Juan F. v Rell
Exit Plan

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

Exit Plan Outcome Measures
Summary Report
First Quarter 2007
January 1, 2007-March 31, 2007

May 2007

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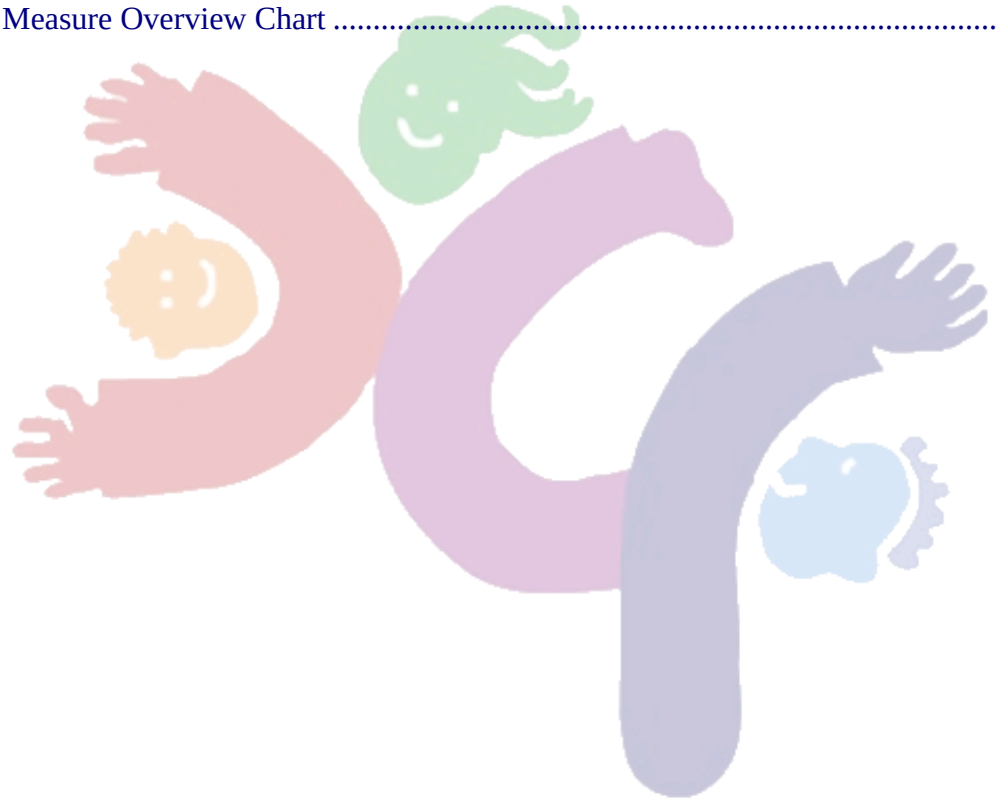

May 15, 2007

Dear Mr. Mancuso,

It is with great pride in the work of Department staff that we submit to you our First Quarter 2007 Exit Report. This report shows steady and solid performance in which the Department once again has met 16 out of 20 measures reported during the period. For two other measures, repeat maltreatment and re-entry into care, staff came within one-half of one percent or less of meeting goal. Our staff's continued focus on helping children achieve timely permanency is demonstrated in all three permanency outcomes (reunification, adoption, and transfer of guardianship) meeting goal and exceeding last quarter's percentages. In two of the measures, staff achieved their highest performance to date. We also see improvements from the Fourth Quarter 2006 report in the areas of repeat maltreatment and re-entry into care.

Automated reports (accessible to all staff) have become a daily management tool for many, a way to encourage self-monitoring and a way to identify trends. This has brought a greater focus and a much more sophisticated look at outcomes. With this in mind, the Department continues to work on enhancing reports, developing new reports and utilizing other data systems to help inform discussions and decisions.

Overtime, we have also enhanced our communications venue. With the department's monthly newsletter *Essential Connections* (currently in its second year) we effectively share a variety of information across all our offices and facilities. It has allowed us to highlight best practices, resources, research, programs, special initiatives/divisions, agency progress on outcomes and sharing art/poetry/letters from our current and former foster youth. This has proven to be a successful tool for reinforcing good practice and highlighting our strengths.

As we continue to work on improving our system and its impact on children and families, particularly in the areas of treatment planning and needs met, we must acknowledge the tremendous efforts being put forth by our staff. More and more children are living with relatives and discharging to permanent homes. Due to the consistent low caseloads, our staff is able to spend more time visiting and working with families and children. With our new Structured Decision Making tools, we are confident that our assessments and interventions will continue to improve.

Our focus now includes developing a much more sophisticated process for assessing our own work and for steadily improving the ways we partner with Connecticut families. We are committed to ensuring that all the Connecticut families we interact with receive the best possible services so that together we can continue to improve the lives of children.

Respectfully,

Brian Mattiello
Acting Commissioner

First Quarter 2007 Exit Plan Report
Commissioner Highlights

The First Quarter 2007 Exit Plan report demonstrates not only the Department's ability to achieve challenging outcomes but also to maintain a high level of performance. We are committed to ensure that safety, permanency and well-being are at the forefront of our work with families and children and of our values as an organization. Department staff are focused on continuing to build a stronger and more supportive and inclusive system.

At the onset of the Exit Plan in the First Quarter of 2004, the Department met the goal for only two outcomes: maltreatment in care and relative search (which was a small case review). Many of the other outcomes, such as adoption, sibling placement, in-home visitation, caseload standards, and Multi-Disciplinary Exams, were well below goal. Three years later, we have achieved and exceeded the goals for sixteen of these measures for at least two or more quarters. For two other measures, repeat maltreatment and re-entry into care, staff came within one-half of one percent or less of meeting goal. Fourteen measures have met goal for three or more consecutive quarters. Three additional outcomes (repeat maltreatment, re-entry into care, and appropriate discharge of children with mental health and mental retardation treatment needs) have met goal once or more during the last year.

Important milestones also were reached during the First Quarter. Staff reached their highest performance for the timeliness of reunification and transfer of guardianship. Monthly out of home visitation also achieved the highest percentage since the onset of the Exit Plan. Consistent attention in these important areas impacting children and families has resulted in impressive improvements over time.

ACCOMPLISHMENTS

This quarterly report shows we met the following 16 outcomes:

- Commencement of Investigations: The goal of 90 percent was exceeded for the tenth quarter in a row with a current achievement of 96.5 percent.
- Completion of Investigations: Workers completed investigations in a timely manner in 93 percent of cases, also exceeding the goal of 85 percent for the tenth consecutive quarter.
- Search for Relatives: For the sixth consecutive quarter time, staff achieved the 85 percent goal for relative searches and met this requirement for 92.2 percent of children.
- Maltreatment of Children in Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the thirteenth consecutive quarter with an actual measure of 0.2 percent, the best performance under the Exit Plan.
- Timely Reunification: For the seventh consecutive quarter, this measure exceeded the 60 percent goal with a mark of 70.5 percent.
- Timely Adoption: For the third of the last five quarters, staff exceeded the 32 percent goal for finalizing adoptions within two years of a child's entering care by meeting the goal in 34.5 percent of adoptions in the quarter.

- Timely Transfer of Guardianship: For the third consecutive quarter, staff exceeded the 70 percent goal for achieving a transfer within two years of a child's removal with a performance of 78 percent, the highest under the Exit Plan.
- Multiple Placements: For the twelfth consecutive quarter, the Department exceeded the 85 percent goal with a rate of 96.3 percent.
- Foster Parent Training: For the twelfth consecutive quarter, the Department met the 100 percent goal.
- Placement within Licensed Capacity: For the third 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: Staff reached their highest level of performance ever and exceeded the 85 percent goal for visitation of children in out-of-home cases for the sixth consecutive quarter by hitting the mark in 95.1 percent of applicable cases.
- Worker to Child Visitation in In-Home Cases: For the sixth consecutive quarter, workers met required visitation frequency in 89 percent of cases, thereby exceeding the 85 percent standard.
- Caseload Standards: For the eleventh quarter, no Department social worker carried more cases than the Exit Plan standard.
- Reduction in Residential Care: For the fourth consecutive quarter, staff met the requirement that no more than 10.9 percent of children in DCF care are in a residential placement.
- Discharge Measures: For the seventh consecutive quarter and the seventh time overall under the Exit Plan, 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 98 percent of applicable cases.
- Multi-disciplinary Exams: For the fifth consecutive quarter, staff met the 85 percent goal by ensuring that 91.1 percent of children entering care received a timely multi-disciplinary exam.

The agency's commitment to providing supportive services and increasing teamwork within and outside of the agency has improved the quality of our work. The Managed Service System (MSS), therapeutic group homes, and the Administrative Services Organization (ASO) are all advancing the ways in which we meet the behavioral health and placement needs of our youth. In addition, our internal Administrative Case Review process, which evaluates numerous key areas of treatment planning, now is assessing the appropriateness of placements. This was implemented May 1, 2007.

Timely permanency is an area where much improvement has been made. However, we remain diligent and committed in pursuing permanency for all children. Our quarterly report shows that we are achieving the measure for each of the timely permanency goals. However, we recognize that permanency is equally important for children who have been in care beyond these timeframes and whose permanency would not "count" toward achieving the goal. For example, in the last year (2Q 2006-1Q 2007), a total of 2,379 children achieved permanency either through reunification (1275), adoption (481) transfer of guardianship (462) or exited to live with a

relative (161). Several procedures are in place to help us stay focused on this outcome for all children.

First, the Multi-Disciplinary Assessment for Permanency (MAP) brings together our legal staff, permanency staff and assigned social worker to review the permanency goal and timelines. As a results, recommendations are made early in the case. Second, management data reports are used by staff to closely examine various permanency outcomes (i.e. permanency 24 months entry cohort, reunification/adoption/transfer of guardianship exit cohorts, and permanency exception reports). Steps are then taken to address any identified areas of concern. Third, case reviews are regularly conducted to evaluate appropriateness of goals and progress toward achieving permanency. As permanency continues to be a challenge, we are more confident that we can identify the barriers accurately and develop ways to address them. All of these tools in support of determined efforts by our staff make manifest our value to ensure that children achieve permanency.

A number of other outcomes also contribute to the goal of permanency. Multi-disciplinary exams (MDE) establish a baseline for health, dental, mental health and developmental issues for the children who enter foster care. In the First Quarter 2004 report, 19% of the children received an MDE within 30 days of entering care. A closer look at the barriers identified a need for more MDE clinics, and, with the support of the Governor and the Legislature, the additional clinics were up and running within a year. In addition, the MDE was revised to cover a more comprehensive look into a child's wellbeing. Today, 91.1% of the children have received an MDE within the timeframes. The Area Office Resource Group (ARG) nurses often inform staff about diagnoses and treatments, review medicine changes, and offer follow-up recommendations. The combination of these supports and tools, ensure that children's needs are addressed appropriately and that their well-being is a top priority.

CHALLENGES

Over the last three years, the Department and its staff have made exciting progress. Many of our children and families have benefited from theses efforts and services. Yet, we there remain areas of great challenge that must be met to provide the best possible services for the children and families of Connecticut. Building 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. In addition, the Department must continue to improve how it secures appropriate and stable placements – in the community when possible and only as long as required -- for those children whose treatment needs preclude family living.

The Department understands that resources are crucial, but so are the tools used by the Department to assess and plan for families and children. Development of valid assessment tools is not an easy task and requires thoughtful planning and monitoring. Assessments are at the core of identifying and understanding underlying issues contributing to abuse and neglect. They are valuable for establishing a collaborative relationship with families – one that can lead to solid treatment plans to address these core issues. This, in turn, affects change within a family that can be sustained and help the family deal with crisis in healthier ways.

Following is an update on a number of initiatives that will improve assessments, treatment plans, and case decisions:

- **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). As of this report, over 2,000 staff have been trained. All areas offices have implemented SDM. Hotline has had its first case record review and follow-up that resulted in identifying some areas needing further clarification. Staff viewed this as a very positive and helpful process to enhance the use of the tools.

- **Global Appraisal Of Individual Needs (GAIN)**: GAIN is an evidence-based tool that was primarily designed for assessing treatment needs related to substance abuse. There are multiple versions that are essentially subsets of the full GAIN and are valid and reliable instruments. In cooperation with the UCONN Health Center, a nationally certified GAIN trainer continues to train our investigation staff to employ the GAIN Short Scale as a part of our investigation protocol in all cases. Two offices, Bridgeport and New Britain, have been trained and are using the GAIN assessments. All other offices have begun training, and Intensive Family Preservation (IFP) providers have completed their training.

Initiatives that will improve how we deliver services include the following:

- **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. 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. Two contracts have been fully executed, and three contractors are delivering ISP services.

Initiatives that will improve specific services offered to children and families include the following:

- **Building Stronger Families**: An evidence-based, integrated, in-home model for helping families with parents who need substance abuse treatment and children over the age of seven who have suffered maltreatment and have mental health treatment needs. The Annie Casey Foundation supports this approach, which currently is being piloted in New Britain and is a modification of the MST model. Services are being expanded to New Haven, with training there currently underway and expected to be completed in February 2007. Services in New Haven are expected to begin in March.

- **Intensive Home Based Services aka "Family-Based Recovery" Treatment (for substance abusing parent)**: Similar to Building Stronger Families except the children are under age two, Family Based Recovery Treatment targets substance abuse of parents and maltreatment issues. This in-home substance abuse treatment program focuses on parenting skills and repairing parent/child attachment issues. Services began in New Haven in January 2007 and other three additional regions are preparing to begin services in March. The last of the five regions to gain a provider was awarded a contract and will start services in April 2007. Each of the five programs will serve 12 families at a time.

- **Project SAFE Outreach And Engagement**: Now in Hartford and New Haven, this program will become a component of ISP (see above) when ISP becomes operational.

Case managers work in the home to address substance abuse. High participation is anticipated in contrast to traditional Project SAFE outcomes.

- **Supportive Housing for Families**: The Supportive Housing for Recovering Families Program (SHRF) offers family support services and safe housing to families involved with DCF. The program serves families statewide through a network of contractors managed by The Connection, Inc. Case management services are funded through DCF. Housing is funded through a combination of DCF funds, DSS Rental Assistance Program (RAP) certificates, and federal Section 8 Housing Vouchers. The program was recently expanded (July 06) to serve an additional 100 families increasing the total program capacity to 465 families.
- **Short-Term Assessment Resource (STAR) Centers**: STAR Centers are now replacing the outdated shelter system across Connecticut. Instead of reliance on traditional shelters, which have struggled to meet the changing needs of children, "STAR" Centers around the state will offer treatment and support planning for a more effective course of care. The new system will have capacity to serve 84 children through 12 program sites across the state. Eight of those sites have been secured and the remaining four are in process.

Foster care resources have continued to be a great challenge for the Department. The month of May is Foster Care Month and numerous recruitment efforts are underway across the state. A substantial and targeted radio recruitment campaign is underway to help recruit foster and adoptive families as well as mentors for children in need. Research conducted by the University of Connecticut is helping the Department to target key groups more likely to consider becoming a resource for children. Additional targeted recruitment efforts include advertising on a prominent Internet search engine, resulting in many additional visitors to the DCF recruitment WebPages. Throughout the state, a number of Friendly's Restaurants are sponsoring "Family Nights" as a way to celebrate the commitment of foster parents.

Continued and ongoing efforts are being directed into this area, and a recently proposed, phased foster care plan addresses a number of issues including ensuring that quality standards for foster care are consistent across the state as well as improving the retention, support and recruitment of foster parents, relative caregivers, and "like family" caregivers. Efforts to improve recruitment are already underway and include the use of "resident experts," who include children, existing foster parents and birth parents. These "experts" help recruit and support foster parents at open houses, PRIDE trainings, support groups, and in obtaining free media coverage about the need for and value of foster parenting. These efforts will continue to expand over the next 12 months.

CONCLUSION

The significant improvements and sustained progress over the last three years of the Exit Plan, demonstrates that staff are focused on achieving results and advancing positive outcomes for children and families. However, we continue to recognize and identify the great challenges that remain. Indeed, for the Department to reach its fullest potential, we must constantly be willing and able to identify the evolving and multi-dimensional issues that come from partnering with children, families and communities to promote child safety, permanence, and well-being.

Thorough and comprehensive individualized assessments, effective planning, and successful interventions always will strain our capacity to achieve quality work if we insist – as we must – on a child-centered, family-focused practice.

1Q January 1 – March 31, 2007 Exit Plan Report

Outcome Measure Overview

Measure	Measure	Baseline	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
1: **Investigation Commencement**	>=90%	X	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%	96.4%	98.7%	95.5%	96.5%
2: **Investigation Completion**	>=85%	73.7%	64.2%	68.8%	83.5%	91.7%	92.3%	92.3%	93.1%	94.2%	94.2%	93.1%	94.2%	93.7%	93.0%
3: **Treatment Plans****	>=90%	X	X	X	10%	17%	X	X	X	X	X	X	54%		X
4: **Search for Relatives***	>=85%	58%	93%	82%	44.6%	49.2%	65.1%	89.6%	89.9%	93.9%	93.1%	91.4%	92.2%	8/15/07*	11/15/07*
5: **Repeat Maltreatment**	<=7%	9.3%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.3%	6.3%	7.0%	7.9%	7.9%	7.4%
6: **Maltreatment OOH Care**	<=2%	1.2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%	0.4%	0.7%	0.7%	0.2%	.2%
7: **Reunification***	>=60%	57.8%	X	X	X	X	X	X	64.2%	61%	66.4%	64.4%	62.5%	61.3%	70.5%
8: **Adoption**	>=32%	12.5%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.8%	36.9%	27%	33.6%	34.5%
9: **Transfer of Guardianship**	>=70%	60.5%	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%
10: **Sibling Placement***	>=95%	57%	65%	53%	X	X	X	X	96%	94%	75%	77%	83%	85.5%	84.9%
11: **Re-Entry**	<=7%	6.9%	X	X	X	X	X	X	7.2%	7.6%	6.7%	7.5%	4.3%	8.2%	7.5%
12: **Multiple Placements**	>=85%	X	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%	96.6%	96.8%	95%	96.3%
13: **Foster Parent Training**	100%	X	X	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
14: **Placement Within Licensed Capacity**	>=96%	94.9%	88.3%	92.0%	93.0%	95.7%	97%	95.9%	94.8%	96.2%	95.2%	94.5%	96.7%	96.4%	96.8%
15: **Needs Met****	>=80%	X	53%	57%	53%	56%	X	X	X	X	X	X	62%		X
16: **Worker-Child Visitation (OOH)***	>=85% 100%	Monthly Quarterly	72% 87%	86% 98%	73% 93%	81% 91%	77.9% 93.3%	86.7% 95.7%	83.3% 92.8%	85.6% 91.9%	86.8% 93.1%	86.5% 90.9%	92.5% 91.5%	94.7% 99.0%	95.1%
17: **Worker-Child Visitation (IH)***	>=85%	X	39%	40%	46%	33%	X	81.9%	78.3%	85.6%	86.2%	87.6%	85.7%	89.2%	89%
18: **Caseload Standards+**	100%	69.2%	73.1%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%
19: **Residential Reduction**	<=11%	13.5%	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%
20: **Discharge Measures**	>=85%	61%	74%	52%	93%	83%	X	X	96%	92%	85%	91%	100%	100%	98%
21: **Discharge to DMHAS and DMR**	100%	X	43%	64%	56%	60%	X	X	78%	70%	95%	97%	100%	97%	90%
22: **MDE**	>=85%	5.6%	19.0%	24.5%	48.9%	44.7%	55.4%	52.1%	54.6%	72.1%	91.1%	89.9%	86%	94.2%	91.1%

Results based on Case Reviews

OM	Comments
1, 2, 4, 5, 7, 8, 9, 10, 11, 16, 17 & 22*	***ROM Reports*** ** ROM report with supplemental case review, conducted by Results Management, to evaluate and confirm clinical reasons for separating sibling groups.*
4	*ROM report posted for 1Q 2007 reflecting status of children entering care for the 3Q 2006 period. This is consistent with the Exit Plan measure definition. Refer to 3Q 2006 column.*
6, 12, 14, 18 & 19	***LINK Reports***
3+, 13, 15+, 20** & 21***	***Case Reviews*** *+Court Monitor and DCF collaborative in depth case review* **Administrative Report from CAFAP* ***Case Review conducted by DCF Continuous Quality Improvement Division*

Treatment Plans**

** Conducted by the Court Monitor's Office and DCF.

2006

1Q N/A
2Q N/A
3Q 54% (refer to Court Monitor's Report for results of their case review)
4Q

2007

1Q

2006

In addition, two (2) additional areas were evaluated: Treatment plan must be written and treatment conference conducted in the family's primary language and treatment plans developed in conjunction with parents/child/service providers (for example, treatment plan modifications as a result of input from the ACR).

1Q N/A
2Q N/A
3Q 100% (refer to Court Monitor's Report for results of their case review)
4Q

2007

1Q

Caseload Standards +

2006

1Q As of May 15, 2006 the Department met the 100% compliance mark. The sixty (60) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

2Q As of August 15, 2006 the Department met the 100% compliance mark. The thirty (30) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

3Q As of September 30, 2006 the Department met the 100% compliance mark. The forty (40) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

4Q As of December 31, 2006 the Department met the 100% compliance mark. The fifty-three (53) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

2007

1Q As of May 15, 2007 the Department met the 100% compliance mark. The sixty (60) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

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Quarterly Report
January 1, 2007 – March 31, 2007
Civil Action No. H-89-859 (AHN)
June 20, 2007

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January 1, 2007 – March 31, 2007

Juan F. v Rell Exit Plan Quarterly Report
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Highlights

1. The Monitor's quarterly review of the Department's efforts toward meeting the Exit Plan measures during the period of January 1, 2007 through March 31, 2007 indicates that the Department achieved 16 of the 22 measures. The Department met all three permanency goals Reunification (Outcome Measure 7), Adoption (Outcome Measure 8), Transfer of Guardianship (Outcome Measure 9) for the second consecutive quarter. The performance levels of the Department in meeting the Transfer of Guardianship and Reunification Outcome Measures are the highest achieved percentages thus far.

2. The revised methodology to measure Treatment Planning (Outcome Measure 3) and Needs Met (Outcome Measure 15) was once again utilized for a full sample of 75 cases during the first quarter of 2007. The first quarter January 1, 2007 through March 31, 2007 case review data indicates that the Department achieved 41.3% appropriate Treatment Plans (Outcome Measure 3) and 45.3% on Children's Needs Met (Outcome Measure 15). The Department's performance regarding Treatment Planning is relatively unchanged from the previous quarter (41.1%), and Needs Met declined from 52.1%.

Treatment Plans

Despite a number of interventions and directives aimed at improving the treatment planning process, many treatment plans reviewed this quarter were not collaboratively developed and failed to incorporate the input of family or providers. The majority of treatment plans reviewed continue to be less a vibrant and individualized action plan than a pro forma document. Action steps remain unfocused, incomplete or missing entirely for many active participants in the cases reviewed (57.3% of the plans did not achieve acceptable scores in this category). Identification of goals and objections are likewise problematic with 42.7% of the plans failing to meet expected performance.

Inclusion of thoughtful and comprehensive assessments and meaningful progress statements are lacking for many of the cases reviewed (26.7% and 34.7% not achieving acceptable scores respectively). Reviewers note that despite issues being actively raised, discussed and decided at the Treatment Planning/Administrative Case Review Conference/Family Conference (TPC/ACR/FC), treatment plans often times do not incorporate the decisions reached at the meeting. This lack of follow through renders the input of participants as meaningless and reinforces a culture where treatment plans do not recognize the input provided by families, family members, providers and other significant participants.

Children's Needs Met

The data and analysis reveal that children and families face many obstacles to getting their identified needs met. Most frequently noted: children remain in restrictive levels of care well beyond the time clinically appropriate, are often wait-listed for community services, have specific mental health or educational needs that are not addressed in a timely manner or with specialized treatment of choice, and do not have their well-child medical or dental needs met per EPSDT standards.

In addition, the review indicates that a significant portion of the children in the sample have not had their permanency needs addressed through progressive case work and decisions. Records reflect lack of timely recruitment, unfocused and unclear steps toward permanency goals, lack of Life Book work, lack of effort toward concurrent goals and delayed decisions regarding maintaining placements that while stable, are not permanent.

Many of the records reviewed provide very little detail or insight into the progress attained through use of DCF referred services that are provided. Progress reports or meaningful updates from providers through collateral contacts are minimally documented or absent all together. Only 56.2% of cases documented engagement of active service providers in treatment planning efforts. Only 25.2% of providers actually attended the TPC/ACR/FC to provide first hand feedback.

3. The Monitor's quarterly review of the Department for the period of January 1, 2007 through March 31, 2007 indicates that the Department has achieved compliance with a total of 16 measures.
    - Commencement of Investigations (96.5%)
    - Completion of Investigations (93.0%)
    - Search for Relatives (92.2%)
    - Maltreatment of Children in Out-of-Home Care (0.2%)
    - Reunification (70.5%)
    - Adoption (34.5%)
    - Transfer of Guardianship (78%)
    - Multiple Placements (96.3%)
    - Foster Parent Training (100.0%)
    - Placement within License Capacity (96.8%)
    - Worker to Child Visitation in Out-of-Home Cases (95.1%)
    - Worker to Child Visitation in In-Home Cases (89.0%)
    - Caseload Standards (100.0%)
    - Reduction in Residential Care (10.9%)
    - Discharge Measures (98.0%)
    - Multi-disciplinary Exams (91.1%)

4. The Department has maintained compliance for at least two (2) consecutive quarters[1] with 15 of the Outcome Measures shown above (number of consecutive quarters indicated below):
    - Commencement of Investigations (tenth consecutive quarter)
    - Completion of Investigations (tenth consecutive quarter)
    - Search for Relatives (sixth consecutive quarter)
    - Maltreatment of Children in Out-of-Home Care (thirteenth consecutive quarter)
    - Reunification (seventh consecutive quarter)
    - Transfer of Guardianship (third consecutive quarter)
    - Multiple Placements (twelfth consecutive quarter)
    - Foster Parent Training (twelfth consecutive quarter)
    - Placement within Licensed Capacity (third consecutive quarter)
    - Worker to Child Visitation in Out-of-Home Care (sixth consecutive quarter)
    - Worker to Child Visitation in In-Home Care (sixth consecutive quarter)
    - Caseloads Standards (twelfth consecutive quarter)
    - Residential Reduction (fourth consecutive quarter)
    - Discharge Measures (seventh consecutive quarter)
    - Multi-Disciplinary Exams (fifth consecutive quarter)

5. The Monitor's quarterly review of the Department for the period of January 1, 2007 through March 31, 2007 indicates that the Department did not achieve compliance with six (6) of the measures:
    - Treatment Plans (41.3%)
    - Repeat Maltreatment (7.4%)
    - Sibling Placement (84.9%)
    - Re-Entry (7.5%)
    - Children's Needs Met (45.3 %)
    - Discharge to DMHAS (90.0%)

6. The Monitor's Office is conducting a Targeted Comprehensive Case Review of the Exit Plan Outcome Measures. This effort encompasses a review of multiple samples totaling approximately 2,000 cases. The review is being directed by the Court Monitor's Office and follows the methodology employed for all Court Monitor reviews which integrates Quality Improvement staff from the Department with staff contracted by the Court Monitor to conduct the work. The full report on this quantitative/qualitative review is expected to be completed in July 2007.

[1] 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.

7. As outlined in the last quarterly report, the *Juan F*. Action Plan focuses on heightened attention to permanency, placement and treatment issues including 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. The plan details action steps, strategies and implementation time frames.

   The Monitor has developed a set of monitoring strategies to review the *Juan F*. Action Plan. These strategies include regular meetings with Department staff, the Plaintiffs, provider groups and other stakeholders that will focus on the critical steps outlined in the *Juan F*. Action Plan; selected site visits each quarter; targeted reviews of critical elements of the *Juan F*. Action Plan; ongoing analysis of key data reports, and attendance at a variety of meetings related to the specific initiatives and ongoing activities outlined in the *Juan F*. Action Plan. Updates of specific action steps included in the *Juan F*. Action Plan follow in this report on page 6.

The Department's full, unedited, but verified report to the Court Monitor is incorporated at the end of this Monitor's Report to the Court (See Appendix 2). Updates on a number of key initiatives including Structured Decision Making (SDM); Global Appraisal of Individual Needs (GAINS); Differential Response System (DRS); Intensive Safety Planning (ISP); Building Stronger Families; Family-Based Recovery; Project SAFE Outreach and Engagement; Supportive Housing and the Short-Term Assessment Resource (STAR) Centers are provided within this document.

1Q January 1 – March 31, 2007 Exit Plan Report Outcome Measure Overview															
Measure	Measure	Baseline	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
1: Investigation Commencement	>=90%	X	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%	96.4%	98.7%	95.5%	96.5%
2: Investigation Completion	>=85%	73.7%	64.2%	68.8%	83.5%	91.7%	92.3%	92.3%	93.1%	94.2%	94.2%	93.1%	94.2%	93.7%	93.0%
3: Treatment Plans**	>=90%	X	X	X	10%	17%	X	X	X	X	X	X	54.3%	41.1%	41.3%
4: Search for Relatives*	>=85%	58%	93%	82%	44.6%	49.2%	65.1%	89.6%	89.9%	93.9%	93.1%	91.4%	92.2%	8/15/07*	11/15/07*
5: Repeat Maltreatment	<=7%	9.3%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.3%	6.3%	7.0%	7.9%	7.9%	7.4%
6: Maltreatment OOH Care	<=2%	1.2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%	0.4%	0.7%	0.7%	0.2%	.2%
7: Reunification*	>=60%	57.8%	X	X	X	X	X	X	64.2%	61%	66.4%	64.4%	62.5%	61.3%	70.5%
8: Adoption	>=32%	12.5%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.8%	36.9%	27%	33.6%	34.5%
9: Transfer of Guardianship	>=70%	60.5%	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%
10: Sibling Placement*	>=95%	57%	65%	53%	X	X	X	X	96%	94%	75%	77%	83%	85.5%	84.9%
11: Re-Entry	<=7%	6.9%	X	X	X	X	X	X	7.2%	7.6%	6.7%	7.5%	4.3%	8.2%	7.5%
12: Multiple Placements	>=85%	X	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%	96.6%	96.8%	95%	96.3%
13: Foster Parent Training	100%	X	X	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%	94.9%	88.3%	92.0%	93.0%	95.7%	97%	95.9%	94.8%	96.2%	95.2%	94.5%	96.7%	96.4%	96.8%
15: Needs Met**	>=80%	X	53%	57%	53%	56%	X	X	X	X	X	X	62.9%	52.1%	45.3%
16: Worker-Child Visitation (OOH)*	>=85% 100%	Monthly Quarterly	72% 87%	86% 98%	73% 93%	81% 91%	77.9% 93.3%	86.7% 95.7%	83.3% 92.8%	85.6% 91.9%	86.8% 93.1%	86.5% 90.9%	92.5% 91.5%	94.7% 99.0%	95.1%
17: Worker-Child Visitation (IH)*	>=85%	X	39%	40%	46%	33%	X	81.9%	78.3%	85.6%	86.2%	87.6%	85.7%	89.2%	89%
18: Caseload Standards+	100%	69.2%	73.1%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%
19: Residential Reduction	<=11%	13.5%	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%
20: Discharge Measures	>=85%	61%	74%	52%	93%	83%	X	X	96%	92%	85%	91%	100%	100%	98%
21: Discharge to DMHAS and DMR	100%	X	43%	64%	56%	60%	X	X	78%	70%	95%	97%	100%	97%	90%
22: MDE	>=85%	5.6%	19.0%	24.5%	48.9%	44.7%	55.4%	52.1%	54.6%	72.1%	91.1%	89.9%	86%	94.2%	91.1%

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 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 Treatment Planning (Outcome Measure 3) and Needs Met (Outcome Measure 15). The implementation of this review began with a pilot sample of 35 cases during the third quarter 2006, 73 cases during the fourth quarter, 2006 and most recently, 75 cases during the first quarter 2007, which is the sample upon which the following data is reported.

The 75 case sample was stratified based upon the distribution of area office caseload on December 1, 2006. The sample incorporates both in-home and out-of-home cases based on the overall statewide percentage reflected at the point that the universe was drawn for sampling.

Table 1: First Quarter Sample Required Based on December 1, 2006 Caseload Universe

Area Office	Caseload	% of State	Sample Required	OOH Cases	IH Cases
Bridgeport	1,070	7.9%	6	5	1
Danbury	305	2.2%	3	2	1
Greater New Haven	938	6.9%	5	4	1
Hartford	1,811	13.3%	9	7	2
Manchester	1,214	8.9%	6	4	2
Meriden	590	4.3%	3	2	1
Middletown	400	2.9%	3	2	1
New Britain	1,497	11.0%	8	5	3
New Haven Metro	1,493	11.0%	8	6	2
Norwalk	256	1.9%	2	1	1
Norwich	1,137	8.4%	6	4	2
Stamford	293	2.2%	2	1	1
Torrington	430	3.2%	3	2	1
Waterbury	1,311	9.6%	7	5	2
Willimantic	866	6.4%	4	3	1
Statewide	**13,611**	**100.0%**	**75**	**53**	**22**

The methodology continues to pair the Department's staff with Monitor's Review staff. Reviewers were assigned to different teams and office locations. This methodology will continue through the end of the second quarter 2007, when staffing changes at DCF will reduce the number of reviewers available, and will require reviews to be done most frequently by one assigned reviewer.

Each case was subjected to the following methodology (A case review typically requires seven to 12 hours to complete).

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)[2].
3. A subsequent review of the final approved plan is conducted fourteen to twenty days following the date identified within the TPC/ACR/FC schedule from which the sample was drawn. Each reviewer completes an individual assessment of the treatment plan and needs met outcome measures and fills out the scoring forms for each.
4. A final meeting with the assigned teammate is held to jointly arrive at the final scores for each section and overall scoring for OM3 and 15. Individual scoring and joint scoring forms are then submitted to the Monitor. (This step may change as determined appropriate by the DCF Court Monitor after evaluation of the process, feedback from review staff and fiscal/staffing considerations.)

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 agreement cannot be reached, the team requests that the supervisor become a third voice on those areas of concern. They present their opinions and findings and the supervisor determines the appropriate score to reflect the level of performance for the specific item(s) and assists them in the overall determination of compliance for OM3 and OM15.

If the team indicates that there are areas that do not attain the “very good” or “optimal” level, yet the consensus is the overall score should be “an appropriate treatment plan” or “needs met” the team outlines their reasoning for such a determination and it is reviewed by the Court Monitor for approval of an override exception. These cases are available to the Technical Advisory Committee (TAC) for review. During the fourth quarter, there were 5 cases submitted for override consideration. Of the 5 cases, two resulted in the approval of an override to allow passing score. Two cases were reviewed by the Monitor and after consultation with reviewers changes were made to the scoring so that the override was no longer required. In one case the request for override was denied.

[2] 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.

Sample Demographics

As indicated earlier, the sample consisted of seventy-five cases distributed among the fifteen area offices. Sample cases are identified by Assignment Type. At the point of review, the data indicates that the majority of cases (90.7%) open for protective service reasons. A full description of the sample is provided below:

Table 2: Case Assignment Types with the Sample Set (n=75)

Assignment	Frequency	Percent
CPS In-Home Family	21	28.0%
CPS Child in Placement	47	62.7%
Voluntary Services In-Home Family	3	4.0%
Voluntary Services Child in Placement	4	5.3%
Total	75	100.0%

Of the 52 children in placement at any point during the quarter, ten children (19.2%) had some involvement with the juvenile justice system during the quarter. In looking at this population of ten children in relation to the overall scoring for OM3 and OM15, the rates of children with an appropriate treatment plan is 20% (two of the 10) and children with needs met is 30% (three of the ten). This is a lower percentage in comparison to those children in placement with no juvenile justice involvement: which have an appropriate treatment plan in 40.5% of the cases reviewed (17 of 42) and with 47.6% having needs met (20 of 22).

In establishing the reason for the most recent case open date identified, reviewers ascertain all substantiations or voluntary service needs identified at the point of the most recent case opening. This is a multiple response question which allows the reviewers to select more than one response. In total, 144 reasons were identified for the case sample. The data indicates that physical neglect is the most frequent reason for a case opening in treatment, as 58.7% of the cases cited this as one of the factors for the case opening. This is followed by Parental Substance Abuse/Mental Health which is present in 32.0% of the cases reviewed, and Child's TPR, which is identified in 21.3% of the cases reviewed.

Table 3: Reasons for DCF involvement at the point of most recent case open/reopen date

Reason(s) Cited	Number	Percent of Instances Identified (n=)	Percent of Sample Cases with Identified Reason (n=75)
Physical Neglect	44	30.6%	58.7%
Substance Abuse/Mental Health (Parent)	24	16.7%	32.0%
Child's TPR	16	11.1%	21.3%
Domestic Violence	15	10.4%	20.0%
Voluntary Services Request	10	6.9%	13.3%
Emotional Neglect	8	5.6%	10.7%
Medical Neglect	7	4.9%	9.3%
Physical Abuse	6	4.2%	8.0%
Abandonment	6	4.2%	8.0%
FWSN	4	2.8%	5.3%
Educational Neglect	2	1.4%	2.7%
Emotional Abuse/Maltreatment	2	1.4%	2.7%
Sexual Abuse	0	0.0%	0.0%
Total	144	100.2%[3]	N/A

When asked to isolate the primary reason for case opening among those identified for each case; physical neglect is most frequently identified and represents 33.3% of the sample set.

Table 4: What is the primary reason cited for case opening/reopening?

Primary Reason	Frequency	Percent
Physical Neglect	25	33.3%
Child's TPR	15	20.0%
Substance Abuse/Mental Health (Parental)	10	13.3%
Voluntary Services	8	10.7%
Domestic Violence	4	5.3%
Medical Neglect	4	5.3%
Abandonment	3	4.0%
FWSN	2	2.7%
Physical Abuse	2	2.7%
Educational Neglect	1	1.3%
Emotional Abuse	1	1.3%
Emotional Neglect	0	0.0%
Sexual Abuse/Exploitation	0	0.0%
Total	75	99.9%[4]

Approved permanency/case goals are identified for 73 of the 75 cases reviewed. Of the 20 situations in which "Reunification" is the permanency goal, there is a required

[3] Due to rounding.
[4] Due to rounding.

concurrent plan documented in 19 cases. Of the three cases with the goal of "APPLA: Other", two identified the goal of "Independent Living", and one listed "Specialized Care to Transition to DMHAS/DMR".

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

Permanency Goal	Frequency	Percent
In-Home Goals - Safety/Well Being Issues	22	29.3%
Reunification	20	26.7%
Adoption	16	21.3%
APPLA: Permanent Non-Relative Foster Care	10	13.3%
APPLA: Other	3	4.0%
Transfer of Guardianship	2	2.7%
Goal is not an approved treatment planning goal	1	1.3%
UTD - plan incomplete, unapproved/missing for this period	1	1.3%
Long Term Foster Care with a licensed relative	0	0.0%
Total	75	99.9%[5]

Children in placement had various lengths of stay at the point of our review. Episodes start dates range from April 1995 to January 2007. The distribution of length of stays is provided below for those children still in placement at the point of review.

Table 6: How many consecutive months has the child been in out of home placement at the date of review?

	Frequency	Percent	Cumulative Percent
1-6 Months	4	7.7%	7.7%
7-12 Months	13	25.0%	32.7%
13-18 Months	10	19.2%	51.9%
19-24 Months	4	7.7%	59.6%
Greater than 24 Months	21	40.4%	100.0%
Total CIP at Point of Review	52	100.0%	

The population of children in care greater than 24 months is down slightly in comparison to the 4th quarter sample (n=51) which had 23 children, or 45.1% in care greater than 24 months. Further data provides an indication of whether TPR has been filed in relation to the case permanency goal and ASFA requirement. In 17 of the 22 cases in which TPR was filed, TPR had been granted prior to our review. There are three children exceeding the ASFA 15 of the last 22 month time-frame for which neither TPR has been filed nor a Compelling Reason has been identified in the appropriate manner. Compelling Reasons were documented in nine situations, but in two of these TPR has also been filed.

[5] Due to rounding

Crosstabulation 1: 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?

	For child in placement, has TPR been filed?					Total
Has child's length of stay exceeded the 15 of the last 22 benchmark set by ASFA?	**yes**	**no**	**N/A – Compelling Reason in LINK**	**N/A - child's goal and length of time in care don't require TPR**	**N/A - In-Home Case (CPS or Voluntary Services)**	
Yes	1	3	4	1	0	9
No	2	0	3	16	1	22
N/A – TPR Filed	19	0	2	0	0	21
N/A – In Home Family Case (CPS or Voluntary)	0	0	0	1	22	23
Total	**22**	**3**	**9**	**18**	**23**	**75**

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 first quarter 2007 case review data indicates that the Department attained the level of "Appropriate Treatment Plan" in 31of the 75-case sample or **41.3%**. This is relatively unchanged from the fourth quarter 2006 result of 41.1%.

Despite a number of interventions and directives aimed at improving the treatment planning process many treatment plans reviewed this quarter were not collaboratively developed and failed to incorporate the input of family or providers. With a few exceptions the treatment plans continue to be less a vibrant and individualized action plan than a pro forma document. Action steps remain unfocused, incomplete or missing entirely for many active participants in the cases reviewed (57.3% of the plans did not achieve acceptable scores in this category). Identification of goals and objections are likewise problematic with 42.7% of the plans failing to meet expected performance.

Inclusion of thoughtful and comprehensive assessments and meaningful progress statements are lacking in a large number of cases reviewed (26.7% and 34.7% failing respectively). Reviewers note that despite issues being raised, discussed and decided at the ACR/TPC/FC, treatment plans oftentimes did not incorporate the decisions reached at the meeting. This renders the input of participants as meaningless and reinforces that treatment plans do not recognize the input provided by families, family members, providers and other significant participants.

No case fails solely as a result of the language or approval requirement. However, of the plans not passing due to less than "very good" scores, two plans also do not have social work supervisory approval. In one case, we are unable to determine if the family's language needs were met. This case was one of the two plans without supervisory approval.

Crosstabulation Table 2: What is the type of case assignment noted in LINK? * Overall Score for OM3

	Overall Score for OM3		
What is the type of case assignment noted in LINK?	**Appropriate Treatment Plan**	**Not an Appropriate Treatment Plan**	**Total**
CPS In-Home Family Case (IHF)	12	9	21
CPS Child in Placement Case (CIP)	16	31	47
Voluntary Services In-Home Family Case (VSIHF)	1	2	3
Voluntary Services Child in Placement Case (VSCIP)	2	2	4
Total	**31**	**44**	**75**

As shown in the crosstabulation table above, the overall score designation differs between the in-home and out of home cases in this quarter's sample. In 13 of 24 in-home family treatment plans (both CPS and Voluntary Services) reviewed the treatment plan passes the overall measure with a designation of appropriate treatment plan (54.2%). Comparatively, only 18 of 51 CIP treatment plans reviewed (both CPS and Voluntary Services) achieve the "appropriate treatment plan status" (35.3%). For a more in-depth review by individual categories of OM3 by case type, please see Tables 8 through 10 on page 15.

The reviewers collected data regarding the level of engagement with children, families and providers in the development of the treatment plans as well as the content of the plan document itself. Each case had a unique pool of active participants for the Department 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 these 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 for each participant type across all the cases reviewed.

Table 7: 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
Child	74.1%	25.9%
Mother	79.6%	59.2%
Father	31.4%	23.4%
Foster Parent	91.7%	69.4%
Active Service Providers	52.6%	25.2%
Attorney/GAL (Child)	24.5%	1.9%
Parents' Attorney	24.3%	5.4%
Other DCF Staff	46.2%	21.6%
Other Participants	68.6%	45.5%

It is clear from the attendance and engagement rates indicated above that the Department, while demonstrating some improvement, still requires considerable effort to appropriately engage key participants. The attendance by key case participants at the TPR/ACR or Family Conference remains problematic and is indicative of the continued need to embrace and encourage families to be full participants in decision making. Reviewers note a failure to invite adolescents and fathers to the TPC/ACR/FC, and an overall lack of engagement with both children's and parents' attorneys. Similarly, it is noted that ARG or other DCF staff active within the case are also not participating in the treatment planning process as much as would be expected. The engagement process cannot end with solicitation of opinions or attendance at the requisite meetings. Treatment plans must value and accurately reflect each parties' input, finalized treatment plans must incorporate all decisions arrived at during the collaborative treatment planning process.

As with the previous quarters, this review process looked at eight categories of measurement when determining overall appropriateness of the treatment planning (OM3). Scores were based upon the following rank/scale.

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

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

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

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

Absent/Adverse Score – 1
The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no treatment plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts. "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 set of three tables on page 15 provide at a glance, the scores for each of the eight categories of measurement within Outcome Measure 3. The first is the full sample, the second consists of children in out of home placement cases (CIP) and the third table is comprised of the in-home family cases. For a complete listing of rank scores for Outcome Measure 3 by case, see Appendix 2.

Table 8: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for All Cases Across All Categories of OM3

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	47 (62.7%)	28 (37.3%)	--	--	--
I.2. Identifying Information	10 (13.3%)	52 (69.3%)	13 (17.3%)	--	--
I.3. Strengths/Needs/Other Issues	25 (33.3%)	32 (42.7%)	17 (22.7%)	--	1 (1.3%)
I.4. Present Situation and Assessment to Date of Review	23 (30.7%)	32 (42.7%)	16 (21.3%)	2 (2.7%)	2 (2.7%)
II.1 Determining the Goals/Objectives	18 (24.0%)	25 (33.3%)	24 (32.0%)	6 (8.0%)	2 (2.7%)
II.2. Progress	24 (32.0%)	25 (33.3%)	20 (26.7%)	4 (5.3%)	2 (2.7%)
II.3 Action Steps to Achieving Goals Identified	2 (2.7%)	30 (40.0%)	28 (37.3%)	10 (13.3%)	5 (6.7%)
II.4 Planning for Permanency	28 (37.3%)	33 (44.0%)	11 (14.7%)	2 (2.7%)	1 (1.3%)

Table 9: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for Out of Home (CIP) Cases Across All Categories of OM3

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	10 (41.7%)	14 (58.3%)	--	--	--
I.2. Identifying Information	6 (25.0%)	15 (62.5%)	3 (12.5%)	--	--
I.3. Strengths/Needs/Other Issues	10 (41.7%)	9 (37.5%)	4 (16.7%)	--	1 (4.2%)
I.4. Present Situation and Assessment to Date of Review	10 (41.7%)	7 (29.2%)	6 (25.0%)	--	1 (4.2%)
II.1 Determining the Goals/Objectives	7 (29.2%)	10 (41.7%)	6 (25.0%)	--	1 (4.2%)
II.2. Progress	11 (45.8%)	7 (29.2%)	4 (16.7%)	1 (4.2%)	1 (4.2%)
II.3 Action Steps to Achieving Goals Identified	1 (4.2%)	12 (50.0%)	7 (29.2%)	2 (8.3%)	2 (8.2%
II.4 Planning for Permanency	14 (58.3%)	9 (37.5%)	--	--	1 (4.2%)

Table 10: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for In-Home Family Cases Across All Categories of OM3

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	33 (64.7%)	18 (35.3%)	--	--	--
I.2. Identifying Information	4 (7.8%)	37 (72.5%)	10 (19.6%)	--	--
I.3. Strengths/Needs/Other Issues	15 (29.4%)	23 (45.1%)	13 (25.5%)	--	--
I.4. Present Situation and Assessment to Date of Review	13 (25.5%)	25 (49.0%)	10 (19.6%)	2 (3.9%)	1 (2.0%)
II.1 Determining the Goals/Objectives	11 (21.6%)	15 (29.4%)	18 (35.3%)	6 (11.8%)	1 (2.0%)
II.2. Progress	13 (25.5%)	18 (35.3%)	16 (31.4%)	3 (5.9%)	1 (2.0%)
II.3 Action Steps to Achieving Goals Identified	1 (2.0%)	18 (35.3%)	21 (41.2%)	8 (15.7%)	3 (5.9%)
II.4 Planning for Permanency	14 (27.5%)	24 (47.1%)	11 (21.6%)	2 (3.9%)	--

It is clear from the tables provided regarding these eight categories of measurement that the Department continues to struggle with identifying the action steps for the case participants in relation to those goals (II.3). The highest percentage of "Marginal", "Poor" or "Adverse" scores were identified for Section II.3 (Action Steps to Achieving Goals Identified) with 57.3% of the cases not achieving a passing grade. This is a decline in performance during the 4th quarter, which had 50.7% of the plans not achieving a passing score. It appears that there is still some confusion on the part of the social worker and social work supervisors regarding the distinction between goals, and the development of action steps to achieve those goals. As noted in prior reviews, the Department often fails to incorporate its own responsibilities and action steps for the case for the next six months, minimizes parent or provider responsibility, or does not provide clear measurement, time-frames, or identify responsible participants.

The next area most frequently noted as problematic during the period of January through March 2007 was the Determination of the Goals and Objectives Section (II.1). While showing some improvement over the 4th quarter results, in which 50.7% of plans failed to accurately identify goals and objectives, this category failed to achieve a passing score in 42.7% of the treatment plans sampled.

Table 11: Percentage of Plans Achieving Passing Level Scores for Individual Sections of OM3

Category	# Passing (Scores 4 or 5)	# Not Passing (Scores 3 or Less)
I.1 Reason for DCF Involvement	100%	--
I.2 Identifying Information	82.6%	17.4%
I.3 Strengths/Needs/Other Issues	76.0%	24.0%
I.4 Present Situation and Assessment to Date of Review	73.3%	26.7%
II.1 Determining the Goals and Objectives	57.3%	42.7%
II.2 Progress	65.3%	34.7%
II.3 Action Steps to Achieving the Goals Identified for Upcoming Six Month Period	42.7%	57.3%
II.4 Planning for Permanency	81.3%	42.7%
Overall Score	41.3%	58.7%

The sample data indicates that 81.3% of the plans did identify an appropriate treatment plan permanency goal for the child or family (slightly decreased from 82.2% last quarter). Small gains are noted in other categories as well; most notably the Department is becoming more adept at including appropriate identifying information for active case participants (82.6%).

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

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

The case review data indicates that the Department attained the designation of "Needs Met" in **45.3 %** of the 75-case sample. This is a decline from the fourth quarter 2006 results of 52.1%.

The data and analysis reveal that children and families face many obstacles to getting their identified needs met. Most frequently noted: children remain in restrictive levels of care well beyond the time clinically appropriate, are often wait-listed for community services, have specific mental health or educational needs that are not addressed in a timely manner or with specialized treatment of choice, and do not have their well-child medical or dental needs met per EPSDT standards.

In addition, the review indicates that a significant portion of the children in the sample have not had their permanency needs addressed through progressive case work and decisions. Records reflect lack of timely recruitment, unfocused and unclear steps toward permanency goals, lack of Life Book work, lack of effort toward concurrent goals and delayed decisions regarding maintaining placements that while stable, are not permanent.

Many of the records reviewed provide very little detail or insight into the progress attained through use of DCF referred services that are provided. Progress reports or meaningful updates from providers through collateral contacts are minimally documented or absent all together. Only 56.2% of cases documented engagement of active service providers in treatment planning efforts. Only 25.2% of providers actually attended the TPC/ACR/FC to provide first hand feedback.

There is a slight variation when looking at the case assignment type in relation to needs met. Of the 24 cases selected as in-home family cases, twelve or 50.0% achieved "needs met" status. Comparatively, twenty-two of the 51 cases with children in placement (both CPS and Voluntary) achieved "needs met" status (43.1%). There is a decline in scores for both case type categories from the prior quarter.

Crosstabulation 3: What is the type of case assignment noted in LINK? * Overall Score for Outcome Measure 15

What is the type of case assignment noted in LINK?	Overall Score for Outcome Measure 15		
	Needs Met	Needs Not Met	Total
CPS In-Home Family Case (IHF)	11	10	21
CPS Child in Placement Case (CIP)	21	26	47
Voluntary Services In-Home Family Case (VSIHF)	1	2	3
Voluntary Services Child in Placement Case (VSCIP)	1	3	4
Total	**34**	**41**	**75**

The overall score for Outcome Measure 5 is also viewed through the filter of the stated permanency goal as shown below:

Crosstabulation 4: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? * Overall Score for Outcome Measure 15

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?	Overall Score for Outcome Measure 15		
	Needs Met	Needs Not Met	Total
Reunification	11	9	20
Adoption	10	6	16
Transfer of Guardianship	1	1	2
Long Term Foster Care with a licensed relative	0	0	0
APPLA: Permanent Non-Relative Foster Care	1	9	10
APPLA: Other	0	3	3
In-Home Goals - Safety/Well Being Issues	11	11	22
UTD - plan incomplete, unapproved/missing for this period	0	1	1
Stated Goal is not an approved DCF goal	0	1	1
Total	**34**	**41**	**75**

As clearly seen in Crosstabulation 4 above, those children identified with "APPLA: Permanent Non-Relative Foster Care" or "APPLA": Other "are achieving Needs Met" status with much less frequency than those children with other identified permanency goals. Of those with Reunification as the stated goal, 55% had needs met. Of those with Adoption as the goal, 62.5% achieved the measure with "needs met". Transfer of Guardianship cases had needs met in 50.0% of the cases. All three "APPLA: Other" cases failed to achieve "needs met" status. Of those cases with "APPLA: Permanent Non-Relative Foster Care", 10.0% achieved the measure.

The Department has recently implemented changes in practice related to the use of the APPLA goals which may have a substantial impact upon its performance related to OM 15. There is now a permanency review process that must be utilized prior to approving a child's permanency goal as APPLA.

Outcome Measure 15 looks at twelve categories of measurement to determine the level with which the Department is able to meet the needs of children and families. When looking at passing scores (5 or 4) and those not passing (3 or less) there is a marked difference in performance among the categories.

DCF scores highest in providing Prompt Legal Action (II.2) which passes in 93.3% of the cases reviewed, and Safety of Children in Placement (I.2) which passes in 81.5% of applicable cases. Of note, the data also shows an increase in the passing rate of the

Current Placement Section (IV.4), which showed 80.8% of the cases passing. There is a shift from prior reviews which had the Department showing the most difficulty in meeting the dental needs of children. However, while the overall percentage has improved when needs are not met in this category (III.2), it is more likely that the score assigned by the reviewer was in the poor or adverse range. Reviewers indicate that a majority of the concerns are related to excessive gaps in well care visits or no documentation regarding dental care.

In this quarter, the category with the lowest percentage of passing scores is Section III.3: "Well-Being – Mental Health, Behavioral and Substance Abuse Services." This quarter a passing score is achieved for Section III.3 in only 60.6% of the cases reviewed. This is followed closely by deficits noted in Section I.1: "Safety – In-Home", which has a passing rate of 60.9%.

Table 12: Identification of Outcome Measure 15 categories and resulting percentage achieving/not achieving "passing" scores of 4 or 5

Category	# Passing (Scores 4 or 5)	# Not Passing (Scores 3 or Less)
DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months (II.2)	93.3%	6.7%
Safety – Children in Placement (I.2)	81.5%	18.5%
Child's Current Placement (IV.1)	80.8%	19.2%
Medical Needs (III.1)	80.0%	20.0%
Securing the Permanent Placement – Action Plan for the Next Six Months (II.1)	79.6%	20.4%
DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months (II.3)	76.7%	23.3%
Dental Needs (III.2)	70.7%	29.3%
Educational Needs (IV. 2)	69.8%	30.2%
DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal during the Prior Six Months (II.4)	61.6%	38.4%
Safety – In Home (I.1)	60.9%	39.1%
Mental Health, Behavioral and Substance Abuse Services (III.3)	60.6%	39.4%

All categories are in Table 13 below with the frequency and percentage of applicable cases achieving each rank score below.

Table 13: Measurements of Treatment Plan OM 15 – Percentage of Rank Scores Attained Across All Categories[6]

Category	# Ranked Optimal "5"	# Ranked Very Good "4"	# Ranked Marginal "3"	# Ranked Poor "2"	# Ranked Adverse/Absent "1"	N/A To Case
I.1 Safety – In Home	6 (26.1%)	8 (34.8%)	7 (30.4%)	2 (8.7%)	0 (0%)	52
I.2. Safety – Children in Placement	30 (55.6%)	14 (25.9%)	8 (14.8%)	1 (1.9%)	1 (1.9%)	21
II.1 Securing the Permanent Placement – Action Plan for the Next Six Months	22 (40.7%)	21 (38.9%)	9 (16.7%)	2 (3.7%)	0 (0%)	21
II.2. DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months	57 (76.0%)	13 (17.3%)	4 (5.3%)	0 (0%)	1 (1.3%)	0
II.3 DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	31 (51.7%)	15 (20.0%)	9 (15.0%)	5 (8.3%)	0 (0%)	15
II.4. DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal during the Prior Six Months	23 (31.5%)	22 (30.1%)	18 (24.7%)	10 (13.7%)	0 (0%)	2
III.1 Medical Needs	43 (57.3%)	17 (22.7%)	10 (13.3%)	3 (4.0%)	2 (2.7%)	0
III.2 Dental Needs	38 (50.7%)	15 (20.0%)	7 (9.3%)	4 (5.3%)	11 (14.7%)	0
III.3 Mental Health, Behavioral and Substance Abuse Services	20 (28.2%)	23 (32.4%)	19 (26.8%)	8 (11.3%)	1 (1.4%)	4
IV.1 Child's Current Placement	29 (55.8%)	13 (25.0%)	4 (7.7%)	5 (9.6%)	1 (1.9%)	23
IV. 2 Educational Needs	26 (41.3%)	18 (28.6%)	15 (23.8%)	4 (6.3%)	0 (0%)	12

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

[6] 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. At the point of sampling, the total number identified for the in-home sample was 24 cases. However, a number of cases had both in-home and out of home status at some point during the six-month period of review.

In addition to looking at the twelve categories of Outcome Measure 15, the review collected data on situations in which a case had a need identified at the prior ACR, in the prior treatment plan or within the six-month period of LINK record reviewed. Data was collected on those needs that remained unresolved at the point of the most recent treatment planning efforts. In 29 of the 75 cases (38.7%), the reviewers found all needs from the six-month period of review met at the point of scoring post ACR. The remaining 46 cases identified at least one unmet need carried over from the prior treatment planning period with a total of 97 unmet needs.

Table 14: Unmet Service Needs Identified within the Sample Set Cases

Category of Need	Unmet Needs from Prior Treatment Planning Period	Frequency	Percent of All Unmet Needs
No Unmet Needs	No Unmet Needs from prior treatment planning period	29	N/A
Child Care (1.0%)	after school program	1	1.0%
Dental (7.2%)	dental screenings and evaluation	5	5.2%
	dental or orthodontic services	2	2.1%
Domestic Violence	domestic violence services - perpetrator	3	3.1%
(5.2%)	domestic violence services program - victim	2	2.1%
Education (3.1%)	educational screening or evaluation	2	2.1%
	occupational therapy	1	1.0%
Housing (2.1%)	housing assistance (Section 8)	2	2.1%
Medical (5.2%)	health/medical screening or evaluation	4	4.1%
	other medical interventions	1	1.0%
Mental Health	individual counseling	11	11.3%
(28.9%)	family or marital counseling	6	6.2%
	other state agency program (DMR, DMHAS, MSS)	2	2.1%
	therapeutic child care	2	2.1%
	behavior management	1	1.0%
	group counseling	1	1.0%
	mental health - care coordination	1	1.0%
	mental health screening or evaluation	1	1.0%
	other: wraparound services to allow for discharge	1	1.0%
	problem sexual behavior therapy	1	1.0%
	psychological or psychosocial evaluation	1	1.0%
Out of Home Care	residential facility care	6	6.2%
(13.4%)	therapeutic foster care	3	3.1%
	group home	2	2.1%
	adoption recruitment	1	1.0%
	matching/placement/processing (includes ICO)	1	1.0%

Category of Need (cont'd)	Unmet Needs from Prior Treatment Planning Period	Frequency	Percent of All Responses
Substance Abuse	drug/alcohol testing	4	4.1%
(10.3%)	outpatient substance abuse treatment	2	2.1%
	substance abuse screening/evaluation	2	2.1%
	inpatient substance abuse treatment	1	1.0%
	relapse prevention program	1	1.0%
In-Home Supports	family reunification	2	2.1%
(6.2%)	in-home parent education and support	2	2.1%
	family stabilization	1	1.0%
	positive youth development program	1	1.0%
Out of Home Support	mentoring	5	5.2%
(9.3%)	respite services	2	2.1%
	maintaining family ties	1	1.0%
	supervised visitation	1	1.0%
Training (1.0%)	life skills training	1	1.0%
DCF (7.2%)	DCF case management/support/advocacy	5	5.2%
	DCF worker/child visitation	1	1.0%
	DCF/provider contact	1	1.0%
	Total Unmet Needs	**97**	**100.0%**

"Delay in referral by DCF Worker" was the most frequently identified barrier noted, with 20.6% of unmet needs resulting from this issue. "Client refusal" was cited 19.6% of the time. However, reviewers report there is little documentation of Social Worker's efforts to utilize the ARG, community providers, or family members to engage parents. "Unable to determine" was selected by the reviewers in 14.4% of the situations and results from the process which does not incorporate interview to clarify lack in documentation. The "Other" category comprises19.6% of the needs unmet. The variant issues are detailed in table 16.

Table 15: Barriers for Identified Unmet Service Needs during Prior Six Months

Barriers	Frequency	Percent of Barriers Identified
Delay in referral by worker	20	20.6%
Client refused service	19	19.6%
Other	16	16.5%
UTD from treatment plan or narrative	14	14.4%
Placed on waiting list	8	8.2%
Referred service is unwilling to engage client	3	3.1%
Service deferred pending completion of another	3	3.1%
Transportation unavailable	2	2.1%
Service not available in primary language	2	2.1%
service not available for age group	2	2.1%
No slots available	2	2.1%
Insurance issues	2	2.1%
Hours of operation (alternate hrs needed)	2	2.1%
No service identified to meet this need	1	1.0%
Approval process	1	1.0%
Total Barriers Identified for Unmet Needs	97	100.1%[7]

"Other Barriers" cited in the chart above are identified as:

Table 16: "Other" Barriers Identified during Review Process

	Frequency
No TX plan/action developed around need	4
Child left state	1
Daycare	1
Discharge planning needed	1
DCF undecided regarding appropriate service	1
Foster family not willing to adopt	1
Miscommunication with the provider	1
No appropriate facility to meet need	1
Referral delay due to change in CPT	1
Reluctance by Connecting Families to facilitate siblings visits	1
Required specialist dental work	1
SW it would be upsetting to sibs	1
Income	1
Total	16

[7] Due to rounding.

In addition, when looking specifically at the most recent treatment planning document, 43 cases (57.3%) had a service need that was clearly identified at the TPC/ACR/FC or within LINK documentation that was not incorporated into the most recent treatment plan document. This included a total of 101 service needs. The most frequently noted need is dental service.

Table 17: Needs Identified but not incorporated into the Treatment Plan Reviewed for 1Q 2007

	Frequency	% of all Needs Not Incorporated
Dental screenings and evaluation	16	15.8%
Mentoring	9	8.9%
Case management/support/advocacy	8	7.9%
Health/medical screening or evaluation	7	6.9%
Therapeutic child care	7	6.9%
Educational screening or evaluation	6	5.9%
Other medical interventions	6	5.9%
Worker/provider contact	6	5.9%
Family or marital counseling	3	3.0%
In-home treatment (MDFT, MST or FFT)	3	3.0%
Worker/child visitation	3	3.0%
Family reunification	2	2.0%
Foster care support	2	2.0%
Individual counseling	2	2.0%
In-home parent education and support	2	2.0%
Life skills training	2	2.0%
Maintaining family ties	2	2.0%
Medication management	2	2.0%
Adoption supports	1	1.0%
Care coordination	1	1.0%
Childcare/daycare	1	1.0%
Housing assistance (Section 8)	1	1.0%
Individualized programs per IEP Evaluation	1	1.0%
Mental health screening or evaluation	1	1.0%
ARG consultation	1	1.0%
Outpatient substance abuse treatment	1	1.0%
Psychological or psychosocial evaluation	1	1.0%
Residential facility	1	1.0%
Sexual abuse therapy (victim)	1	1.0%
Substance abuse screening/evaluation	1	1.0%
Worker/parent visitation	1	1.0%
Total	**101**	**100.0%**

The data was reviewed in light of how time in care may impact the frequency with which the Department is able to meet children's needs. Crosstabulation 5 below provides data that requires further study, as it suggests that the Department decreases in OM15 performance when children are in placement for extended periods of time. For children in placement with less than 24 months in care, the Department achieved "Needs Met" status 54.8% of the time. When looking at those children in care greater than 24 months, the rate of cases with "Needs Met" status drops to 28.6%.

Crosstabulation 5: How many consecutive months has this child been in out of home placement as of the date of this review or date of case closure during the period? * Overall Score for Outcome Measure 15

		Overall Score for Outcome Measure 15		
		Needs Met	**Needs Not Met**	**Total**
How many consecutive months has this child been in out of home placement as of the date of this review or date of case closure during the period?	**1-6 months**	2	2	4
	7-12 months	9	4	13
	13-18 months	5	5	10
	19-24 months	1	3	4
	Greater than 24 months	6	15	21
	N/A - no child in placement (in-home case)	11	12	23
	Total	**34**	**41**	**75**

***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 the 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 have been drafted by the Court Monitor and are in the process of final review by both parties. Many of the monitoring strategies have been initiated during the previous quarter. The monitoring strategies include regular meetings with the Department staff, the Plaintiffs, provider groups, and other stakeholders to focus on the impact of action steps outline in the *Juan F.* Action Plan; selected site visits 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 will be undertaken 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 are intended to inform the parties and promote practice improvement. The Monitor will continue to work closely with both parties to ensure that the reviews are targeted, integrated and results orientated.

Populations for planned targeted reviews may include:

- Children age 12 and under in congregate care settings
- Children receiving STAR/Shelter services
- Children receiving Therapeutic Group Home services
- Children with Another Planned Permanency Goal (APPLA)
- Children receiving Multi-Disciplinary Assessment of Permanency (MAP) and children requiring Permanency Planning Team services
- Children receiving Intensive Safety Planning Services (ISP)
- Placement stability of children within Private Foster Care service settings
- Child Adolescent Needs and Strengths (CANS) and Global Appraisal Individual Needs (GAINS) assessed children
- Children served by Individualized Community-based services

First Quarter 2007 Updates:

- The data file for disruptions in placement during FY 06 was delivered to the Connecticut Behavioral Health Partnership (CTBHP) in April 2007. The CTBHP is conducting a study to determine the correlates between disruption of first or second foster homes and behavioral health utilization indications. The findings were originally intended for August 2007 but are now expected in October 2007 due to Department delays in providing additional data.

- There has been inconsistent progress across the area offices in implementation the action steps of the Local Area Development Plans (LADP). A summary of each area office goals and progress was presented at a Commissioner's Meeting attended by the Monitor's Office in February 2007. Planning groups are being reconvened at this time to review the progress and begin preparation for next year's LADP submission. The Monitor will review the next iteration of LAPD's and will track the progress of implementation and the integration of the LAPD's with ongoing service needs assessment and activities.

- Training on the use of Child and Adolescent Needs and Strengths (CANS) inventory has been completed and area office staff are now utilizing this inventory with requests for therapeutic placement settings to Value Options. While the use of CANS represents a great opportunity to improve assessment and integration of information within each case, variability in the quality of the CANS has been noted. These quality issues lead to redundant and or additional efforts by Value Options. Often area office staff must reconcile conflicting or missing information, and this leads to delays in consideration of a specific child for treatment/placement. This is an area identified for targeted review by the Monitor's Office.

- Efforts have been undertaken to address children in a delayed status for placement services. A specific plan for addressing overstays in Emergency Departments (ED) was implemented during the past two months. Elements of the plan include on-site assistance to Emergency Departments from Value Options, Emergency Mobile Psychiatric Services (EMPS), and DCF staff; development of an inpatient resource directory (i.e. available beds), an MOU between ED's and EMPS, ongoing analysis of recent ED admissions, implementation of a Child And Adolescent Rapid Emergency Stabilization Service (CARES) proposal, a flex capacity plan that includes priority access and targeting of EMPS services and in-home service models (IICAPS); and a review of discharge activities related to children residing at Riverview Hospital. These elements have resulted in more timely and effective transitions for many children out of the Emergency Departments but other children with complex behavior conditions continue to be "stuck" due to the inability to identify inpatient services willing or able to accept these children. The May point-in-time data from the Behavioral Health Partnership indicates that 117 children are on delayed status. Beginning on page 26, the section entitled "Analysis of Delay in 24-hour care under the Community Behavioral Health Partnership" provides additional data regarding the population of children in delayed status.

- Clinical reviews of children ten and under in inpatient treatment settings were conducted by CTBHP staff. The findings and data were used to promote area office focus on discharge planning for this population. Value Options staff are tracking and following up on this data.

- Bi-weekly clinical rounds are held to assist in managing the treatment/placement needs of children as related to available residential and group home slots. The Monitor attends these meetings. The Department continues to struggle with identifying appropriate treatment/placement options in a timely manner. Due to the loss or reduction of beds resulting from Licensing or Program Review concerns, the Department is again resorting to utilization of out-of-state providers to ensure treatment needs are provided for. This has the potential to undo three years of progress that resulted in a reduction of over 200 children placed out-of-state. Currently, in-state providers are unable and/or unwilling to provide service for children with complex psychiatric needs (including fire setting, problem, sexual behavior, and aggressive and assaultive behavior) and significant cognitive impairment.

- Recent data from the CTBHP indicated that 276 children were awaiting placement and service in residential treatment centers and group homes. There were potential matches for 131 of these children although only 22 had been accepted at the point of the report. These totals represent those children for whom a request for service via a submission of CANS has been received. Recent reviews by the Monitor's Office has revealed additional children where CANS submissions have not been timely, resulting in children further delayed in receiving services to meet identified needs. Children for whom CANS have not been developed or submitted are waiting for foster care services (public and private), inpatient services, and various community based services. They wait for appropriate services in their homes, shelters, SAFE Homes, Emergency Departments, inpatient hospitals, out-of-state and in-state residential programs, group homes, detention, and regular or specialized foster homes.

- The area offices have completed an initial review of children age zero to nine in congregate care. They are now in the process of reviewing children aged nine to eleven. The results of these reviews are now being tracked by a Central Office team to address service barriers or placement resource barriers for identified children. The number of children ages 12 and under in congregate care is 319 as of June 2007. This is a 7.0% reduction from the 343 reported in November 2006. The Monitor is tracking this effort and will conduct a targeted review of a sample of children 12 and under in congregate care.

- The new shelter program model STAR has been implemented. Ten of the 14 STAR homes are open and at full capacity. The last four are in the process of being developed. Two of the original shelter program models remain in operation. The Monitor is meeting quarterly with shelter providers and has also begun visits to selected sites. The improved staffing ratio and increased clinical service of STAR programs is beneficial to the children in these programs. Nevertheless, excessive length of stays due to lack of appropriate treatment and placement discharge options persist. This hinders the realization of using these facilities as short-term assessment and respite service programs.

April point-in-time data indicates that 46 of the 87 children in STAR/Shelter programs (52.9%) have been in this level of care longer than 60 days. Eight children (9.2%) have resided in a STAR/Shelter programs longer than six months.

- SAFE homes have increasingly struggled with servicing dual populations of children (i.e. first-time placements and multiply-placed children). A series of meetings that involved DCF and providers have occurred and will continue to take place to explore options to address this issue. The Monitor has attended the meetings and found opinions to be mixed concerning potential changes to the SAFE Home population to be served and the scope of contracted services.

  There is overwhelming support to continue SAFE Home services from the perspective of DCF staff and providers. April point-in-time data indicates that 114 of the 168 children in SAFE Homes (67.9%) had received this level of service longer than 60 days. Forty-six of the children (27.4%) were in receipt of SAFE Home services for greater than six months. As with the overstays populations in STAR and Shelter programs many of these children receive extended SAFE Homes services due to the unavailability of appropriate foster care services.

- Therapeutic group homes continue to be developed, with 13 more homes scheduled to open this calendar year. The initial RFP to contract for a full and ongoing evaluation of this service type resulted in only one respondent. No award was made. The Monitor has targeted therapeutic group homes for a review in the next year, with a focus on appropriateness of care and the adequacy of permanency efforts.

- The Another Planned Permanent Living Arrangement (APPLA) permanency goals and corresponding policy are expected to be revised and promulgated by June 15, 2007. APPLA is not a preferred permanency goal and far too many children currently have this permanency goal. Current data indicates that 1852 children in placement (over 30% of all children in placement) have an APPLA goal identified. The Monitor's quarterly review of Outcome Measure 15, found within this document, suggests that the permanency and service needs of this population are not met and require considerable additional focus by the Department. The Department has implemented a Permanency Plan Team review process for children for which an APPLA goal is being considered for first-time. This is a positive step to address this issue at the front end. While the APPLA population has been under review by Department staff, the results of our reviews indicate that the Department should revisit this issue in each of the Area Offices focusing on the new policy expectations and utilizing monitoring efforts of Administrative Case Review staff. The Monitor has targeted youths with APPLA permanency goals as an area for a focused review initiative.

- While the Department has not met the permanency action steps or timeframes set out in the *Juan F.* Action Plan they have made considerable progress in the past quarter. Each Area Director and Permanency Manager has been charged with addressing these permanency action steps. The Department's effort in conducting a series of reviews outlined below has been uneven and the rigor and focus by individual Area Offices has varied. The update below reflects data as of May 15, 2007.

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 May 2007 there are 44 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 May 2007 there are 37 children.

3. Child post-TPR + goal of adoption + in-care > 12 months + no resource barrier identified (N=90) As of November 2006.
   Case reviews are required by 7/1/07.
   As of May 2007 there are 42 children.

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.
   Reviews to be completed by May 2007 with monthly reviews for any case meeting this criteria thereafter.
   As of May 2007 there are 105 children.

5. Child post-TPR + goal other than adoption (N=357) As of November 2006.
   This is monitored to determine why our practice results in filing TPR on cases that do not have adoption as the goal.
   As of May 2007 there are 326 children.

6. Child pre-TPR + no TPR filed + in care < 6 months + goal of adoption. (N=18) As of November 2006.
   Goal: understanding why these cases occur.
   As of May 2007 there are 10 children.

7. Child pre-TPR + goal of reunification + in care > 12 months (N=550) As of November 2006.
   Case reviews to verify appropriateness of permanency plan to be completed by 7/1/07.
   As of May 2007 there are 496 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.
   Case reviews to verify appropriateness of permanency plan to be completed by 7/1/07.
   As of May 2007 there are 185 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. Case reviews to verify appropriateness of permanency plan to be completed by 9/1/07.
   As of May 2007 there are 970 children in this population to be reviewed by 7/1/07.

- The Department is finalizing an amended Memorandum of Understanding (MOU) with UCONN to provide additional funds to expand the community-based approach to services for adoptive families. This will allow UCONN to manage the post-adoption Permanency Placement Services Programs (PPSP), which is an important change. The amended MOU will include a requirement to conduct an evaluation of the post-adoption program and creates an Adoption Community/Consortium Network in Connecticut. The Department is also finalizing plans for the second year of sponsoring a Post-Masters Certification program to increase the number of providers specifically trained in the area of adoption. The Monitor has been provided with very positive feedback regarding this program.

- The Department has progressed in the implementation of Phase 1 of the Foster Care Plan. The restructuring and staffing of FASU is complete and most of the planned policy and procedure work is nearing completion. The Monitor has reviewed draft changes that will be proposed to the training curriculum for foster parents. The drafts have also been shared with external stakeholders for review and comment. Online and DVD training has been incorporated to provide increased flexibility for training of foster parents. Revisions to the PRIDE training and consideration of new assessments and curriculum is progressing with due dates identified later this summer. In-service training for foster parents remains problematic with limited attendance noted. Changes to the current system to encourage attendance at training should include "rewards". Rewards for completion of training requirements would be preferable to putting homes on hold, closing homes, or other negative consequences.

  Considerable effort has been made to reach out to the Technical Advisory Committee (TAC) and external consultants including Plaintiff policy staff to research successful models for foster care. The need for a level-of-care type approach requires a much needed restructuring of foster care services provided by private providers. In addition, new models of professional foster care is one of the critical needs that would address the children waiting for services and appropriate placement outlined in earlier sections of this report.

The recruitment and retention of treatment foster care homes has not yielded a significant number of homes and continued recruitment funding has stopped for five of the seven existing providers. Two providers have shown minimal improvement in recruitment. DCF will continue to contract with these providers for another year to see what results can be achieved.

The Department has instituted a new campaign to recruit foster care, adoption and mentoring in May 2007. The campaign includes paid radio advertising utilizing vignettes of real Connecticut families, and Public Service announcements featuring Governor Rell. The advertising has been strategically targeted to African American and Latino women. A new website has been created for this campaign (www.helpchildrenshine.com) and is very informative on how to become a resource. Community events, print ads and a direct mail campaign have also been incorporated into this recruitment effort.

The number of inquires taken by the Connecticut Association of Foster and Adoptive (CAFAP) staff in May was greater than either March or April. The Department's challenge is to be timely, responsive, and engaging to those inquiring in order to increase the percentage of inquires that eventually become licensed foster, adoptive resources and/or mentor resources. The April report indicates that there are 1,237 foster homes[8] with a bed capacity of 2555. In addition, there are 535 children placed in private provider homes and per the private provider network reports there are an additional 158 private provider homes available for placement consideration.

- Structured Decision Making (SDM) training has been completed and is now being implemented. Recent case reviews by the Monitor reflect the early stages of the incorporation of this valuable approach that will, if used properly support and guide agency decision-making. Ongoing coaching and technical assistance will continue by the Children's Research Center for at least two more years. The Department instituted "case readings" by Social Work Supervisors and Managers to monitor the quality and implementation of this work. The Monitor will meet with case review consultant staff on a regular basis to gain insight to the Department's progress with SDM.

- Multi-disciplinary training has been provided regarding the Adolescent Case Conference. This policy requires a case conference prior to the onset of Adolescent Services. The ACR Staff are assisting in monitoring this effort. Outcome Measure 15 also focuses on this important requirement for all children aged 14 or older with a goal other than reunification.

- The Department is proceeding with development of a Practice Model. Additional meetings have been set that include attendance of the Monitor and TAC Staff. The Department is utilizing the services of Paul Vincent to assist in this effort.

[8] The 1237 homes doesn't include relative, special study, or adoption only licensed homes.

A Practice Model will assist in establishing a baseline for DCF's interactions with families, community partners, and staff. Models generally include practice principles and practice skills that are developed through training. These principles and skills are then reflected in qualitative case reviews that are developed to measure progress. This assist in ensuring reinforcement of the Practice Model.

- The Monitor's previous Quarterly Report included key point-in-time data regarding specific issues that was culled from the Department's monthly point-in-time report. Over the last quarter the Monitor has worked with the Department to continue the development of a report that includes data (longitudinal and point-in-time) that is relevant to the permanency, placement issues and action steps embodied within the *Juan F*. Action Plan. While provided within this report, this data report "*Juan F*. Action Plan Monitoring Report" should still be considered a work in progress. Given the extraordinary amount of data now available from a variety of sources, our ability to tell the story in a holistic manner is only limited by time and resources, the will to collaborate and common understanding of the data definitions agreed to by *Juan F*. parties.

JUAN F. ACTION PLAN MONITORING REPORT

JUNE 2007

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.

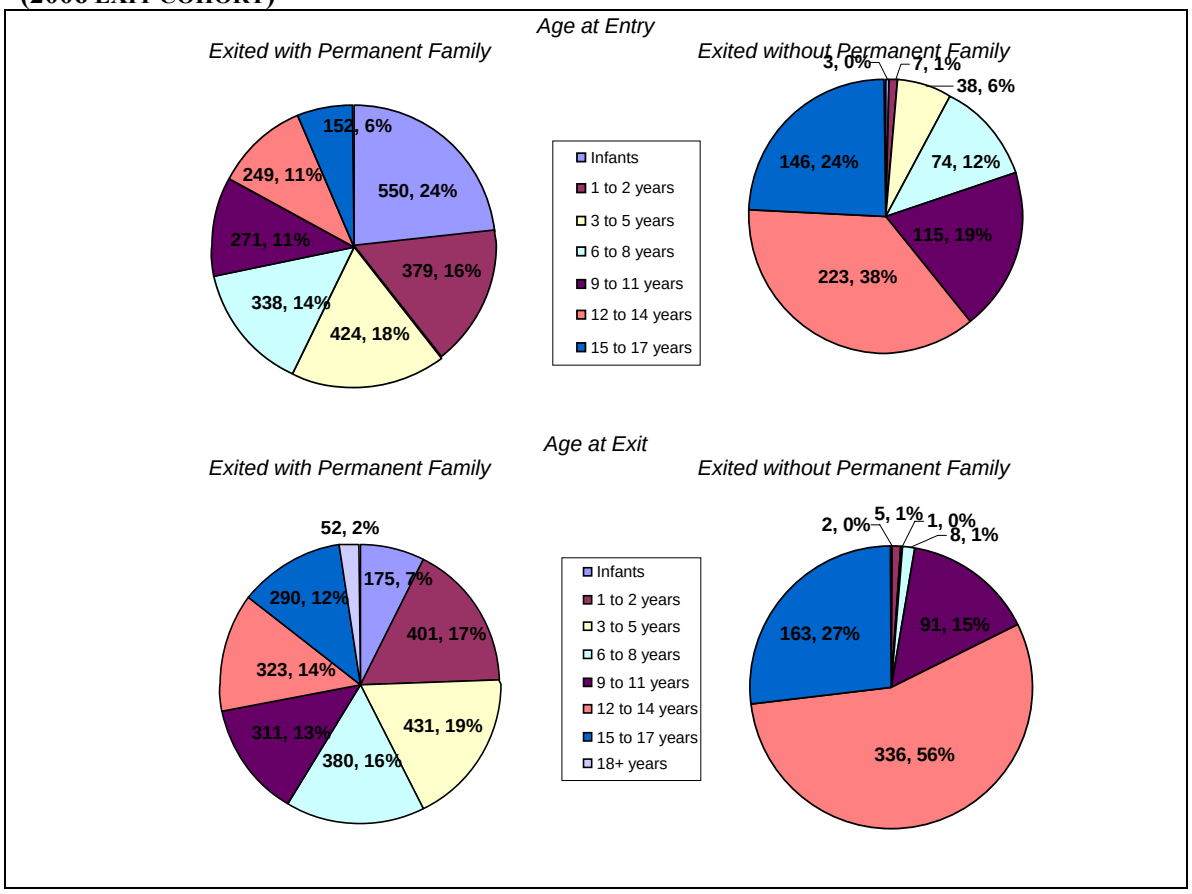
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care					
	2002	**2003**	**2004**	**2005**	**2006**	**2007**
Total Entries	3105	3539	3199	3080	3392	791
Permanent Exits						
In 1 yr	1183 38%	1397 39%	1221 38%	1083 35%	940 28%	129 16%
In 2 yrs	1642 53%	2062 58%	1789 56%	1517 49%	962 28%	
In 3 yrs	1967 63%	2366 67%	1991 62%	1522 49%		
In 4 yrs	2136 69%	2493 70%	1997 62%			
To Date	2197 71%	2495 71%	1997 62%	1522 49%	962 28%	129 16%
Non-Permanent Exits						
In 1 yr	273 9%	248 7%	231 7%	282 9%	203 6%	19 2%
In 2 yrs	331 11%	319 9%	303 9%	345 11%	205 6%	
In 3 yrs	364 12%	365 10%	347 11%	345 11%		
In 4 yrs	403 13%	382 11%	348 11%			
To Date	425 14%	382 11%	348 11%	345 11%	205 6%	19 2%

	Period of Entry to Care					
	2002	**2003**	**2004**	**2005**	**2006**	**2007**
Unknown Exits						
In 1 yr	112 4%	158 4%	135 4%	132 4%	70 2%	4 1%
In 2 yrs	142 5%	201 6%	188 6%	155 5%		
In 3 yrs	168 5%	234 7%	206 6%			
In 4 yrs	190 6%	250 7%				
To Date	199 6%	250 7%	206 6%	156 5%	70 2%	4 1%
Remain In Care						
In 1 yr	1537 50%	1736 49%	1612 50%	1583 51%	2179 64%	639 81%
In 2 yrs	990 32%	957 27%	919 29%	1063 35%	2155 64%	
In 3 yrs	606 20%	574 16%	655 20%	1057 34%		
In 4 yrs	376 12%	414 12%	648 20%			
To Date	284 9%	412 12%	648 20%	1057 34%	2155 64%	639 81%

The following graphs within figure 2 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).

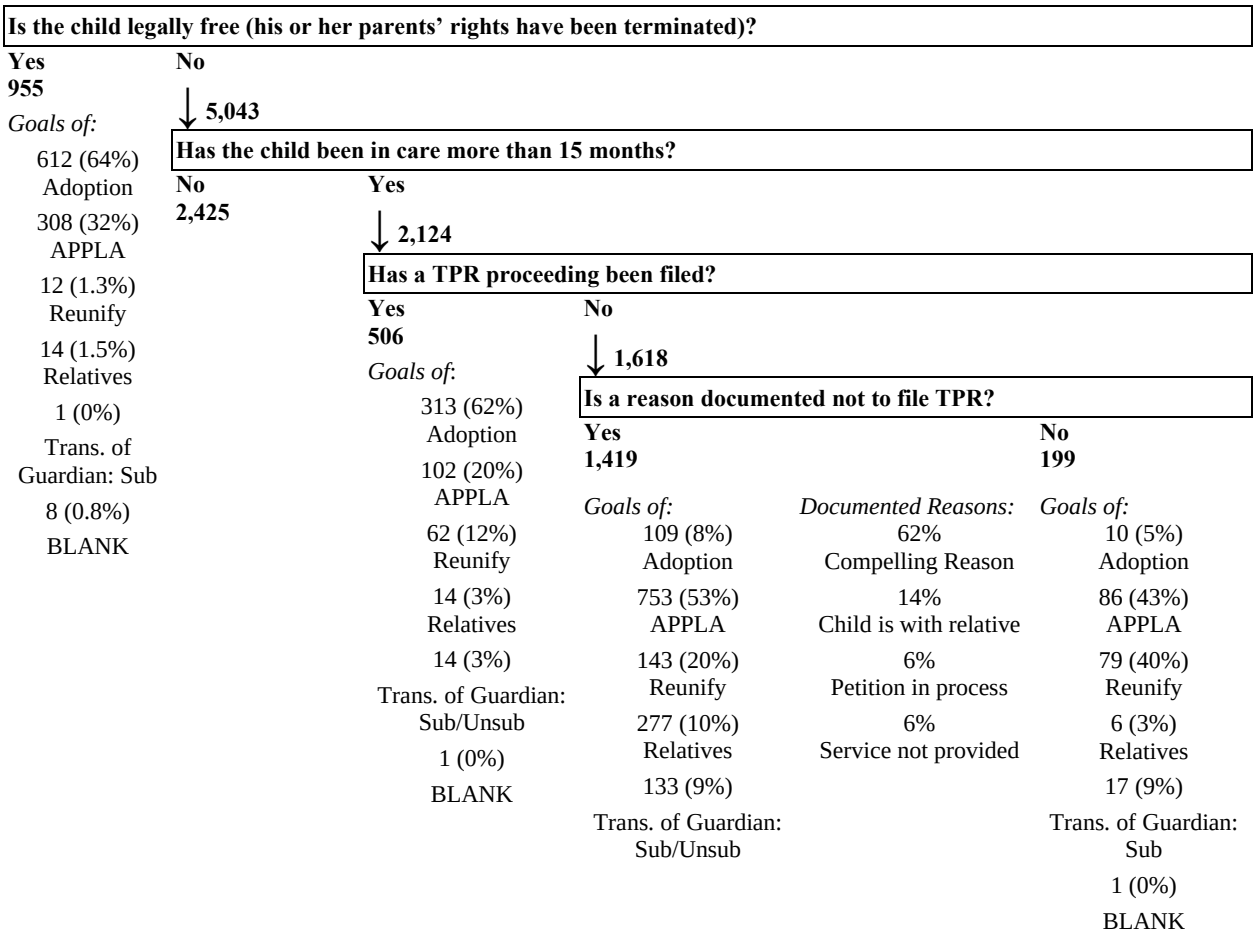
FIGURE 2: CHARACTERISTICS OF CHILDREN EXITING WITH AND WITHOUT PERMANENCY (2006 EXIT COHORT)



Permanency Goals:

Figure 3 provided on page 38 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 MAY 1, 2007)



The grouping of tables following on pages 39-41 provided point in time data for the cohorts of children agreed upon by the parties within the *Juan F.* Action Plan. Cohorts are grouped by the stated permanency goal for each specific point in time. To date, this has occurred in November 2006, March 2007, May 2007 and June 2007.

Table 18: *Juan F.* Action Plan Cohort Groups by Permanency Goals (Preferred Permanency Goals).

Reunification	Nov 2006	March 2007	May 2007	June 2007
Total number of children with Reunification goal, pre-TPR and post-TPR	2185	2082	2049	2042
Number of children with Reunification goal pre-TPR	2177	2075	2037	2023
• Number of children with Reunification goal, pre-TPR, >= 15 months in care	450	413	418	430
• Number of children with Reunification goal, pre-TPR, >= 36 months in care	71	78	78	83
Number of children with Reunification goal, post-TPR	8	7	12	19

Transfer of Guardianship (Subsidized and Non-Subsidized)	Nov 2006	March 2007	May 2007	June 2007
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	342	330	319	305
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	333	329	318	305
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months	100	76	92	87
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months	29	29	31	30
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	7	1	1	0

Adoption	Nov 2006	March 2007	May 2007	June 2007
Total number of children with Adoption goal, pre-TPR and post-TPR	1199	1304	1319	1335
Number of children with Adoption goal, pre-TPR	646	685	707	733
Number of children with Adoption goal, TPR not filed, >= 15 months in care	129	111	118	130
• Reason TPR not filed, Compelling Reason	16	23	23	25
• Reason TPR not filed, petitions in progress	44	56	62	62
• Reason TPR not filed , child is in placement with relative	8	13	14	16
• Reason TPR not filed, services needed not provided	2	6	9	11
• Reason TPR not filed, blank	59	13	10	16
Number of cases with Adoption goal post-TPR	553	619	612	602
• Number of children with Adoption goal, post-TPR, in care >= 15 months	524	576	571	562

Adoption	**Nov 2006**	**March 2007**	**May 2007**	**June 2007**
• Number of children with Adoption goal, post-TPR, in care >= 22 months	461	491	494	489
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	62	88	93	79
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	269	307	319	334
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	75	62	75	69

Progress Towards Permanency:	**Nov 2006**	**March 2007**	**May 2007**	**June 2007**
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	823	252	199	200

Table 19: *Juan F.* Action Plan Cohort Groups by Permanency Goals (Non-Preferred Permanency Goals).

Long Term Foster Care Relative:	**Nov 2006**	**March 2007**	**May 2007**	**June 2007**
Total number of children with Long Term Foster Care Relative goal	215	199	203	197
Number of children with Long Term Foster Care Relative goal, pre-TPR	200	185	189	182
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR	37	30	40	36
Long Term Foster Care Relative goal, post-TPR	15	14	14	15
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR	6	5	5	6

APPLA: Foster Care Non-Relative	**Nov 2006**	**March 2007**	**May 2007**	**June 2007**
Total number of children with APPLA Foster Care non-relative goal	749	735	728	747
Number of children with APPLA Foster Care non-relative goal, pre-TPR	546	541	543	560
• Number of children with APPLA Foster Care non-relative goal, 12 years old and under, pre-TPR	94	84	75	78
Number of children with APPLA Foster Care non-relative goal, post-TPR	203	194	185	187
• Number of children with APPLA Foster Care non-relative goal, 12 years old and under, post-TPR	44	35	39	38

APPLA: Other	Nov 2006	March 2007	May 2007	June 2007
Total number of children with APPLA: other goal	858	691	682	649
Number of children with APPLA: other goal, pre-TPR	736	563	559	533
• Number of children with APPLA: other goal, 12 years old and under, pre-TPR	34	40	40	33
Number of children with APPLA: other goal, post-TPR	122	128	123	116
• Number of children with APPLA: other goal, 12 years old and under, post-TPR	14	13	13	15

Table 20: *Juan F.* Action Plan Cohort Groups by Permanency Goals (Missing Permanency Goals).

	Nov 2006	March 2007	May 2007	June 2007
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	93	37	36	42
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	29	12	7	9
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	11	9	2	3
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	9	5	1	1

B. PLACEMENT ISSUES

Placement Experiences of Children

The following graph shows the change in use of family and congregate care for admission cohorts between 2002 and 2007.

Graph 1: Longitudinal Percentages of Initial Placement Type upon Entry into DCF Care 2002 to 2007.

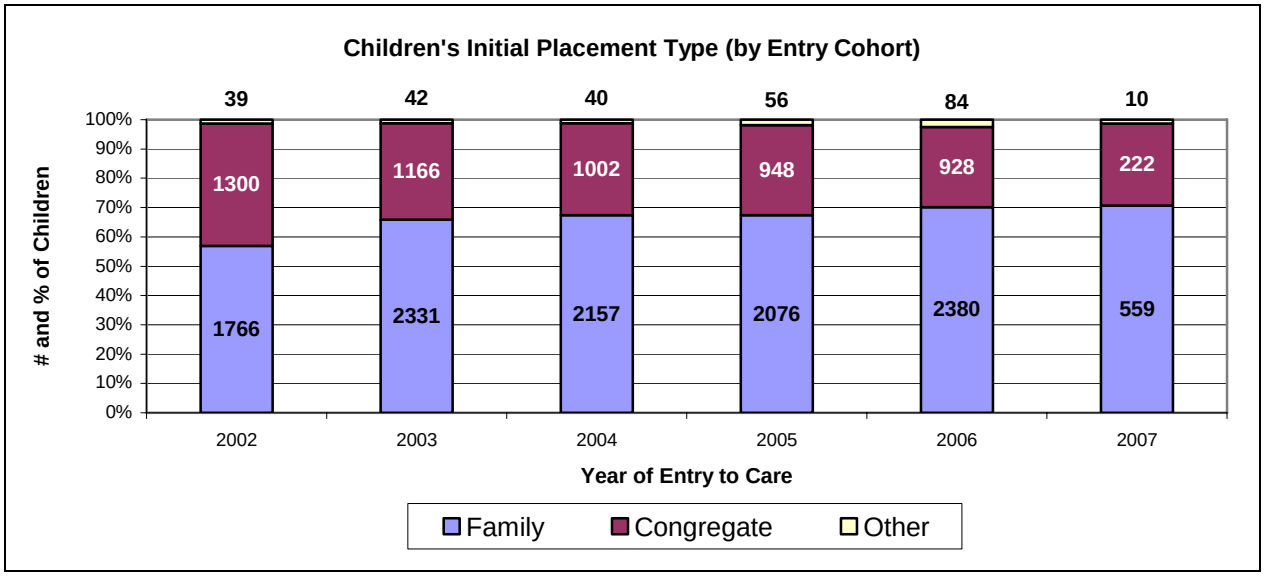


Table 21 shows specific care types used month-by-month for entries between April 2006 and March 2007.

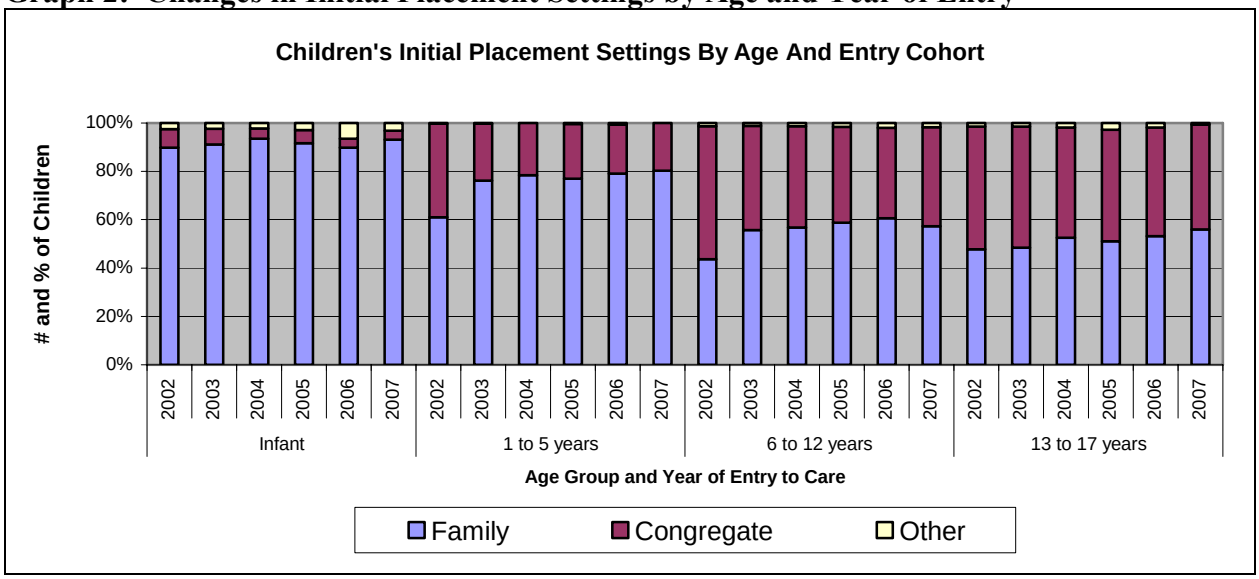
Table 21: Monthly Summary of Placement Types upon Initial Entry into DCF Care April 2006 to March 2007.

Case Summaries

First placement type		enter Apr06	enter May06	enter Jun06	enter Jul06	enter Aug06	enter Sep06	enter Oct06	enter Nov06	enter Dec06	enter Jan07	enter Feb07	enter Mar07
Residential	N	20	21	42	26	29	26	17	23	22	28	13	17
	% of Total	7.3%	6.5%	12.6%	9.4%	8.1%	9.0%	7.5%	9.6%	10.6%	8.8%	6.1%	6.6%
DCF Facilities	N	4	7	6	4	8	7	3	4	5	4	1	3
	% of Total	1.5%	2.2%	1.8%	1.4%	2.2%	2.4%	1.3%	1.7%	2.4%	1.3%	.5%	1.2%
Foster Care	N	139	177	167	160	184	140	108	114	109	147	116	125
	% of Total	50.5%	54.5%	50.0%	57.6%	51.1%	48.3%	47.8%	47.5%	52.7%	46.1%	54.5%	48.3%
Group Home	N	5	3	4	6	5	2	6	1	4	4		3
	% of Total	1.8%	.9%	1.2%	2.2%	1.4%	.7%	2.7%	.4%	1.9%	1.3%		1.2%
Independent Living	N							2					
	% of Total							.9%					
Relative Care	N	49	54	44	43	71	41	38	35	37	69	31	43
	% of Total	17.8%	16.6%	13.2%	15.5%	19.7%	14.1%	16.8%	14.6%	17.9%	21.6%	14.6%	16.6%
Medical	N	3	5	8	7	7	13	7	7	5	3	2	5
	% of Total	1.1%	1.5%	2.4%	2.5%	1.9%	4.5%	3.1%	2.9%	2.4%	.9%	.9%	1.9%
Safe Home	N	36	42	49	18	27	41	30	39	12	45	29	39
	% of Total	13.1%	12.9%	14.7%	6.5%	7.5%	14.1%	13.3%	16.3%	5.8%	14.1%	13.6%	15.1%
Shelter	N	9	8	6	11	14	13	5	6	12	9	9	18
	% of Total	3.3%	2.5%	1.8%	4.0%	3.9%	4.5%	2.2%	2.5%	5.8%	2.8%	4.2%	6.9%
Special Study	N	10	8	8	3	15	7	10	11	1	10	12	6
	% of Total	3.6%	2.5%	2.4%	1.1%	4.2%	2.4%	4.4%	4.6%	.5%	3.1%	5.6%	2.3%
Total	N	275	325	334	278	360	290	226	240	207	319	213	259
	% of Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

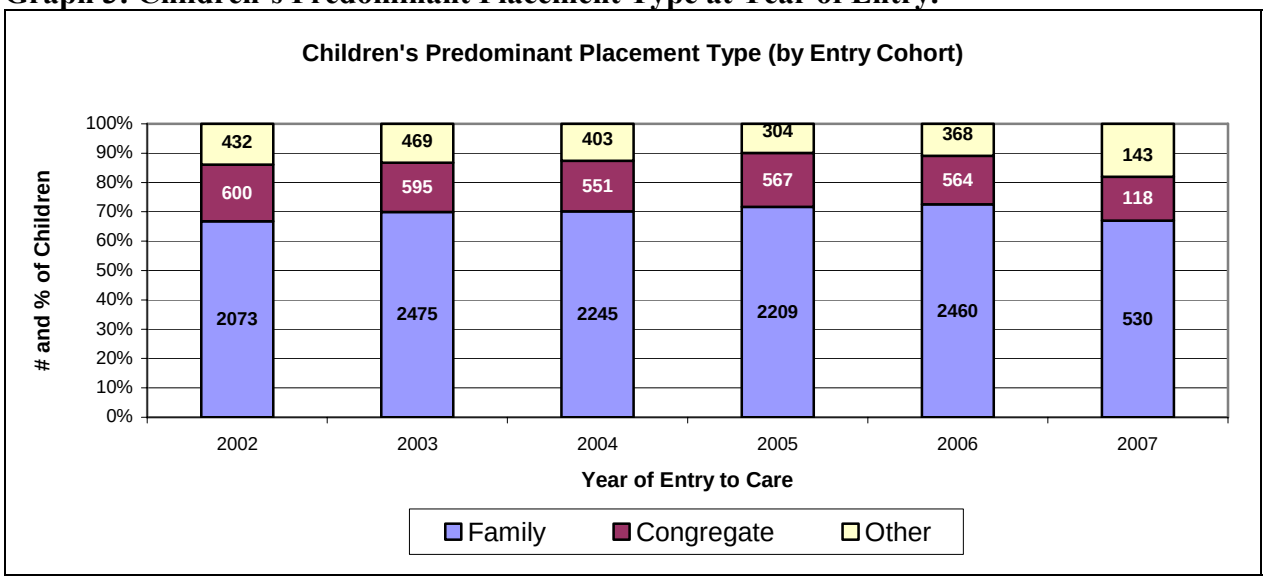
The graph below shows the change in level of care usage over time for different age groups.

Graph 2: Changes in Initial Placement Settings by Age and Year of Entry



It is also useful to look at where children spend most of their time in DCF care. Graph 3 below shows this for admission the 2002 through 2007 admission cohorts.

Graph 3: Children's Predominant Placement Type at Year of Entry.



The following table shows monthly statistics of children who exited from DCF placements, and the percentage of exits categorized by the placement type at exit

Table 22: Last Placement Type at Point of Exit April 2006 to March 2007.

Case Summaries

Last placement type in spell (as of censor date)		exit Apr06	exit May06	exit Jun06	exit Jul06	exit Aug06	exit Sep06	exit Oct06	exit Nov06	exit Dec06	exit Jan07	exit Feb07	exit Mar07
Residential	N	21	23	40	23	38	22	13	13	19	24	7	13
	% of Total	9.5%	8.4%	11.4%	8.5%	9.5%	8.6%	5.6%	5.6%	7.6%	11.7%	3.5%	4.6%
DCF Facilities	N	3	6	8	3	5	6	4	4	1	1	2	3
	% of Total	1.4%	2.2%	2.3%	1.1%	1.2%	2.3%	1.7%	1.7%	.4%	.5%	1.0%	1.1%
Foster Care	N	106	122	137	138	194	124	99	109	120	80	98	107
	% of Total	47.7%	44.5%	39.0%	51.1%	48.4%	48.2%	42.3%	46.6%	47.8%	39.0%	48.5%	38.2%
Group Home	N	10	13	27	14	17	13	8	8	8	6	10	7
	% of Total	4.5%	4.7%	7.7%	5.2%	4.2%	5.1%	3.4%	3.4%	3.2%	2.9%	5.0%	2.5%
Independent Living	N	1	5	6	4	7	3	3	5	2	5	2	4
	% of Total	.5%	1.8%	1.7%	1.5%	1.7%	1.2%	1.3%	2.1%	.8%	2.4%	1.0%	1.4%
Relative Care	N	59	57	85	61	83	60	72	61	79	52	56	102
	% of Total	26.6%	20.8%	24.2%	22.6%	20.7%	23.3%	30.8%	26.1%	31.5%	25.4%	27.7%	36.4%
Medical	N			2	1	1		1	3	2			
	% of Total			.6%	.4%	.2%		.4%	1.3%	.8%			
Safe Home	N	8	17	24	12	16	4	19	15	5	19	13	14
	% of Total	3.6%	6.2%	6.8%	4.4%	4.0%	1.6%	8.1%	6.4%	2.0%	9.3%	6.4%	5.0%
Shelter	N	5	14	10	4	13	9	7	6	4	2	9	12
	% of Total	2.3%	5.1%	2.8%	1.5%	3.2%	3.5%	3.0%	2.6%	1.6%	1.0%	4.5%	4.3%
Uknown	N	1	1	1	1	3	1	2		1	3		4
	% of Total	.5%	.4%	.3%	.4%	.7%	.4%	.9%		.4%	1.5%		1.4%
PSS	N	8	16	11	9	24	15	6	10	10	13	5	14
	% of Total	3.6%	5.8%	3.1%	3.3%	6.0%	5.8%	2.6%	4.3%	4.0%	6.3%	2.5%	5.0%
Total	N	222	274	351	270	401	257	234	234	251	205	202	280
	% of Total	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 crosstabulation shows the primary placement type for children who were in care on March 31, 2007 organized by length of time in care.

Crosstabulation 6: Primary type of spell (>50%) * Duration Category Crosstabulation

		Duration Category							
		1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095	more than 1095	Total
Residential	Count	12	46	61	136	87	126	215	683
	% within Primary type of spell (>50%)	1.8%	6.7%	8.9%	19.9%	12.7%	18.4%	31.5%	100.0%
	% within Duration Category	6.4%	10.3%	12.8%	11.0%	11.6%	10.0%	12.2%	11.2%
DCF Facilities	Count	3	2	8	27	8	14	14	76
	% within Primary type of spell (>50%)	3.9%	2.6%	10.5%	35.5%	10.5%	18.4%	18.4%	100.0%
	% within Duration Category	1.6%	.4%	1.7%	2.2%	1.1%	1.1%	.8%	1.2%
Foster Care	Count	82	183	183	564	365	675	1037	3089
	% within Primary type of spell (>50%)	2.7%	5.9%	5.9%	18.3%	11.8%	21.9%	33.6%	100.0%
	% within Duration Category	43.6%	40.8%	38.4%	45.7%	48.9%	53.5%	58.7%	50.4%
Group Home	Count	2	3	9	22	14	48	41	139
	% within Primary type of spell (>50%)	1.4%	2.2%	6.5%	15.8%	10.1%	34.5%	29.5%	100.0%
	% within Duration Category	1.1%	.7%	1.9%	1.8%	1.9%	3.8%	2.3%	2.3%
Independent Living	Count	0	0	1	1	1	11	6	20
	% within Primary type of spell (>50%)	.0%	.0%	5.0%	5.0%	5.0%	55.0%	30.0%	100.0%
	% within Duration Category	.0%	.0%	.2%	.1%	.1%	.9%	.3%	.3%
Relative Care	Count	30	100	112	318	180	213	163	1116
	% within Primary type of spell (>50%)	2.7%	9.0%	10.0%	28.5%	16.1%	19.1%	14.6%	100.0%
	% within Duration Category	16.0%	22.3%	23.5%	25.7%	24.1%	16.9%	9.2%	18.2%
Medical	Count	6	7	5	12	0	1	3	34
	% within Primary type of spell (>50%)	17.6%	20.6%	14.7%	35.3%	.0%	2.9%	8.8%	100.0%
	% within Duration Category	3.2%	1.6%	1.0%	1.0%	.0%	.1%	.2%	.6%
Mixed (none >50%)	Count	2	1	5	23	23	96	219	369
	% within Primary type of spell (>50%)	.5%	.3%	1.4%	6.2%	6.2%	26.0%	59.3%	100.0%
	% within Duration Category	1.1%	.2%	1.0%	1.9%	3.1%	7.6%	12.4%	6.0%
Safe Home	Count	32	62	42	62	18	11	6	233
	% within Primary type of spell (>50%)	13.7%	26.6%	18.0%	26.6%	7.7%	4.7%	2.6%	100.0%
	% within Duration Category	17.0%	13.8%	8.8%	5.0%	2.4%	.9%	.3%	3.8%
Shelter	Count	15	22	18	17	6	3	0	81
	% within Primary type of spell (>50%)	18.5%	27.2%	22.2%	21.0%	7.4%	3.7%	.0%	100.0%
	% within Duration Category	8.0%	4.9%	3.8%	1.4%	.8%	.2%	.0%	1.3%
Special Study	Count	3	18	19	44	44	60	51	239
	% within Primary type of spell (>50%)	1.3%	7.5%	7.9%	18.4%	18.4%	25.1%	21.3%	100.0%
	% within Duration Category	1.6%	4.0%	4.0%	3.6%	5.9%	4.8%	2.9%	3.9%
Unknown	Count	1	4	14	9	1	4	13	46
	% within Primary type of spell (>50%)	2.2%	8.7%	30.4%	19.6%	2.2%	8.7%	28.3%	100.0%
	% within Duration Category	.5%	.9%	2.9%	.7%	.1%	.3%	.7%	.8%
Total	Count	188	448	477	1235	747	1262	1768	6125
	% within Primary type of spell (>50%)	3.1%	7.3%	7.8%	20.2%	12.2%	20.6%	28.9%	100.0%
	% within Duration Category	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 23: Children in Congregate Care Ages 12 or Under By Placement Type.

Placement Issues	Nov 2006	March 2007	May 2007	June 2007
Total number of children 12 years old and under, in Congregate Care	343	336	317	319
• Number of children 12 years old and under, in DCF Facilities	21	20	18	17
• Number of children 12 years old and under, in Group Homes	54	50	51	53
• Number of children 12 years old and under, in Residential	92	80	70	71
• Number of children 12 years old and under, in SAFE Home	148	153	145	146
• Number of children 12 years old and under, in Permanency Diagnostic Center	17	18	18	17
• Number of children 12 years old and under in MH Shelter	11	15	15	15
Total number of children ages 13-17 in Congregate Placements	1039	988	989	982

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.

Table 24: Longitudinal Use of SAFE Homes, Shelters and PDC's at First Entry 2006 - 2007.

	Period of Entry to Care					
	2002	2003	2004	2005	2006	2007
Total Entries	**3105**	**3539**	**3199**	**3080**	**3392**	**791**
SAFE Homes & PDCs	730 24%	629 18%	453 14%	392 13%	396 12%	113 14%
Shelters	166 5%	132 4%	147 5%	177 6%	112 3%	36 5%
Total	**896** **29%**	**761** **22%**	**600** **19%**	**569** **18%**	**508** **15%**	**149** **19%**

Table 25: Total Length of Initial Placement by Year of Entry.

	Period of Entry to Care					
	2002	**2003**	**2004**	**2005**	**2006**	**2007**
Total Initial Plcmnts	896	761	600	569	508	149
<= 30 days	351	308	249	241	184	88
	39%	40%	42%	42%	36%	59%
31 - 60	285	180	102	112	73	35
	32%	24%	17%	20%	14%	23%
61 - 91	106	119	81	76	86	26
	12%	16%	14%	13%	17%	17%
92 - 183	103	106	125	101	130	0
	11%	14%	21%	18%	26%	0%
	51	48	43	39	35	0
184+	6%	6%	7%	7%	7%	0%

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

Table 26: Overstay Populations in Temporary Congregate Settings.

Placement Issues	**Nov 2006**	**March 2007**	**May 2007**	**June 2007**
Total number of children in SAFE Home	163	179	170	168
• Number of children in SAFE Home, > 60 days	79	99	107	114
• Number of children in SAFE Home, >= 6 months	16	25	33	38
Total number of children in STAR/Shelter Placement	65	78	83	87
• Number of children in STAR/Shelter Placement, > 60 days	35	35	39	46
• Number of children in STAR/Shelter Placement, >= 6 months	4	10	8	8
Total number of children in Permanency Planning Diagnostic Center	20	18	22	20
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	13	15	16	17
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	7	8	9	8
Total number of children in MH Shelter	13	15	16	16
• Total number of children in MH Shelter, > 60 days	10	13	14	16
• Total number of children in MH Shelter, >= 6 months	7	6	6	5

Table 27: Point in Time Reports of Residential Care Placement Episodes Exceeding 12 months.

Placement Issues	Nov 2006	March 2007	May 2007	June 2007
Total number of children in Residential care	668	675	674	685
• Number of children in Residential care, >= 12 months in Residential placement	214	215	226	232
• Number of children in Residential care, >= 60 months in Residential placement	6	6	7	7

Analysis of Delay for DCF Children in 24-hour care under the Connecticut Behavioral Partnership

The data included below comes from the daily census reports produced by Value Options (VO), which is the Administrative Services Organization (ASO) under the Connecticut Behavioral Health Partnership (CTBHP). The census report is produced every weekday. Each census attempts to give a snapshot of the population of CTBHP members in 24-hour care (Inpatient Hospitals, Psychiatric Residential Treatment Facilities, Residential Treatment Facilities, and Group Homes).

For this analysis, we looked only at CTBHP members who were DCF connected, through age 23, and who were in delay status as jointly determined by VO and the providers. In order to look at trends, we looked at three dates: November 29, 2006, March 21, 2007, and May 1, 2007. These dates correspond to the point-in-time snapshots referenced from the monthly placement and permanency data reports.

There have been some difficulties with the completeness of these reports. While not totally eliminated, these problems have been greatly reduced in recent months. The data for the last two dates is more complete than the data for November 29.

The total number of clients awaiting placement was 97 in November, 126 in March, and 117 in May. The increase from November to March is at least partly an artifact of increasingly complete data.

Table 28 on pages 49 and 50 shows the number of children on delay status by their placement type and reason for the delay.

		Number of children and Median days on Delayed Discharge Status					
		11/29/2006		**3/21/2007**		**5/1/2007**	
Facility Type	Delay Reason	#	Median	#	Median	#	Median
Group Homes	Awaiting Placement : Foster Care			2	270.5	2	256
	Awaiting Placement: Group Home			1	110	3	151
	Awaiting placement: Other	1	70	1	182	1	223
	Family Req. Services	1	151	1	263		
	Other			4	236	3	277
	Total	2	110.5	9	236	9	223
Inpatient	Awaiting Community Services			1	119	1	15
	Awaiting Placement : Foster Care			2	40.5	4	22
	Awaiting Placement Hosp/PRTF	2	95	9	22	7	67
	Awaiting Placement PDC/Safe Home/Shelter			1	82	1	11
	Awaiting Placement: Group Home	4	63	7	171	5	102
	Awaiting placement: Other			3	61		
	Awaiting Placement: RTF	9	32	21	51	20	75.5
	Family Req. Services			2	49	4	73
	Other	3	77	2	153	1	305
	Total	18	46	48	52.5	43	67
Psychiatric Residential Treatment Facilities	Awaiting Community Services			1	16	1	57
	Awaiting Placement : Foster Care	2	81	1	110	1	151
	Awaiting Placement: RTF	1	152				
	Family Req. Services	1	33				
	Total	4	81	2	63	2	104
Residential Treatment Facilities	Awaiting Community Services	1	152				
	Awaiting Placement : Foster Care	5	182	8	294.5	10	274.5
	Awaiting Placement Hosp/PRTF	1	182	2	318.5	2	359.5
	Awaiting Placement: Group Home	23	168	38	234.5	34	280
	Awaiting placement: Other	1	161	2	209.5	3	243
	Awaiting Placement: RTF			1	1103	1	32
	Family Req. Services	7	173	5	140	4	213
	Other	8	142.5	6	210	4	251
	Total	46	165.5	62	233	58	259
Total	Awaiting Community Services	1	152	2	67.5	2	36

		Number of children and Median days on Delayed Discharge Status					
		11/29/2006		**3/21/2007**		**5/1/2007**	
Facility Type	Delay Reason	#	Median	#	Median	#	Median
	Awaiting Placement : Foster Care	7	163	13	202	17	151
	Awaiting Placement Hosp/PRTF	3	163	11	26	9	76
	Awaiting Placement PDC/Safe Home/Shelter			1	82	1	11
	Awaiting Placement: Group Home	27	153	46	205	42	243
	Awaiting placement: Other	2	115.5	6	125.5	4	233
	Awaiting Placement: RTF	10	37	22	56.5	21	74
	Family Req. Services	9	159	8	125.5	8	95.5
	Other	11	133	12	227	8	277
	Total	70	151.5	121	135	112	143.5

Additional Data Notes:

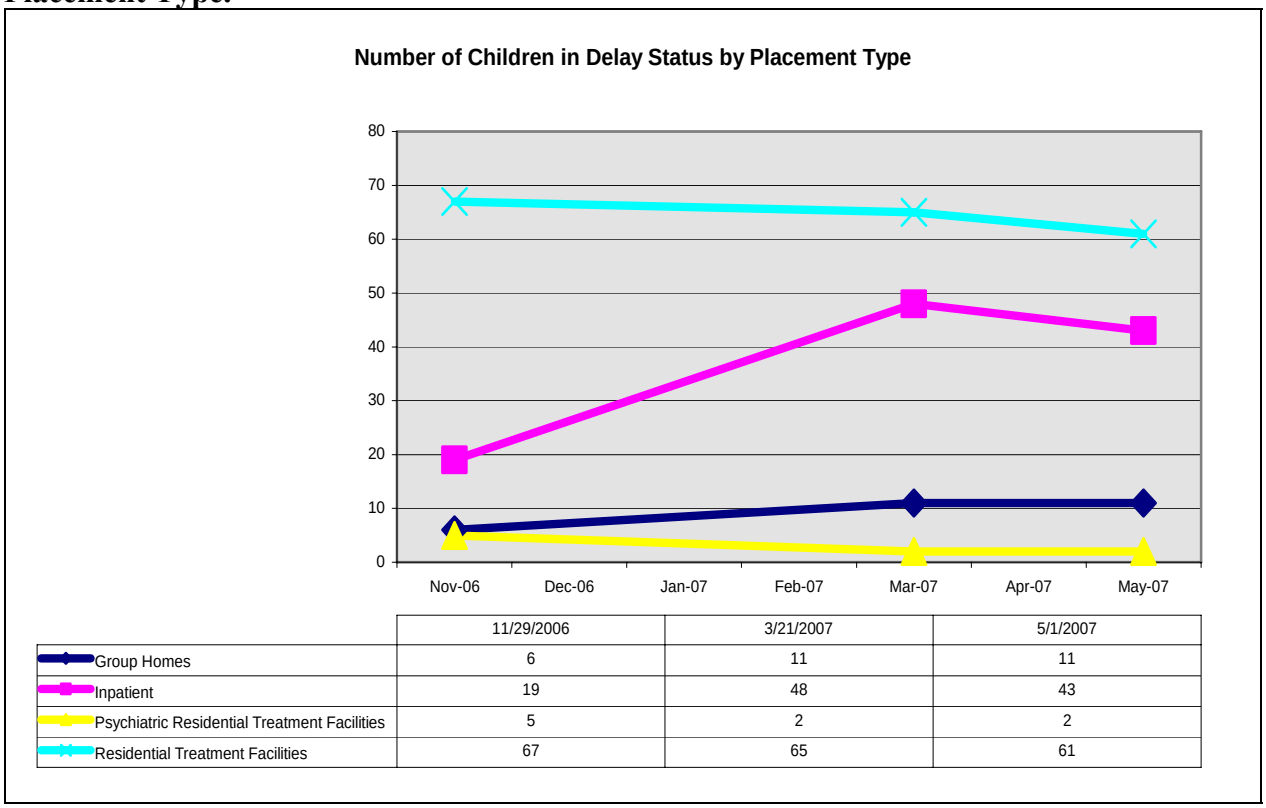
- As the data source for these figures comes from a report which tracks children authorized for treatment, it is likely that some children being served, but with lapsed authorizations, or pending authorization, may not appear on a given daily report. Thus, the figures may not represent the full census.

- There is missing data on length of delay for 24 children out of 97 on 11/29/06, three out of 126 on 3/21/07, and two out of 117 on 5/1/07. The data for the later two dates is more reliable for this and other reasons.

- Some data entry error was evident when looking closely at days in delayed status. For example, there were a handful of records showing negative numbers for days in delayed status. These figures were not used. DCF will continue to assess the total quality of the data.

The first chart shows the number of clients in delay status identified by their current placement type. As shown there were far more delayed clients in RTF's (61 in May) and in hospitals (43 in May) than in Group Homes (11 in May) and PRTF's (2 in May) The increase from November to March is probably an artifact of increased completeness; there was an inpatient-related problem that was fixed in January.

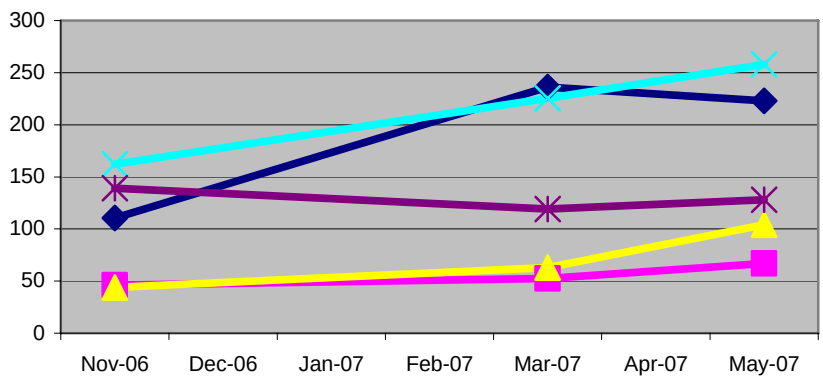
Graph 4: Number of Children with Delayed Placement Status by Current Placement Type.



	11/29/2006	3/21/2007	5/1/2007
Group Homes	6	11	11
Inpatient	19	48	43
Psychiatric Residential Treatment Facilities	5	2	2
Residential Treatment Facilities	67	65	61

The same points are present within Graph 5, below which shows the median days in delay status by current placement type.

Graph 5: Median Days in Placement Delay Status by Current Placement Type.

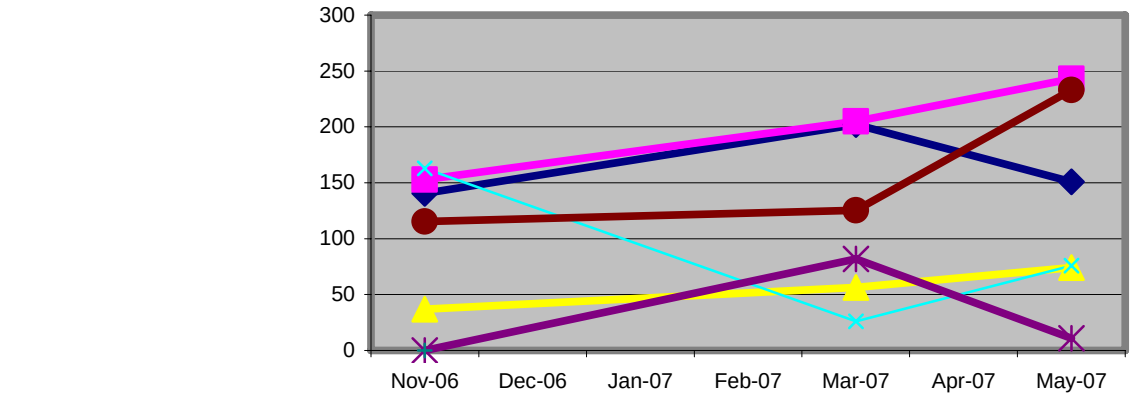


	11/29/2006	3/21/2007	5/1/2007
Group Homes	111	236	223
Inpatient	46	53	67
Psychiatric Residential Treatment Facilities	44	63	104
Residential Treatment Facilities	162	226	258
Overall	139	119	128

Note: There is missing data on length of delay for 24 children out of 97 on 11/29/06, three out of 126 on 3/21/07, and two out of 117 on 5/1/07. The data for the later two dates is more reliable for this and other reasons.

The next graph, Graph 6, shows the median days in delay status, for those awaiting each placement type. It is difficult to draw many conclusions from this, because of the wide variations from period to period, and given the fact that with point-in-time data, none of the children who had no delay are included (which would reduce the median), and none of the children who are included have reached their discharge date (which would increase the median).

Graph 6: Median Days Children are in Delayed Placement Status by Type of Placement Child is Awaiting.

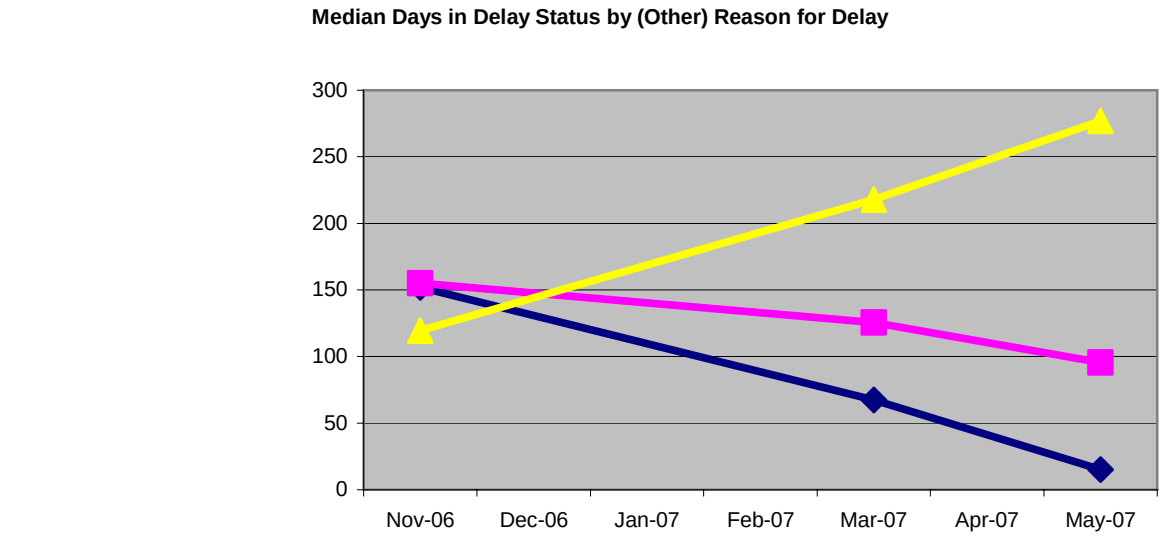


	29-Nov-06	21-Mar-07	1-May-07
Awaiting Placement : Foster Care	141	202	151
Awaiting Placement: Group Home	153	205	243
Awaiting Placement: RTF	37	57	74
Awaiting Placement Hosp/PRTF	163	26	76
Awaiting Placement PDC/Safe Home/Shelter	0	82	11
Awaiting placement: Other	116	126	233
Awaiting Placement: TLAP/CHAPS	0	Error in Raw Data	Error in Raw Data

Note: There is missing data on length of delay for 24 children out of 97 on 11/29/06, three out of 126 on 3/21/07, and two out of 117 on 5/1/07. The data for the later two dates is more reliable for this and other reasons.

The same points could be made for Graph 7, which shows the median days in delay status, for those delayed for family, community service, or "other" reasons.

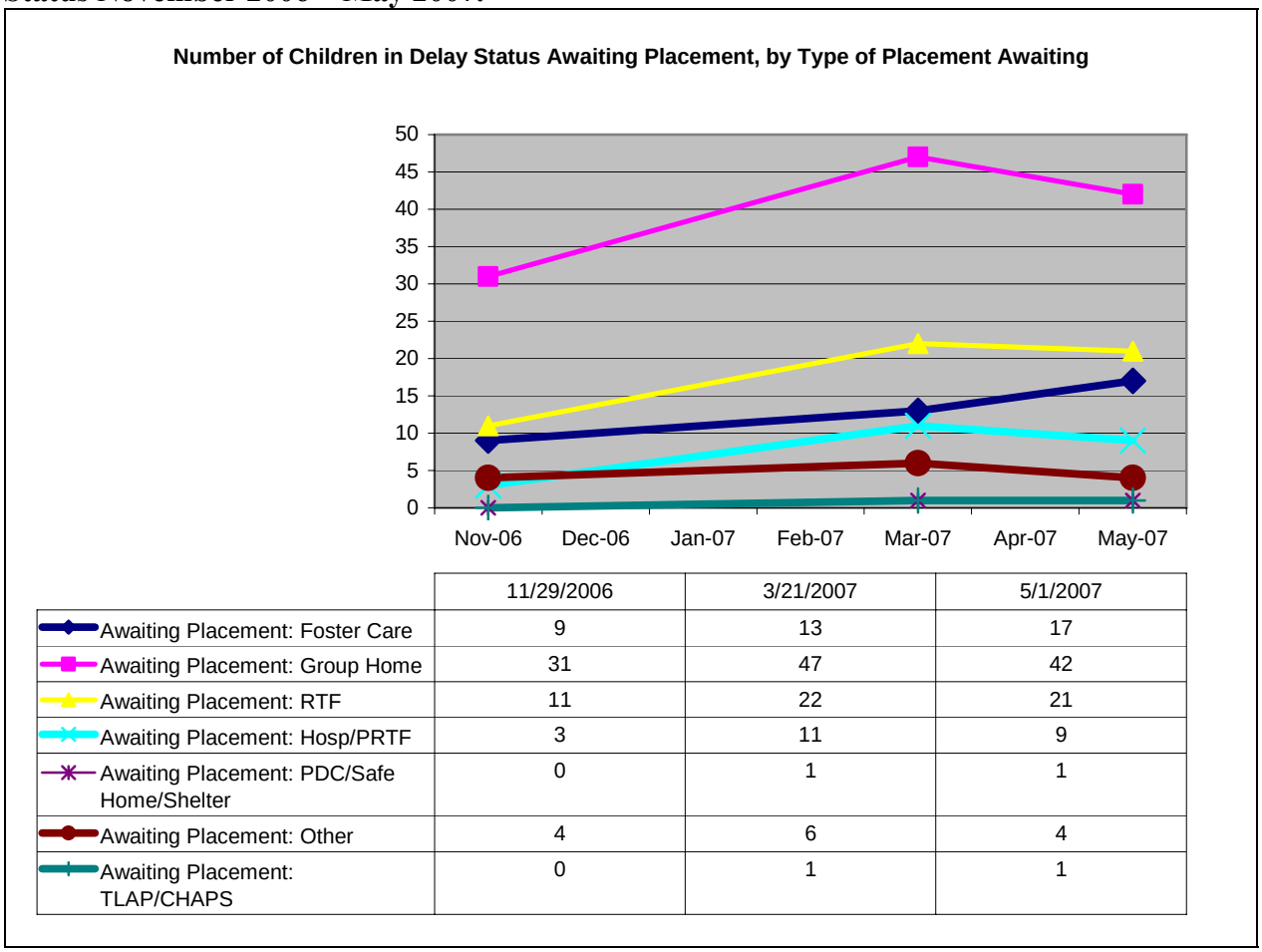
Graph 7: Median Days in Delay Status for Non-Placements Issues.



	29-Nov-06	21-Mar-07	1-May-07
Awaiting Community Services	152	68	15
Family Req. Services	155	126	96
Other	120	218	277

Graph 8 below shows the number of delayed clients awaiting placement, by the kind of placement needed, rather than by median days delayed. Please note that some categories represent a small number of children so that an outlier has great impact upon the median totals presented in prior graphs.

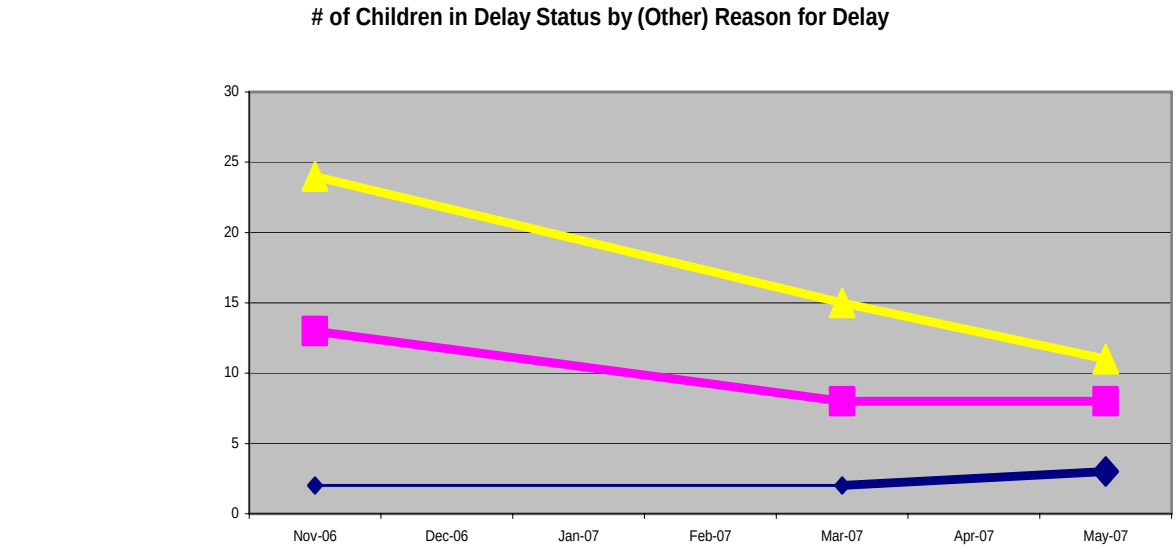
Graph 8: Awaiting Placement Types Identified for Children in Delayed Placement Status November 2006 – May 2007.



	11/29/2006	3/21/2007	5/1/2007
Awaiting Placement: Foster Care	9	13	17
Awaiting Placement: Group Home	31	47	42
Awaiting Placement: RTF	11	22	21
Awaiting Placement: Hosp/PRTF	3	11	9
Awaiting Placement: PDC/Safe Home/Shelter	0	1	1
Awaiting Placement: Other	4	6	4
Awaiting Placement: TLAP/CHAPS	0	1	1

Lastly, Graph 9 shows the number of children in delay for some reason other than "awaiting placement". These numbers are far smaller than those awaiting placement. By May there were only eight in delay status because their family requires services, and three because they were awaiting community services.

Graph 9: Other Delay Reasons for Children in Delayed Status – November 2006 – May 2007.



	11/29/2006	3/21/2007	5/1/2007
Awaiting Community Services	2	2	3
Family Req. Services	13	8	8
Other/Blank	24	15	11

Point-in-time Foster and Adoption Recruitment and Retention data is presented below in Table 29. Fluctuations across the point in time are present however, it is too soon to determine trends as of this reporting period.

Table 29: Foster/Adoption Recruitment and Retention.

	Nov 2006	Feb 2007	April 2007
Number of Inquires	113	170	132
Number of Open Houses	34	31	34
Number of families starting Pride/GAP training	51	55	57
Number of families completing Pride/GAP training	68	20	55
Number of applications filed	138	93	102
Number of applications that were licensed	72	77	83
Number of applications pending beyond time frames	140	175	177
Number of licensed Foster Homes at end of month	1281	1248	1237
Number of licensed Adoptive Homes at end of month	388	354	326
Number of licensed Special Studies at end of month	236	221	221
Number of licensed Independents at end of month	131	105	92
Number of licensed Relatives at end of month	690	592	583
Number of homes overcapacity (not due to sibling placement)	21	30	27
Total DCF Licensed Foster Care Bed Capacity[9]	2551	2581	2555
Total number of Specialized Foster Care (non-DCF) Homes	838	884	708
Total number of Specialized Foster Care (non-DCF) Homes with placements	577	613	535
Total number of Specialized Foster Care (non-DCF) Homes awaiting placements	261	271	173

[9] Excludes beds within relative, special study, independent, and adoption only homes.