, which was present in 23.5% of the cases reviewed, and Emotional Neglect cited in 13.7% of the cases sampled. The Hotline accurately identified prior DCF involvement for the 31 cases reviewed.

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

Identified Issue/Concern	Number of Times Identified	Number Substantiated
Abandonment	4	3
Domestic Violence	8	2
Educational Neglect	4	3
Emotional Abuse	2	1
Emotional Neglect	9	7
Medical Neglect	4	3
Physical Abuse	6	3
Physical Neglect	34	24
Sexual Abuse	5	2
Parent's Mental Health or Substance Abuse	20	12
Voluntary Services Referral (VSR)	8	n/a
Child's Behaviors	14	n/a
Prior History of Investigations	31	n/a

In sifting through the multiply cited reasons for involvement, reviewers were asked to identify the primary reason for DCF involvement on the date of most recent case opening. Not surprisingly, "Physical Neglect" and "parental substance abuse or mental health" were most often identified.

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

<b>Cause for DCF involvement upon most recent case opening</b>	<b>Frequency</b>	<b>Percent</b>
Physical Neglect	12	23.5
Substance Abuse/Mental Health (Parent)	9	17.6
Child's TPR	8	15.7
Voluntary Services Request (VSR)	4	7.8
FWSN	3	5.9
Child with behavioral, medical, substance abuse or... etc	3	5.9
Abandonment	3	5.9
Physical Abuse	2	3.9
Medical Neglect	2	3.9
Domestic Violence	2	3.9
History of prior investigations	1	2.0
Emotional Abuse	1	2.0
Educational Neglect	1	2.0
<b>Total</b>	<b>51</b>	<b>100.0</b>

Twenty-seven and one half percent of the sample cases designated a "yes" response to the question, "Did the child have behavioral, medical, substance abuse or delinquent behaviors in conjunction with CPS concerns in the home?" In this review sample, none of the parents had a prior history of termination of their parental rights.

DCF approved permanency/case goals were identified for all 51 cases reviewed. DCF policy requires concurrent planning when reunification or APPLA are the designated. Of the 13 situations in which "Reunification" was the permanency goal, there was a concurrent plan documented in 11 cases (84.6%). Of the twelve cases with the goal of APPLA, nine (75.0%) identified a concurrent goal; however three of these were another APPLA designation.

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

<b>Permanency Goal</b>	<b>Frequency</b>	<b>Percent</b>
In-Home Goals - Safety/Well Being Issues	15	29.4%
Reunification	13	25.5%
APPLA	12	23.5%
Adoption	8	15.7%
Transfer of Guardianship	3	5.9%
<b>Total</b>	<b>51</b>	<b>100.0%</b>

Children in placement had various lengths of stay at the point of our review, ranging from less than two months to fifteen years. Below is a crosstab of cases by length of stay relating to TPR filing and in relation to the Adoption and Safe Families Act (ASFA) requirement to file or identify an exception by no later than 15 months into the out of home episode. In only one case in which the child's length of stay and permanency goal required the filing of TPR, had it not been done nor was an exception noted in LINK in accordance with ASFA timelines.

**Crosstabulation 3: For child in placement, has TPR been filed? \* Has child's length of stay exceeded the 15 of the last 22 benchmark set by ASFA?**

For child in placement, has TPR been filed?	Has child's length of stay exceeded the 15 of the last 22 benchmark set by ASFA?				
	yes	no	N/A - In-Home Case (CPS or Voluntary Services)	N/A - TPR has already been filed or granted	Total
yes	1	0	0	11	12
no	1	2	0	0	3
N/A - Exception noted in LINK	9	1	0	0	10
N/A - child's goal and length of time in care don't require	2	8	0	0	10
N/A - In-Home Case (CPS or Voluntary Services)	0	0	15	0	15
<b>Total</b>	13	11	15	11	50

At the point of review, the children in placement were predominantly in foster care settings. Ten children were in DCF licensed foster homes, five children were in relative foster homes and one child was in a special study home. Seven children were living in private provider foster homes in Connecticut. Two children were in group homes, and one child was in a Safe Home. Four children were in in-state residential settings and two were in in-state hospital settings. Three children were on a trial home visit with their biological parent/guardian. One was living in the home of a family friend informally (no license) at the point of review. Only one child in the sample was living out-of-state, and this was a placement with a relative foster parent.

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

Residence	Frequency	Percent
In-home family case (no placement)	13	25.4
Home of biological parent, adoptive parent or legal guardian	3	5.9
Child residing with Mother in Drug Treatment Facility	1	2.0
In-State non-relative licensed DCF foster care	10	19.6
In-State private provider foster care	7	13.7
In-State certified/licensed relative DCF foster care	5	9.8
In-State residential setting	4	7.8
Group Home	2	3.9
In-State hospital setting	2	3.9
Living with friends (informal arrangement)	1	2.0
Out-of-State Relative foster care	1	2.0
Safe Home	1	2.0
Special Study	1	2.0
<b>Total</b>	51	100.0

## **II. Monitor’s Findings Regarding Outcome Measure 3 – Treatment Plans**

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

The fourth quarter case review data indicates that the Department of Children and Families attained the level of “Appropriate Treatment Plan” in 26 of the 51-case sample or **51.0%**. This is an improvement over the prior quarter's result of 30.0% appropriate treatment plans, and it is the first time since the pilot review that the Department has achieved over 50% compliance with the measure.

**Table 7: Historical Findings on OM3 Compliance - Third Quarter 2006 to Fourth Quarter 2007**

<b>Quarter</b>	<b>Sample (n)</b>	<b>Percent Appropriate</b>
<b>3<sup>rd</sup> Quarter 2006</b>	35	54.3%
<b>4<sup>th</sup> Quarter 2006</b>	73	41.1%
<b>1<sup>st</sup> Quarter 2007</b>	75	41.3%
<b>2<sup>nd</sup> Quarter 2007</b>	76	30.3%
<b>3<sup>rd</sup> Quarter 2007</b>	50	32.0%
<b>4<sup>th</sup> Quarter 2007</b>	51	<u>51.0%</u>
<b>Total to Date</b>	360	40.3%

Of the 36 cases with children in placement, eighteen, or 50.0% achieved an overall determination of "appropriate treatment plan" during the fourth quarter 2007. The average-to-date percentage since the beginning of this review process shows that 41.2% of the child-in-placement cases achieved appropriate treatment plan status.

In-Home cases reviewed during the fourth quarter 2007 achieved "appropriate treatment plan" status in 53.3% of the cases. Since the beginning of this review process, the average-to-date percentage of in-home cases deemed appropriate is 38.2% (100 in-home family cases). While improvement is still needed, specifically related to goals, action steps and progress, this quarter's Treatment Plan results show improvement over earlier quarters.

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

**Crosstabulation 4: What is the type of case assignment noted in LINK? \* Overall Score for OM3**

What is the type of case assignment noted in LINK?	Overall Score for OM3		
	Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
<b>CPS In-Home Family Case (IHF)</b>	8 57.1%	6 42.9%	14 100.0%
<b>CPS Child in Placement Case (CIP)</b>	18 51.4%	17 48.5%	35 100.0%
<b>Voluntary Services In-Home Family Case (VSIHF)</b>	0 0.0%	1 100.0%	1 100.0%
<b>Voluntary Services Child in Placement Case (VSCIP)</b>	0 0.0%	1 100.0%	1 100.0%
<b>Total</b>	26 51.0%	25 49.0%	51 100.0%

100.0% of the cases sampled during the fourth quarter 2007 had plans less than 7 months old at the point of review. One of the plans not passing (2.0%) did not have social work supervisory approval. This plan had one or more sections with less than a “very good” rating and would have been deemed inappropriate regardless of approval status. All cases had documentation that families’ language needs were met.

In relationship to the case goal, cases with a goal of transfer of guardianship or adoption had the highest rate of "appropriate treatment plan" with 66.7% and 62.5%, respectively. The lowest rate of "appropriate treatment plans" were those cases designated as APPLA. Only 33.3% achieved an "appropriate treatment plan" designation.

**Crosstabulation 5: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? \* Overall Score for OM3**

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?	Overall Score for OM3		
	Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
<b>Reunification</b>	7 53.8%	6 46.2%	13 100.0%
<b>Adoption</b>	5 62.5%	3 37.5%	8 100.0%
<b>Transfer of Guardianship</b>	2 66.7%	1 33.3%	3 100.0%
<b>In-Home Goals - Safety/Well Being Issues</b>	8 53.3%	7 47.7%	15 100.0%
<b>APPLA</b>	4 33.3%	8 66.7%	12 100.0%
<b>Total</b>	26 51.0%	25 49.0%	51 100.0%

Manchester, Meriden, Middletown and New Britain Area Offices all achieved 100% compliance with Appropriate Treatment Plans. See the table below to see the full statewide results for the fourth quarter 2007.

**Crosstabulation 6: What is the social worker's area office assignment? \* Overall Score for OM3**

What is the social worker's area office assignment?	Overall Score for OM3		
	Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
<b>Manchester</b>	5 100.0%	0 0.0%	5 100.0%
<b>Meriden</b>	2 100.0%	0 0.0%	2 100.0%
<b>Middletown</b>	2 100.0%	0 0.0%	2 100.0%
<b>New Britain</b>	5 100.0%	0 0.0%	5 100.0%
<b>Willimantic</b>	2 66.7%	1 33.3%	3 100.0%
<b>Bridgeport</b>	2 50.0%	2 50.0%	4 100.0%
<b>Norwalk</b>	1 50.0%	1 50.0%	2 100.0%
<b>Torrington</b>	1 50.0%	1 50.0%	2 100.0%
<b>New Haven Metro</b>	2 40.0%	3 60.0%	5 100.0%
<b>Greater New Haven</b>	1 33.3%	2 66.7%	3 100.0%
<b>Norwich</b>	1 33.3%	2 66.7%	3 100.0%
<b>Hartford</b>	1 20.0%	4 80.0%	5 100.0%
<b>Waterbury</b>	1 16.7%	5 83.3%	6 100.0%
<b>Danbury</b>	0 0.0%	2 100.0%	2 100.0%
<b>Stamford</b>	0 0.0%	2 100.0%	2 100.0%
<b>Total</b>	26 51.0%	25 49.0%	51 100.0%

Since the inception of the review process, the highest rate of compliance exists within the Middletown Office, which has 71.4% of all treatment plans meeting the requirement. This is followed by Manchester at 57.6%, Willimantic at 55.0% and Norwich at 53.6%. Lowest rates of compliance across all reviews to date are Waterbury at 15.2% and Stamford at 18.2%.

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

Attendance rates seemed to have slipped slightly when compared to prior quarter reviews. Reviewers most often noted a failure to invite adolescents and fathers to meetings, and the overall lack of engagement with the children’s and parents’ attorneys. There is also a noted concern regarding the participation of adolescents within their adolescent planning conferences prior to the ACR. It is unclear how often this is a documentation issue related to issues with the form imported into LINK, or whether adolescents are actually not present for meetings related to the identification of their strengths, needs, and life skills planning efforts.

**Table 8: Participation and Attendance Rates for Active Case Participants within the Sample Set**

Identified Case Participant	Percentage with documented Participation/Engagement in Treatment Planning Discussion	Percentage Attending the TPC/ACR or Family Conference (when held)
Foster Parent	68.2%	47.8%
Mother	66.7%	58.3%
Child	58.3%	17.4%
Other Participants	55.2%	41.4%
Active Service Providers	53.8%	47.5%
Father	41.0%	41.0%
Other DCF Staff	37.1%	24.2%
Attorney/GAL (Child)	11.1%	8.3%
Parents’ Attorney	7.1%	7.1%

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

### **Marginal Score – 3**

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

### **Poor Score – 2**

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

### **Absent/Adverse Score – 1**

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

The following set of three tables provide at a glance, the scores for each of the eight categories of measurement within Outcome Measure 3. The first, Table 9 is the full sample (n=51), the second, Table 10 is the children in out of home placement (CIP) cases (n=36) and the third, Table 11 is the in-home family cases (n=15). For a complete listing of rank scores for Outcome Measure 3 by case, see Appendix 1.

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

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
<b>I.1 Reason for DCF Involvement</b>	38 74.5%	11 21.6%	2 3.9%	0 0.0%	0 0.0%
<b>I.2. Identifying Information</b>	14 27.5%	31 60.8%	6 11.7%	0 0.0%	0 0.0%
<b>I.3. Strengths/Needs/Other Issues</b>	22 43.1%	20 39.2%	9 17.7%	0 0.0%	0 0.0%
<b>I.4. Present Situation and Assessment to Date of Review</b>	20 39.2%	26 51.0%	5 9.8%	0 0.0%	0 0.0%
<b>II.1 Determining the Goals/Objectives</b>	11 21.5%	23 45.1%	14 27.5%	3 5.9%	0 0.0%
<b>II.2. Progress<sup>3</sup></b>	20 40.8%	25 51.0%	3 6.1%	1 2.0%	0 0.0%
<b>II.3 Action Steps to Achieving Goals Identified</b>	6 11.8%	19 37.3%	23 45.1%	3 5.9%	0 0.0%
<b>II.4 Planning for Permanency</b>	22 43.1%	20 39.2%	8 15.7%	1 2.0%	0 0.0%

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

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
<b>I.1 Reason for DCF Involvement</b>	27 75.0%	8 22.2%	1 2.8%	0 0.0%	0 0.0%
<b>I.2. Identifying Information</b>	6 16.7%	26 72.2%	4 11.1%	0 0.0%	0 0.0%
<b>I.3. Strengths/Needs/Other Issues</b>	17 47.2%	13 36.1%	6 16.7%	0 0.0%	0 0.0%
<b>I.4. Present Situation and Assessment to Date of Review</b>	14 38.9%	19 52.8%	3 8.3%	0 0.0%	0 0.0%
<b>II.1 Determining the Goals/Objectives</b>	5 13.9%	16 44.4%	13 36.1%	2 5.6%	0 0.0%
<b>II.2. Progress<sup>4</sup></b>	13 37.1%	19 54.3%	2 5.7%	1 2.9%	0 0.0%
<b>II.3 Action Steps to Achieving Goals Identified</b>	4 11.1%	15 41.7%	16 44.4%	1 2.8%	0 0.0%
<b>II.4 Planning for Permanency</b>	14 38.9%	14 38.9%	7 19.4%	1 2.8%	0 0.0%

<sup>3</sup> Two cases were rated "too early to rate" and are therefore excluded from this measurement.

<sup>4</sup> One case rated as "too early to rate" and is therefore excluded from this measurement.

**Table 11: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for In-Home Family Cases Across All Categories of OM3**

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
<b>I.1 Reason for DCF Involvement</b>	11 73.3%	3 20.0%	1 6.7%	0 0.0%	0 0.0%
<b>I.2. Identifying Information</b>	8 53.3%	5 33.3%	2 13.3%	0 0.0%	0 0.0%
<b>I.3. Strengths/Needs/Other Issues</b>	5 33.3%	7 46.7%	3 20.0%	0 0.0%	0 0.0%
<b>I.4. Present Situation and Assessment to Date of Review</b>	6 40.0%	7 46.4%	2 13.3%	0 0.0%	0 0.0%
<b>II.1 Determining the Goals/Objectives</b>	6 40.6%	7 46.4%	1 6.7%	1 6.7%	0 0.0%
<b>II.2. Progress<sup>5</sup></b>	7 50.0%	6 42.9%	1 7.1%	0 0.0%	0 0.0%
<b>II.3 Action Steps to Achieving Goals Identified</b>	2 13.3%	4 26.7%	7 46.7%	2 13.3%	0 0.0%
<b>II.4 Planning for Permanency</b>	8 53.3%	6 40.0%	1 16.7%	0 0.0%	0 0.0%

As in prior quarters the eight categories measured indicate that DCF continues to struggle with assignment of action steps for the case participants in relation to goals and objectives (II.3); identifying the goals and objectives for the coming six month period (II.1). Improvements in the quality of sections detailing progress (II.2) and reporting the present situation and assessment of the child and/or family on the date the plan is written (I.4) are evident from the prior period.

<sup>5</sup> One In-Home Family case was rated "too early to rate" and therefore is excluded from this measurement.

In spite of the difficulties in achieving compliance with Outcome Measure 3, the Department has made strides in some areas which can be recognized when looking at average scores over time. While the requirement is for 90% to have an overall passing score, rather than achieve a statewide average within the passing range, six of the eight categories this quarter had average scores at or above the "very good" rank of 4. The chart of mean averages below is provided as a way to show the trends, not compliance with Outcome Measure 3.

**Table 11: Mean Averages for Outcome Measure 3 - Treatment Planning (3rd Quarter 2006 - 4th Quarter 2007)**

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

### **III. Monitor’s Findings Regarding Outcome Measure 15 – Needs Met**

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

The case review data indicates that the Department of Children and Families attained the designation of “Needs Met” in 47.1% of the 51-case sample. There is disparity among the area offices when reviewing results for this measure.

#### **Crosstabulation 8: What is the social worker's area office assignment? \* Overall Score for Outcome Measure 15**

What is the social worker's area office assignment? ( <i>compliance rate within area sample</i> )	Overall Score for Outcome Measure 15		
	Needs Met	Needs Not Met	Total
Manchester (100.0%)	5	0	5
Middletown (100.0%)	2	0	2
New Britain (100.0%)	5	0	5
Willimantic (100.0%)	3	0	3
Greater New Haven (66.7%)	2	1	3
Bridgeport (50.0%)	2	2	4
Meriden (50.0%)	1	1	2
Torrington (50.0%)	1	1	2
Norwich (33.3%)	1	2	3
Hartford (20.0%)	1	4	5
Waterbury (16.7%)	1	5	6
Danbury (0.0%)	0	2	2
New Haven Metro (0.0%)	0	5	5
Norwalk (0.0%)	0	2	2
Stamford (0.0%)	0	2	2
<b>Total (47.1%)</b>	<b>24</b>	<b>27</b>	<b>51</b>

In reviewing the measure from inception of the process in the third quarter 2006, the highest rate of compliance with OM 15 is within the Torrington Office which has a rate of 78.6% "needs met" for the 14 cases sampled. This is followed by Manchester at 75.8% within 33 cases reviewed, and the Middletown Office with 64.3% compliance within the 14 cases reviewed. The lowest rate of compliance is within the Meriden Office which shows compliance with needs met in 28.6% of the 14 cases reviewed to date.

There are internal and external issues that contribute to children and families having their needs met or not. Cases that were deemed to not meet the child's needs were often impacted by circumstances beyond the assigned social worker's or social work supervisor's immediate control.

The lack of sufficient foster homes, readily available appropriate services and actions by children, parents, providers, other state agencies, courts municipal operations and other contributors to the findings indicated above. A combination of internal case management issues, systemic issues (internal and outside the Department) and client determination are at the root of identified barriers to service provision.

There is only a slight variation when looking at the case assignment type in relation to needs met. Of the 15 cases selected as in-home family cases, 7 or 46.7% achieved "needs met" status. Seventeen of the 36 cases with children in placement (47.2%) achieved "needs met" status. This quarter, Voluntary Service cases, both in-home and out of home failed to achieve "needs met" status.

**Crosstabulation 9: Overall Score for Outcome Measure 15 \* What is the type of case assignment noted in LINK?**

What is the type of case assignment noted in LINK?	Overall Score for Outcome Measure 15		
	Needs Met	Needs Not Met	Total
CPS In-Home Family Case (IHF)	7 50.0%	7 50.0%	14 100.0%
CPS Child in Placement Case (CIP)	17 48.5%	18 51.4%	35 100.0%
Voluntary Services In-Home Family Case (VSIHF)	0 0.0%	1 100.0%	1 100.0%
Voluntary Services Child in Placement Case (VSCIP)	0 0.0%	1 100.0%	1 100.0%
<b>Total</b>	24 47.1%	27 52.9%	51 100.0%

The overall score was also looked at through the filter of the stated permanency goal. Transfer of Guardianship had the best rate of compliance with Outcome Measure 15 in that all three cases had needs met - 100.0%. Adoption was second highest in having needs met in that 62.5% of cases with a goal of adoption had "needs met" status. APPLA cases had the lowest rate of compliance with Outcome Measure 15 in that 33.3% had needs met. This was followed closely by reunification cases in which only 38.5% had their needs met. The full breakdown is shown below:

**Crosstabulation 10: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? \* Overall Score for Outcome Measure 15**

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
<b>Reunification</b>	Count	5	8	13
	% within stated goal during the period?	38.5%	61.5%	100.0%
	% within Overall Score for OM15	20.8%	29.6%	25.5%
	% of Total	9.8%	15.7%	25.5%
<b>Adoption</b>	Count	5	3	8
	% within stated goal during the period?	62.5%	37.5%	100.0%
	% within Overall Score for OM15	20.8%	11.1%	15.7%
	% of Total	9.8%	5.9%	15.7%
<b>Transfer of Guardianship</b>	Count	3	0	3
	% within stated goal during the period?	100.0%	.0%	100.0%
	% within Overall Score for OM15	12.5%	.0%	5.9%
	% of Total	5.9%	.0%	5.9%
<b>In-Home Goals - Safety/Well Being Issues</b>	Count	7	8	15
	% within stated goal during the period?	46.7%	53.3%	100.0%
	% within Overall Score for OM15	29.2%	29.6%	29.4%
	% of Total	13.7%	15.7%	29.4%
<b>APPLA</b>	Count	4	8	12
	% within stated goal during the period?	33.3%	66.7%	100.0%
	% within Overall Score for OM15	16.7%	29.6%	23.5%
	% of Total	7.8%	15.7%	23.5%
<b>Total</b>	Count	24	27	51
	% within stated goal during the period?	47.1%	52.9%	100.0%
	% within Overall Score for OM15	100.0%	100.0%	100.0%
	% of Total	47.1%	52.9%	100.0%

In total, Outcome Measure 15 looks at twelve categories of measurement to determine the level with which the Department was able to meet the needs of families and children. When looking at a break between passing scores (5 or 4) and those not passing (3 or less) there is a marked difference in performance among the categories. Taken in isolation, the Department shows promising practices in legal action, safety of children in placement,

attending to medical needs, and recruitment efforts for the prior period. The most problematic areas continue to be the provision of timely dental services, and mental health, behavioral health, and substance abuse services. Reviewers also felt that children in intact family situations continue to be in marginally risky situations in 15.8% of the cases. There were, however, no adverse or poor scores assessed related to risks/safety in either in-home or placement cases during this review. Please note that percentages are based on applicable cases within that category.

**Table 12: Treatment Plan Categories Achieving Passing Status for 4Q 2007**

Category	# Passing (Scores 4 or 5)	# Not Passing (Scores 3 or Less)
DCF Case Management – <b>Legal Action</b> to Achieve the Permanency Goal During the Prior Six Months (II.2)	47 92.2%	4 7.8%
<b>Safety – Children in Placement</b> (I.2)	35 92.1%	3 7.9%
<b>Educational Needs</b> (IV. 2)	42 85.7%	7 14.3%
<b>Securing the Permanent Placement – Action Plan</b> for the Next Six Months (II.1)	33 84.6%	6 15.4%
<b>Safety – In Home</b> (I.1)	16 84.2%	3 15.8%
<b>DCF Case Management – Recruitment for Placement Providers</b> to achieve the Permanency Goal during the Prior Six Months (II.3)	36 83.7%	7 16.3%
<b>Child’s Current Placement</b> (IV.1)	30 81.1%	7 18.9%
<b>Medical Needs</b> (III.1)	41 80.4%	10 19.6%
<b>Dental Needs</b> (III.2)	39 76.5%	12 23.5%
<b>DCF Case Management – Contracting or Providing Services</b> to achieve the Permanency Goal during the Prior Six Months (II.4)	35 68.6%	16 31.4%
<b>Mental Health, Behavioral and Substance Abuse Services</b> (III.3)	31 63.3%	18 36.7%

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

**Table 13: Measurements of Treatment Plan OM 15 – Percentage of Rank Scores Attained Across All Categories<sup>6</sup>**

Category	# Ranked Optimal “5”	# Ranked Very Good “4”	# Ranked Marginal “3”	# Ranked Poor “2”	# Ranked Adverse/Absent “1”	N/A To Case
<b>I.1 Safety – In Home</b>	3 15.8%	13 68.4%	3 15.8%	0	0	32
<b>I.2. Safety – Children in Placement</b>	23 60.5%	12 31.6%	3 7.9%	0	0	13
<b>II.1 Securing the Permanent Placement – Action Plan for the Next Six Months</b>	18 46.2%	15 38.5%	6 15.4%	0	0	12
<b>II.2. DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months</b>	37 72.5%	10 19.6%	4 7.8%	0	0	0
<b>II.3 DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal in Prior Six Months</b>	27 62.8%	9 20.9%	7 16.3%	0	0	8
<b>II.4. DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal in Prior Six Months</b>	15 29.4%	20 39.2%	16 31.4%	0	0	0
<b>III.1 Medical Needs</b>	26 51.0%	15 29.4%	7 13.7%	2 5.9%	0	0
<b>III.2 Dental Needs</b>	30 58.8%	9 17.6%	8 15.7%	3 5.9%	1 2.0%	0
<b>III.3 Mental Health, Behavioral and Substance Abuse Services</b>	14 28.6%	17 34.7%	16 32.7%	2 4.1%	0	2
<b>IV.1 Child’s Current Placement</b>	14 37.8%	16 43.2%	5 13.5%	2 5.4%	0	14
<b>IV. 2 Educational Needs</b>	25 51.0%	17 34.7%	5 10.2%	1 2.0%	1 2.0%	2

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

<sup>6</sup> Percentages are based on applicable cases for the individual measure. Those cases marked N/A are excluded from the denominator in each row’s calculation of percentage. A number of cases had both in-home and out of home status at some point during the six month period of review.

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

**Table 14: Mean Averages for Outcome Measure 15 - Needs Met (3rd Quarter 2006 - 4th Quarter 2007)**

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

In 29 of the 51 cases, the reviewers found evidence of unmet needs during the six-month period. 70 discrete needs were identified across those 29 cases. Of those identified needs remaining unmet during the last treatment planning cycle, “mental health services” accounted for 28.6% of all needs.

**Table 15: Frequency of Unmet Service Needs**

<b>Category of Need</b>	<b>Service Sub-Category</b>	<b>Total</b>
<b>Mental Health Services (n=20)</b>	Family or Marital Counseling	6
	Individual Counseling	6
	Other State Agency	2
	Therapeutic Child Care	2
	Anger Management	1
	Behavior Management	1
	JJ Intermediate Evaluation	1
	Psychiatric Evaluation	1
<b>Support Services (n=15)</b>	Mentoring	6
	Parenting Classes	5
	Family Reunification Services	2
	Adoption Supports	1
	Foster Care Support	1
<b>Dental (n=9)</b>	Dental Screenings/Evaluation	7
	Dental or Orthodontic services	2
<b>Medical (n=7)</b>	Health/Medical Screening or Evaluation	2
	Medication Management	2
	Other Medical Intervention	2
	Developmental Screening/Evaluation	1
<b>Domestic Violence Treatment (n=6)</b>	DV Services - Perpetrator	5
	DV Services - Victim	1
<b>Substance Abuse Treatment (n=5)</b>	Outpatient Substance Abuse	2
	Substance Abuse Screening/Evaluation	2
	Substance Abuse Prevention	1
<b>Out of Home Care (n=4)</b>	Adoption Recruitment	1
	Matching (including ICO)	1
	Relative Foster Care	1
	Therapeutic Foster Care	1
<b>Training (n=2)</b>	Life Skills Training	2
<b>Housing (n=1)</b>	Emergency Shelter (Family)	1
<b>Education (n=1)</b>	Head Start	1
<b>Total</b>		<b>70</b>

Barriers to meeting the needs were identified for the majority of cases. There is a combination of internal case management issues, systematic issues, (both internal and outside of the Department), and client determination issues raised as follows:

**Table 16: Barriers to Service during last six months**

Service Category	Client Refused	Deferred pending completion of another service	wait listed	no service identified	No slots	DCF delay in referral	Financing Unavailable	Insurance Issues	Service Does Not Exist in Community	Language	Hours of Operation	Provider Issue (staffing or unwilling to engage referred client)	UTD	Other	Total
Dental Screenings/Evaluation	1					1		2		1	1			1 - case mgmt	7
Family or Marital Counseling	1	1	1			1							2		6
Individual Counseling	2	0	1			2							1		6
Mentoring						1	2					1	1	1- FP not in agreement	6
DV Services - Perpetrator	3		1										1		5
Parenting Classes	2		1						2						5
Dental or Orthodontic services								1						1-parent delay	2
Family Reunification Services	1												1		2
Health/Medical Screening or Evaluation														1 - removal caused missed appointment, 1-case mgmt	2
Life Skills Training						2									2
Medication Management	1													1 - related to side effects	2
Other Medical Intervention						2									2
Other State Agency						1						1			2
Outpatient Substance Abuse	1		1												2
Substance Abuse Screening/Evaluation	1			1											2
Therapeutic Child Care		1	1												2
Adoption Recruitment												1			1
Adoption Supports							1								1
Anger Management													1		1
Behavior Management													1		1
Developmental Screening/Evaluation						1									1
DV Services - Victim				1											1
Emergency Shelter (Family)					1										1
Foster Care Support													1		1
Head Start						1									1
JJ Intermediate Education								1							1
Matching (including ICO)					1										1
Psychiatric Evaluation								1							1
Relative Foster Care														1-process itself	1
Substance Abuse Prevention		1													1
Therapeutic Foster Care						1									1
<b>All Unmet Needs</b>	<b>13</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>13</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>9</b>	<b>7</b>	<b>70</b>

In looking at the barriers identified, it is clear that DCF case management issues were identified in 21 of the cases cited (including deferred services, delayed referrals, internal process, financing), the client was the identified barrier for 15 instances identified, lack of provider resources are identifiable in 13 responses, issues related to a provider or foster parent resource were identified in 6 instances, and insurance issues were identified in 6 cases. In 9 cases the reviewer indicated unable to determine (UTD) the barrier.

When looking forward using the current treatment planning document for the upcoming six-month period, 25 cases (49.0%) had evidence of a service need that was clearly identified at the ACR/TPC or within LINK documentation but that was not incorporated into the current treatment plan document. A total of 49 services were identified within the 30 cases. Table 17 below provides the list identified by the reviewers:

**Table 17: Services Not Incorporated into Current Approved Treatment Plan**

<b>Service Category</b>	<b>#</b>
<b>Case Management/Support/Advocacy</b>	8
<b>Dental Screenings/Evaluation</b>	8
<b>Life Skills Training</b>	3
<b>Substance Abuse Screening/Evaluation</b>	3
<b>Educational screening or evaluation</b>	2
<b>Individual Counseling</b>	2
<b>Mentoring</b>	2
<b>Therapeutic Foster Care</b>	2
<b>Behavior Management</b>	1
<b>Childcare/Daycare</b>	1
<b>Day Treatment/Partial Hospitalization</b>	1
<b>DCF Foster Care</b>	1
<b>DV Shelter</b>	1
<b>Family or Marital Counseling</b>	1
<b>Family Reunification Services</b>	1
<b>Health/Medical Screening or Evaluation</b>	1
<b>Job Coaching/Placement</b>	1
<b>Life Long Family Ties</b>	1
<b>Matching (including ICO)</b>	1
<b>Medication Management</b>	1
<b>Other Medical Intervention</b>	1
<b>Parenting Classes</b>	1
<b>Preparation for Adult Living</b>	1
<b>Residential</b>	1
<b>Sexual Abuse Therapy - Victim</b>	1
<b>Therapeutic Child Care</b>	1
<b>Youth Shelter/STAR</b>	1
	49

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

**Appendix 1**  
Rank Scores for Outcome Measure 3  
And  
Outcome Measure 15

What is the social worker's area office assignment?	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Bridgeport 1	yes	yes	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
2	yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Appropriate Treatment Plan
3	yes	yes	Optimal	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Marginal	Not Appropriate
4	yes	yes	Optimal	Marginal	Marginal	Marginal	Very Good	Very Good	Marginal	Optimal	Not Appropriate
Danbury 1	yes	yes	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Poor	Optimal	Not Appropriate
2	yes	yes	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Marginal	Not Appropriate

What is the social worker's area office assignment?	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Greater New Haven 1	yes	yes	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Not Appropriate
2	yes	yes	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Marginal	Optimal	Not Appropriate
3	yes	yes	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
Hartford 1	yes	yes	Optimal	Very Good	Optimal	Very Good	Marginal	Very Good	Marginal	Marginal	Not Appropriate
2	yes	yes	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Not Appropriate
3	yes	yes	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
4	yes	yes	Optimal	Very Good	Marginal	Marginal	Poor	Too early to note progress	Poor	Very Good	Not Appropriate
5	yes	yes	Very Good	Optimal	Marginal	Very Good	Very Good	Marginal	Marginal	Optimal	Not Appropriate

What is the social worker's area office assignment?	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Manchester 1	yes	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
Manchester 2	yes	yes	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Appropriate Treatment Plan
Manchester 3	yes	yes	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
Manchester 4	yes	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
Manchester 5	yes	yes	Optimal	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Appropriate Treatment Plan
Meriden 1	yes	yes	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Appropriate Treatment Plan
Meriden 2	yes	yes	Optimal	Very Good	Very Good	Very Good	Marginal	Optimal	Very Good	Very Good	Appropriate Treatment Plan

What is the social worker's area office assignment?	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Middletown	1 yes	yes	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Appropriate Treatment Plan
	2 yes	yes	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
New Britain	1 yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Appropriate Treatment Plan
	2 yes	yes	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	3 yes	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	4 yes	yes	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Appropriate Treatment Plan
	5 yes	yes	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Marginal	Optimal	Appropriate Treatment Plan

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

What is the social worker's area office assignment?	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Norwich	1 yes	yes	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	2 yes	yes	Optimal	Optimal	Optimal	Optimal	Marginal	Very Good	Marginal	Optimal	Not Appropriate
	3 yes	yes	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Not Appropriate
Stamford	1 yes	no	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Poor	Marginal	Not Appropriate
	2 yes	yes	Marginal	Marginal	Optimal	Very Good	Marginal	Poor	Marginal	Very Good	Not Appropriate
Torrington	1 yes	yes	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	Not Appropriate
	2 yes	yes	Very Good	Optimal	Very Good	Optimal	Very Good	Too early to note progress	Very Good	Optimal	Appropriate Treatment Plan

What is the social worker's area office assignment?	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Waterbury	1 yes	yes	Optimal	Marginal	Very Good	Very Good	Poor	Very Good	Marginal	Poor	Not Appropriate
	2 yes	yes	Optimal	Very Good	Optimal	Optimal	Marginal	Very Good	Marginal	Optimal	Not Appropriate
	3 yes	yes	Optimal	Optimal	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	Not Appropriate
	4 yes	yes	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Marginal	Marginal	Not Appropriate
	5 yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	6 yes	yes	Optimal	Marginal	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Not Appropriate
Willimantic	1 yes	yes	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	2 yes	yes	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Not Appropriate
	3 yes	yes	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate Treatment Plan

**Case Summaries for Outcome Measure 15 4th Quarter 2007**

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

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

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

New Haven Metro	1	N/A to Case Type	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Optimal	Marginal	Marginal	Optimal	Needs Not Met
	2	N/A to Case Type	Optimal	Marginal	Optimal	Optimal	Marginal	Optimal	Optimal	Marginal	Marginal	Very Good	Needs Not Met
	3	Very Good	N/A to Case Type	N/A to Case Type	Very Good	Optimal	Very Good	Marginal	Optimal	Marginal	N/A to Case Type	Marginal	Needs Not Met
	4	Very Good	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Marginal	Marginal	Very Good	Very Good	Needs Not Met
	5	N/A to Case Type	Very Good	Marginal	Optimal	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Very Good	Needs Not Met

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

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

Willimantic	1	N/A to Case Type	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
	2	Very Good	N/A to Case Type	N/A to Case Type	Optimal	Optimal	Very Good	Very Good	Poor	Very Good	N/A to Case Type	Very Good	Needs Met
	3	N/A to Case Type	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met

### **Juan F. Action Plan**

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

A set of monitoring strategies for the Juan F. Action Plan were finalized by the Court Monitor. The monitoring strategies include regular meetings with the Department staff, the Plaintiffs, provider groups, and other stakeholders to focus on the impact of the action steps outlined in the Juan F. Action Plan; selected on-site visits with a variety of providers each quarter; targeted reviews of critical elements of the Juan F. Action Plan; ongoing analysis of submitted data reports; and attendance at a variety of meetings related to the specific initiatives and ongoing activities outlined in the Juan F. Action Plan. Targeted reviews are underway that build upon the current methodology for Needs Met (Outcome Measure 15) and incorporate additional qualitative review elements including interviews with children and families, assigned DCF staff, service providers, and significant collaterals within cases reviewed. These reviews will inform the parties and promote practice improvement. These reviews were developed and piloted beginning in September 2007. The Court Monitor continues to work closely with both parties to ensure that the reviews are targeted, integrated and results orientated.

A review of children in temporary placements, STAR/Shelter programs and SAFE Home was recently completed and released on March 18, 2008 "Juan F. Court Monitor's Review of Children in Overstay Status (>60Days) within Temporary Congregate Care Placement Settings and Juan F. Court Monitor's Review of Adolescents in Temporary Placement- Old Shelter Model Facilities". The development of the methodology for conducting a review of several cohorts of children with various permanency and placement characteristics including APPLA cases, reunification cases and adoption cases is in progress. Input from a variety of stakeholders is being considered on the development of the methodology.

**Juan F. Action Plan Summary**  
**Fourth Quarter Updates:**

- The practice of the Residential Care Teams (RCT) has been modified. Specific staff are assigned to specific area offices to encourage accountability in monitoring progress of the referral once a provider match has been made. The RCT staff is now responsible for faxing all clinical information to the facilities and ensuring that the clinical information is appropriate to determine that the child meets admission criteria. Facilities that experience high volume have specific staff from the Administrative Service Organization assigned to them to address initial authorization and concurrent reviews. All children in residential treatment beyond two years have been identified and are being reviewed to determine the continued need for Residential treatment care and to facilitate discharge whenever appropriate.
- Area Office Directors have been given the task to develop plans to monitor children in residential treatment care with the intent of working toward a nine-month course of treatment. Meetings with in-state residential providers concerning this program adjustment and expectation will be ongoing. In addition, these meetings are addressing the disconnect between the services offered by in-state providers and the specific needs of children.
- In-patient discharge delays have increased. Step-down programs are not readily available for these children, many of whom have complex needs.
- As a follow-up to the Foster Care Disruption study, Value Options is conducting a national survey of best practices for foster care and working on an orientation packet for foster parents that provides information about crisis services, the CT BHP, local resource guides, etc. Value Options is also developing a metric for measuring and monitoring Foster Care Disruption.
- A joint decision by the Department of Social Services, DCF and Value Options eliminated the Systems Management portion of the contract. Previously, these efforts entailed development of Local Area Development Plans (LADP). Six positions dedicated to System Management have been added to the Quality Assurance division to participate in provider profiling activities for inpatient units as well as monitoring access guideline activity at the Enhanced Care Clinics. An additional two positions are being converted to Intensive Care Manager positions to better support the clinical needs of clients with complex needs.
- Intensive Care Managers continue to have daily contact with Emergency Departments. The number of children served has increased and while the CARES unit continues to divert children, there are limited resources for those who require in-patient care. Children with Mental Retardation/PDD or those that are extremely assaultive and violent stay longer in the ED and are less likely to be admitted to in-patient units. Use of out-of-state providers, specialty in-patient units, and Riverview Hospital has been utilized for these children.
- The Building Blocks Project (5 year grant) is in the second year of the grant and first year of implementation. Statewide opportunities for providers who work with children under the age of 6 are sponsored and assist in developing certification for infant Mental Health providers. The

program has served 72 families to date, providing intensive early childhood mental health wraparound services.

- Twelve of the fourteen STAR homes are open and eleven are at full capacity. The two remaining homes are slated to open in April 2008. The two original shelter models will close in March and April 2008.
- Wait-lists for in-home services and out-patient services continue to exist on a regular basis. The implementation of the recent legislation regarding Families with Services Needs (FWSN) is exacerbating the existing problem of timely provision of services due to the increasing number of children that the Department must serve via these referrals.
- The point-in-time data submitted by the Department indicates some progress regarding children in overstay status in SAFE Homes. The number of children in SAFE Homes greater than 60 days was 81 as of November 2007 and 59 as of February 2008. Meanwhile, the same data report indicates that 36 children were in placement longer than 60 days in a STAR/Shelter programs as of November 2007; a decrease from the 50 reported in November 2007. These point-in-time views are one view of this issue. In an effort to better understand the needs, treatment and outcomes for these children, a targeted review was completed and disseminated by the Court Monitor on March 18, 2008 "*Juan F.* Court Monitor's Review of Children in Overstay Status (>60Days) within Temporary Congregate Care Placement Settings and *Juan F.* Court Monitor's Review of Adolescents in Temporary Placement- Old Shelter Model Facilities".
- As of the date of this report 50 therapeutic group homes are open with 4 additional homes anticipated to be opened by June 2008 (total of approximately 272 beds for the 54 homes).
- The following are 9 identified populations of children outlined in the *Juan F.* Action Plan for regular updates on progress in meeting the children's permanency needs.
  1. Child pre-TPR + in care > 3 months with no permanency goal (N=67) as of November 2006.  
Goal = 0 by 3/1/07.  
*As of February 2008 there are 27 children.*
  2. Child pre-TPR + goal of adoption + in care > 12 months + no compelling reason for not filing TPR (N=70) as of November 2006.  
Goal = 0 by 4/1/07.  
*As of February 2008 there are 184 children.*
  3. Child post-TPR + goal of adoption + in-care > 12 months + no resource barrier identified (N=90)  
as of November 2006.  
*As of February 2008 there are 44 children with the permanency barrier, no resource identified, 86 children with the permanency barrier of no barrier identified, and 143 that are blank. In addition, 17 have ICPC as a barrier, 27 cite a pending appeal, 7 have pending investigations, 66 indicate a special needs barrier, 32 are subsidy negotiation and 193 indicate that support is needed.*

4. Child post-TPR + goal of adoption + in care > 12 months + same barrier to adoption in place > 90 days (N=169) as of November 2006.  
*As of February 2008 there are 179 children.*
  5. Child post-TPR + goal other than adoption (N=357) as of November 2006.  
*As of February 2008 there are 299 children.*
  6. Child pre-TPR + no TPR filed + in care < 6 months + goal of adoption. (N=18) as of November 2006.  
*As of February 2008 there are 14 children.*
  7. Child pre-TPR + goal of reunification + in care > 12 months (N=550) as of November 2006.  
*As of February 2008 there are 519 children in this population.*
  8. Child pre-TPR + goal other than adoption or reunification + in care > 12 months—transfer of guardianship cases (N=133) as of November 2006.  
*As of February 2008 there are 178 children in this population.*
  9. Child pre-TPR + goal other than adoption or reunification + in care > 12 months -other than transfer of guardianship cases (N=939) as of November 2006.  
*As of February 2008 there are 981 children in this population (144 are placed with a relative in a long term foster home arrangement).*
- DCF has continued to exercise a focused review of children ages 12 and under who are being considered for congregate care placement. The number of children ages 12 and under in congregate care was 299 as of February 2008. This is an increase from the 290 reported in November 2007. A review of the outcomes for diverted children would inform the effect and impact of these efforts to reduce reliance on congregate care.
  - Another Planned Permanent Living Arrangement (APPLA) is not a preferred permanency goal and far too many children currently have this permanency goal. The Department has been far more vigorous in the consideration of selecting APPLA as a goal, but approximately 1300 children currently have APPLA as their permanency goal (pre-TPR and post-TPR). Ongoing reviews regarding children's needs being met continue to indicate that those with APPLA goals are more often not having their needs met. Ongoing efforts to review and inform case management decisions for these cases by Central Office, Area Office and Administrative Case Review staff continues. Development of a new methodology by the Court Monitor for reviewing and informing the parties of the needs of these youth is in progress.

- All EMPS programs have completed separating out cost centers associated with EMPS and Care Coordination. This information is necessary to define the parameters of program redesign. CCEP has completed their report and recommendations that have been incorporated into a re-procurement plan. Development of RFP's is proceeding with the target of initiating reprocurement in the spring of 2008. Public communication of portions of the plan that will not compromise competitive procurement have taken place and a Statewide Forum was held in January of 2008. \$630,000 of WR Settlement funding has been distributed to selected EMPS programs to assist with ED gridlock. Follow-up on implementation of these WR funds will occur in March of 2008.
- The Division of Foster Care monthly report for January 2008 indicates that there are 1,221 licensed foster homes (DCF regular) with 2,466 beds available. Additional foster care and adoptive resources are an essential component to address the well-documented needs and gridlock conditions that exist in the child welfare system. Sustainable improvements to placement and treatment needs of children will require the increased availability of foster and adoptive homes. Area Offices routinely struggle to locate foster care placement options that are appropriate matches for the children requiring this level of care. There are a significant number of children that are discharge-delayed and languish in higher levels of care then clinically necessary waiting for foster/adoptive placement resources. This is a gain of 3 homes and loss of 21 beds from the totals report in October 2007.
- The Family Conferencing model supports the principles behind the Treatment Plan and has been in use since late 2005. The strength-based practice creates an important framework for engagement that improves families and sets the stage for collaborative problem-solving. For this reason, Family Conferencing is an essential adjunct to the implementation of Structural Decision Making (SDM). The importance of an accurate needs assessment is a foundation of SDM and family conferencing/family engagement provide the appropriate collaborative framework for developing the assessment and formulation treatment plan goals and objectives with parents and parent identified kin. The data reviewed show a decrease in the total number of family conferences held,
  - April 2007 to June 2007: 619 Conferences
  - July to September 2007: 424 Conferences

Data was not provided by the Department regarding the number of family conferences that were held in conjunction with a Treatment Plan due date. The percentage of cases utilizing family conferences only represents a small portion of the cases where this important case practice approach could be utilized. The product each family conference produces is a Family Agreement and the type of help offered and agreed to at the conference includes; placement resources, emergency respite, housing, visitation supervision, transportation and emotional and or financial support.

Social Work Trainees receive pre-service training in Family Conference principles. The need to address SWS training and support of supervision in this area is ongoing and to date has not been addressed in supervisory pre-service training. There is a need to enforce office-based coaching and support Family Conferencing and kinship casework. A dedicated resource to assist social

workers in coordinating and facilitating Family Conferences for specific, complex case scenarios should be considered.

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

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

## JUAN F. ACTION PLAN MONITORING REPORT

**February 2008**

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

### A. PERMANENCY ISSUES

#### **Progress Towards Permanency:**

The following table developed using the Chapin Hall database provides a longitudinal view of permanency for annual admission cohorts from 2002 through 2007.

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

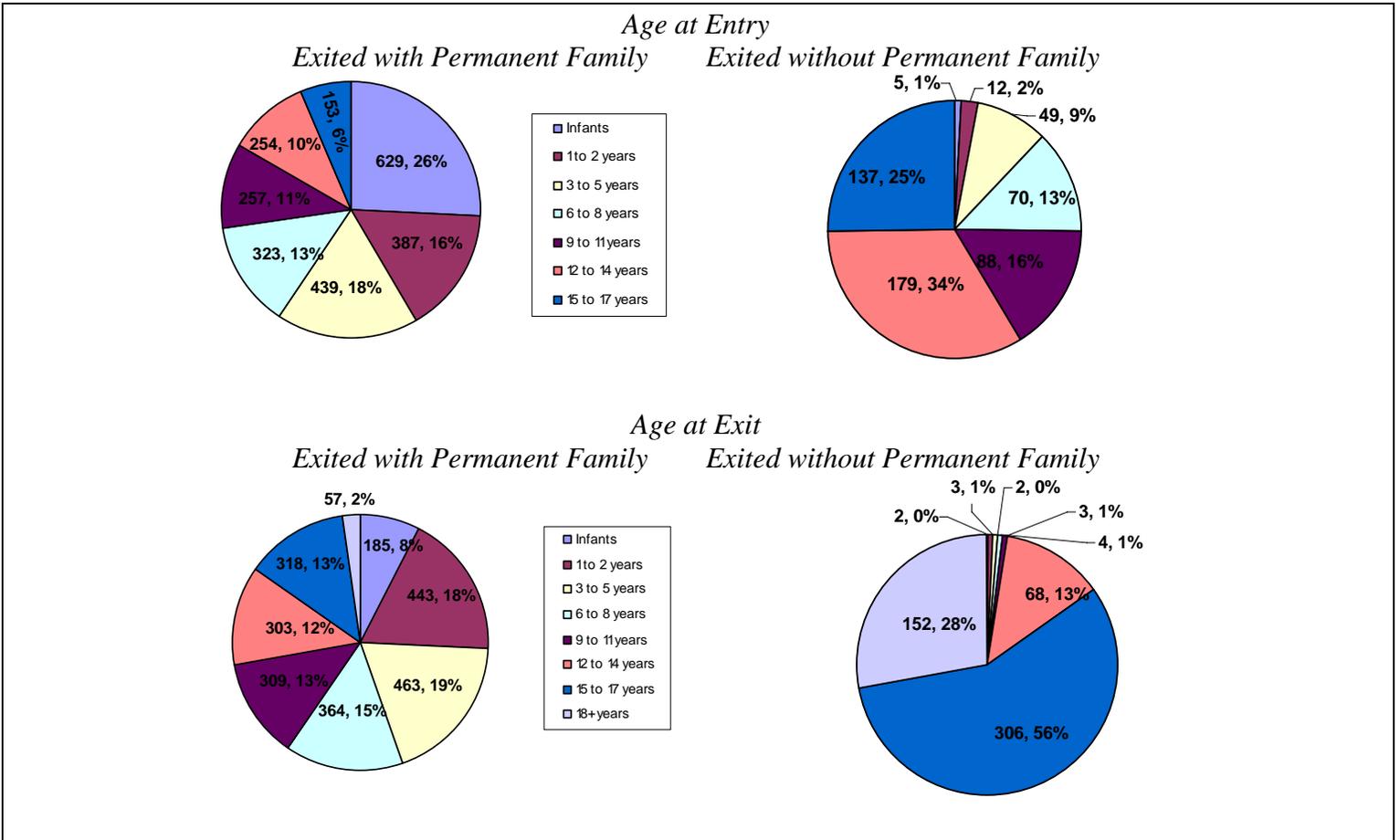
	Period of Entry to Care						
	2002	2003	2004	2005	2006	2007	2008
<b>Total Entries</b>	3100	3531	3194	3062	3380	2817	219
<b>Permanent Exits</b>							
<b>In 1 yr</b>	1182 38.1%	1394 39.5%	1222 38.3%	1083 35.4%	1217 36.0%		
<b>In 2 yrs</b>	1641 52.9%	2060 58.3%	1790 56.0%	1687 55.1%			
<b>In 3 yrs</b>	1966	2364	2073				

	Period of Entry to Care						
	2002	2003	2004	2005	2006	2007	2008
<b>Total Entries</b>	3100	3531	3194	3062	3380	2817	219
	63.4%	66.9%	64.9%				
<b>In 4 yrs</b>	2134 68.8%	2518 71.3%					
<b>To Date</b>	2229 71.9%	2570 72.8%	2180 68.3%	1840 60.1%	1647 48.7%	784 27.8%	14 6.4%
<b>Non-Permanent Exits</b>							
<b>In 1 yr</b>	273 8.8%	248 7.0%	231 7.2%	281 9.2%	247 7.3%		
<b>In 2 yrs</b>	331 10.7%	319 9.0%	303 9.5%	360 11.8%			
<b>In 3 yrs</b>	364 11.7%	365 10.3%	364 11.4%				
<b>In 4 yrs</b>	402 13.0%	392 11.1%					
<b>To Date</b>	444 14.3%	400 11.3%	387 12.1%	390 12.7%	301 8.9%	189 6.7%	4 1.8%

	Period of Entry to Care						
	2002	2003	2004	2005	2006	2007	2008
<b>Unknown Exits</b>							
<b>In 1 yr</b>	110 3.5%	157 4.4%	132 4.1%	129 4.2%	117 3.5%		
<b>In 2 yrs</b>	140 4.5%	199 5.6%	182 5.7%	178 5.8%			
<b>In 3 yrs</b>	140 4.5%	199 5.6%	182 5.7%				
<b>In 4 yrs</b>	140 4.5%	199 5.6%					
<b>To Date</b>	209 6.7%	262 7.4%	237 7.4%	194 6.3%	140 4.1%	42 1.5%	0 .0%
<b>Remain In Care</b>							
<b>In 1 yr</b>	1535 49.5%	1732 49.1%	1609 50.4%	1569 51.2%	1799 53.2%		
<b>In 2 yrs</b>	988 31.9%	953 27.0%	919 28.8%	837 27.3%			
<b>In 3 yrs</b>	604 19.5%	573 16.2%	531 16.6%				
<b>In 4 yrs</b>	375 12.1%	363 10.3%					
<b>To Date</b>	218 7.0%	299 8.5%	390 12.2%	638 20.8%	1292 38.2%	1802 64.0%	201 91.8%

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

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



**Permanency Goals:**

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

**FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON JANUARY 1, 2008<sup>7</sup>)**

<b>Is the child legally free (his or her parents' rights have been terminated)?</b>				
<b>Yes</b>	<b>No</b>			
<b>953</b>	↓ <b>4036</b>			
<i>Goals of:</i>	<b>Has the child been in care more than 15 months?</b>			
654 (69%)	<b>No</b>	<b>Yes</b>		
Adoption	<b>1,919</b>	↓ <b>2,117</b>		
273 (29%)	<b>Has a TPR proceeding been filed?</b>			
APPLA	<b>Yes</b>	<b>No</b>		
15 (2%)	<b>502</b>	↓ <b>1,615</b>		
Relatives	<i>Goals of:</i>	<b>Is a reason documented not to file TPR?</b>		
5 (1%)	345 (69%)	<b>Yes</b>	<b>No</b>	
BLANK	Adoption	<b>1,418</b>	<b>197</b>	
4 (0%)	85 (17%)	<i>Goals of:</i>	<i>Documented</i>	<i>Goals of:</i>
Reunify	APPLA	754 (53%)	<i>Reasons:</i>	100 (51%)
2 (0%)	37 (7%)	APPLA	71%	Reunify
Trans. of	Reunify	278 (20%)	Compelling	59 (30%)
Guardian:	14 (3%)	Reunify	Reason	APPLA
Sub	Relatives	135 (10%)	16%	16 (8%)
	19 (3%)	Adoption	Child is with	Trans. of
	Trans. of	128 (9%)	relative	Guardian: Sub
	Guardian:	Trans. of	8%	12 (6%)
	Sub/Unsub	Guardian:	Petition in	Adoption
	2 (0%)	Sub/Unsub	process	6 (3%)
	BLANK	119 (8%)	6%	BLANK
		Relatives	Service not	4 (2%)
		4 (0%)	provided	Relatives
		BLANK		

<sup>7</sup> Children over age 18 are included in these figures.

**Preferred Permanency Goals:**

<b>Reunification</b>	<b>March 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>Aug 2007</b>	<b>Nov 2007</b>	<b>Feb 2008</b>
Total number of children with Reunification goal, pre-TPR and post-TPR	2082	2049	2042	1894	1849	1747
Number of children with Reunification goal pre-TPR	2075	2037	2023	1876	1842	1743
<ul style="list-style-type: none"> <li>Number of children with Reunification goal, pre-TPR, &gt;= 15 months in care</li> </ul>	413	418	430	461	478	415
<ul style="list-style-type: none"> <li>Number of children with Reunification goal, pre-TPR, &gt;= 36 months in care</li> </ul>	78	78	83	74	67	50
Number of children with Reunification goal, post-TPR	7	12	19	18	7	4

<b>Transfer of Guardianship (Subsidized and Non-Subsidized)</b>	<b>March 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>Aug 2007</b>	<b>Nov 2007</b>	<b>Feb 2008</b>
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	330	319	305	288	279	268
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	329	318	305	288	278	266
<ul style="list-style-type: none"> <li>Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, &gt;= 22 months</li> </ul>	76	92	87	85	88	85
<ul style="list-style-type: none"> <li>Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , &gt;= 36 months</li> </ul>	29	31	30	28	35	34
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	1	1	0	0	1	2

<b>Adoption</b>	<b>March 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>Aug 2007</b>	<b>Nov 2007</b>	<b>Feb 2008</b>
Total number of children with Adoption goal, pre-TPR and post-TPR	1304	1319	1335	1303	1352	1346
Number of children with Adoption goal, pre-TPR	685	707	733	701	689	692
Number of children with Adoption goal, TPR not filed, >= 15 months in care	111	118	130	115	121	147
<ul style="list-style-type: none"> <li>Reason TPR not filed, Compelling Reason</li> </ul>	23	23	25	18	19	24
<ul style="list-style-type: none"> <li>Reason TPR not filed, petitions in progress</li> </ul>	56	62	62	50	71	79
<ul style="list-style-type: none"> <li>Reason TPR not filed, child is in placement with relative</li> </ul>	13	14	16	18	20	24
<ul style="list-style-type: none"> <li>Reason TPR not filed, services needed not provided</li> </ul>	6	9	11	13	2	8
<ul style="list-style-type: none"> <li>Reason TPR not filed, blank</li> </ul>	13	10	16	16	9	12
Number of cases with Adoption goal post-TPR	619	612	602	602	663	654
<ul style="list-style-type: none"> <li>Number of children with Adoption goal, post-TPR, in care &gt;= 15 months</li> </ul>	576	571	562	572	618	620
<ul style="list-style-type: none"> <li>Number of children with Adoption goal, post-TPR, in care &gt;= 22 months</li> </ul>	491	494	489	490	513	515
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	88	93	79	57	67	73
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	307	319	334	338	373	373
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	62	75	69	71	95	81

<b>Progress Towards Permanency:</b>	<b>March 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>Aug 2007</b>	<b>Nov 2007</b>	<b>Feb 2008</b>
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	252	199	200	272	162	197

**Non-Preferred Permanency Goals:**

<b>Long Term Foster Care Relative:</b>	<b>March 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>Aug 2007</b>	<b>Nov 2007</b>	<b>Feb 2008</b>
Total number of children with Long Term Foster Care Relative goal	199	203	197	182	172	165
Number of children with Long Term Foster Care Relative goal, pre-TPR	185	189	182	167	160	150
<ul style="list-style-type: none"> <li>Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR</li> </ul>	30	40	36	37	29	26
Long Term Foster Care Rel. goal, post-TPR	14	14	15	15	12	15
<ul style="list-style-type: none"> <li>Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR</li> </ul>	5	5	6	6	6	5

<b>APPLA*</b>	<b>March 2007*</b>	<b>May 2007*</b>	<b>June 2007*</b>	<b>Aug 2007</b>	<b>Nov 2007</b>	<b>Feb 2008</b>
Total number of children with APPLA goal	1426	1410	1396	1347	1302	1281
Number of children with APPLA goal, pre-TPR	1104	1102	1093	1057	1027	1008
<ul style="list-style-type: none"> <li>Number of children with APPLA goal, 12 years old and under, pre-TPR</li> </ul>	124	115	111	102	81	73
Number of children with APPLA goal, post-TPR	322	308	303	290	275	273
<ul style="list-style-type: none"> <li>Number of children with APPLA goal, 12 years old and under, post-TPR</li> </ul>	48	52	53	49	38	36

\* 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.

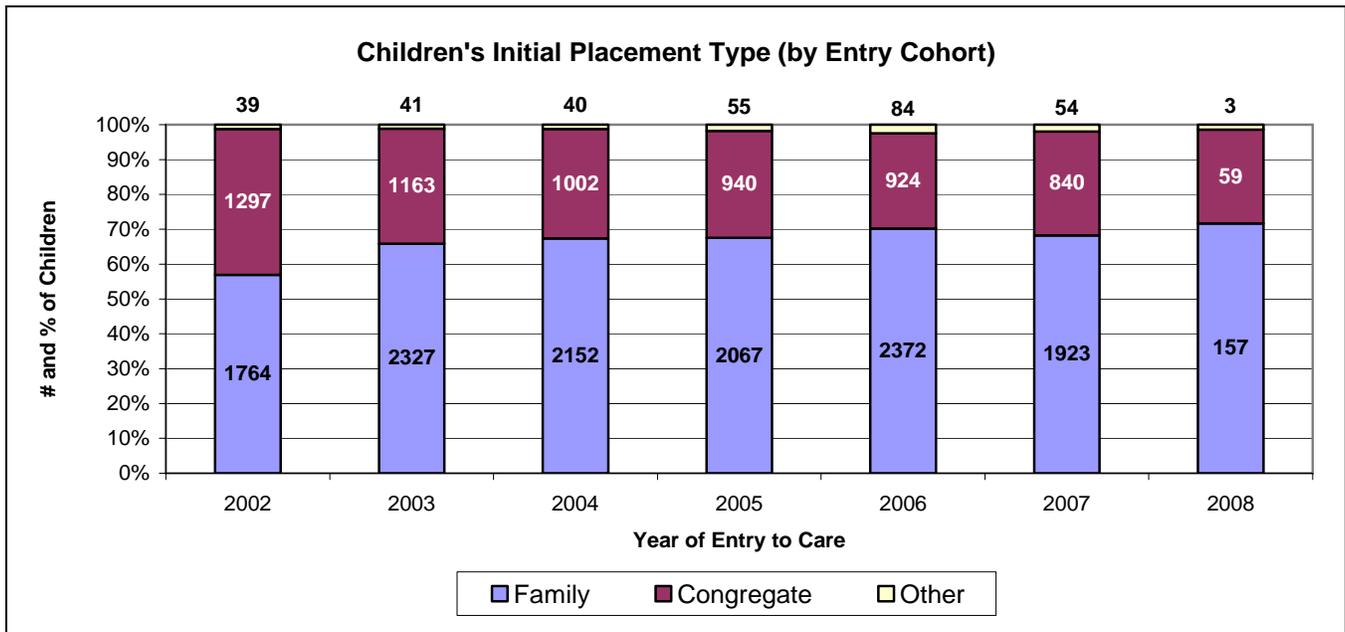
**Missing Permanency Goals:**

	<b>March 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>Aug 2007</b>	<b>Nov 2007</b>	<b>Feb 2008</b>
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	37	36	42	23	27	47
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	12	7	9	3	11	13
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	9	2	3	2	11	12
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	5	1	1	1	5	6

## B. PLACEMENT ISSUES

### Placement Experiences of Children

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

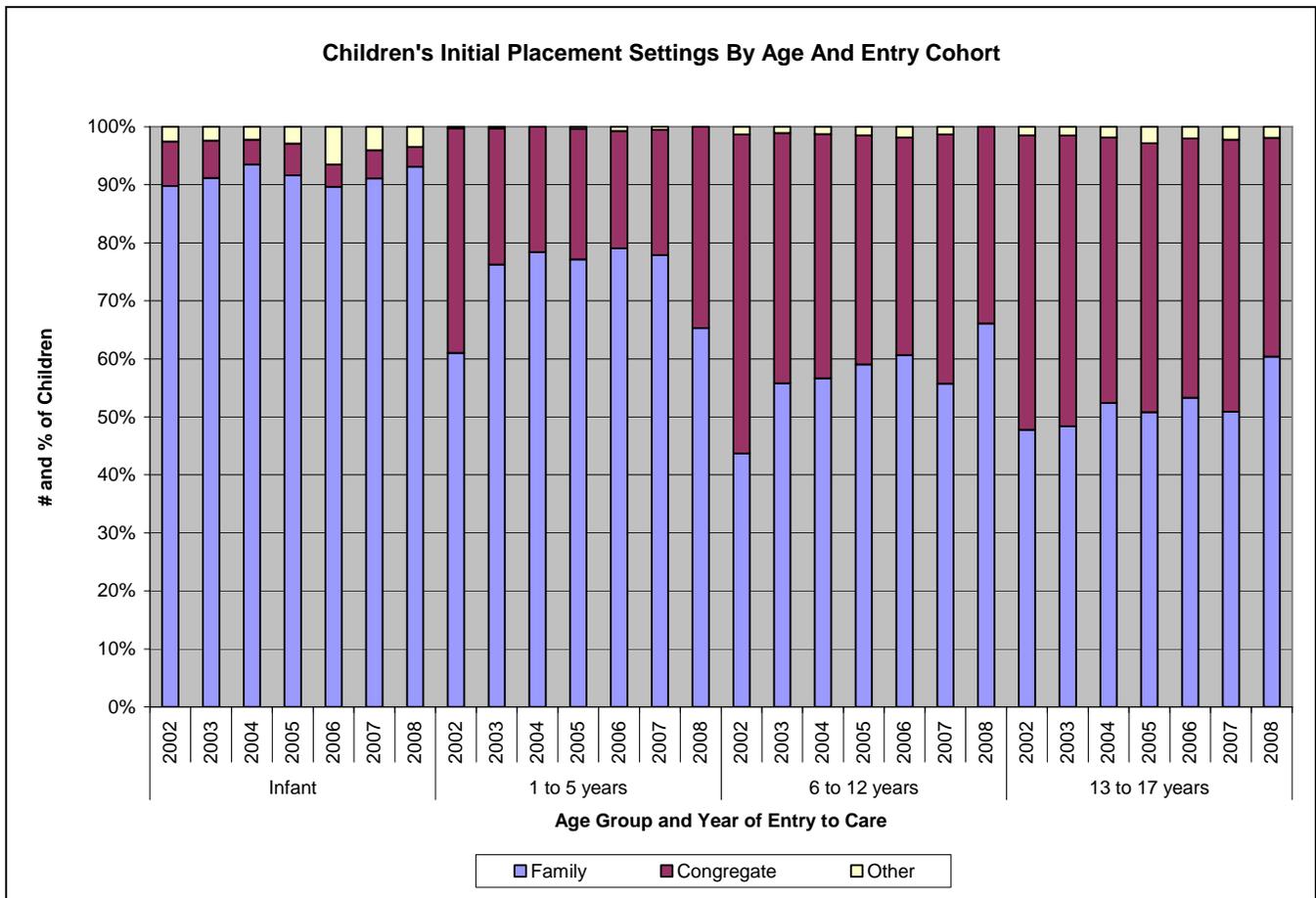


The next table shows specific care types used month-by-month for entries between February 2007 and January 2008.

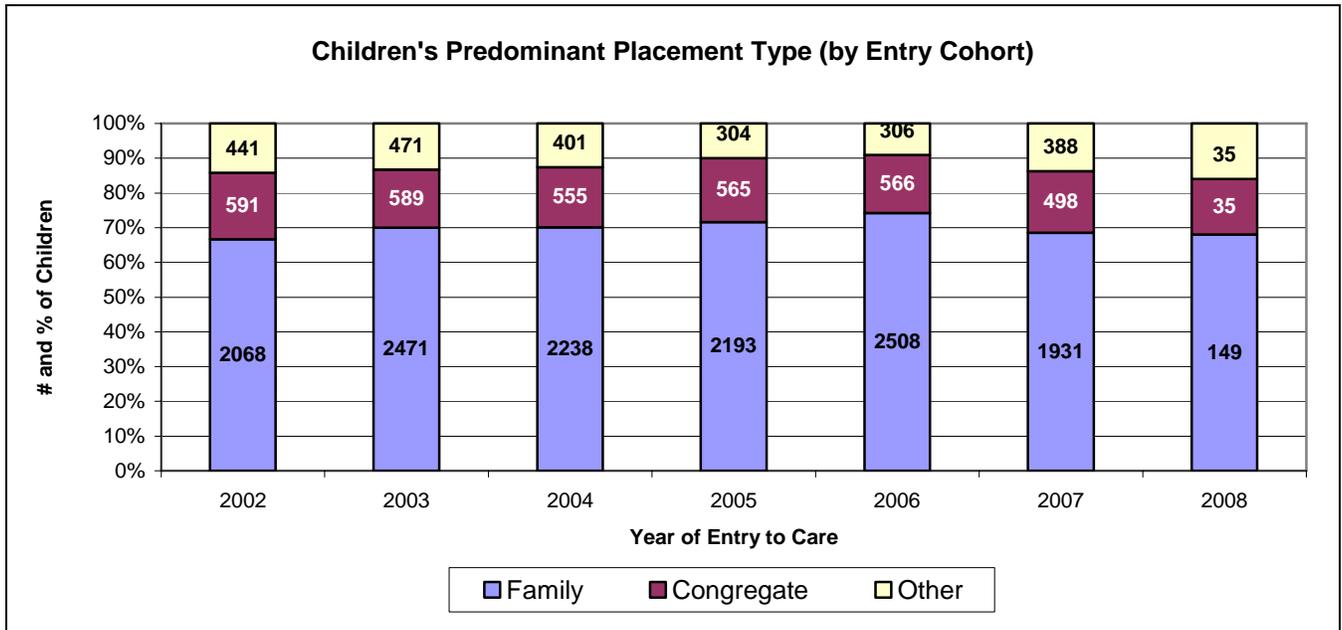
**Case Summaries**

First placement type		enter Feb07	enter Mar07	enter Apr07	enter May07	enter Jun07	enter Jul07	enter Aug07	enter Sep07	enter Oct07	enter Nov07	enter Dec07	enter Jan08
Residential	N	13	20	15	20	23	18	26	29	19	10	19	16
	%	6.1%	7.3%	7.6%	9.3%	9.9%	8.1%	10.3%	12.4%	7.9%	4.1%	11.2%	7.3%
DCF Facilities	N	1	4	1	4	3	3	9	2	5	7	5	1
	%	.5%	1.5%	.5%	1.9%	1.3%	1.4%	3.6%	.9%	2.1%	2.9%	2.9%	.5%
Foster Care	N	115	129	110	116	112	116	127	98	123	112	98	109
	%	54.0%	47.1%	55.6%	53.7%	48.3%	52.3%	50.4%	41.9%	51.0%	46.5%	57.6%	49.8%
Group Home	N		3	3		8	5	2	3	6	6	2	3
	%		1.1%	1.5%		3.4%	2.3%	.8%	1.3%	2.5%	2.5%	1.2%	1.4%
Independent Living	N			1	1		1						
	%			.5%	.5%		.5%						
Relative Care	N	32	46	20	33	36	21	44	35	25	47	20	37
	%	15.0%	16.8%	10.1%	15.3%	15.5%	9.5%	17.5%	15.0%	10.4%	19.5%	11.8%	16.9%
Medical	N	2	5	3	5	2	4	7	7	8	4	1	3
	%	.9%	1.8%	1.5%	2.3%	.9%	1.8%	2.8%	3.0%	3.3%	1.7%	.6%	1.4%
Safe Home	N	30	42	23	25	28	33	18	42	36	35	18	26
	%	14.1%	15.3%	11.6%	11.6%	12.1%	14.9%	7.1%	17.9%	14.9%	14.5%	10.6%	11.9%
Shelter	N	9	19	16	9	10	12	11	14	13	11	3	13
	%	4.2%	6.9%	8.1%	4.2%	4.3%	5.4%	4.4%	6.0%	5.4%	4.6%	1.8%	5.9%
Special Study	N	11	6	6	3	10	9	8	4	6	9	4	11
	%	5.2%	2.2%	3.0%	1.4%	4.3%	4.1%	3.2%	1.7%	2.5%	3.7%	2.4%	5.0%
Total	N	213	274	198	216	232	222	252	234	241	241	170	219
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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



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



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

**Case Summaries**

Last placement type in spell (as of censor date)		exit Feb07	exit Mar07	exit Apr07	exit May07	exit Jun07	exit Jul07	exit Aug07	exit Sep07	exit Oct07	exit Nov07	exit Dec07	exit Jan08
Residential	N	12	15	13	15	41	25	53	10	14	24	16	19
	%	5.3%	4.8%	5.8%	5.2%	12.3%	8.8%	15.3%	4.1%	6.8%	8.9%	6.2%	8.7%
DCF Facilities	N	3	4	4	2	5	4	7	1	4	2	3	1
	%	1.3%	1.3%	1.8%	.7%	1.5%	1.4%	2.0%	.4%	1.9%	.7%	1.2%	.5%
Foster Care	N	106	121	98	158	158	132	160	106	97	127	140	106
	%	47.1%	38.7%	43.4%	55.1%	47.6%	46.3%	46.1%	44.0%	46.9%	46.9%	54.3%	48.6%
Group Home	N	11	8	14	13	13	19	14	12	10	8	7	6
	%	4.9%	2.6%	6.2%	4.5%	3.9%	6.7%	4.0%	5.0%	4.8%	3.0%	2.7%	2.8%
Independent Living	N	5	4	8	5	6	8	3	6	4	3	2	3
	%	2.2%	1.3%	3.5%	1.7%	1.8%	2.8%	.9%	2.5%	1.9%	1.1%	.8%	1.4%
Relative Care	N	57	110	57	55	74	63	64	57	46	64	55	56
	%	25.3%	35.1%	25.2%	19.2%	22.3%	22.1%	18.4%	23.7%	22.2%	23.6%	21.3%	25.7%
Medical	N	1		1	1	1	3	1	1	2	2	3	
	%	.4%		.4%	.3%	.3%	1.1%	.3%	.4%	1.0%	.7%	1.2%	
Safe Home	N	13	18	9	16	14	16	14	19	12	20	11	9
	%	5.8%	5.8%	4.0%	5.6%	4.2%	5.6%	4.0%	7.9%	5.8%	7.4%	4.3%	4.1%
Shelter	N	11	13	12	10	6	7	4	14	6	13	12	12
	%	4.9%	4.2%	5.3%	3.5%	1.8%	2.5%	1.2%	5.8%	2.9%	4.8%	4.7%	5.5%
Uknown	N	1	5		3		2	3	6	2		1	1
	%	.4%	1.6%		1.0%		.7%	.9%	2.5%	1.0%		.4%	.5%
PSS	N	5	15	10	9	14	6	24	9	10	8	8	5
	%	2.2%	4.8%	4.4%	3.1%	4.2%	2.1%	6.9%	3.7%	4.8%	3.0%	3.1%	2.3%
Total	N	225	313	226	287	332	285	347	241	207	271	258	218
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The next chart shows the primary placement type for children who were in care on January 1, 2008 organized by length of time in care.

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

			Duration Category						Total	
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095		more than 1095
Primary type of spell (>50%)	Residential	Count	16	27	69	92	80	152	190	626
		% of Row	2.6%	4.3%	11.0%	14.7%	12.8%	24.3%	30.4%	100.0%
		% of Col	8.0%	8.8%	13.0%	11.5%	11.4%	11.1%	11.4%	11.2%
	DCF Facilities	Count	1	8	14	13	7	18	11	72
		% of Row	1.4%	11.1%	19.4%	18.1%	9.7%	25.0%	15.3%	100.0%
		% of Col	.5%	2.6%	2.6%	1.6%	1.0%	1.3%	.7%	1.3%
	Foster Care	Count	83	138	200	328	337	718	962	2766
		% of Row	3.0%	5.0%	7.2%	11.9%	12.2%	26.0%	34.8%	100.0%
		% of Col	41.7%	45.1%	37.7%	41.0%	48.1%	52.6%	57.5%	49.6%
	Group Home	Count	4	6	5	18	15	49	61	158
		% of Row	2.5%	3.8%	3.2%	11.4%	9.5%	31.0%	38.6%	100.0%
		% of Col	2.0%	2.0%	.9%	2.3%	2.1%	3.6%	3.6%	2.8%
	Independent Living	Count	0	0	0	2	2	5	4	13
		% of Row	.0%	.0%	.0%	15.4%	15.4%	38.5%	30.8%	100.0%
		% of Col	.0%	.0%	.0%	.3%	.3%	.4%	.2%	.2%
	Relative Care	Count	38	61	132	185	173	264	141	994
		% of Row	3.8%	6.1%	13.3%	18.6%	17.4%	26.6%	14.2%	100.0%
		% of Col	19.1%	19.9%	24.9%	23.1%	24.7%	19.4%	8.4%	17.8%
	Medical	Count	3	1	7	4	2	2	3	22
		% of Row	13.6%	4.5%	31.8%	18.2%	9.1%	9.1%	13.6%	100.0%
% of Col		1.5%	.3%	1.3%	.5%	.3%	.1%	.2%	.4%	
Mixed (none >50%)	Count	1	0	8	34	19	75	225	362	
	% of Row	.3%	.0%	2.2%	9.4%	5.2%	20.7%	62.2%	100.0%	
	% of Col	.5%	.0%	1.5%	4.3%	2.7%	5.5%	13.4%	6.5%	
Safe Home	Count	27	36	51	56	18	12	7	207	
	% of Row	13.0%	17.4%	24.6%	27.1%	8.7%	5.8%	3.4%	100.0%	
	% of Col	13.6%	11.8%	9.6%	7.0%	2.6%	.9%	.4%	3.7%	
Shelter	Count	12	13	21	19	7	2	1	75	
	% of Row	16.0%	17.3%	28.0%	25.3%	9.3%	2.7%	1.3%	100.0%	
	% of Col	6.0%	4.2%	4.0%	2.4%	1.0%	.1%	.1%	1.3%	
Special Study	Count	12	12	17	42	35	63	56	237	
	% of Row	5.1%	5.1%	7.2%	17.7%	14.8%	26.6%	23.6%	100.0%	
	% of Col	6.0%	3.9%	3.2%	5.3%	5.0%	4.6%	3.3%	4.3%	
Unknown	Count	2	4	6	7	6	4	12	41	
	% of Row	4.9%	9.8%	14.6%	17.1%	14.6%	9.8%	29.3%	100.0%	
	% of Col	1.0%	1.3%	1.1%	.9%	.9%	.3%	.7%	.7%	
Total	Count	199	306	530	800	701	1364	1673	5573	
	% of Row	3.6%	5.5%	9.5%	14.4%	12.6%	24.5%	30.0%	100.0%	
	% of Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

**Congregate Care Settings**

<b>Placement Issues</b>	<b>March 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>Aug 2007</b>	<b>Nov 2007</b>	<b>Feb 2008</b>
Total number of children 12 years old and under, in Congregate Care	336	317	319	312	290	299
<ul style="list-style-type: none"> <li>• Number of children 12 years old and under, in DCF Facilities</li> </ul>	20	18	17	10	16	14
<ul style="list-style-type: none"> <li>• Number of children 12 years old and under, in Group Homes</li> </ul>	50	51	53	50	53	54
<ul style="list-style-type: none"> <li>• Number of children 12 years old and under, in Residential</li> </ul>	80	70	71	70	59	53
<ul style="list-style-type: none"> <li>• Number of children 12 years old and under, in SAFE Home</li> </ul>	153	145	146	139	130	120
<ul style="list-style-type: none"> <li>• Number of children 12 years old and under, in Permanency Diagnostic Center</li> </ul>	18	18	17	15	19	21
<ul style="list-style-type: none"> <li>• Number of children 12 years old and under in MH Shelter</li> </ul>	15	15	15	10	9	11
Total number of children ages 13-17 in Congregate Placements	988	989	982	967	952	943

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

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

	Period of Entry to Care						
	2002	2003	2004	2005	2006	2007	2008
<b>Total Entries</b>	<b>3100</b>	<b>3531</b>	<b>3194</b>	<b>3062</b>	<b>3380</b>	<b>2817</b>	<b>219</b>
<i>SAFE Homes &amp; PDCs</i>	727 23%	626 18%	453 14%	386 13%	394 12%	375 13%	26 12%
<i>Shelters</i>	166 5%	132 4%	147 5%	176 6%	111 3%	135 5%	13 6%
<b>Total</b>	<b>893</b> <b>29%</b>	<b>758</b> <b>21%</b>	<b>600</b> <b>19%</b>	<b>562</b> <b>18%</b>	<b>505</b> <b>15%</b>	<b>510</b> <b>18%</b>	<b>39</b> <b>18%</b>

	Period of Entry to Care						
	2002	2003	2004	2005	2006	2007	2008
<b>Total Initial Plcmnts</b>	<b>893</b>	<b>758</b>	<b>600</b>	<b>562</b>	<b>505</b>	<b>510</b>	<b>39</b>
<= 30 days	350 39%	307 41%	249 42%	238 42%	184 36%	159 31%	39 100%
31 - 60	284 32%	180 24%	102 17%	110 20%	73 14%	80 16%	0 0%
61 - 91	106 12%	118 16%	81 14%	76 14%	86 17%	93 18%	0 0%
92 - 183	102 11%	105 14%	125 21%	98 17%	116 23%	135 26%	0 0%
184+	51 6%	48 6%	43 7%	40 7%	46 9%	43 8%	0 0%

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

<b>Placement Issues</b>	<b>Nov 2006</b>	<b>March 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>Aug 2007</b>	<b>Nov 2007</b>	<b>Feb 2008</b>
Total number of children in SAFE Home	163	179	170	168	160	143	133
• Number of children in SAFE Home, > 60 days	79	99	107	114	100	81	59
• Number of children in SAFE Home, >= 6 months	16	25	33	38	34	18	21
Total number of children in STAR/Shelter Placement	65	78	83	87	77	95	93
• Number of children in STAR/Shelter Placement, > 60 days	35	35	39	46	39	50	36
• Number of children in STAR/Shelter Placement, >= 6 months	4	10	8	8	8	9	10
Total number of children in Permanency Planning Diagnostic Center	20	18	22	20	17	22	23
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	13	15	16	17	14	14	13
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	7	8	9	8	5	6	7
Total number of children in MH Shelter	13	15	16	16	12	12	15
• Total number of children in MH Shelter, > 60 days	10	13	14	16	12	11	11
• Total number of children in MH Shelter, >= 6 months	7	6	6	5	8	9	9

**Time in Residential Care**

<b>Placement Issues</b>	<b>Nov 2006</b>	<b>March 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>Aug 2007</b>	<b>Nov 2007</b>	<b>Feb 2008</b>
Total number of children in Residential care	668	675	674	685	657	633	614
• Number of children in Residential care, >= 12 months in Residential placement	214	215	226	232	227	200	190
• Number of children in Residential care, >= 60 months in Residential placement	6	6	7	7	6	7	7

Point-in-time Foster and Adoption Recruitment and Retention data is presented below:

**Foster/Adoption Recruitment and Retention.**

	<b>Nov 2006</b>	<b>Feb 2007</b>	<b>April 2007</b>	<b>July 2007</b>	<b>Oct 2007</b>	<b>Jan 2008</b>
Number of Inquires	113	170	132	203	162	193
Number of Open Houses	34	31	34	31	34	34
Number of families starting Pride/GAP training	51	55	57	52	45	49
Number of families completing Pride/GAP training	68	20	55	27	28	23
Number of applications filed	138	93	102	115	154	105
Number of applications that were licensed	72	77	83	108	89	77
Number of applications pending beyond time frames	140	175	177	93	64	66
Number of licensed Foster Homes at end of month	1281	1248	1237	1223	1218	1223
Number of licensed Adoptive Homes at end of month	388	354	326	346	331	335
Number of licensed Special Studies at end of month	236	221	221	210	212	211
Number of licensed Independents at end of month	131	105	92	73	71	71
Number of licensed Relatives at end of month	690	592	583	565	563	582
Number of homes overcapacity (not due to sibling placement)	21	30	27	25	27	31
Total DCF Licensed Foster Care Bed Capacity <sup>8</sup>	2551	2581	2555	2534	2487	2466
Licensed Bed Capacity of Specialized Foster Care (non-DCF) Homes	838	884	708	961	1057	953
Total number of Specialized Foster Care (non-DCF) <sup>9</sup> Homes with placements	577	613	535	732	696	555
Total number of Specialized Foster Care (non-DCF) Homes available for placements	261	271	173	229	201	245
Total number of Specialized Foster Care respite families						58

<sup>8</sup> Excludes beds within relative, special study, independent, and adoption only homes.

<sup>9</sup> These agencies failed to submit data to the Department by the submission deadline and are excluded from the report

The Department's Exit Plan Outcome  
Measure Summary Report for Fourth Quarter  
October 1, 2007 – December 31, 2007  
**Appendix 2**

***Juan F. v Rell***  
**Exit Plan**

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

**Exit Plan Outcome Measures**

**Summary Report**

**Fourth Quarter 2007**

**October 1, 2007 - December 31, 2007**

February 2008

Submitted by:  
Department of Children and Families  
505 Hudson Street, 10<sup>th</sup> Floor  
Hartford, CT 06106  
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# **Exit Plan Outcome Measures Summary Report Fourth Quarter 2007**

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- VIII. Point In Time Data

*Commissioner's Highlights  
Fourth Quarter Exit Plan Report  
February, 2008*

We are proud to submit our Fourth Quarter 2007 Exit Report. This quarter's report continues to show the Department's steady commitment to achieving the best possible outcomes for children and families. In this report the Department has met 16 out of the 20 measures reported in this Quarter and highlights include:

- Meeting the goal for repeat maltreatment for three consecutive quarters, with the lowest recorded outcome since measurement began in 2003;
- Achieving timely permanency as demonstrated by meeting two of the three permanency outcomes (reunification, adoption, and transfer of guardianship), but missing reunification, a measure we have routinely met, by only 2 percentage points;
- Worker-Child visitation measures reached their highest mark since measurement on these two measures began in 2003.

Despite not having met all of the measures, this report like the others previous, show steady growth in the majority of the outcome areas since the First Quarter Report of 2004, and evidence the capacity of the Department to come close to achieving almost all of the measures, and in many instances, we have consistently surpassed the goals set under the Exit Plan.

By way of example, although the outcome for re-entry into care continues to be a challenge, we have not varied widely in performance are close to achieving the goal of the outcome measure. We are also confident that improvements are forthcoming as we continue our implementation of Structured Decision-Making which introduced new risk and safety assessment tools which closely examine the issues and strengths of families when reunifying children. Further, the Department's outcome for discharge of youth with mental illness and/or mental retardation did not meet the goal of 100% in the Quarter, but missed this goal by 2 youth out of the 56 reviewed.

**4Q October 1 - December 31, 2007 Exit Plan Report  
 Outcome Measure Overview**

Measure	Measure	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005	2Q 2005	3Q 2005	4Q 2005	1Q 2006	2Q 2006	3Q 2006	4Q 2006	1Q 2007	2Q 2007	3Q 2007	4Q 2007
1: Investigation Commencement	>=90%	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%	96.4%	98.7%	95.5%	96.5%	97.1%	97.0%	97.4%
2: Investigation Completion	>=85%	64.2%	68.8%	83.5%	91.7%	92.6%	92.3%	93.1%	94.2%	94.2%	93.1%	94.2%	93.7%	93.0%	93.7%	94.2%	92.9%
3: Treatment Plans**	>=90%	X	X	10%	17%	X	X	X	X	X	X	54%	41.1%	41.3%	30.3%	30%	51%
4: Search for Relatives*	>=85%	X	X	93%	82%	44.6%	49.2%	65.1%	89.6%	89.9%	93.9%	93.1%	91.4%	92%	93.8%	91.4%	93.6%
5: Repeat Maltreatment	<=7%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.4%	6.3%	7.0%	7.9%	7.9%	7.4%	6.3%	6.1%	5.4%
6: Maltreatment OOH Care	<=2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%	0.4%	0.7%	0.7%	0.2%	0.2%	0.0%	0.3%	0.2%
7: Reunification*	>=60%	X	X	X	X	X	X	64.2%	61%	66.4%	64.4%	62.5%	61.3%	70.5%	67.9%	65.5%	58.0%
8: Adoption	>=32%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.0%	36.9%	27%	33.6%	34.5%	40.6%	36.2%	35.5%
9: Transfer of Guardianship	>=70%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%	72.4%	60.7%	63.1%	70.2%	76.4%	78%	88.0%	76.8%	80.8%
10: Sibling Placement*	>=95%	65%	53%	X	X	X	X	96%	94%	75%	77%	83%	85.5%	84.9%	79.1%	83.3%	81.3
11: Re-Entry	<=7%	X	X	X	X	X	X	7.2%	7.6%	6.7%	7.5%	4.3%	8.2%	7.5%	8.5%	9.0%	7.8%
12: Multiple Placements	>=85%	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%	96.6%	95.6%	95%	96.3%	96.0%	94.4%	92.7%
13: Foster Parent Training	100%	X	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%	88.3%	92%	93%	95.7%	97%	95.9%	94.8%	96.2%	95.2%	94.5%	96.7%	96.4%	96.8%	97.1%	96.9%	96.8%
15: Needs Met**	>=80%	53%	57%	53%	56%	X	X	X	X	X	X	62%	52.1%	45.3%	51.3%	64%	47.1%
16: Worker-Child Visitation (OOH)*	>=85% 100%	72% 87%	86% 98%	73% 93%	81% 91%	77.9% 93.3%	86.7% 95.7%	83.3% 92.8%	85.6% 93.1%	86.8% 93.1%	86.5% 90.9%	92.5% 91.5%	94.7% 99.0%	95.1% 99.1%	94.6% 98.7%	94.8% 98.7%	94.6% 98.5%
17: Worker-Child Visitation (IH)*	>=85%	39%	40%	46%	33%	71.2%	81.9%	78.3%	85.6%	86.2%	87.6%	85.7%	89.2%	89%	90.9%	89.4%	89.9%
18: Caseload Standards+	100%	73.1%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%
19: Residential Reduction	<=11%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.8%	11.6%	11.3%	10.8%	10.9%	11%	10.9%	11%	10.8%	10.8%*
20: Discharge Measures	>=85%	74%	52%	93%	83%	X	X	95%	92%	85%	91%	100%	100%	98%	100%	95%	96%
21: Discharge to DMHAS and DMR	100%	43%	64%	56%	60%	X	X	78%	70%	95%	97%	100%	97%	90%	83%	95%	95%
22: MDE	>=85%	19%	24.5%	48.9%	44.7%	55.4%	52.1%	58.1%	72.1%	91.1%	89.9%	86%	94.2%	91.1%	96.8%	95.2%	96.4%

\*Amended after removing sub-acute population

## ACCOMPLISHMENTS

A summary of the accomplishments across all the measures are as follows:

This quarterly report shows we met the following 16 outcomes:

- Commencement of Investigations: The goal of 90 percent was exceeded for the thirteenth quarter in a row with a current achievement of 97 percent.
- Completion of Investigations: Workers completed investigations in a timely manner in over 92 percent of cases, also exceeding the goal of 85 percent for the thirteenth consecutive quarter.
- Search for Relatives: For the eighth consecutive quarter, staff achieved the 85 percent goal for relative searches and met this requirement for 93.6 percent of children.
- Repeat Maltreatment: For the second consecutive quarter, staff exceeded the goal of 7 percent by achieving 5.4 percent.
- Maltreatment of Children in Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the sixteenth consecutive quarter with an actual measure of .2 percent.
- Timely Adoption: For the fourth consecutive quarter, staff exceeded the 32 percent goal for finalizing adoptions within two years of a child's entering care by meeting the goal in 35.5 percent of adoptions in the quarter.
- Timely Transfer of Guardianship: For the sixth consecutive quarter, staff exceeded the 70 percent goal for achieving a transfer within two years of a child's removal with a performance of 80.8 percent.
- Multiple Placements: For the fifteenth consecutive quarter, the Department exceeded the 85 percent goal with a rate of 92.7 percent.
- Foster Parent Training: For the fifteenth consecutive quarter, the Department met the 100 percent goal.
- Placement within Licensed Capacity: For the sixth consecutive quarter, staff met the 96 percent goal with an actual rate of 96.8 percent.
- Worker-To-Child Visitation In Out Of Home Cases: For the ninth consecutive quarter staff have exceeded the 85 percent goal for monthly visitation of children in out-of-home cases by hitting the mark in 98.5 percent of applicable cases.
- Worker to Child Visitation in In-Home Cases: For the ninth consecutive quarter, workers met required visitation frequency in 89.9 percent of cases, thereby exceeding the 85 percent standard.
- Caseload Standards: For the fourteenth quarter, no Department social worker carried more cases than the Exit Plan standard.
- Reduction in Residential Care: For the sixth consecutive quarter, staff met the requirement that no more than 11 percent of children in DCF care are in a residential placement by hitting 10.8 percent.
- Discharge Measures: For the tenth consecutive quarter, staff met the 85 percent goal for ensuring children discharged at age 18 from state care had attained either educational and/or employment goals by achieving an appropriate discharge in 96 percent of applicable cases.
- Multi-disciplinary Exams: For the seventh consecutive quarter, staff met the 85 percent goal by ensuring that 96.4 percent of children entering care received a timely multi-disciplinary exam and thus the highest achieved.

## CHALLENGES

This report, like all others, also points out where work remains and areas of practice that require continued improvement. The Department is well aware that there still remain areas needing greater focus despite our successes. Some of the challenges include:

- 1) Achieving Timely Permanency for more as there remain many youth in care for long periods of time.
- 2) Improving our efforts to bring together collaborative teams (with parents, youth, providers, and kin), increasing the options for interventions/services, increasing the options for placement, and addressing needs are crucial to success.
- 3) Improving how we secure appropriate and stable placements – in the community when possible and only as long as required—for those children whose treatment needs preclude family living.
- 4) Continue to work collaboratively to support children who return home or find permanency in other families so as to prevent them from re-entering the foster care system.

The Department understands that resources are crucial, but so are the tools used by the Department to assess and plan for families and children. In addition, staff needs clarification and guidance in these areas and thus policies continues to be enhanced or developed. Various new policies are in development and will help to shape the practice associated with assessments of families. This, in turn, affects change within a family that can be sustained and help the family deal with crisis in healthier ways.

In addition to the many action steps and initiatives outlined in the *Juan F.* Action Plan aimed at improving performance in areas in particular areas of work under the Exit Plan, the following is an update on additional initiatives that will improve assessments, treatment planning, and case decision-making:

- **Structured Decision Making (SDM)**: SDM is an evidence-based approach to delivering child welfare services proven to be both valid and reliable. SDM tools focus on three major areas: safety, risk and strengths and needs/reunification. This vitally important and major initiative required comprehensive training of all staff levels (management, supervisory, frontline, administrative support). Following the training of all staff and some focused reviews, the Department is working on securing management and tracking reports to help guide and improves the implementation and impact of SDM.
- **Differential Response System (DRS)**: DRS utilizes a non-blaming, strength-based, assessment approach to engage families in identifying needs for the majority of accepted reports to the Hotline. There is no associated substantiation or placement of any adult on the Central Registry. The traditional forensic-based approach of a CPS investigation will be utilized only for those cases indicating serious injury or risk of immediate harm to a child. Currently, several community partners are involved with DCF in planning this effort. They include: the Commission on Children, Bridgeport Hospital, Kids Link (local child advocacy agency), TVCCA, Children's Trust fund, the Office of the Child Advocate, DSS, and FAVOR. In addition, family conferencing will be incorporated into this initiative. This approach is expected to be taken statewide in State Fiscal Year 2009, and the interim period is being dedicated to planning, policy and implementation readiness.

- **Intensive Safety Planning (ISP):** ISP is designed to provide intensive, concrete, home-based services with select families immediately upon removal of a child through a court order. The focus is on mitigating the safety factors that led to the removal in order to consider prompt reunification before the 20 day Order of Temporary Custody hearing. Two evidence-based practices will be utilized as part of the ISP intervention, including the Structured Decision Making (SDM) Safety Assessment Tool (completed by DCF staff during the initial investigation and before the decision to remove is made as well as before reunifying the child). In addition, the Global Appraisal of Individual Need (GAIN)-Quick tool will be administered to the primary caretaker during the ISP intervention in order to identify the constellation or behavioral health, medical or other treatment issues. Twelve service providers have been identified through competitive procurement and approved by the Commissioners Office. All 12 contractors are now delivering ISP services.

Each quarter, we have witnessed the positive results of our staff's work. As complex as the child protection system can be, we remain confident that we are moving in the right direction and that we will build upon these successes.