

***Juan F.* v. Malloy Exit Plan
Status Report
October 1, 2017 – March 31, 2018
Civil Action No. 2:89 CV 859 (SRU)**

Submitted by:
DCF Court Monitor's Office
300 Church St, 4th Floor
Wallingford, CT 06492
Tel: 203-741-0458
Fax: 203-741-0462
E-Mail: Raymond.Mancuso@ct.gov

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October 1, 2017 – March 31, 2018

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Highlights

- The Court Monitor’s findings regarding the 2017 Revised Exit Plan Outcome Measures indicate that the Department maintained compliance with 9 of the 14 measures during the Fourth Quarter 2017 and 8 of 14 measures for the First Quarter 2018. The summary chart on page 13 provides the automated Outcome Measure performance/percentages while additional analysis and review of specific cases inform the decisions of the Court Monitor with respect to compliance. Of the measures that did not meet the established standards in these two quarters, the most concerning involve the Department’s investigation practice, case planning process, meeting children and families service needs, appropriate visitation with household and family members of the agency’s in-home cases, and excessive caseloads for Social Work staff.
- The 2017 Revised Exit Plan ¶7 states that the parties agree to terminate jurisdiction over the following four measures if the Defendants sustain compliance with the measures through the Second Calendar Quarter 2018 (June 30, 2018).
 - OM 11 Placement within Licensed Capacity
 - OM 12 Multiple Placements
 - OM 13 Sibling Placement
 - OM 14 Reduction in the Number of Children in Residential Capacity

While this current Status Report generally covers the period ending on March 31, 2018, the Court Monitor’s Office has expedited the review of these four measures to inform the Court and the parties in the timeliest manner possible. Based on a review of both automated data (see page 13) and a sampling of individual cases, the Court Monitor determines that the Department has satisfied the standards set for these measures to be terminated from jurisdiction.

Outcome Measure 11 (Placement within Licensed Capacity) was pre-certified via a statistically valid sample in April 2012. The automated findings subsequent to the pre-certification have remained within 92%-96%. The most recent findings indicate that the Department is slightly below the compliance standard at 92.2%. A review of sample cases conducted by the Court Monitor demonstrates that in some instances a foster home’s bed capacity has not been adjusted in LINK to reflect the actual capacity as designated by the Department’s Foster and Adoptive Service Unit (FASU) staff. Taking this factor into account, the Department continues to meet the standard. This finding is similar to the findings at the time of pre-certification. There is constant pressure on child welfare systems to recruit, train and retain sufficient numbers of foster parents to enable appropriate matching of children to homes when there is a need to remove them from a parent or guardian home. The Department has wisely chosen for a number of years to set the bed capacity of an individual home at the time of initial licensure lower than the number that is allowed by statute and policy. This is done to allow homes to gain experience and expertise without being overwhelmed with multiple children. Thus, many homes, at the time of licensure, have a bed capacity set for one child. Based on the

ongoing evaluation of the foster home, the bed capacity can be increased or decreased. The review of individual sample cases also reflected that in many cases the best interests of the child(ren) and family were considered before placing an additional child into a foster home that would result in an overcapacity status. This often includes situations in which siblings are kept together or reunited. Given the analysis of the overcapacity situations sampled, the Court Monitor deems this measure compliant.

Outcome Measure 12 (Multiple Placements) was pre-certified via a statistically valid sample in April 2012. As reported by the Court Monitor in ongoing Status Reports, the Department has been in steady compliance with this measure for a number of years with findings generally near 95% each quarter. This is well above the 85% standard. A review of the current quarters data demonstrate similar findings. The Court Monitor deems this measure compliant.

Outcome Measure 13 (Sibling Placement) was pre-certified via a statistically valid sample in April 2015. Since that time, the measure has routinely been deemed compliant, with the Court Monitor noting the exception for placing larger groups of siblings (3 or more). The most current quarters indicated automated findings of 86.7% and 88.8%. A review of the current quarterly data, again noting the exceptions, indicates that the Department has met the standard of 95%. The Court Monitor finds this measure to be compliant.

Outcome Measure 14 (Reduction in the Number of Children in Residential Capacity) was pre-certified in December 2014 and has been in compliance for a number of years with findings that hover near 2%. This is well below the standard of 11% and reflects the administration's success in dramatically reducing utilization of out-of-state programs, decreasing the utilization of in-state residential programs and significantly increasing the use of relative/kin homes. There are 351 fewer children in out-of-state residential care (97% decrease) than at the start of the current administration. There are currently 42.1% of the foster children living in kinship homes. The kinship rate was below 10% in 2011.

- During the Second Quarter 2018, the Court Monitor undertook a pre-certification review of Outcome Measure 1 (Commencement of Investigation). A statistically valid sample of 367 cases was reviewed to ascertain the Department's compliance with the 90% standard for commencing investigations via attempted face-to-face contact. The review also focuses on whether the correct assignment for response time is set by the Careline and Regions utilizing the formalized Structure Decision Making (SDM) protocols. Based on the review of the sample data, the Court Monitor determines that the Department has met the standard set for Outcome Measure 1 with a finding of 89.5% and this measure should be pre-certified. Data has been shared with the parties and the pre-certification finding will be formalized once the final report for this measure is completed, shared and discussed with the parties. This is a significant accomplishment for the Department given the variety of factors that impact this portion of the agencies work. Reports are received by the Careline 24 hours a day, 7 days a week but regional staff generally work 5 days a week during the core hours of the day (8am-5pm). Thus, response time standards that can be designated as same day, 24 hour or 72 hours must be carefully managed.

Weekends, holidays, and excessive caseloads clearly stress the ability to contact and meet face-to-face with families in a timely fashion. Careline utilizes on-call staff to assist at night time, weekends, and holidays with risky, higher response cases. Nevertheless, a lower risk 72 hour response time case that is received on a Friday may not be acted on until the following Monday which then means the 72 hour response time is expiring. The Court Monitor's formal report will address a number of these issues in more detail.

- Paragraph 4 of the 2017 Revised Exit Plan mandated that a strategic plan be developed by the DCF Commissioner in consultation with the Court Monitor, to address compliance with the 2017 Revised Exit Plan Outcome Measures. The plan was drafted and filed with the Court on April 26, 2018. The strategic plan can be found in Appendix A. The plan is meant to be dynamic and will be revisited to identify progress, areas of concern, and revision. The plan outlines specific implementation steps and strategies for each of the six (6) measures that had not been pre-certified at that point and there is a section devoted to Quality Assurance activities.
- One of the key elements outlined in the Strategic Plan is sufficient staffing. Outcome Measure 18 (Caseload Standards) has not been met in the last nine (9) quarters. Improving the Department's efforts in areas such as formal assessments, purposeful visitation, effective supervision, service provision, care coordination, and case planning require adherence to best practice standards and protocols as well as sufficient staffing and services. As outlined in previous reports and the Time Study conducted by the Court Monitor, this is a significant issue that impacts the quality of the Department's work on behalf of the families for whom it provides service. The extended staffing freezes and subsequent hiring of large blocks of staff that occurred over the last 4 years created an unstable, constantly transitioning environment that did not lend itself to positive outcomes. During those periods in which staffing was more sufficient and stable the outcomes tracked greatly improved.

In the last two quarters, the State has made a major commitment to addressing this issue in a substantive manner. Governor Malloy and Secretary Barnes have been instrumental in supporting the needs of Connecticut's abused and neglected children by advocating for additional staffing. The budget passed by the legislature compromises these gains in staffing and also requires cuts in sorely needed community services. The Department has brought on 120 new staff to assist in addressing excessive caseloads. These new staff have months of training before they can assume full caseloads; thus the full impact on Connecticut's child welfare system will not be fully realized until later, perhaps the fall of 2018.

A recent development that will have a very positive impact on maintaining a stable workforce is the Department moving to a system of predictive hiring. This will allow them to plan blocks of hiring that track roughly with their attrition rate. As of July 2018 the Department achieved the goal of hiring 120 additional staff. The Department will now maintain that staffing level. The staffing progress noted above should bring a noticeable improvement to the Department's performance on key Outcome Measures.

The Staffing/Caseload summary as of June 15, 2018 is:

- The current average caseload utilization which is defined as the average caseload of all caseload carrying workers is 79.99%. The average includes 95 Social Workers Trainees with low utilization as they are still working their way up to full caseloads.
 - Based on the current caseloads, the Department needs 1,211 Social Workers to be at the 75% average utilization outlined in the 2017 Revised Exit Plan. Currently there are 1,135 Social Workers carrying cases, 82 approved vacancies waiting to be filled and 37 Social Workers hired but not yet appearing in LINK. Last month, the Department had 1,124 Social Workers carrying cases.
 - In order to get to 75% utilization, 61 additional active, caseload carrying Social Worker positions and 10 Social Work Supervisors need to be established.
 - There are 100 Social Workers with caseloads over 100%. In May, there were 108 Social Workers over 100%. There are 41 Social Workers who have been over 100% for 25 or more days.
 - Approximately 56% of the Intake Workers in the Department are carrying more than 12 cases, which is the standard set by the Community of Practice.
 - Approximately 55% of the Ongoing Social Workers are over the 80% caseload utilization.
 - The Department continues to fill available Social Worker vacancies.
- The 2017 Revised Exit Plan provides a new framework to assist the Department in taking a progressive approach to improving performance on the key Outcome Measures of OM 3-Case Planning and OM 4-Needs Met. The agreement will now focus attention on the individual domains for each measure. The agreement allows the Department to pre-certify for compliance on an individual domain basis. This was not previously the case. By focusing on individual domains, the Department can better identify the many strengths in its practice and also work on specific strategies to address ongoing areas of concern. The Strategic Plan being developed jointly by Commissioner Katz and the Court Monitor identifies multiple approaches to build on existing strengths while addressing known areas needing improvement.

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

Based on the data from this review period, 4 of the 11 **Outcome Measure 3 (Case Planning)** domains show strong performance with respect to the target set for pre-certification. None of the domains are pre-certified at this time. The progress on this measure has been compromised the last few quarters by the number of cases in which Social Work Supervisors (SWS) have not approved case plans in a timely manner. Case Plans are critical to identifying the progress that has been made and the steps and actions required by all parties involved with families. In a few cases, supervision by the SWS is clearly evident and the lack of approval is an oversight. In other cases, the lack of approval is reflective of inadequate ongoing supervision and oversight of the cases and

this compromises the case management work being provided to families. The antiquated LINK system presents challenges in assisting staff with ticklers, updates and prefilling. The Department has created additional reports to try to compensate for these shortcomings. Still, consistent and effective supervision is imperative, especially with a young and inexperienced workforce. The Department must continue to look for any and all opportunities to assist SWS's whether that be additional training, mentoring, evaluation or workload reduction. Further discussion of Outcome Measure 3 findings is found on page 16.

Bases on the data from this review period, 6 of the 11 **Outcome Measure 4 (Needs Met)** domains remain pre-certified. Two domains dealing with the appropriateness of the child's placement and education dipped slightly for 4th Quarter but were found to be stronger in the 1st Quarter review of sample cases. As we have noted consistently in ongoing Status Reports, service needs noted via this methodology and other review activities which include discussions with staff and stakeholders, indicate services that are not readily available in areas of the state. They include: in-home services, domestic violence services, mentoring, substance abuse services, supportive housing vouchers, foster and adoptive resources, readily available placement/treatment options and outpatient mental health services.

As with prior reports, the reported barrier to appropriate service provision was the result of client refusal, wait-lists and internal provider issues, or the lack of referral/delayed referrals. As previously reported, ongoing communication and interviews with Social Workers and Social Work Supervisors continues to indicate that some percentage of the categories of "lack of referral" or "delayed referral" are due to staff having knowledge that certain services are not readily available. Therefore, they don't make referrals, even when all staff involved have assessed that a service is the best match for a client's particular need. Thus, the number of cases with unmet needs due to waitlists and provider issues is understated in this Status Report.

Governor Malloy's initial proposed budget was viewed by the parties as a reasonable response to the acknowledged needs while recognizing the effort and resources required by and available to the Department to maintain and successfully implement needed changes in a timely manner with respect to staffing, infrastructure and service provision. The budget recently passed by the legislature severely challenges the Department's ability to maintain the current level of staffing and service provision or address areas of concern that have been acknowledged by all parties. The budgets impact on servicing Connecticut's abused and neglected children and the progress with improving compliance with the 2017 Revised Exit Plan will be closely monitored and discussed among the parties and if necessary, will be brought to the attention of the Court.

- Although the automated reporting indicates that the Department has achieved compliance with Outcome Measure 2 (Completion of Investigation) previous sampling confirmed that issues exist regarding the quality of the investigative work. These areas included: accurate and timely assessment utilizing the Structured Decision Making model (SDM), family and collateral contacts, supervision, and documentation. The Department has continued an ongoing statewide investigation review utilizing its own Quality Assurance (QA) process in each office. At the request of the DCF Regional Administrators, the

Court Monitor has sampled additional cases during the previous three months to ascertain if the Department's effort have improved the outcomes for this measure. A new protocol was tested on these sample cases and the data is currently being entered into SPSS for analysis. Findings from this sampling are being analyzed and will be shared with both parties in the near future and should help inform or assist in revision of the current action steps outlined in the Strategic Plan.

- For many years, the Department has utilized Structured Decision Making (SDM) as the formal means to assess the families it serves. There are a number of evidence-based tools required to be completed through engagement of the family at various points of the Department's intervention. The quality of the Department's assessment activities is a major part of the core of the work that is performed and is a key component to the process of case planning. As detailed routinely in the reports to the Court, the Department's consistency and reliability in using this approach has been questioned. Sampling reviews have noted that formal assessment is not being performed timely or adequately in many cases. That is not to say that informal assessment has not occurred in many cases but informal assessment is prone to being influenced by individual bias, varied application of relevant standards and can be fairly unreliable across the agency. DCF has been working steadily with the Children's Research Center to both revise the tools and ready new training and mentoring for staff. At the time of this report, the changes have been identified and implementation of edited tools for the Careline SDM process has been accomplished. Ongoing SDM review work is continuing on other components of the Department's work.
- The court-ordered 2017 Revised Exit Plan applies to class members who receive placements, case management, and services from any successive Connecticut state agencies that provide applicable placement, case management and services to class members. The class includes youth who are dually committed (abuse/neglect and delinquent). Dating back to the original Consent Decree and throughout the period of the previously-governing 2004 Exit Plan (and as modified), these youth have been part of monitoring and performance reviews conducted by the Court Monitor. All sampling of individual cases and system wide data runs include these youth and the Court Monitor has had full access to DCF staff and records.

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

- The Strategic Plan outlines a number of key elements to improving service to children and families and thus improving the findings related to Outcome Measures 3 (Case Planning) and Outcome Measure 4 (Needs Met). One strategy was introduced and discussed in the last status report. Since July 2017, the Department has been receiving technical assistance from the Harvard Kennedy School, Government Performance Lab

(GPL) to improve and enhance the Department's service coordination efforts. The goal is to allow the Department to achieve the revised OM 3 and OM 4 standards of the 2017 Revised Exit Plan through more efficient use of the Department's existing resources and development of data reporting structures to inform where existing resources/funding could be better directed based on actual use patterns and outcomes data.

There are a number of core practice changes that the Department is hoping to achieve with these efforts to improve the match between need and service referral and active contract management. The approach includes:

- The change in practice is rolling out one region at a time and focuses on streamlining referral pathways by utilizing a Service Coordinator.
- The Service Coordinator supports the Social Workers and maintains dashboards that assist with leadership decisions.
- The process emphasizes earlier engagement with RRG clinicians via multidisciplinary consultations on high-priority cases as well as review of cases upon transfer to ongoing service.
- The focus is on "what do families need" rather than what is available. There are various issues noted repeatedly with DCF's service referral processes that have made it difficult to determine the value of various service types and the quantity that is needed to reach the Needs Met goal. Social Workers will often make referrals based on non-value added factors like what is available as opposed to what is needed, their trust and confidence in a specific contractor, or advice given to them by a peer instead of assessing needs based on clinical or other objective criteria.
- Improve regular data informed collaboration during discussion between providers/Central Office/Regions.
- Utilize proactive "deep-dive" analysis of a specific question to inform program design and re-engineering.

The Department had chosen to test the changes with Intensive Family Preservation services and then intends to scale up to additional service types using lessons learned and drawing on cross-agency capacity building efforts.

The Department has developed a universal referral form and is currently beta testing it. The universal referral form will address two critical issues. It will assist in answering the questions of what does a family need and what is available and also provide data on the demand for services or areas of unmet need. These are important areas where the Department's current information is limited.

The initial efforts by Regions 5 and 6 are very encouraging and demonstrate important insights into the utilization and effectiveness of the Intensive Family Preservation services. The importance of the improvements in the collaboration between the Department and service providers cannot be understated.

A family that is correctly matched for services has a higher probability of success and a reduced risk of re-referral to the Department in the future. From a system perspective, the current mismatching of child welfare services provides the Department with very poor data when trying to make adjustments to the service network and determine what is

really working. This results in missed opportunities to repurpose funding or focus funding on what works to ensure we are meeting families' needs.

- The Division of Foster Care's report for January-March 2018 indicates that there are 2047 licensed DCF foster homes. This is an increase of 43 homes when compared with the previous Status Report. The number of approved private provider foster care homes is 778 which is a decrease of 17 homes from the previous Status Report. The number of private provider foster homes currently available for placement is 83. The Court Monitor recently attended a joint matching event with Department staff and private foster care providers. The effort, energy and commitment by this group was quite remarkable. The process involved a day long effort to match available families with children waiting for home-based care. Many potential matches were made during the day.
- Since 2004, the Department has utilized a specialized process for reviewing critical incidents and child fatalities. These reviews are part of the Department's overarching quality assurance and continuous qualitative improvement vision and continuum. The current Special Quality Review (SQR) process has improved upon those initial attempts and now incorporates the principles of safety science and the Department's focus on being an accountable learning organization. The SQR focuses on three core areas
 - Practice
 - Policy and Procedures
 - Systems

The SQR is an extensive and comprehensive process involving reviews of electronic and paper case records, staff and collateral interviews, and consultation with multidisciplinary experts. This effort provides the Department with actionable information about challenges and strengths with respect to those aforementioned core areas.

The findings from the SQR are shared with the Department's staff through Learning Forums and senior leadership to guide and support learning across the agency, identify best practices, and direct any needed improvements in the delivery of care and services by DCF and/or other systems that may touch the lives of Connecticut's children and their families.

In particular, in 2018, the Department began convening Special Qualitative Reviews (SQR) Learning Forums that have become an excellent manner in which to thoroughly discuss critical relevant issues. These half-day, facilitated forums with the Workforce Academy, are targeted to the Department's Social Work Supervision and Program Supervisor staff. Three recent SQR Learning Forums were focused on Infants and Young Children, Chronic Neglect and Substance Use. The SQR topics have also been added to the Academy training roster. Staff interviewed by the Court Monitor have indicated that this effort has been very well received and the number of staff seeking to participate continues to increase.

- As of May 2018, the number of children with the goal of Other Planned Permanent Living Arrangement (OPPLA) was 106. As of November 2017, there were 104 children with an OPPLA goal. While this goal is appropriate for some youth, it is not a preferred goal due to its lack of formal permanent and stable relationships with an identified adult

support, be it relative or kin. This will remain an ongoing point of focus by the Department.

- As of May 2018, there were 89 *Juan F.* children placed in residential facilities. This is a decrease of seven (7) children compared with November 2017. The number of children residing in residential care for greater than 12 months was 31 which is seven (7) more children than reported in May 2017.
- The Department continues to focus on the number of *Juan F.* children residing and receiving treatment in out-of-state residential facilities. As of July 3, 2018, there are eight (8) children in DCF custody residing in out-of-state residential facilities. This increase may be attributable to the closure of CJTS.
- The number of children age 12 years old or younger in congregate care as of May 2018 was 17 children which is three (3) less than November 2017. Of the current total, seven (7) are placed in residential care, five (5) children are placed in group homes, four (4) are placed in an SFIT program, and one (1) child is in a shelter.
- As of November 2017, there was one (1) child aged 1 to 5 years of age residing in a group home placement.
- The number of children utilizing Short-term Family Integrated Treatment (SFIT) has increased as the Department has broadened access for referrals from Emergency Mobile Psychiatric Service and others. SFIT is a residential crisis-stabilization program for children ages 12-17 with a goal of stabilizing a youth and their family, guardian or fictive kin to coordinate a reintegration back into the homes. The intended length of stay is 15 days or less. The average length of stay is approximately 18 days for the last two (2) quarters. Length of stay has risen since the last report and this is primarily due to the lack of timely placement options. The data for October-September 2017 is found below.

Client Status	Q4 SFY 2017	Q1 SFY 2018
	Oct-Dec 2017	Jan –March 2018
In-Care at Period Start	60	70
Admitted in Period	71	87
Discharged in Period	61	76
Remaining in Care at Period End	70	81
Episodes Served in Period	131	157
Distinct Clients Served in Period	124	150

- Data source: PIE
- *PIE tracks length of stay data by months (not days)

- There were 26 youth in STAR/Shelter programs as of November 2017. This is three (3) less than the 29 reported in May 2017. Sixteen (61.5%) of these youth in STAR programs were in overstay status (>60 days) as of November 2017. There was one child with a length of stay longer than six months as of November 2017.

- The Monitor's quarterly review of the Department for the period of October 2017 through March 31, 2018 indicates that as of the end of the First Quarter (March 2018) the Department did not achieve compliance with six (6) measures:
 - Completion of Investigation (89.8%)¹
 - Case Planning (35.8%)
 - Children's Needs Met (49.1%)
 - Re-entry into DCF custody (was met in the Fourth Quarter 2017, 6.2% but not the First Quarter 2018, 8.3%)
 - Worker-Child Visitation In-Home (N/A)²
 - Caseload Standards (93.5%)

A full copy of the Department's Fourth Quarter 2017 and First Quarter 2018 submission including the Commissioner's Highlights may be found on page 87.

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

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

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August 2018

Statewide		Positive Outcomes For Children																									
Measure	Measure	Q2 2018	Q1 2018	Q4 2017	Q3 2017	Q2 2017	Q1 2017	Q4 2016	Q3 2016	Q2 2016	Q1 2016	Q4 2015	Q3 2015	Q2 2015	Q1 2015	Q4 2014	Q3 2014	Q2 2014	Q1 2014	Q4 2013	Q3 2013	Q2 2013	Q1 2013	Q4 2012	Q3 2012	Q2 2012	Q1 2012
1: Commencement of Investigation	>=90%	96.5%	96.9%	96.8%	96.4%	95.5%	94.7%	94.8%	94.6%	95.2%	95.8%	95.7%	95.2%	95.1%	94.5%	93.8%	93.2%	93.6%	94.7%	96.0%	96.2%	95.5%	94.9%	95.7%	96.1%	96.6%	
2: Completion of the Investigation	>=85%	89.4%	91.0%	89.8%	87.0%	85.8%	86.7%	86.4%	82.7%	85.8%	88.9%	86.0%	88.9%	85.6%	81.9%	78.6%	77.3%	77.6%	83.7%	92.5%	92.2%	89.1%	90.2%	92.5%	92.4%	91.9%	
3.1: Tx Plan: Case Plan Approval	>=90%	84.2%	86.8%	96.2%	87.0%	86.8%	90.6%	92.7%	90.6%	94.4%	90.7%	96.3%	88.9%	86.8%	84.9%	81.5%	79.6%	88.9%	85.2%	96.4%	92.6%	92.7%	90.7%	89.9%	98.1%	N/A	
3.2: Tx Plan: Family's Language Needs	>=90%	81.5%	81.1%	96.2%	81.5%	83.0%	84.9%	92.7%	90.6%	92.6%	90.7%	88.9%	88.9%	92.5%	88.7%	94.4%	90.7%	96.3%	100%	96.4%	98.1%	100%	98.1%	100%	100%	N/A	
3.3: Tx Plan: Reason for DCF Involvement	>=90%	81.5%	75.5%	88.7%	81.5%	79.2%	86.8%	92.7%	96.2%	94.4%	94.4%	92.6%	88.9%	84.9%	100%	90.7%	87.0%	96.3%	87.0%	94.5%	94.4%	94.5%	88.9%	95.7%	96.3%	N/A	
3.4: Tx Plan: Identifying Information	>=90%	85.2%	81.1%	92.5%	79.6%	84.9%	88.7%	90.9%	96.2%	98.1%	94.4%	92.6%	96.3%	88.7%	98.1%	87.0%	85.2%	96.3%	87.0%	94.5%	88.9%	94.5%	96.3%	94.2%	94.4%	N/A	
3.5: Tx Plan: Child/Family Engagement	>=90%	51.9%	50.9%	66.0%	55.6%	45.3%	56.6%	58.2%	50.9%	55.6%	42.6%	51.9%	51.9%	47.2%	47.2%	59.3%	42.6%	63.0%	66.7%	72.7%	72.2%	63.6%	64.8%	53.6%	64.8%	N/A	
3.6: Tx Plan: Situation & Assessment	>=90%	51.9%	32.1%	47.2%	42.6%	43.4%	52.8%	47.3%	64.2%	68.5%	40.7%	53.7%	44.4%	47.2%	49.1%	48.1%	55.6%	53.7%	53.7%	67.3%	66.7%	43.6%	57.4%	58.0%	64.8%	N/A	
3.7: Tx Plan: Goals/Objectives	>=90%	53.7%	58.5%	62.3%	66.7%	58.5%	64.2%	72.7%	73.6%	74.1%	63.0%	61.1%	64.8%	54.7%	66.0%	63.0%	55.6%	74.1%	59.3%	78.2%	79.6%	69.1%	70.4%	69.6%	83.3%	N/A	
3.8: Tx Plan: Progress	>=90%	66.7%	62.3%	64.7%	67.9%	71.2%	78.0%	81.8%	88.7%	88.5%	76.9%	82.0%	70.4%	82.2%	84.9%	88.7%	78.4%	84.3%	72.2%	83.6%	78.0%	81.5%	79.6%	79.7%	82.4%	N/A	
3.9: Tx Plan: Action Steps	>=90%	53.7%	52.8%	81.8%	78.3%	80.6%	96.8%	89.7%	96.3%	89.7%	96.6%	93.5%	93.1%	83.3%	75.9%	93.8%	90.6%	87.0%	80.0%	78.3%	94.4%	95.2%	89.5%	90.6%	90.0%	N/A	
3.10: Tx Plan: Planning for Permanency	>=90%	74.1%	73.6%	84.9%	70.4%	79.2%	83.0%	85.5%	88.7%	90.7%	83.3%	88.9%	85.2%	88.7%	88.7%	81.5%	83.3%	88.9%	90.7%	92.7%	88.9%	80.0%	90.7%	88.4%	88.9%	N/A	
4.1: Needs Met: Risk: In-Home	>=85%	81.3%	82.1%	81.8%	78.3%	80.6%	96.8%	89.7%	96.3%	89.7%	96.6%	93.5%	93.1%	83.3%	75.9%	93.8%	90.6%	87.0%	80.0%	78.3%	94.4%	95.2%	89.5%	90.6%	90.0%	N/A	
4.2: Needs Met: Risk: Child-in-Placement	>=85%	100%	96.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96.3%	96.2%	91.7%	96.0%	96.0%	92.0%	97.0%	97.2%	92.1%	100%	100%	97.3%	95.5%	94.6%	N/A
4.3: Needs Met: Permanency: Securing Permanent Placement - Action Plan	>=85%	95.8%	100%	93.5%	97.1%	100%	95.7%	92.6%	100%	100%	100%	88.9%	100%	88.5%	91.7%	91.7%	91.3%	91.7%	97.0%	94.3%	97.4%	91.7%	94.4%	88.6%	100%	94.4%	N/A
4.4: Needs Met: Permanency: DCF Case Mgt - Legal Action to Achieve Permanency	>=85%	92.5%	94.3%	90.6%	98.1%	90.4%	90.6%	92.7%	96.2%	83.0%	92.6%	98.1%	92.5%	90.6%	90.4%	94.4%	88.9%	94.4%	94.3%	96.4%	94.4%	92.7%	90.7%	91.3%	96.3%	N/A	
4.5: Needs Met: Permanency: DCF Case Mgt - Recruitment of Placement Providers	>=85%	95.7%	96.0%	93.8%	100%	100%	100%	92.6%	100%	100%	100%	92.6%	92.0%	85.2%	83.3%	75.0%	91.3%	95.8%	90.9%	91.4%	100%	94.4%	88.9%	88.6%	100%	97.3%	N/A
4.6: Needs Met: Permanency: DCF Case Mgt - Contracting/Providing Services	>=85%	51.9%	49.1%	52.8%	57.4%	64.2%	58.5%	61.8%	69.8%	64.8%	61.1%	59.3%	46.3%	50.9%	45.3%	53.7%	55.6%	46.3%	55.6%	67.3%	72.2%	63.6%	48.1%	43.5%	61.1%	N/A	
4.7: Needs Met: Medical Needs	>=85%	85.2%	79.3%	86.8%	94.4%	88.7%	79.2%	83.6%	94.3%	83.3%	85.2%	75.9%	88.9%	81.1%	73.6%	88.9%	75.9%	83.3%	77.8%	87.3%	94.4%	87.3%	88.9%	82.6%	90.7%	N/A	
4.8: Needs Met: Dental Needs	>=85%	75.9%	81.1%	83.0%	85.2%	83.0%	90.6%	76.4%	84.9%	83.3%	83.3%	77.8%	79.6%	66.0%	86.8%	81.5%	81.5%	83.3%	77.8%	89.1%	88.9%	89.1%	87.0%	84.1%	88.9%	N/A	
4.9: Needs Met: Behavioral Health	>=85%	61.1%	50.9%	83.0%	85.2%	83.0%	90.6%	76.4%	84.9%	83.3%	83.3%	77.8%	79.6%	66.0%	86.8%	81.5%	81.5%	83.3%	77.8%	89.1%	88.9%	89.1%	87.0%	84.1%	88.9%	N/A	
4.10: Needs Met: Child's Current Placement	>=85%	91.3%	84.0%	66.0%	75.9%	75.5%	71.7%	72.7%	71.7%	75.9%	71.7%	69.2%	53.7%	58.0%	63.5%	67.3%	67.9%	75.9%	63.0%	74.5%	88.9%	72.7%	67.9%	67.6%	72.2%	N/A	
4.11: Needs Met: Education	>=85%	86.8%	80.4%	88.0%	83.3%	91.7%	90.0%	87.5%	91.5%	88.2%	90.4%	86.5%	72.9%	80.9%	80.0%	87.5%	78.0%	87.2%	80.4%	84.3%	94.3%	89.1%	84.3%	78.6%	87.0%	N/A	
5: Worker-Child Visitation (In-Home)	>=85%	87.5%	87.5%	89.2%	89.4%	89.5%	86.0%	86.9%	86.1%	88.2%	88.7%	87.5%	89.2%	86.1%	83.3%	83.3%	83.9%	83.0%	85.3%	86.1%	88.6%	88.1%	84.1%	87.0%	85.8%	84.8%	
6: Caseload Standards	100%	89.9%	91.5%	93.5%	88.1%	93.9%	97.3%	95.6%	94.2%	98.1%	99.7%	99.8%	100%	90.6%	87.3%	84.5%	83.6%	94.5%	97.6%	99.9%	99.9%	99.8%	99.9%	100%	99.6%	99.8%	
7: Repeat Maltreatment of In-Home Children	<=7%	6.1%	6.4%	6.6%	6.6%	6.5%	6.2%	6.8%	6.6%	6.6%	6.1%	5.4%	5.0%	5.7%	6.7%	6.5%	5.8%	6.3%	4.5%	4.9%	5.7%	4.4%	4.9%	4.3%	4.1%	4.3%	
8: Maltreatment of Children in Out-of-Home Care	<=2%	0.2%	0.3%	0.0%	0.3%	0.5%	0.3%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.3%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	
9: Re-Entry into DCF Custody	<=7%	8.3%	6.2%	5.6%	8.2%	6.7%	5.1%	6.4%	5.8%	3.8%	3.7%	4.1%	5.8%	5.0%	3.8%	7.7%	8.0%	4.8%	4.9%	5.5%	8.6%	7.4%	7.0%	9.1%	6.8%	5.8%	
10: Worker-Child Visitation (Out-of-Home)	=85%(M) 0-100%(Q)	95.8%	95.6%	96.7%	97.0%	96.7%	95.4%	96.3%	95.6%	96.7%	96.1%	94.9%	96.5%	94.9%	92.6%	93.4%	94.3%	94.9%	95.4%	94.6%	95.8%	95.9%	94.2%	93.6%	92.7%	95.1%	
		99.1%	99.3%	99.2%	99.5%	99.5%	98.9%	99.5%	99.1%	99.3%	99.4%	99.0%	99.6%	99.0%	98.4%	98.4%	98.9%	98.8%	99.0%	98.8%	99.0%	98.8%	99.2%	99.1%	98.7%	98.2%	
11: Placement Within Licensed Capacity	>=96%	92.2%	92.0%	94.0%	94.0%	93.6%	93.8%	94.3%	92.9%	92.9%	93.5%	94.3%	95.5%	94.9%	95.4%	96.3%	95.3%	95.4%	96.0%	95.7%	96.2%	96.4%	97.1%	96.7%	95.8%	95.3%	97.7%
12: Multiple Placements	>=85%	95.0%	95.1%	95.2%	94.4%	95.2%	95.6%	96.3%	96.2%	96.5%	96.7%	96.7%	96.5%	96.8%	96.7%	96.4%	96.5%	96.7%	96.8%	97.1%	96.6%	96.7%	96.4%	96.5%	96.4%	96.6%	
13: Sibling Placement	>=95%	88.8%	86.7%	86.5%	86.9%	87.3%	87.3%	88.8%	90.1%	89.8%	91.7%	92.1%	92.0%	91.4%	90.9%	90.6%	88.7%	89.3%	90.6%	89.9%	92.5%	88.0%	89.5%	87.5%	87.5%	89.2%	88.5%
14: Reduction in the Number of Children Placed in Residential Care	<=11%	2.2%	2.2%	2.3%	2.2%	2.2%	2.1%	2.1%	2.3%	2.2%	2.5%	2.6%	2.8%	2.7%	2.8%	2.7%	2.7%	3.4%	4.0%	4.2%	4.3%	4.9%	5.1%	5.8%	6.3%	6.9%	7.5%

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

Juan F. Pre-Certification Review-Status Update (October 1, 2017 – March 31, 2018)

The 2017 Revised Exit Plan ¶10 outlines the process for which the Court Monitor is required to conduct “Pre-Certification” reviews as follows:

If DCF has met the requirements for any Revised Outcome Measure and sustained compliance for at least one (1) additional and consecutive quarter (6 months total), the Court Monitor shall conduct a “pre-certification review” of that Outcome Measure (“Pre-Certification Review”). Pre-Certification Reviews have already taken place and are applicable to Outcome Measures 7, 8, 9, 10, 11, 12, 13, and 14 of the 2017 Revised Exit Plan. The purpose of the Pre-Certification Review is to recognize DCF’s sustained improved performance, to identify and provide a prompt and timely opportunity to remedy any problem areas that are affecting the well-being of Juan F. class members, and to increase the efficiency of DCF’s eventual complete compliance and exit from this action. Other than conducting the Pre-Certification Review earlier than the final review mandated by paragraph 11, the Pre-Certification Review will be conducted in accordance with the provision for review as described in paragraph 8, unless otherwise agreed upon by the parties and the Court Monitor. If the Pre-Certification Review with respect to a particular Revised Outcome Measure: (a) does not identify any material issues requiring remediation; and (b) no assertions of noncompliance with the specific Revised Outcome Measures(s) at issue are pending at the time Defendants assert sustained compliance with the Outcome Measures; and (c) the Court Monitor has not identified any material issues requiring remediation subsequent to the Pre-Certification, the final review as per paragraph 11 of this 2017 Revised Exit Plan will not be required after the Defendants assert sustained compliance with all Outcome Measures. In conducting any Pre-Certification Review or final review of the Defendants’ compliance with any specific Outcome Measure, the Court Monitor may also consider any current measurement methodologies, including any methodologies employed by the federal Department of Health and Human Services (HHS), Administration for Children Youth and Families (ACYF), in its Child and Family Services (CFSR) reviews and in any Annual Progress and Services Review (APSR) reports issued pertaining to DCF.

During the Second Quarter 2018, the Court Monitor undertook a pre-certification review of Outcome Measure 1 (Commencement of Investigation). A statistically valid sample of 367 cases were reviewed to ascertain the Department’s compliance with the standard for commencing investigations via attempted face-to-face contact. The review also focuses on whether the correct assignment for response time is set by the Careline and Regions utilizing the formalized Structure Decision Making (SDM) protocols. Based on the review of the data, the Court Monitor determines that the Department has met the standard set for this OM 1 and it is pre-certified. A formal report will be forthcoming once the Court Monitor completes a full analysis of the data.

Juan F. Pre-Certification Review		
Outcome Measure	Statement of Outcome	Status
OM 1: Search for Relatives	DCF shall assure that at least 90% of all reports of children alleged to be abused, or neglected, shall be prioritized, assigned and the investigation/FAR (Family Assessment Response) shall commence within the time frames specified...	Pre-Certified August 2018
OM 5: Worker-Child Visitation (In-Home)	DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases. Definitions and Clarifications: 1. Twice monthly visitation must be documented with each active child participant in the case. Visitation occurring in the home, school or other community setting will be considered for Outcome Measure 17.	Not Pre-Certified January 2012

OM 7: Repeat Maltreatment of Children	No more than 7% of the children who are victims of substantiated maltreatment during any six-month period shall be the substantiated victims of additional maltreatment during any subsequent six-month period. This outcome shall begin to be measured within the six-month period beginning January 1, 2004.	Pre-Certified* July 2014
OM 8: Maltreatment of Children in Out-of-Home Care	No more than 2% of the children in out of home care on or after January 1, 2004 shall be the victims of substantiated maltreatment by substitute caregivers while in out of home care.	Pre-Certified October 2014
OM 9: Re-Entry into DCF Care	Of the children who enter DCF custody, seven (7) percent or fewer shall have re-entered care within 12 months of the prior out-of-home placement.	Pre-Certified January 2016
OM 10: Worker/ Child Visitation (Child in Placement)	DCF shall visit at least 85% of all out-of-home children at least once a month, except for probate, interstate, or voluntary cases. All children must be seen by their DCF Social Worker at least quarterly.	Pre-Certified April 2012
OM 11: Placement within Licensed Capacity	At least 96% of all children placed in foster homes shall be in foster homes operating within their licensed capacity, except when necessary to accommodate sibling groups.	Pre-Certified April 2012, Jurisdiction terminated on August 7, 2018
OM 12: Multiple Placements	Beginning on January 1, 2004, at least 85% of the children in DCF custody shall experience no more than three (3) placements during any twelve month period.	Pre-Certified April 2012, Jurisdiction terminated on August 7, 2018
OM 13: Sibling Placement	At least 95% of siblings currently in or entering out-of-home placement shall be placed together unless there are documented clinical reasons for separate placements. Excludes Voluntary cases and children for whom TPR has been granted.	Pre-Certified April 2015, Jurisdiction terminated on August 7, 2018
OM 14: Reduction in the Number of Children Placed in Residential Care	The number of children placed in privately operated residential treatment care shall not exceed 11% of the total number of children in DCF out-of-home care. The circumstances of all children in-state and out-of-state residential facilities shall be assessed after the Court's approval of this Exit Plan on a child specific basis to determine if their needs can be met in a less restrictive setting.	Pre-Certified December 2014, Jurisdiction terminated on August 7, 2018

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

Semi-Annual Status Report of Outcome Measure 3 and Outcome Measure 4 for the Fourth Quarter 2017 and First Quarter 2018

Outcome Measure 3

This Status Report reflects the Department’s progress in achieving the 2017 Revised Exit Plan Outcome Measure 3 and Outcome Measure 4 requirements. Outcome Measure 3 requires that “Except probate, interstate and subsidy only cases, appropriate case plans shall be developed as set forth in the “DCF Court Monitor’s Protocol for Outcome Measures 3 and 4” and the accompanying “Directional Guide for Outcome Measure 3 and 4 Reviews”. The enforceable domains of Outcome Measure 3 shall not include the “overall score” domain. The domains for which compliance at 90% or better has been met for a quarter and then sustained for an additional quarter as of the date of this 2017 Revised Exit Plan were to have been considered to have achieved Pre-Certification. At the time of agreement, and since that time, there have been no Outcome Measure 3 domains qualifying for Statewide pre-certification.

	Has the Case plan been approved by the SWS?	Was the family or child's language needs accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency
Total Statewide - 1st Quarter 2018 OM3 Results	84.2%	81.5%	81.5%	85.2%	51.9%	51.9%	53.7%	66.7%	53.7%	74.1%
Total Statewide - 4th Quarter 2017 OM3 Results	86.8%	81.1%	75.5%	81.1%	50.9%	32.1%	58.5%	62.3%	52.8%	73.6%
Total Statewide - 3rd Quarter 2017 OM3 Results	96.2%	96.2%	88.6%	92.4%	66.0%	47.2%	62.3%	64.7%	56.6%	84.9%
Total Statewide - 2nd Quarter 2017 OM3 Results	88.7%	81.5%	81.5%	79.6%	55.6%	42.6%	66.7%	67.9%	66.7%	70.4%

In the Fourth Quarter 2017, a total of 43 case plans sampled (81.1%) had case planning efforts that were clearly accommodating of the family’s primary language. In the cases that a reviewer identified as potentially problematic, seven (7) of the ten were undetermined as the case plan was not approved at the time of the review, and therefore it was unclear if translation or interpreter services were utilized in case planning for a family with a language other than English identified as primary/preferred. In one (1) case there was no case plan initialized. During First Quarter 2018, a total of 44 of the 54 cases reviewed (81.5%) that were undetermined in regard to language accommodations. Of these, once again as with the Fourth Quarter, ten (10) were not approved timely.

With few exceptions³, unapproved case plans are scored across all domains with absent/adverse scores per protocol. It is imperative that case plans are developed and shared timely with families as the process has always intended.

³ There is one instance in this 6 month period in which a Willimantic case was scored across domains at the Monitor’s discretion after discussion with Management determined that the case plan approval was delayed as a result of case management and supervisory oversight related to case events. In a second case, a Norwich case was delayed in approval by three days, but approved prior to our notification and warranted consideration across all domains per the request of the reviewer, the Court Monitor agreed.

In looking at a more defined view of the data and taking a regional perspective, it is noted that there are some regions that had success in several domains, though not sustained across the period of review. Only Region II achieved the benchmark consistently for two quarters, and only in Reason for Involvement, Identifying Information and Planning for Permanency.

DCF Court Monitor Review of Outcome Measure 3: Appropriate Case Planning - 4th Quarter 2017											
Region	Has the Case plan been approved by the SWS ?	Was this case plan approved within 25 days from the ACR or family conference ?	Was the family or child's language needs accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency
Region I - 4th Quarter 2017	85.7%	85.7%	85.7%	85.7%	85.7%	42.9%	28.6%	71.4%	71.4%	42.9%	71.4%
Region II - 4th Quarter 2017	100.0%	75.0%	100.0%	100.0%	100.0%	87.5%	25.0%	75.0%	62.5%	62.5%	87.5%
Region III - 4th Quarter 2017	100.0%	100.0%	80.0%	70.0%	80.0%	50.0%	30.0%	70.0%	60.0%	60.0%	80.0%
Region IV - 4th Quarter 2017	80.0%	50.0%	80.0%	60.0%	70.0%	40.0%	30.0%	40.0%	50.0%	50.0%	60.0%
Region VI - 4th Quarter 2017	66.7%	66.7%	57.1%	57.1%	57.1%	28.6%	28.6%	28.6%	57.1%	28.6%	42.9%
Total Statewide - 4th Quarter 2017 OM3	86.8%	81.5%	81.1%	75.5%	81.1%	50.9%	32.1%	58.5%	62.3%	52.8%	73.6%

DCF Court Monitor Review of Outcome Measure 3: Appropriate Case Planning - 1st Quarter 2018 Results											
Region	Has the Case plan been approved by the SWS ?	Was this case plan approved within 25 days from the ACR or family conference date?	Was the family or child's language needs accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency
Region I - 1st Quarter 2018	80.0%	80.0%	80.0%	80.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%
Region II - 1st Quarter 2018	100.0%	100.0%	88.8%	100.0%	100.0%	77.8%	55.5%	44.4%	77.8%	44.4%	88.9%
Region III - 1st Quarter 2018	70.0%	60.0%	70.0%	80.0%	80.0%	50.0%	50.0%	60.0%	70.0%	60.0%	70.0%
Region IV - 1st Quarter 2018	90.9%	90.9%	90.9%	90.9%	90.9%	45.5%	81.8%	72.7%	90.9%	90.9%	81.8%
Region V - 1st Quarter 2018	83.3%	83.3%	83.3%	75.0%	83.3%	58.3%	33.3%	41.7%	50.0%	33.3%	66.7%
Region VI - 1st Quarter 2018	85.7%	71.4%	71.4%	71.4%	71.4%	14.3%	28.6%	42.9%	57.1%	42.9%	71.4%
Total Statewide - 1st Quarter 2018 OM3 Results	83.3%	81.5%	81.5%	81.5%	85.2%	51.9%	51.9%	53.7%	66.7%	53.7%	74.1%

A full summary of the Fourth Quarter 2017 Outcome Measure 3 domains by Area Office and Region is found below for a more in-depth review:

DCF Court Monitor Review of Outcome Measure 3: Appropriate Case Planning - 4th Quarter 2017 Results													
DCF Region	What is the social worker's area of assignment?	What is the type of case assignment noted in LDK?	Has the Case plan been approved by the SWS?	Was this case plan approved within 25 days from the ACR or family conference?	Was the family or child's language addressed/ accommodated?	Reason for DCF involvement?	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs, and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming 5 in Month Period	Planning for Permanency
Region I	Bridgeport	CPS In-Home Family Case	no	N/A	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse
	Bridgeport	CPS In-Home Family Case	yes	N/A	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good
	Bridgeport	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good
	Bridgeport	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Poor	Marginal	Very Good	Marginal	Very Good	Very Good
	Bridgeport 4th Quarter 2017		75.0%	100.0%	75.0%	75.0%	75.0%	25.0%	0.0%	75.0%	50.0%	25.0%	75.0%
	Normal	CPS In-Home Family Case	yes	N/A	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good
	Normal	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good
	Normal	CPS In-Home Family Case	yes	N/A	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Marginal
	Normal 4th Quarter 2017		100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	66.7%	66.7%	100.0%	66.7%	66.7%
	Region I - 4th Quarter 2017		85.7%	85.7%	85.7%	85.7%	85.7%	42.9%	28.6%	71.4%	71.4%	42.9%	71.4%
Region II	Milford	CPS In-Home Family Case	yes	N/A	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good
	Milford	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good
	Milford	CPS CIP Case	yes	No	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good
	Milford	CPS In-Home Family Case	yes	N/A	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good
	Milford 4th Quarter 2017		100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	75.0%	75.0%	100.0%
	New Haven	SPM CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good
	New Haven	CPS In-Home Family Case	yes	N/A	yes	Very Good	Optimal	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal
	New Haven	CPS In-Home Family Case	yes	N/A	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good
	New Haven	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good
	New Haven 4th Quarter 2017		100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	0.0%	50.0%	50.0%	50.0%	75.0%
Region II - 4th Quarter 2017		100.0%	75.0%	100.0%	100.0%	100.0%	87.5%	25.0%	75.0%	62.5%	62.5%	87.5%	
Region III	Middletown	CPS CIP Case	yes	Yes	yes	Marginal	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good
	Middletown	CPS In-Home Family Case	yes	N/A	UTD	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal
	Middletown 4th Quarter 2017		100.0%	100.0%	50.0%	50.0%	100.0%	50.0%	50.0%	50.0%	100.0%	50.0%	50.0%
	Norwich	CPS CIP Case	yes	Yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good
	Norwich	SPM CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Optimal	Marginal	Very Good	Optimal
	Norwich	CPS In-Home Family Case	yes	Yes	UTD	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good
	Norwich	CPS In-Home Family Case	yes	N/A	yes	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good
	Norwich	CPS In-Home Family Case	yes	N/A	yes	Marginal	Very Good	Very Good	Marginal	Very Good	Marginal	Marginal	Very Good
	Norwich 4th Quarter 2017		100.0%	100.0%	80.0%	60.0%	60.0%	60.0%	20.0%	60.0%	20.0%	40.0%	100.0%
	Williamatic	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Marginal
	Williamatic	CPS In-Home Family Case	yes	N/A	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good
	Williamatic	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good
	Williamatic 4th Quarter 2017		100.0%	100.0%	100.0%	100.0%	100.0%	33.3%	33.3%	100.0%	100.0%	100.0%	66.7%
Region III - 4th Quarter 2017		100.0%	100.0%	80.0%	70.0%	80.0%	50.0%	30.0%	70.0%	60.0%	60.0%	80.0%	

DCF Region	What is the social worker's area office assignment?	What is the type of case assignment noted in LINK?	Has the Case plan been approved by the SWS?	Was this case plan approved within 25 days from the ACR or family conference?	Was the family or child's language needs accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	
Region IV	Hartford	CPS CIP Case	yes	No	yes	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Hartford	CPS In-Home Family Case	no	No	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Hartford	CPS In-Home Family Case	yes	N/A	yes	Marginal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	
	Hartford	CPS CIP Case	no	No	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Hartford	CPS In-Home Family Case	yes	N/A	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	
	Hartford	SPM CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Optimal	
	Hartford 4th Quarter 2017			66.7%	25.0%	66.7%	33.3%	50.0%	50.0%	33.3%	50.0%	50.0%	50.0%	50.0%
	Manchester	CPS In-Home Family Case	yes	N/A	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	
	Manchester	CPS CIP Case	yes	Yes	yes	Optimal	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Very Good	
	Manchester	CPS CIP Case	yes	Yes	yes	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	
	Manchester	CPS In-Home Family Case	yes	N/A	yes	Optimal	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Optimal	
	Manchester 4th Quarter 2017			100.0%	100.0%	100.0%	100.0%	100.0%	25.0%	25.0%	25.0%	50.0%	50.0%	75.0%
	Region IV - 4th Quarter 2017			80.0%	50.0%	80.0%	60.0%	70.0%	40.0%	30.0%	40.0%	50.0%	50.0%	60.0%
	Region V	Danbury	CPS CIP Case	yes	Yes	yes	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good
Danbury		CPS In-Home Family Case	yes	N/A	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	
Danbury 4th Quarter 2017			100.0%	100.0%	100.0%	50.0%	100.0%	50.0%	50.0%	100.0%	100.0%	100.0%		
Torrington		CPS CIP Case	yes	Yes	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	
Torrington		CPS In-Home Family Case	yes	N/A	yes	Very Good	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	
Torrington 4th Quarter 2017			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%		
Waterbury		CPS In-Home Family Case	yes	N/A	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	
Waterbury		CPS CIP Case	yes	Yes	no	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	
Waterbury		CPS In-Home Family Case	no	N/A	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
Waterbury		CPS CIP Case	yes	Yes	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	
Waterbury		CPS In-Home Family Case	yes	N/A	yes	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	
Waterbury		CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	
Waterbury		CPS In-Home Family Case	yes	N/A	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	
Waterbury 4th Quarter 2017			85.7%	100.0%	71.4%	85.7%	85.7%	42.9%	42.9%	42.9%	57.1%	42.9%	85.7%	
Region V - 4th Quarter 2017			90.9%	100.0%	81.8%	81.8%	90.9%	54.5%	45.5%	63.6%	63.6%	63.6%	90.9%	
Region VI	Meriden	CPS In-Home Family Case	no	N/A	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Meriden	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	
	Meriden 4th Quarter 2017			50.0%	100.0%	50.0%	50.0%	50.0%	0.0%	0.0%	0.0%	50.0%	0.0%	
	New Britain	CPS In-Home Family Case	yes	N/A	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	
	New Britain	CPS In-Home Family Case	yes	N/A	yes	Very Good	Optimal	Marginal	Very Good	Marginal	Very Good	Very Good	Marginal	
	New Britain	CPS CIP Case	no	No	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	New Britain	CPS In-Home Family Case	UTD - No plan less than 7 months old	N/A	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	New Britain	CPS CIP Case	yes	Yes	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
New Britain 4th Quarter 2017			60.0%	50.0%	60.0%	60.0%	60.0%	40.0%	40.0%	40.0%	60.0%	40.0%	40.0%	
Region VI - 4th Quarter 2017			66.7%	66.7%	57.1%	57.1%	57.1%	28.6%	28.6%	28.6%	57.1%	28.6%	42.9%	
Total Statewide - 4th Quarter 2017 OM3 Results			86.8%	81.5%	81.1%	75.5%	81.1%	50.9%	32.1%	58.5%	62.3%	52.8%	73.6%	

And First Quarter 2018 case results by Area Office and Region are included in the table on the following pages:

DCF Court Monitor Review of Outcome Measure 3: Appropriate Case Planning - 1st Quarter 2018 Results														
DCF Region	What is the social worker's area office assignment?	What is the type of case assignment noted in LINK?	Has the Case plan been approved by the SWS?	Was this case plan approved within 25 days from the ACR or family conference date?	Was the family or child's language needs accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	
Region I	Bridgeport	CPS In-Home Family Case	yes	Yes	yes	Marginal	Very Good	Marginal	Marginal	Marginal	Marginal	Poor	Very Good	
	Bridgeport	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	
	Bridgeport	CPS CIP Case	yes	Yes	yes	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	
	Bridgeport 1st Quarter 2018		100.0%	100.0%	100.0%	66.7%	100.0%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	100.0%
	Norwalk	CPS In-Home Family Case	no	No	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse
	Norwalk	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	
	Norwalk 1st Quarter 2018		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%
Region I - 1st Quarter 2018		80.0%	80.0%	80.0%	80.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	
Region II	Milford	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Milford	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Milford	CPS In-Home Family Case	yes	Yes	UTD	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	
	Milford	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	
	Milford	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Marginal	
	Milford 1st Quarter 2018		100.0%	100.0%	80.0%	100.0%	100.0%	100.0%	60.0%	40.0%	80.0%	60.0%	80.0%	
	New Haven	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	
	New Haven	CPS CIP Case	yes	Yes	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	New Haven	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	
	New Haven	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	
	New Haven 1st Quarter 2018		100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	50.0%	75.0%	25.0%	100.0%	
Region II - 1st Quarter 2018		100.0%	100.0%	88.8%	100.0%	100.0%	77.8%	55.5%	44.4%	77.8%	44.4%	88.9%		
Region III	Middletown	CPS In-Home Family Case	no	No	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Middletown	CPS CIP Case	yes	Yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Middletown 1st Quarter 2018		50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	
	Norwich	CPS In-Home Family Case	yes	Yes	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Marginal	
	Norwich	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Norwich	CPS CIP Case	yes	No	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	
	Norwich	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	
	Norwich	CPS CIP Case	no	No	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Norwich 1st Quarter 2018		80.0%	60.0%	80.0%	80.0%	80.0%	60.0%	60.0%	60.0%	80.0%	80.0%	60.0%	
	Willimantic*	Voluntary Services In-Home Family Case	UTD - No plan less than 7 months old	No	UTD	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Optimal	
	Willimantic	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	
	Willimantic	CPS CIP Case	yes	Yes	yes	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	
	Willimantic 1st Quarter 2018		66.7%	66.7%	66.7%	100.0%	100.0%	33.3%	33.3%	66.7%	66.7%	100.0%	100.0%	
Region III - 1st Quarter 2018		70.0%	60.0%	70.0%	80.0%	80.0%	50.0%	50.0%	60.0%	70.0%	60.0%	70.0%		

DCF Region	What is the social worker's area office assignment?	What is the type of case assignment noted in LINK?	Has the Case plan been approved by the SWS?	Was this case plan approved within 25 days from the ACR or family conference date?	Was the family or child's language needs accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	
Region IV	Hartford	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	
	Hartford	CPS In-Home Family Case	yes	Yes	yes	Optimal	Very Good	Marginal	Very Good	Marginal	Optimal	Very Good	Optimal	
	Hartford	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Optimal	Very Good	Very Good	
	Hartford	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	
	Hartford	CPS In-Home Family Case	no	No	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Hartford	CPS In-Home Family Case	yes	Yes	yes	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	
	Hartford	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Hartford 1st Quarter 2018			85.7%	85.7%	85.7%	85.7%	85.7%	28.6%	71.4%	57.1%	85.7%	85.7%	71.4%
	Manchester	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good
	Manchester	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	
	Manchester	CPS CIP Case	yes	Yes	yes	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	
	Manchester	CPS In-Home Family Case	yes	Yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Manchester 1st Quarter 2018			100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Region IV - 1st Quarter 2018			90.9%	90.9%	90.9%	90.9%	90.9%	45.5%	81.8%	72.7%	90.9%	90.9%	81.8%
Region V	Danbury	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	
	Danbury	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	
	Danbury	CPS In-Home Family Case	yes	Yes	yes	Very Good	Optimal	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	
	Danbury 1st Quarter 2018			100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	33.3%	33.3%	33.3%	0.0%	66.7%
	Torrington	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Optimal	Very Good	Very Good	
	Torrington	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	
	Torrington 1st Quarter 2018			100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Waterbury	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Marginal	
	Waterbury	CPS In-Home Family Case	no	No	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Waterbury	CPS In-Home Family Case	yes	Yes	yes	Marginal	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	
	Waterbury	CPS In-Home Family Case	no	No	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Waterbury	CPS CIP Case	yes	Yes	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Waterbury	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Poor	Marginal	Very Good	
	Waterbury	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	
Waterbury 1st Quarter 2018			71.4%	71.4%	71.4%	57.1%	71.4%	42.9%	28.6%	28.6%	42.9%	28.6%	57.1%	
Region V - 1st Quarter 2018			83.3%	83.3%	83.3%	75.0%	83.3%	58.3%	33.3%	41.7%	50.0%	33.3%	66.7%	
Region VI	Meriden	CPS In-Home Family Case	UTD - No plan less than 7 months old	No	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Meriden	CPS CIP Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Meriden 1st Quarter 2018			50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	
	New Britain	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Very Good	
	New Britain	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	
	New Britain	CPS In-Home Family Case	no	No	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	New Britain	CPS CIP Case	yes	Yes	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	
	New Britain	CPS CIP Case	yes	Yes	yes	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	
	New Britain 1st Quarter 2018			100.0%	80.0%	80.0%	80.0%	80.0%	0.0%	20.0%	40.0%	60.0%	40.0%	80.0%
	Region VI - 1st Quarter 2018			85.7%	71.4%	71.4%	71.4%	71.4%	14.3%	28.6%	42.9%	57.1%	42.9%	71.4%
Total Statewide - 1st Quarter 2018 OM3 Results			83.3%	81.5%	81.5%	81.5%	81.5%	85.2%	51.9%	51.9%	53.7%	66.7%	53.7%	74.1%

Outcome Measure 4

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

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

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

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

Based upon the data from this and the prior semi-annual reporting periods the Department currently has met and sustained for an additional quarter the following domains:

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

In this reporting cycle, the Court Monitor notes that the prior trend has not been maintained for three (3) of the previously pre-certified domains: Medical, Education and Child’s Current Placement. However, given the sample size and percentages noted it is too soon to determine if there is reason to determine that sustained effort has not been adequate and if full review would be required at the point of full compliance assertion. The Court Monitor will continue to review the Outcome Measure 4 domains in coming cycles and make that assessment in future reviews.

Quarter	Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt. - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt. - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt. - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education
Statewide - 1st Quarter 2018 OM4 Results	81.3%	100.0%	95.8%	92.5%	95.7%	51.9%	85.2%	75.9%	61.1%	91.3%	86.8%
Statewide - 4th Quarter 2017 OM4 Results	82.1%	96.0%	100.0%	94.3%	96.0%	49.1%	79.3%	81.1%	50.9%	84.0%	80.4%
Statewide - 3rd Quarter 2017 OM4 Results	81.8%	100.0%	93.5%	90.6%	93.8%	52.8%	86.8%	83.0%	64.2%	87.1%	88.0%
Statewide - 2nd Quarter 2017 OM4 Results	78.3%	100.0%	95.8%	98.1%	100.0%	57.4%	94.4%	85.2%	75.9%	93.9%	83.3%

A full summary of the Fourth Quarter 2017 Outcome Measure 4 domains by Area Office and Region is found on the pages to follow:

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DCF Region	What is the social worker's area office assignment?	What is the type of case assignment noted in LINK?	Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	
Region I	Bridgeport	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Marginal	N/A to Case Type	Very Good	Marginal	Marginal	Marginal	N/A to Case Type	Marginal	
	Bridgeport	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Very Good	Optimal	Marginal	N/A to Case Type	Marginal	
	Bridgeport	CPS CIP Case	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good	
	Bridgeport	CPS CIP Case	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Very Good	
	Bridgeport 4th Quarter 2017			100.0%	100.0%	100.0%	75.0%	100.0%	25.0%	50.0%	75.0%	0.0%	100.0%	50.0%
	Norwalk	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	N/A to Case Type	Very Good	
	Norwalk	CPS CIP Case	N/A to Case Type	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	
	Norwalk	CPS In-Home Family Case	Marginal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Very Good	Optimal	Marginal	N/A to Case Type	Very Good	
	Norwalk 4th Quarter 2017			50.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	66.7%	100.0%	100.0%
	Region I - 4th Quarter 2017			75.0%	100.0%	100.0%	85.7%	100.0%	42.9%	71.4%	85.7%	28.6%	100.0%	71.4%
Region II	Milford	CPS In-Home Family Case	Marginal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Very Good	Optimal	Very Good	N/A to Case Type	Very Good	
	Milford	CPS CIP Case	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Optimal	Marginal	Optimal	Very Good	
	Milford	CPS CIP Case	N/A to Case Type	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	
	Milford	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Very Good	Very Good	N/A to Case Type	Very Good	
	Milford 4th Quarter 2017			50.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	75.0%	100.0%	100.0%
	New Haven	SPM CIP Case	N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	
	New Haven	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Very Good	Very Good	Very Good	N/A to Case Type	Very Good	
	New Haven	CPS In-Home Family Case	Marginal	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Marginal	Marginal	Marginal	N/A to Case Type	Very Good	
	New Haven	CPS CIP Case	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	
	New Haven 4th Quarter 2017			50.0%	100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	50.0%	50.0%	100.0%	100.0%
Region II - 4th Quarter 2017			50.0%	100.0%	100.0%	100.0%	100.0%	50.0%	75.0%	75.0%	62.5%	100.0%	100.0%	
Region III	Middletown	CPS CIP Case	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Very Good	Optimal	N/A to Case Type	N/A to Case Type	
	Middletown	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	N/A to Case Type	Very Good	
	Middletown 4th Quarter 2017			100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	
	Norwich	CPS CIP Case	N/A to Case Type	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	
	Norwich	SPM CIP Case	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	
	Norwich	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Marginal	Marginal	Marginal	N/A to Case Type	Marginal	
	Norwich	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	N/A to Case Type	Very Good	
	Norwich	CPS In-Home Family Case	Marginal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Very Good	Very Good	Marginal	N/A to Case Type	Marginal	
	Norwich 4th Quarter 2017			66.7%	100.0%	100.0%	100.0%	100.0%	80.0%	80.0%	80.0%	60.0%	100.0%	60.0%
	Willimantic	CPS CIP Case	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Optimal	Very Good	Optimal	N/A to Case Type	
	Willimantic	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Marginal	N/A to Case Type	Very Good	
	Willimantic	CPS CIP Case	N/A to Case Type	Marginal	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Marginal	Marginal	Marginal	
	Willimantic 4th Quarter 2017			100.0%	50.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	33.3%	50.0%	50.0%
	Region III - 4th Quarter 2017			80.0%	80.0%	100.0%	100.0%	100.0%	70.0%	90.0%	90.0%	60.0%	80.0%	62.5%

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DCF Region	What is the social worker's area office assignment?	What is the type of case assignment noted in LINK?	Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	
Region IV	Hartford	CPS CIP Case	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Optimal	Marginal	Very Good	Very Good	
	Hartford	CPS In-Home Family Case	Marginal	N/A to Case Type	N/A to Case Type	Marginal	N/A to Case Type	Poor	Very Good	Very Good	Marginal	N/A to Case Type	Marginal	
	Hartford	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Optimal	Optimal	Marginal	N/A to Case Type	Very Good	
	Hartford	CPS CIP Case	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Optimal	Marginal	Very Good	Very Good	
	Hartford	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Very Good	Optimal	Marginal	Very Good	N/A to Case Type	Very Good	
	Hartford	SPM CIP Case	N/A to Case Type	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	
	Hartford 4th Quarter 2017			66.7%	100.0%	100.0%	83.3%	100.0%	33.3%	83.3%	66.7%	33.3%	100.0%	83.3%
	Manchester	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Very Good	Very Good	Optimal	N/A to Case Type	Very Good	
	Manchester	CPS CIP Case	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Marginal	
	Manchester	CPS CIP Case	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Marginal	Marginal	
	Manchester	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Marginal	N/A to Case Type	Marginal	Very Good	Marginal	Marginal	N/A to Case Type	Very Good	
	Manchester 4th Quarter 2017			100.0%	100.0%	100.0%	75.0%	100.0%	0.0%	75.0%	75.0%	25.0%	50.0%	50.0%
	Region IV - 4th Quarter 2017			80.0%	100.0%	100.0%	80.0%	100.0%	20.0%	80.0%	70.0%	30.0%	80.0%	70.0%
	Region V	Danbury	CPS CIP Case	N/A to Case Type	Very Good	Very Good	Very Good	Optimal	Marginal	Optimal	Very Good	Marginal	Very Good	Very Good
Danbury		CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Very Good	Marginal	Very Good	N/A to Case Type	Marginal	
Danbury 4th Quarter 2017			100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	50.0%	50.0%	100.0%	50.0%	
Torrington		CPS CIP Case	N/A to Case Type	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	
Torrington		CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Optimal	Very Good	Very Good	Very Good	N/A to Case Type	Very Good	
Torrington 4th Quarter 2017			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Waterbury		CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Very Good	Marginal	Marginal	Marginal	N/A to Case Type	Very Good	
Waterbury		CPS CIP Case	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	
Waterbury		CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Marginal	Optimal	Very Good	N/A to Case Type	Very Good	
Waterbury		CPS CIP Case	N/A to Case Type	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
Waterbury		CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	N/A to Case Type	Very Good	
Waterbury		CPS CIP Case	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	
Waterbury		CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Very Good	Very Good	Marginal	N/A to Case Type	Very Good	
Waterbury 4th Quarter 2017			100.0%	100.0%	100.0%	100.0%	100.0%	71.4%	71.4%	85.7%	71.4%	100.0%	100.0%	
Region V - 4th Quarter 2017			100.0%	100.0%	100.0%	100.0%	100.0%	63.6%	81.8%	81.8%	72.7%	100.0%	90.9%	
Region VI	Meriden	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Very Good	Marginal	Marginal	N/A to Case Type	Very Good	
	Meriden	CPS CIP Case	N/A to Case Type	Very Good	Very Good	Very Good	Marginal	Marginal	Optimal	Optimal	Marginal	Marginal	Very Good	
	Meriden 4th Quarter 2017			100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	50.0%	0.0%	100.0%	
	New Britain	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Very Good	Marginal	N/A to Case Type	Very Good	
	New Britain	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Optimal	Very Good	Very Good	N/A to Case Type	Very Good	
	New Britain	CPS CIP Case	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	
	New Britain	CPS In-Home Family Case	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Marginal	Poor	Marginal	N/A to Case Type	Poor	
	New Britain	CPS CIP Case	N/A to Case Type	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Marginal	Optimal	
New Britain 4th Quarter 2017			100.0%	100.0%	100.0%	100.0%	100.0%	60.0%	60.0%	80.0%	60.0%	50.0%	80.0%	
Region VI - 4th Quarter 2017			100.0%	100.0%	100.0%	100.0%	66.7%	42.9%	71.4%	71.4%	42.9%	33.3%	85.7%	
Total Statewide - 4th Quarter 2017 OM4 Results			82.1%	96.0%	100.0%	94.3%	96.0%	49.1%	79.3%	81.1%	50.9%	84.0%	80.4%	

The First Quarter 2018, Outcome Measure Domain summaries by region and area office include the following:

DCF Court Monitor Review of Outcome Measure 4: Needs Met - 1st Quarter 2018 Results														
DCF Region	What is the social worker's area office assignment?	What is the type of case assignment noted in LINK?	Risk: In-Home	Risk: CIP	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	
Region I	Bridgeport	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Marginal	N/A to Case	Very Good	
	Bridgeport	CPS CIP Case	N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	
	Bridgeport	CPS CIP Case	N/A to Case	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Marginal	Optimal	Optimal	
	Bridgeport 1st Qtr 2018			100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	33.3%	100.0%	100.0%
	Norwalk	CPS In-Home Family Case	Marginal	N/A to Case	N/A to Case	Marginal	N/A to Case	Marginal	Marginal	Marginal	Marginal	N/A to Case	Very Good	
	Norwalk	CPS CIP Case	N/A to Case	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	
	Norwalk 1st Qtr 2018			0.0%	100.0%	100.0%	50.0%	100.0%	50.0%	50.0%	50.0%	0.0%	100.0%	100.0%
Region I - 1st Qtr 2018			50.0%	100.0%	100.0%	80.0%	100.0%	60.0%	80.0%	80.0%	20.0%	60.0%	100.0%	
Region II	Milford	CPS CIP Case	N/A to Case	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	
	Milford	CPS CIP Case	N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Milford	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Marginal	N/A to Case	Marginal	Very Good	Marginal	Marginal	N/A to Case	Very Good	
	Milford	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Marginal	Marginal	Very Good	N/A to Case	Marginal	
	Milford	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Marginal	N/A to Case	Very Good	Marginal	Marginal	Very Good	N/A to Case	Very Good	
	Milford 1st Qtr 2018			100.0%	100.0%	100.0%	60.0%	100.0%	60.0%	60.0%	40.0%	80.0%	100.0%	80.0%
	New Haven	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Very Good	N/A to Case	Very Good	
	New Haven	CPS CIP Case	N/A to Case	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	
	New Haven	CPS In-Home Family Case	Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Marginal	N/A to Case	Very Good	
	New Haven	CPS In-Home Family Case	Marginal	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Very Good	Very Good	N/A to Case	Very Good	
	New Haven 1st Qtr 2018			33.3%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	75.0%	100.0%	100.0%
Region II - 1st Qtr 2018			66.7%	100.0%	100.0%	77.8%	100.0%	55.6%	77.8%	66.7%	77.8%	100.0%	88.9%	
Region III	Middletown	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Marginal	Marginal	Very Good	N/A to Case	Very Good	
	Middletown	CPS CIP Case	N/A to Case	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	
	Middletown 1st Qtr 2018			100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	50.0%	100.0%	100.0%	
	Norwich	CPS In-Home Family Case	Optimal	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Very Good	Very Good	N/A to Case	Very Good	
	Norwich	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Very Good	Marginal	Marginal	N/A to Case	Very Good	
	Norwich	CPS CIP Case	N/A to Case	Very Good	Very Good	Very Good	Marginal	Marginal	Optimal	Optimal	Very Good	Very Good	Very Good	
	Norwich	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Marginal	Marginal	Marginal	N/A to Case	Very Good	
	Norwich	CPS CIP Case	N/A to Case	Very Good	Very Good	Very Good	Optimal	Marginal	Optimal	Optimal	Marginal	Very Good	Very Good	
	Norwich 1st Qtr 2018			100.0%	100.0%	100.0%	100.0%	50.0%	40.0%	80.0%	60.0%	40.0%	100.0%	100.0%
	Willimantic	Voluntary Services In-Home Family Case	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Very Good	N/A to Case	Very Good	
	Willimantic	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Optimal	Optimal	Marginal	N/A to Case	Very Good	
	Willimantic	CPS CIP Case	N/A to Case	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	
	Willimantic 1st Qtr 2018			100.0%	100.0%	100.0%	100.0%	100.0%	33.3%	100.0%	100.0%	66.7%	100.0%	100.0%
Region III - 1st Qtr 2018			100.0%	100.0%	100.0%	100.0%	75.0%	40.0%	80.0%	70.0%	60.0%	100.0%	100.0%	

DCF Region	What is the social worker's area of assignment?	What is the type of case assignment noted in LINK?	Risk: In-Home	Risk: CIP	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	
Region IV	Hartford	CPS CIP Case	N/A to Case	Very Good	Optimal	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	
	Hartford	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Optimal	Optimal	Very Good	N/A to Case	Very Good	
	Hartford	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Optimal	Optimal	Marginal	N/A to Case	Very Good	
	Hartford	CPS CIP Case	N/A to Case	Optimal	Optimal	Optimal	Very Good	Marginal	Optimal	Very Good	Very Good	Very Good	Optimal	
	Hartford	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Marginal	Marginal	N/A to Case	Very Good	
	Hartford	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Very Good	Very Good	Marginal	N/A to Case	Marginal	
	Hartford	CPS CIP Case	N/A to Case	Very Good	Optimal	Optimal	Optimal	Very Good	Marginal	Optimal	Very Good	Optimal	Very Good	
	Hartford 1st Qtr 2018			100.0%	100.0%	100.0%	100.0%	100.0%	28.6%	85.7%	85.7%	57.1%	100.0%	85.7%
	Manchester	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Marginal	Marginal	N/A to Case	Marginal	
	Manchester	CPS CIP Case	N/A to Case	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	
	Manchester	CPS CIP Case	N/A to Case	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	
	Manchester	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Very Good	Very Good	Very Good	N/A to Case	Very Good	
	Manchester 1st Qtr 2018			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	75.0%	100.0%	75.0%
Region IV - 1st Quarter 2018			100.0%	100.0%	100.0%	100.0%	100.0%	54.5%	90.9%	81.8%	63.6%	100.0%	81.8%	
Region V	Danbury	CPS In-Home Family Case	Very Good	Very Good	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Marginal	N/A to Case	Very Good	
	Danbury	CPS CIP Case	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	
	Danbury	CPS In-Home Family Case	Optimal	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Very Good	Optimal	Very Good	N/A to Case	Very Good	
	Danbury 1st Quarter 2018			100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	66.7%	100.0%	100.0%
	Torrington	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Very Good	Marginal	N/A to Case	Very Good	
	Torrington	CPS CIP Case	N/A to Case	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	
	Torrington 1st Qtr 2018			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%
	Waterbury	CPS CIP Case	Optimal	N/A to Case	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	
	Waterbury	CPS In-Home Family Case	Marginal	N/A to Case	Marginal	N/A to Case	N/A to Case	Marginal	Marginal	Marginal	Marginal	N/A to Case	Marginal	
	Waterbury	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Very Good	Very Good	Very Good	N/A to Case	Very Good	
	Waterbury	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Marginal	Marginal	Very Good	N/A to Case	Optimal	
	Waterbury	CPS CIP Case	N/A to Case	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	
	Waterbury	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Very Good	Very Good	Very Good	N/A to Case	Marginal	
Waterbury	CPS CIP Case	N/A to Case	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	N/A to Case		
Waterbury 1st Qtr 2018			80.0%	100.0%	75.0%	100.0%	100.0%	57.1%	71.4%	71.4%	71.4%	66.7%	66.7%	
Region V - 1st Qtr 2018			87.5%	100.0%	83.3%	100.0%	100.0%	66.7%	83.3%	83.3%	66.7%	80.0%	81.8%	
Region VI	Meriden	CPS In-Home Family Case	Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Marginal	Marginal	N/A to Case	Marginal	
	Meriden	CPS CIP Case	N/A to Case	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	
	Meriden 1st Qtr 2018			0.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	50.0%	50.0%	0.0%	50.0%
	New Britain	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Marginal	N/A to Case	Marginal	
	New Britain	CPS In-Home Family Case	Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Optimal	Marginal	Marginal	N/A to Case	Very Good	
	New Britain	CPS In-Home Family Case	Very Good	N/A to Case	N/A to Case	Marginal	N/A to Case	Marginal	Very Good	Very Good	Very Good	N/A to Case	Very Good	
	New Britain	CPS CIP Case	N/A to Case	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	
	New Britain	CPS CIP Case	N/A to Case	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Optimal	Very Good	Very Good	Very Good	
New Britain 1st Qtr 2018			66.7%	100.0%	100.0%	80.0%	100.0%	20.0%	100.0%	80.0%	60.0%	100.0%	80.0%	
Region VI - 1st Qtr 2018			50.0%	100.0%	100.0%	85.7%	100.0%	28.6%	100.0%	71.4%	57.1%	66.7%	71.4%	
Total Statewide 1st Qtr 2018 OM4 Results			81.3%	100.0%	95.8%	92.5%	95.7%	51.9%	85.2%	75.9%	61.1%	91.3%	86.8%	

The individual needs identified in the cases sampled included a total of 225 unmet needs for the Fourth Quarter 2017 and 254 for the First Quarter 2018 for a total of 479 unmet needs across the 107 cases reviewed. Visitation aside, the top unmet need identified during the period under review was individual counseling. The top five barriers identified this period were client refusal, delay in referral, noted issues with visitation/contact with clients, wait lists, failure to assess the need during the period under review.

Unmet Need	Barrier Identified	Frequency 4 th Quarter 2017	Frequency 1 st Quarter 2018	Semi Annual Total
Adoption Supports (PPSP)	Delay in Referral by Worker	1	1	2
Anger Management – Parent	Approval Process	0	1	1
Anger Management – Parent	DCF failed to properly assess child/family member related to this need during the PUR	0	1	1
Anger Management – Parent	No Service Identified to Meet this Need	1	0	1
ARG Consultation	DCF failed to properly assess child/family member related to this need during the PUR	1	0	1
ARG Consultation	Delay in Referral by Worker	3	4	7
ARG Consultation	No Referral during the Period	2	3	5
Basic Foster Care	Approval Process	1		1
Behavior Management	Placed on Wait List	1	1	2
Behavior Management	Provider Issues – staffing, lack of follow through, etc.	0	1	1
Day Treatment/Partial Hospitalization – Child	Service Deferred Pending Completion of Another	1	0	1
Day Treatment/Partial Hospitalization – Parent	Client Refused Service	1	0	1
Dental or Orthodontic Service	Client Refused Service	1	0	1
Dental or Orthodontic Service	Provider Issues – staffing, lack of follow through, etc.	0	1	1
Dental or Orthodontic Service	UTD from case plan or narrative	0	1	1
Dental Screening or Evaluation	Area Office did not respond to reviewer request for clarification on barrier to service	1	0	1
Dental Screening or Evaluation	Client Refused Service	6	8	14
Dental Screening or Evaluation	DCF failed to properly assess child/family member related to this need during the PUR	0	2	2
Dental Screening or Evaluation	Delay in Referral by Worker	0	1	1
Dental Screening or Evaluation	Lack of Communication between DCF and Provider	1	0	1
Dental Screening or Evaluation	No Service Identified to Meet this Need	0	4	4
Dental Screening or Evaluation	Other: Mother refused to sign ROI	1	0	1
Dental Screening or Evaluation	UTD From case plan or narrative	0	1	1

Unmet Need	Barrier Identified	Frequency 4th Quarter 2017	Frequency 1st Quarter 2018	Semi Annual Total
Developmental Screening or Evaluation	Client Refused Service	0	1	1
Developmental Screening or Evaluation	No Service Identified to Meet this Need	1	0	1
Developmental Screening or Evaluation	Provider Issues – staffing, lack of follow through, etc.	0	1	1
Developmental Screening or Evaluation	UTD from case plan or narrative	1	0	1
Domestic Violence Prevention Services	No Referral made by DCF during the Period	1	0	1
Domestic Violence Prevention Services	Placed on Wait List	0	1	1
Domestic Violence Services for Perpetrator	Approval Process	0	1	1
Domestic Violence Services for Perpetrator	Client Refused Service	1	0	1
Domestic Violence Services for Perpetrator	DCF failed to properly assess child/family member related to this need during the PUR	1	3	4
Domestic Violence Services for Perpetrator	Delay in Referral by Worker	1	0	1
Domestic Violence Services for Perpetrator	No Referral made by DCF during the Period	0	1	1
Domestic Violence Services for Victim	Client Refused Service	1	5	6
Domestic Violence Services for Victim	Placed on Wait List	2	0	2
Domestic Violence Shelter	Client Refused Service	0	1	1
Educational Screening or Evaluation	Client Refused Service	2	3	5
Educational Screening or Evaluation	Delay in Referral by Worker	3	1	4
Educational Screening or Evaluation	No Service Identified to Meet this Need	0	1	1
Educational Screening or Evaluation	Provider Issues – staffing, lack of follow through, etc.	1	0	1
Educational Screening or Evaluation	UTD from case plan or narrative	1	0	1
Family or Marital Counseling	Client Refused Service	2	1	3
Family or Marital Counseling	DCF failed to properly assess child/family member related to this need during the PUR	0	1	1
Family or Marital Counseling	Provider Issues – staffing, lack of follow through, etc.	1	0	1
Family Preservation Services	Delay in Referral by Worker	0	1	1
Family Preservation Services	Services deferred pending completion of another	1	0	1

Unmet Need	Barrier Identified	Frequency 4 th Quarter 2017	Frequency 1 st Quarter 2018	Semi Annual Total
Family Reunification Services	DCF failed to properly assess child/family member related to this need during the PUR	0	1	1
Family Reunification Services	Placed on Wait List	0	1	1
Family Reunification Services	Services deferred pending completion of another	1	1	2
Flex Funds For Basic Needs	No Referral made by DCF during the Period	0	1	1
Foster Care Supports	Client Refused Services	0	1	1
Foster Care Supports	No Service Identified to Meet this Need	1	0	1
Foster Care Supports	UTD from case plan or narrative	1	0	1
Foster Parent Training	No Service Identified to Meet this Need	0	1	1
Group Counseling - Parents	Delay in Referral by Worker	0	1	1
Group Counseling – Parents	Client Refused Service	0	1	1
Group Home	Delay in Referral by Worker	1	0	1
Head Start	Placed on Wait List	1	1	2
Health /Medical Screening or Evaluation	Client Engaged in Service After Delay	0	1	1
Health /Medical Screening or Evaluation	Client Refused Service	7	6	13
Health /Medical Screening or Evaluation	Delay in Referral by Worker	1	1	2
Health /Medical Screening or Evaluation	Lack of Communication between DCF and Provider	1	0	1
Health /Medical Screening or Evaluation	No Service Identified to Meet this Need	0	1	1
Health /Medical Screening or Evaluation	Other: FM missed appointment for Hearing Evaluation and was delayed in rescheduling	1	0	1
Health /Medical Screening or Evaluation	Provider Issues – staffing, lack of follow through, etc.	1	0	1
Housing Assistance: Section 8	Client Refused	0	2	2
Housing Assistance: Section 8	Lack of Communication between DCF and Provider	1	0	1
Housing Assistance: Section 8	Placed on Wait List	1	6	7
Housing Assistance: Section 8	Provider Issues – staffing, lack of follow through, etc.	1	0	1
Housing Assistance: Section 8	Service deferred pending completion of another	3	0	3
IEP Programming	Client Refused Service	4	2	6
IEP Programming	Service Deferred Pending Completion of Another	0	1	1
In Home Treatment	No Service Identified to Meet this Need	0	1	1

Unmet Need	Barrier Identified	Frequency 4th Quarter 2017	Frequency 1st Quarter 2018	Semi Annual Total
Individual Counseling - Child	Client Refused Service	8	8	16
Individual Counseling - Child	Delay in Referral by Worker	1	0	1
Individual Counseling - Child	Insurance Issues	1	0	1
Individual Counseling - Child	Placed on Wait List	1	3	4
Individual Counseling - Child	Provider Issues – staffing, lack of follow through, etc.	0	1	1
Individual Counseling - Parent	Client Refused Service	13	13	26
Individual Counseling - Parent	Delay in Referral by Worker	0	2	2
Individual Counseling - Parent	Insurance Issues	0	1	1
Individual Counseling - Parent	Placed on Wait List	1	0	1
Individual Counseling - Parent	Provider Issues – staffing, lack of follow through, etc.	1	0	1
In-Home Parent Education	Client Refused Service	1	2	3
In-Home Parent Education	Delay in Referral by Worker	2	2	4
In-Home Parent Education	No Referral made by DCF during the period	1	0	1
In-Home Parent Education	No Service Identified to Meet this Need	0	1	1
In-Home Parent Education	Placed on Wait List	1	0	1
In-Home Parent Education	Provider Issues – staffing, lack of follow through, etc.	1	1	2
In-Home Parent Education	Service deferred pending completion of another	1	0	1
In-Home Treatment	Client Refused Service	3	3	6
In-Home Treatment	Delay in Referral by Worker	1	1	2
In-Home Treatment	No Referral Made by DCF during the Period	1	0	1
In-Home Treatment	Placed on Wait List	1	2	3
In-Home Treatment	Service deferred pending completion of another	1	1	2
Life Skills Training	Delay in Referral by Worker	1	1	2
Matching/Placement/Processing (includes ICO)	No Slots Available	1	0	1
Medical Intervention (Other): Lead Level Bloodwork	Lack of Communication between DCF and Provider	1	0	1
Medication Management (Child's)	Approval Process	1	0	1
Medication Management (Child's)	Client Refused	0	2	2
Medication Management (Child's)	Delay in Referral by Worker	1	0	1
Medication Management (Child's)	Lack of Communication between DCF and Provider	1	0	1
Medication Management (Child's)	Provider Issues – staffing, lack of follow through, etc.	1	0	1

Unmet Need	Barrier Identified	Frequency 4th Quarter 2017	Frequency 1st Quarter 2018	Semi Annual Total
Medication Management (Parent)	Client Refused	1	1	2
Mental Health Screening or Evaluation - Child	Client Refused Service	1	0	1
Mental Health Screening or Evaluation - Child	Delay in Referral by Worker	1	0	1
Mental Health Screening or Evaluation - Child	No Referral Made by DCF during the Period	0	1	1
Mental Health Screening or Evaluation - Child	No Service Identified to Meet this Need	1	0	1
Mental Health Screening or Evaluation - Child	UTD from Case Plan or Narrative	1	0	1
Mental Health Screening or Evaluation – Parent	Client Engaged in Recommended Service After Delay	0	1	1
Mental Health Screening or Evaluation – Parent	Client Refused Service	5	4	9
Mental Health Screening or Evaluation – Parent	DCF failed to properly assess child/family member related to this need during the PUR	0	1	1
Mental Health Screening or Evaluation – Parent	Other – Delay in completion of Autism screening evaluation by provider – not completed during PUR	1	0	1
Mental Health Service – Autism Spectrum Evaluation	Provider Issues – Staffing, lack of follow through, etc.	0	1	1
Mental Health Service – Other (FBR, RCM)	Provider Issues – staffing, lack of follow through, etc.	0	2	2
Mentoring	Client Refused Service	2	2	4
Mentoring	DCF failed to properly assess child/family member related to this need during the PUR	1	1	2
Mentoring	Delay in Referral by Worker	1	0	1
Mentoring	No Service Identified to Meet this Need	0	1	1
Other OOH Service: Nurturing Families	Client Refused Service	0	1	1
Other OOH Services: Advocacy related to Green Card	Client Refused Service	1	0	1
Other State Agency Program (DDS, DMHAS, MSS)	Client Refused Service	0	1	1
Other State Agency Program (DDS, DMHAS, MSS)	Delay in Referral by Worker	0	1	1

Unmet Need	Barrier Identified	Frequency 4 th Quarter 2017	Frequency 1 st Quarter 2018	Semi Annual Total
Parenting Classes	Client Refused Service	1	1	2
Parenting Classes	Delay in Referral by Worker	0	1	1
Parenting Classes	No Referral Made by DCF during the Period	0	1	1
Parenting Classes	Provider Issues – staffing, lack of follow through, etc.	1	0	1
Parenting Classes	Services Deferred Pending Completion of Another	1	0	1
Parenting Groups	Client Refused Service	0	1	1
Parenting Groups	Delay in Referral by Worker	1	0	1
Parenting Groups	Placed on Wait List	0	1	1
Psychiatric Evaluation – Child	Client Refused Service	1	1	2
Psychiatric Evaluation – Child	No Referral Made by DCF during the Period	1	0	1
Psychiatric Evaluation – Parent	No Service Identified to Meet this Need	0	1	1
Psychological or Psychosocial Evaluation – Child	Client Refused Service	1	1	2
Psychological or Psychosocial Evaluation – Parent	Client Refused Service	0	1	1
Relative Foster Care	Licensing Issues	0	1	1
Residential Treatment	Client Refused Service	0	1	1
Residential Treatment	Placed on Wait List	0	1	1
Sexual Abuse Evaluation	No Referral Made by DCF during the Period	0	1	1
Sexual Abuse Therapy – Victim	No Service Identified to Meet this Need	0	1	1
Social Recreational Programming	DCF failed to properly assess child/family member related to this need during the PUR	1	0	1
Substance Abuse Treatment: Drug/Alcohol Testing - Parent	Client Refused Service	2	1	3
Substance Abuse Treatment: Drug/Alcohol Testing - Parent	Delay in Referral by Worker	0	1	1
Substance Abuse Treatment: Inpatient – Child	Client Refused Service	0	1	1
Substance Abuse Treatment: Inpatient – Parent	Client Refused Service	0	1	1
Substance Abuse Treatment: Outpatient - Child	Client Refused Service	1	1	2
Substance Abuse Treatment: Outpatient - Child	Service Deferred Pending Completion of Another	0	1	1

Unmet Need	Barrier Identified	Frequency 4th Quarter 2017	Frequency 1st Quarter 2018	Semi Annual Total
Substance Abuse Treatment: Outpatient - Parent	Client Engaged in Recommended Service after Delay	0	1	1
Substance Abuse Treatment: Outpatient - Parent	Client Refused Service	10	7	17
Substance Abuse Treatment: Outpatient - Parent	DCF failed to properly assess child/family member related to this need during the PUR	0	1	1
Substance Abuse Treatment: Screening/Evaluation - Child	No Referral Made by DCF during the Period	2	1	3
Substance Abuse Treatment: Screening/Evaluation - Parent	Client Refused Service	9	12	21
Substance Abuse Treatment: Screening/Evaluation - Parent	DCF failed to properly assess child/family member related to this need during the PUR	0	1	1
Substance Abuse Treatment: Screening/Evaluation - Parent	Delay in Referral by Worker	0	1	1
Substance Abuse Treatment: Supportive Housing for Recovering Families	Lack of Communication between DCF and Provider	1	0	1
Substance Abuse Treatment: Supportive Housing for Recovering Families	Placed on Wait List	0	3	3
Substance Abuse Treatment: Supportive Housing for Recovering Families	Service Deferred Pending Completion of Another	0	1	1
Supervised Visitation	Client Refused Service	1	2	3
Supervised Visitation	Service Deferred Pending Completion of Another	0	1	1
SW Case Management/Support/Advocacy	DCF failed to properly assess child/family member related to this need during the PUR	1	1	2
SW Case Management/Support/Advocacy	Delay in Referrals	19	17	36
SW Case Management/Support/Advocacy	UTD from Case Plan or Narrative	1	0	1
SW/Child Visitation	Client Refused Service	1	0	1
SW/Child Visitation	DCF failed to properly assess child/family member related to this need during the PUR	1	1	2
SW/Child Visitation	Delays in Visitation by Worker	1	3	4
SW/Child Visitation	UTD from Case Plan or Narrative	1	0	1

Unmet Need	Barrier Identified	Frequency 4 th Quarter 2017	Frequency 1 st Quarter 2018	Semi Annual Total
SW/Parent Visitation	Client Refused Service	2	2	4
SW/Parent Visitation	DCF failed to properly assess child/family member related to this need during the PUR	2	3	5
SW/Parent Visitation	Delays in Visitation by Worker	8	5	13
SW/Parent Visitation	No Visits during the PUR	0	2	2
SW/Parent Visitation	UTD from Case Plan or Narrative	0	1	1
SW/Provider Contacts	Client refused ROI	3	1	4
SW/Provider Contacts	DCF failed to properly assess child/family member related to this need during the PUR	2	0	2
SW/Provider Contacts	Delays in Contacts by Worker	13	15	28
SW/Provider Contacts	Lack of Communication between DCF and Provider	1	6	7
SW/Provider Contacts	No Contacts by Worker	1	1	2
SW/Provider Contacts	UTD from Case Plan or Narrative	1	0	1
Therapeutic Child Care	UTD from Case Plan or Narrative	1	0	1
Therapeutic Foster Care	Placed on Wait List	1	1	2
		225	254	479

During the Fourth Quarter 2017, 66.0% of the cases included very good or optimal engagement of families in the case planning process. This included documented discussions with the family and Social Worker during the period under review. This percentage declined to 51.9% during the First Quarter 2018. 67.9% of the Fourth Quarter cases documented a discussion of some or all of the needs that were identified as unmet in the prior six (6) month planning cycle and incorporate them going forward in the planning process. Reviewers identified three (3) cases where the planning process did not address any of the needs that were unmet from the last planning cycle. In seven (7) cases, the reviewers indicated that all needs identified from the prior case plan or during the PUR were reviewed at the Administrative Case Review (ACR) and were fully achieved or no longer needed and therefore no longer needed to be planned for. In seven (7) cases, the plan reviewed was the initial case plan and no comparison of needs could be made.

During the First Quarter 2018, 64.8% of the cases documented a discussion of some or all of the needs that were identified as unmet in the six (6) month planning cycle. The reviewers identified 16 cases (29.6%) where the planning process did not address any of the unmet needs from the prior planning cycle. In two (2) cases, the reviewers indicated that all needs identified at the prior ACR were fully achieved or no longer needed and therefore required no further planning. In one (1) case, the plan reviewed was the initial plan and no comparison of needs was required.

Were all needs and services unmet during the prior six (6) months discussed at the ACR and, as appropriate incorporated as action steps on the current case plan?

Needs Unmet Incorporated into Current Case Plan	Frequency 4 th Quarter 2017	Frequency 1 st Quarter 2018	Semi-Annual Frequency
Yes – All	15	20	35
Yes – Partially	21	15	36
No-None	3	16	19
N/A – There are no Unmet Needs	7	2	9
N/A - This is the Initial Case Plan	7	1	8
Total	53	54	107

Our review also looked at the recurrence of unmet needs across planning cycles. In the Fourth Quarter 2017, a need was identified in 15 of 33 cases in which Structured Decision Making (SDM) was conducted that was identical to that which was identified on the prior case plan assessment. This would indicate a rate of 45.5% of the cases having at least one (1) unmet priority need for greater than six (6) months, or spanning two (2) planning cycles for the 53 cases sampled. This occurred at a rate of 60.5% or 23 of the 38 applicable cases within the First Quarter 2018.

Case plans continue to fall below benchmark in many areas and domains, largely stemming from the failure to place the document as a pivotal piece of the engagement process with families to move their cases forward to permanency/exit from DCF interventions. Reviewers continue to see issues noted in the record, or identified at the ACR that fail to get included with identified services to address the priority needs in the plans going forward. Reviewers noted 27 cases within the Fourth Quarter 2017 (50.9%), and 28 cases within the First Quarter 2018 (51.9%) that had documented issues or assessed objectives with known barriers; but which subsequently did not get incorporated into the plan document. The lack of approved case plans contributes to poor scores as well.

A table of 197 such needs as identified by the reviewers follows:

Unmet Needs Not Incorporated Into the Upcoming Six (6) Month Case Plan

Unmet Need	Barrier Identified	Frequency 4 th Quarter 2017	Frequency 1 st Quarter 2018	Semi Annual Total
Adoption Supports (PPSP)	No Service Identified to Meet this Need	0	2	2
Adoption Supports (PPSP)	Other: Gender Specific services not available (Male)	0	1	1
Anger Management – Parent	DCF Failed to Properly Assess the Child/Family related to this need during the PUR	0	1	1
ARG Consultation	No Approved Case Plan	1	2	3
ARG Consultation	No Service Identified to Meet this Need	0	1	1
Behavior Management	No Approved Case Plan	2	0	2
Care Coordination	No Case Plan	0	1	1
Dental or Orthodontic Service	No Approved Case Plan	0	2	2
Dental or Orthodontic Service	No Service Identified to Meet this Need	2	1	3
Dental Screening or Evaluation	No Approved Case Plan	2	4	6
Dental Screening or Evaluation	No Service Identified to Meet this Need	3	7	10
Developmental Screening or Evaluation	DCF Failed to Assess Child/Family member related to this need during the PUR	0	1	1
Developmental Screening or Evaluation	No Approved Case Plan	0	1	1
Developmental Screening or Evaluation	No Service Identified to Meet this Need	1	0	1
Domestic Violence Prevention Services	No Approved Case Plan	1	0	1
Domestic Violence Prevention Services	No Service Identified to Meet this Need	0	1	1
Domestic Violence Services for Perpetrator	No Approved Case Plan	0	2	2
Domestic Violence Services for Perpetrator	No Service Identified to Meet this Need	1	2	3
Domestic Violence Services for Victim	No Approved Case Plan	0	3	3
Domestic Violence Services for Victim	No Service Identified to Meet this Need	1	2	3
Educational Screening or Evaluation	Delay in Referral by Worker	0	1	1
Educational Screening or Evaluation	No Approved Case Plan	2	1	3
Educational Screening or Evaluation	No Service Identified to Meet this Need	3	4	7
Extended Day Treatment	No Approved Case Plan	1	0	1
Family or Marital Counseling	No Case Plan/No Action Steps on Case Plan	0	2	2
Family Preservation Services	No Approved Case Plan	0	1	1
Family Reunification Services	No Approved Case Plan	0	1	1
Family Reunification Services	No Service Identified to Meet this Need	1	1	2
Flex Funds	No Approved Case Plan	0	1	1

Unmet Need	Barrier Identified	Frequency 4 th Quarter 2017	Frequency 1 st Quarter 2018	Semi Annual Total
Foster Care Supports	No Approved Case Plan	1	0	1
Foster Care Supports	No Service Identified to Meet this Need	0	1	1
Group Home	No Service Identified to Meet this Need	1	0	1
Health/Medical Screening or Evaluation	No Approved Case Plan	3	5	8
Health/Medical Screening or Evaluation	No Service Identified to Meet this Need	5	6	11
Housing Assistance: Section 8	Approval Process	0	1	1
Housing Assistance: Section 8	No Approved Case Plan	1	1	2
IEP Programming	No Approved Case Plan	3	2	5
IEP Programming	No Service Identified to Meet this Need	0	1	1
Individual Counseling - Child	No Approved Case Plan/Action Steps (1)	5	6	11
Individual Counseling - Child	No Service Identified to Meet this Need	1	1	2
Individual Counseling - Parent	DCF Failed to Properly Assess Child/Family related to this need during the PUR	0	1	1
Individual Counseling - Parent	No Approved Case Plan/Action Steps (1)	3	6	9
Individual Counseling - Parent	No Service Identified to Meet this Need	0	2	2
In-Home Parent Education and Support	Delay in Referral by Worker	1	0	1
In-Home Parent Education and Support	No Approved Case Plan	3	2	5
In-Home Parent Education and Support	No Service Identified to Meet this Need	1	2	3
In-Home Treatment	No Approved Case Plan	3	2	5
In-Home Treatment	No Service Identified to Meet this Need	1	1	2
Job Coaching/Placement	No Service Identified to Meet this Need	0	1	1
Legal – Filing of TPR	No Approved Case Plan	1	0	1
Life Skills Training	No Approved Case Plan	1	0	1
Matching/Placement/Processing (includes ICO)	No Service Identified to Meet this Need	1	1	2
Medical Intervention (Other): Glasses	No Service Identified to Meet this Need	1	0	1
Medication Management (Child's)	No Approved Case Plan	3	0	3
Medication Management (Child's)	No Service Identified to Meet this Need	1	0	1
Medication Management (Parent)	No Approved Case Plan	1	0	1
Mental Health Screening or Evaluation – Other (Child: Autism Screening Evaluation)	No Service Identified to Meet this Need	1	0	1
Mental Health Screening or Evaluation - Child	No Service Identified to Meet this Need	1	0	1

Unmet Need	Barrier Identified	Frequency 4 th Quarter 2017	Frequency 1 st Quarter 2018	Semi Annual Total
Mentoring	DCF Failed to Assess Child/Family member related to this need during the PUR	0	1	1
Mentoring	No Approved Case Plan	2	1	3
Mentoring	No Service Identified to Meet this Need	2	0	2
Other In-Home Service – Birth to 3	No Service Identified to Meet this Need	0	1	1
Other OOH Service Need: Therapeutic Animal Program	No Service Identified to Meet this Need	1	0	1
Other State Agency (DDS, DMHAS, MSS)	No Approved Case Plan	1	0	1
Parenting Classes	Delay in Referral by Worker	0	1	1
Parenting Groups	No Action Steps	0	1	1
Psychiatric Evaluation – Child	No Action Steps	0	1	1
Psychiatric Evaluation – Child	No Service Identified to Meet this Need	1	0	1
Psychiatric Evaluation – Parent	No Approved Case Plan	0	2	2
Psychiatric Evaluation – Parent	No Service Identified to Meet this Need	0	1	1
Relative foster Care	Provider Issues – Staffing, Lack of Follow Through, etc.	0	1	1
Sexual Abuse Therapy – Victim	No Service Identified to Meet this Need	1	1	2
Social Recreational Programming	No Service Identified to Meet this Need	1	0	1
Substance Abuse Treatment: Drug/Alcohol Testing - Parent	No Approved Case Plan	0	1	1
Substance Abuse Treatment: Outpatient - Parent	No Approved Case Plan	2	1	3
Substance Abuse Treatment: Screening/Evaluation - Child	No Service Identified to Meet this Need	1	1	2
Substance Abuse Treatment: Screening/Evaluation - Parent	No Approved Case Plan	1	2	3
Substance Abuse Treatment: Screening/Evaluation - Parent	No Service Identified to Meet this Need	2	0	2
Substance Abuse Treatment: Supportive Housing for Recovering Families	No Approved Case Plan	0	1	1
Substance Abuse Treatment: Supportive Housing for Recovering Families	No Service Identified to Meet this Need	0	1	1
Supervised Visitation	No Approved Case Plan	0	1	1
SW Case Management/Support/Advocacy	No Service Identified to Meet this Need	0	1	1
SW Case Management/Support/Advocacy: interagency collaboration with FASU and foster parents	Other: CPS Staff and FASU required plan to address finances and hoarding/clutter within foster home in support of placement, however this was not clarified.	1	0	1

Unmet Need	Barrier Identified	Frequency 4 th Quarter 2017	Frequency 1 st Quarter 2018	Semi Annual Total
SW/Parent Visitation	DCF Failed to meet standards or properly assess child/family member related to visitation needs during the PUR. <i>(Was not incorporated into plan.)</i>	2	1	3
SW/Provider Contacts	DCF Failed to meet standards or properly assess child/family member related to visitation needs during the PUR <i>(Was not incorporated into plan.)</i>	2	0	2
Therapeutic Child Care	No Service Identified to Meet this Need	1	0	1
Therapeutic Foster Care	Placed on Wait List	1	0	1
VNA Services	No Approved Case Plan	0	1	1
WIC	No Approved Case Plan	0	1	1
		86	111	197

JUAN F. ACTION PLAN MONITORING REPORT

May 2018

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

A. PERMANENCY ISSUES

Progress Towards Permanency:

The following table developed using the Chapin Hall database provides a longitudinal view of permanency for annual admission cohorts from 2004 through 2018.

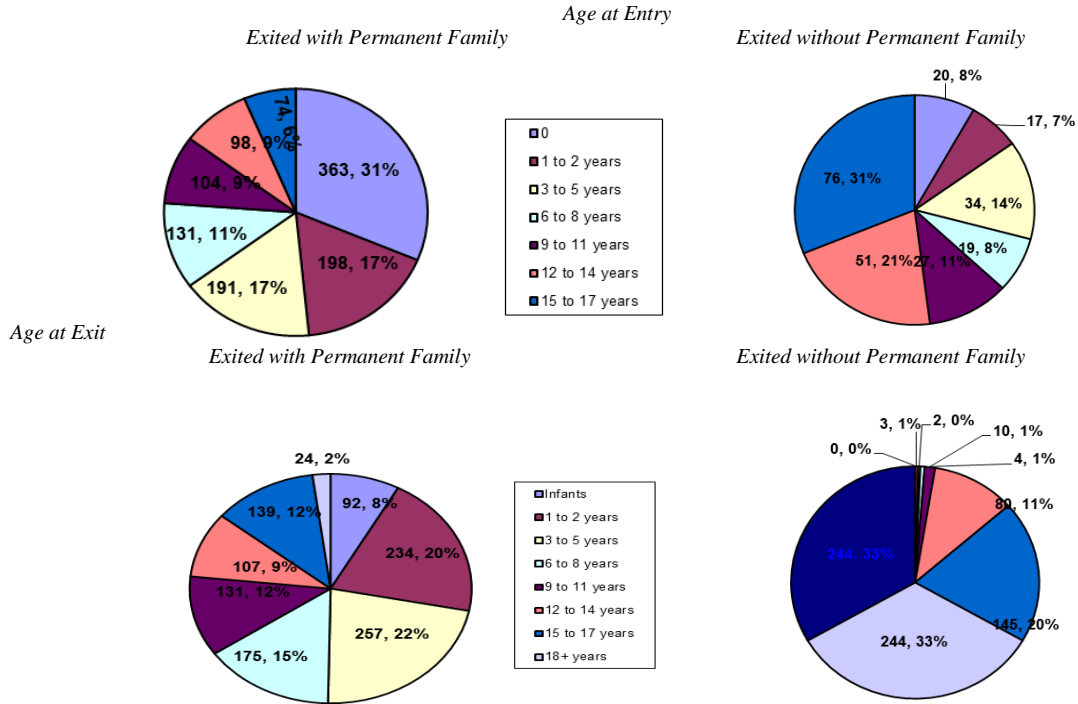
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care													
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total Entries	3090	3406	2853	2829	2628	2694	2297	1859	2005	1929	1990	2261	2084	551
Permanent Exits														
In 1 yr	1128 36.5%	1262 37.1%	1095 38.4%	1098 38.8%	1093 41.6%	1025 38.0%	707 30.8%	560 30.1%	535 26.7%	499 25.9%	427 21.5%	565 24.9%		
In 2 yrs	1739 56.3%	1971 57.9%	1675 58.7%	1676 59.2%	1582 60.2%	1378 51.2%	1052 45.8%	857 46.1%	841 41.9%	789 40.9%	754 37.8%			
In 3 yrs	2011 65.1%	2323 68.2%	1974 69.2%	1943 68.7%	1792 68.2%	1676 62.2%	1245 54.2%	1035 55.7%	1072 53.5%	998 51.7%				
In 4 yrs	2156 69.8%	2498 73.3%	2090 73.3%	2033 71.9%	1895 72.1%	1780 66.1%	1357 59.1%	1120 60.2%	1159 57.8%					
To Date	2256 73.0%	2619 76.9%	2171 76.1%	2121 75.0%	1951 74.2%	1843 68.4%	1431 62.3%	1151 61.6%	1185 59.0%	1084 55.3%	913 44.5%	792 32.3%	427 16.6%	26 62.6%
Non-Permanent Exits														
In 1 yr	289 9.4%	259 7.6%	263 9.2%	250 8.8%	208 7.9%	196 7.3%	138 6.0%	95 5.1%	125 6.2%	111 5.8%	95 4.8%	68 3.0%		
In 2 yrs	371 12.0%	345 10.1%	318 11.1%	320 11.3%	267 10.2%	243 9.0%	188 8.2%	146 7.9%	182 9.1%	140 7.3%	124 6.3%			
In 3 yrs	431 13.9%	401 11.8%	354 12.4%	363 12.8%	300 11.4%	275 10.2%	220 9.6%	190 10.2%	218 10.8%	157 8.1%				
In 4 yrs	461 14.9%	449 13.2%	392 13.7%	394 13.9%	328 12.5%	309 11.5%	257 11.2%	218 11.7%	236 11.8%					
To Date	582 18.8%	552 16.1%	464 16.2%	472 16.6%	403 15.3%	375 13.9%	294 12.6%	240 12.8%	253 12.3%	175 8.7%	148 7.1%	87 3.5%	47 1.8%	4 6.7%

	Period of Entry to Care													
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
<i>Unknown Exits</i>														
<i>In 1 yr</i>	83 2.7%	76 2.2%	61 2.1%	60 2.1%	75 2.9%	127 4.7%	205 8.9%	133 7.2%	102 5.1%	114 5.9%	204 10.4%	285 12.3%		
<i>In 2 yrs</i>	124 4.0%	117 3.4%	97 3.4%	91 3.2%	139 5.3%	303 11.2%	399 17.4%	254 13.7%	312 15.6%	350 18.2%	445 22.4%			
<i>In 3 yrs</i>	164 5.3%	140 4.1%	123 4.3%	125 4.4%	192 7.3%	381 14.1%	475 20.7%	335 18.1%	399 20.0%	454 23.4%				
<i>In 4 yrs</i>	182 5.9%	167 4.9%	155 5.4%	167 5.9%	217 8.3%	400 14.8%	499 21.7%	374 20.2%	448 22.3%					
<i>To Date</i>	238 7.7%	222 6.5%	203 7.2%	212 7.4%	251 9.5%	431 16.0%	529 22.9%	399 21.4%	458 22.7%	479 24.3%	522 25.0%	459 18.0%	158 5.4%	26 20.3%
<i>Remain In Care</i>														
<i>In 1 yr</i>	1590 51.5%	1809 53.1%	1434 50.3%	1421 50.2%	1252 47.6%	1346 50.0%	1247 54.3%	1071 57.5%	1243 62.0%	1205 62.5%	1264 63.4%	1343 59.8%		
<i>In 2 yrs</i>	856 27.7%	973 28.6%	763 26.7%	742 26.2%	640 24.4%	770 28.6%	658 28.6%	602 32.3%	670 33.4%	650 33.6%	667 33.5%			
<i>In 3 yrs</i>	484 15.7%	542 15.9%	402 14.1%	398 14.1%	344 13.1%	362 13.4%	357 15.5%	299 16.0%	316 15.8%	320 16.7%				
<i>In 4 yrs</i>	291 9.4%	292 8.6%	216 7.6%	235 8.3%	188 7.2%	205 7.6%	184 8.0%	147 7.8%	162 8.1%					
<i>To Date</i>	14 0.5%	13 0.4%	15 0.5%	24 1.0%	23 1.0%	45 1.7%	43 2.2%	69 4.2%	109 6.0%	191 11.8%	407 23.5%	923 46.1%	1452 76.2%	495 89.8%

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

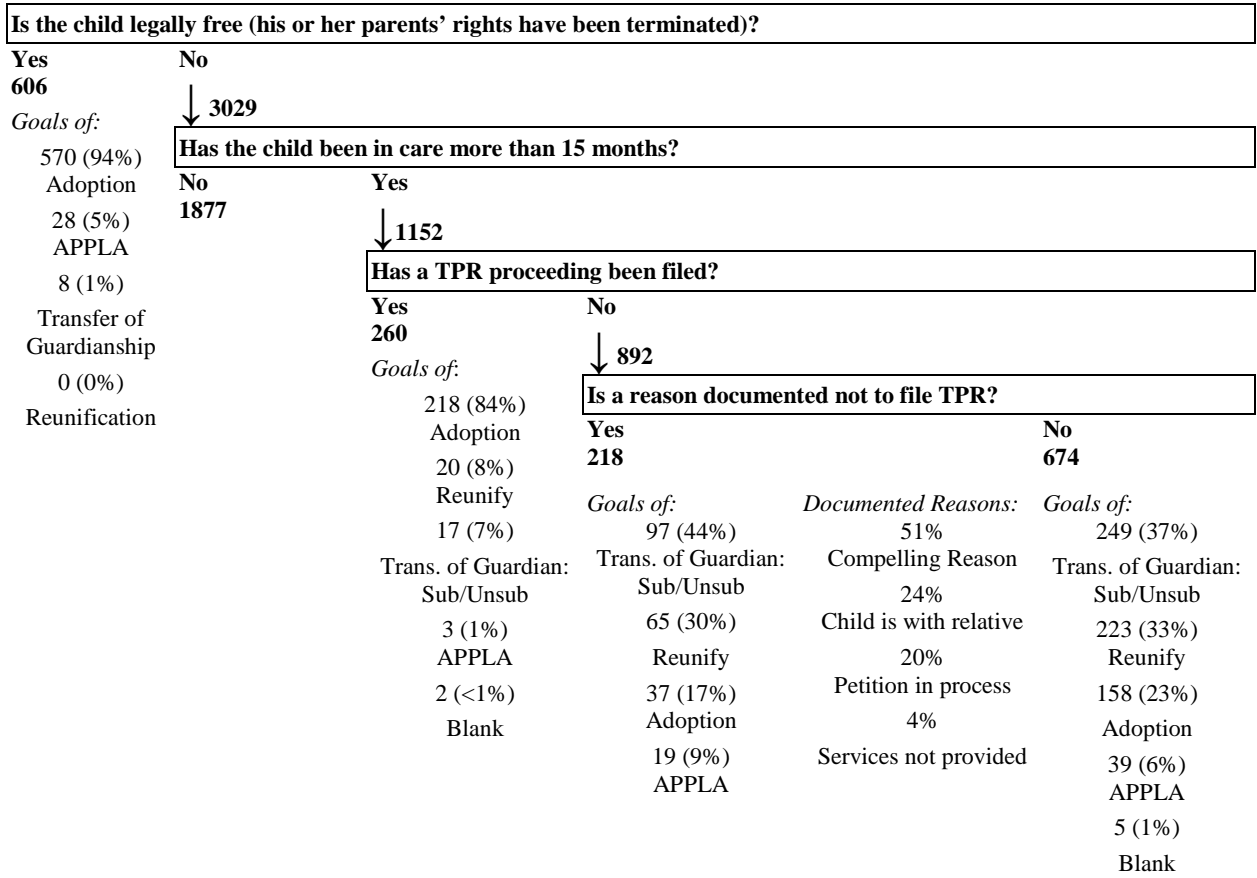
FIGURE 2: CHARACTERISTICS OF CHILDREN EXITING WITH AND WITHOUT PERMANENCY (2017 EXIT COHORT)



Permanency Goals:

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

FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON MAY 1, 2018⁴)



Preferred Permanency Goals:

Reunification	Feb 2017	May 2017	Aug 2017	Nov 2017	Feb 2018	May 2018
Total number of children with Reunification goal, pre-TPR and post-TPR	1618	1619	1602	1556	1531	1555
Number of children with Reunification goal pre-TPR	1613	1618	1601	1556	1531	1555
• Number of children with Reunification goal, pre-TPR, >= 15 months in care	314	313	325	307	296	308
• Number of children with Reunification goal, pre-TPR, >= 36 months in care	41	37	44	41	38	33
Number of children with Reunification goal, post-TPR	2	1	1	0	0	0

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

Transfer of Guardianship (Subsidized and Non-Subsidized)	Feb 2017	May 2017	Aug 2017	Nov 2017	Feb 2018	May 2018
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	478	505	519	498	522	538
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	462	489	503	484	512	530
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months) 	155	169	186	157	186	202
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months) 	58	69	63	62	61	59
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	16	16	16	14	10	8

Adoption	Feb 2017	May 2017	Aug 2017	Nov 2017	Feb 2018	May 2018
Total number of children with Adoption goal, pre-TPR and post-TPR	1096	1138	1167	1181	1153	1188
Number of children with Adoption goal, pre-TPR	556	562	589	633	620	618
Number of children with Adoption goal, TPR not filed, >= 15 months in care	192	176	202	219	213	195
<ul style="list-style-type: none"> Reason TPR not filed, Compelling Reason 	7	6	6	9	7	6
<ul style="list-style-type: none"> Reason TPR not filed, petitions in progress 	18	20	21	26	23	26
<ul style="list-style-type: none"> Reason TPR not filed , child is in placement with relative 	2	1	4	11	8	5
<ul style="list-style-type: none"> Reason TPR not filed, services needed not provided 	5	5	5	3	0	0
<ul style="list-style-type: none"> Reason TPR not filed, blank 	160	144	166	170	175	158
Number of cases with Adoption goal post-TPR	540	576	578	548	533	570
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care >= 15 months 	513	550	544	521	509	551
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care >= 22 months 	426	454	471	444	429	465
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	13	17	12	19	10	10
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	48	57	55	46	40	49
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	224	276	265	284	267	308

Progress Towards Permanency:	Feb 2017	May 2017	Aug 2017	Nov 2017	Feb 2018	May 2018
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	664	670	687	628	678	674

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	Feb 2017	May 2017	Aug 2017	Nov 2017	Feb 2018	May 2018
Total number of children with Long Term Foster Care Relative goal	5	5	4	2	1	0
Number of children with Long Term Foster Care Relative goal, pre-TPR	5	5	2	2	1	0
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR 	0	0	0	0	0	0
Long Term Foster Care Rel. goal, post-TPR	0	0	0	0	0	0
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR 	0	0	0	0	0	0

APPLA*	Feb 2017	May 2017	Aug 2017	Nov 2017	Feb 2018	May 2018
Total number of children with APPLA goal	121	114	110	104	109	106
Number of children with APPLA goal, pre-TPR	93	87	87	83	85	78
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, pre-TPR 	0	0	0	0	0	0
Number of children with APPLA goal, post-TPR	28	27	23	21	24	28
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, post-TPR 	0	0	0	0	0	0

* Columns prior to Aug 07 had previously been reported separately as APPLA: Foster Care Non-Relative and APPLA: Other. The values from each separate table were added to provide these figures. Currently there is only one APPLA goal.

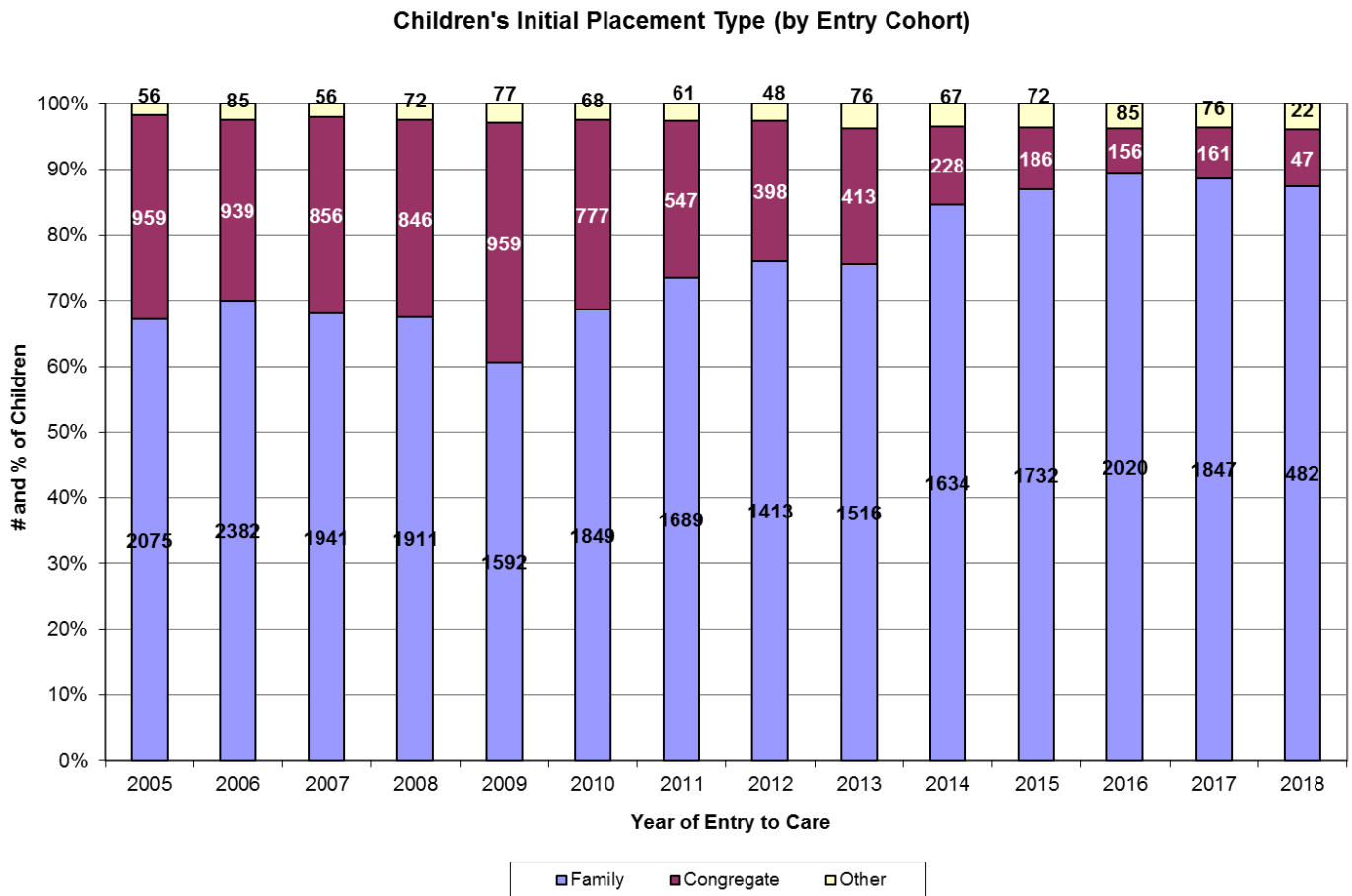
Missing Permanency Goals:

	Feb 2017	May 2017	Aug 2017	Nov 2017	Feb 2018	May 2018
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	26	29	28	29	14	12
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	11	14	12	15	7	9
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	6	8	7	9	2	7
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	6	5	4	6	1	5

B. PLACEMENT ISSUES

Placement Experiences of Children

The following chart shows the change in use of family and congregate care for admission cohorts between 2005 and 2018.

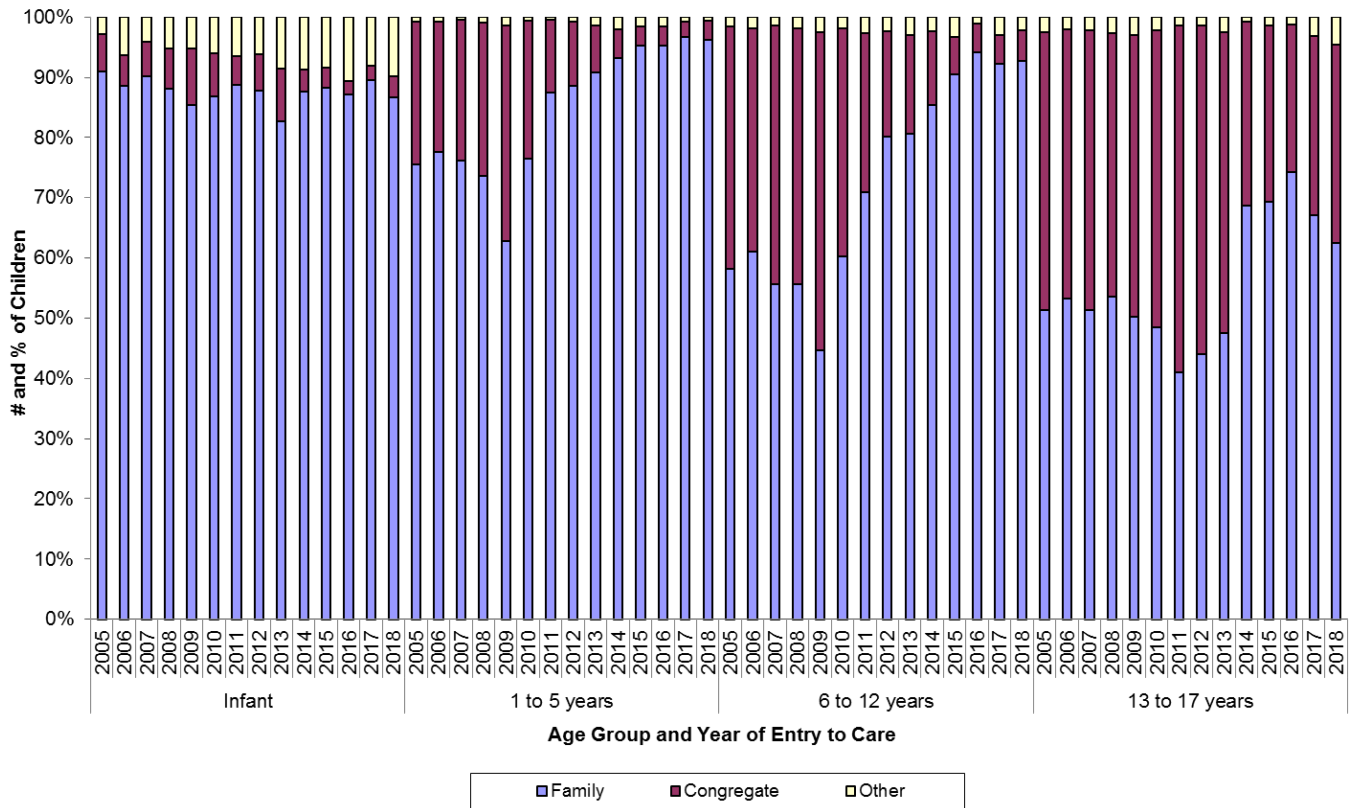


The next table shows specific care types used month-by-month for entries between April 2017 and March 2018.

		Case Summaries											
First placement type		enterApr17	enterMay17	enterJun17	enterJul17	enterAug17	enterSep17	enterOct17	enterNov17	enterDec17	enterJan18	enterFeb18	enterMar18
Residential	N	2	4	3	2	2	7	2	3	1	2	4	2
	%	1.4%	1.7%	2.0%	1.7%	0.9%	4.1%	1.0%	2.2%	0.7%	1.1%	2.0%	1.1%
DCF Facilities	N	2	3	1		1	3	2	1	1	3	1	2
	%	1.4%	1.3%	0.7%		0.4%	1.8%	1.0%	0.7%	0.7%	1.7%	0.5%	1.1%
Foster Care	N	76	120	75	66	104	79	78	62	62	93	108	104
	%	52.4%	50.4%	49.3%	54.5%	46.6%	46.2%	40.2%	44.9%	45.9%	53.1%	54.5%	58.4%
Group Home	N	1	2			1				1	1	1	
	%	0.7%	0.8%			0.4%				0.7%	0.6%	0.5%	
Relative Care	N	43	77	55	38	81	53	70	51	46	50	55	44
	%	29.7%	32.4%	36.2%	31.4%	36.3%	31.0%	36.1%	37.0%	34.1%	28.6%	27.8%	24.7%
Medical	N	7	8	5	3	7	8	10	7	5	8	6	8
	%	4.8%	3.4%	3.3%	2.5%	3.1%	4.7%	5.2%	5.1%	3.7%	4.6%	3.0%	4.5%
Safe Home	N	3	9	4	4	2	7	5	3	5	6	7	7
	%	2.1%	3.8%	2.6%	3.3%	0.9%	4.1%	2.6%	2.2%	3.7%	3.4%	3.5%	3.9%
Shelter	N	5	3	2	1	2	4	4		3	5	4	2
	%	3.4%	1.3%	1.3%	0.8%	0.9%	2.3%	2.1%		2.2%	2.9%	2.0%	1.1%
Special Study	N	6	12	7	7	23	10	23	11	11	7	12	9
	%	4.1%	5.0%	4.6%	5.8%	10.3%	5.8%	11.9%	8.0%	8.1%	4.0%	6.1%	5.1%
Total	N	145	238	152	121	223	171	194	138	135	175	198	178
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

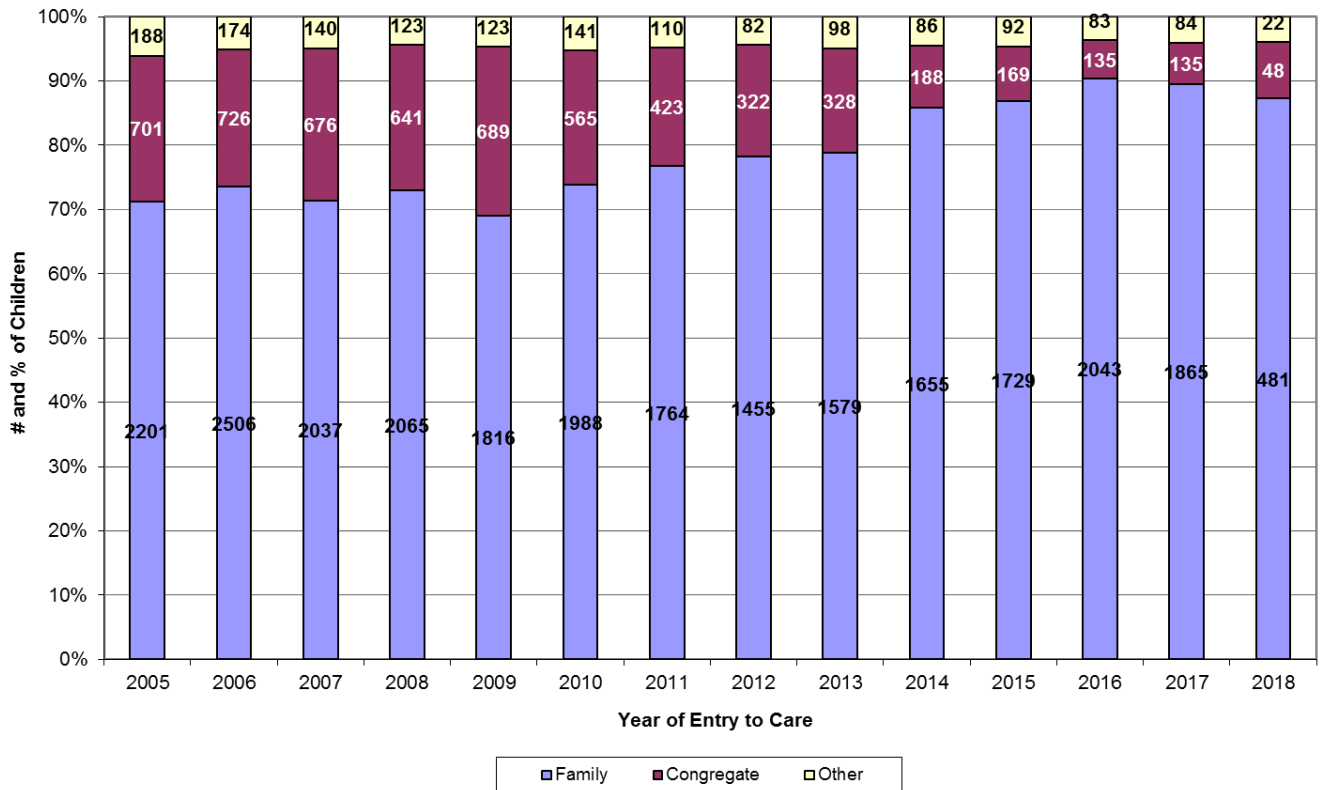
The chart below shows the change in level of care usage over time for different age groups.

Children's Initial Placement Settings By Age And Entry Cohort



It is also useful to look at where children spend most of their time in DCF care. The chart below shows this for admission the 2005 through 2018 admission cohorts.

Children's Predominant Placement Type (by Entry Cohort)



The following chart shows monthly statistics of children who exited from DCF placements between April 2017 and March 2018, and the portion of those exits within each placement type from which they exited.

Last placement type in spell (as of censor date)	Case Summaries												
	exitApr17	exitMay17	exitJun17	exitJul17	exitAug17	exitSep17	exitOct17	exitNov17	exitDec17	exitJan18	exitFeb18	exitMar18	
Residential	N 1.0	1.0	7.0	1.0	4.0	5.0	2.0	4.0	4.0	5.0	1.0	4.0	
	% .6	.5	3.2	.6	1.6	2.5	1.4	2.0	2.8	3.8	1.0	2.7	
DCF Facilities	N 1.0	1.0	4.0	2.0	2.0	3.0	3.0	2.0	2.0		1.0	1.0	
	% .6	.5	1.9	1.1	.8	1.5	2.1	1.0	1.4		1.0	.7	
Foster Care	N 60.0	93.0	86.0	73.0	130.0	84.0	49.0	87.0	63.0	56.0	32.0	61.0	
	% 36.4	47.0	39.8	40.8	50.8	42.0	33.6	43.3	44.1	42.1	32.0	41.5	
Group Home	N 6.0	5.0	6.0	5.0	8.0	6.0	2.0	2.0	4.0	8.0	3.0	7.0	
	% 3.6	2.5	2.8	2.8	3.1	3.0	1.4	1.0	2.8	6.0	3.0	4.8	
Independ. Lvng	N 2.0	7.0	3.0	2.0	1.0	5.0	1.0	1.0	2.0	1.0	4.0	4.0	
	% 1.2	3.5	1.4	1.1	.4	2.5	.7	.5	1.4	.8	4.0	2.7	
Relative Care	N 68.0	65.0	82.0	75.0	83.0	68.0	72.0	87.0	50.0	48.0	42.0	55.0	
	% 41.2	32.8	38.0	41.9	32.4	34	49.3	43.3	35.0	36.1	42.0	37.4	
Medical	N 2.0	2.0	7.0	4.0	3.0	5.0	1.0	2.0	1.0	2.0	2.0	1.0	
	% 1.2	1.0	3.2	2.2	1.2	2.5	.7	1.0	.7	1.5	2.0	.7	
Safe Home	N 2.0	3.0	4.0		3.0	1.0		1.0	1.0	3.0			
	% 1.2	1.5	1.9		1.2	.5		.5	.7	2.3			
Shelter	N 2.0	2.0	4.0	5.0	3.0	2.0	2.0	3.0		4.0	1.0		
	% 1.2	1.0	1.9	2.8	1.2	1.0	1.4	1.5		3.0	1.0		
Special Study	N 19.0	18.0	13.0	10.0	17.0	19.0	12.0	11.0	15.0	5.0	13.0	8.0	
	% 11.5	9.1	6.0	5.6	6.6	9.5	8.2	5.5	10.5	3.8	13.0	5.4	
Unknown	N 2.0	1.0		2.0	2.0	2.0	2.0	1.0	1.0	1.0	1.0	6.0	
	% 1.2	.5		1.1	.8	1.0	1.4	.5	.7	.8	1.0	4.1	
Total	N 165.0	198.0	216.0	179.0	256.0	200.0	146.0	201.0	143.0	133.0	100.0	147.0	
	% 100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	

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

			Primary type of spell (>50%) * Duration Category Crosstabulation							
			Duration Category							
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095	more than 1095	Total
Primary type of spell (>50%)	Residential	Count	2	8	6	12	9	21	20	78
		% Row	2.6%	10.3%	7.7%	15.4%	11.5%	26.9%	25.6%	100.0%
		% Col	1.3%	2.4%	1.5%	1.6%	1.5%	2.2%	3.1%	2.0%
DCF Facilities	Count	Count	1	2	3	5	7	2	2	22
		% Row	4.5%	9.1%	13.6%	22.7%	31.8%	9.1%	9.1%	100.0%
		% Col	0.6%	0.6%	0.8%	0.7%	1.1%	0.2%	0.3%	0.6%
Foster Care	Count	Count	88	152	140	333	276	484	408	1881
		% Row	4.7%	8.1%	7.4%	17.7%	14.7%	25.7%	21.7%	100.0%
		% Col	55.0%	45.4%	36.1%	44.5%	45.3%	50.3%	63.7%	48.9%
Group Home	Count	Count	1	4	2	7	20	20	41	95
		% Row	1.1%	4.2%	2.1%	7.4%	21.1%	21.1%	43.2%	100.0%
		% Col	0.6%	1.2%	0.5%	0.9%	3.3%	2.1%	6.4%	2.5%
Independent	Count	Count	0	0	0	0	0	1	2	3
		% Row	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	66.7%	100.0%
		% Col	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.3%	0.1%
Relative Care	Count	Count	46	117	161	301	246	291	65	1227
		% Row	3.7%	9.5%	13.1%	24.5%	20.0%	23.7%	5.3%	100.0%
		% Col	28.7%	34.9%	41.5%	40.2%	40.4%	30.2%	10.1%	31.9%
Medical	Count	Count	3	6	4	3	2	4	2	24
		% Row	12.5%	25.0%	16.7%	12.5%	8.3%	16.7%	8.3%	100.0%
		% Col	1.9%	1.8%	1.0%	0.4%	0.3%	0.4%	0.3%	0.6%
Mixed (none)	Count	Count	1	2	4	7	10	36	70	130
		% Row	0.8%	1.5%	3.1%	5.4%	7.7%	27.7%	53.8%	100.0%
		% Col	0.6%	0.6%	1.0%	0.9%	1.6%	3.7%	10.9%	3.4%
Safe Home	Count	Count	6	6	3	1	2	0	1	19
		% Row	31.6%	31.6%	15.8%	5.3%	10.5%	0.0%	5.3%	100.0%
		% Col	3.8%	1.8%	0.8%	0.1%	0.3%	0.0%	0.2%	0.5%
Shelter	Count	Count	2	9	7	10	1	3	1	33
		% Row	6.1%	27.3%	21.2%	30.3%	3.0%	9.1%	3.0%	100.0%
		% Col	1.3%	2.7%	1.8%	1.3%	0.2%	0.3%	0.2%	0.9%
Special Study	Count	Count	9	23	45	55	35	92	23	282
		% Row	3.2%	8.2%	16.0%	19.5%	12.4%	32.6%	8.2%	100.0%
		% Col	5.6%	6.9%	11.6%	7.3%	5.7%	9.6%	3.6%	7.3%
Unknown	Count	Count	1	6	13	15	1	8	6	50
		% Row	2.0%	12.0%	26.0%	30.0%	2.0%	16.0%	12.0%	100.0%
		% Col	0.6%	1.8%	3.4%	2.0%	0.2%	0.8%	0.9%	1.3%
Total	Count	Count	160	335	388	749	609	962	641	3844
		% Row	4.2%	8.7%	10.1%	19.5%	15.8%	25.0%	16.7%	100.0%
		% Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Congregate Care Settings

Placement Issues	Feb 2017	May 2017	Aug 2017	Nov 2017	Feb 2018	May 2018
Total number of children 12 years old and under, in Congregate Care	16	14	17	20	17	17
• Number of children 12 years old and under, in DCF Facilities	0	0	0	0	0	0
• Number of children 12 years old and under, in Group Homes	4	4	5	6	6	5
• Number of children 12 years old and under, in Residential	8	9	9	8	7	7
• Number of children 12 years old and under, in Safe Home or SFIT	2	1	2	3	2	4
• Number of children 12 years old and under in Shelter	2	0	1	3	2	1
Total number of children ages 13-17 in Congregate Placements	229	245	237	243	225	228

Use of SAFE Homes, Shelters and PDCs

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

	Period of Entry to Care													
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total Entries	3091	3406	2853	2829	2628	2694	2297	1858	2005	1929	1990	2260	2084	551
SAFE Homes/ SFIT	394 13%	395 12%	382 13%	335 12%	471 18%	331 12%	145 6%	68 4%	56 3%	30 2%	9 0%	23 1%	54 3%	20 4%
Shelter	178 6%	114 3%	136 5%	144 5%	186 7%	175 6%	194 8%	169 9%	175 9%	91 5%	58 3%	53 2%	35 2%	11 2%
Total	572 19%	509 15%	518 18%	479 17%	657 25%	506 19%	339 15%	237 13%	231 12%	121 6%	67 3%	76 3%	89 4%	31 6%

	Period of Entry to Care													
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total Initial Plcmnts	572	509	518	479	657	506	339	237	231	121	67	76	89	31
<= 30 days	241 42.1%	186 36.5%	162 31.3%	150 31.3%	229 34.9%	135 26.7%	103 30.4%	60 25.3%	63 27.3%	37 30.6%	28 41.8%	28 36.8%	36 40.4%	23 74.2%
31 - 60	114 19.9%	73 14.3%	73 14.1%	102 21.3%	110 16.7%	106 20.9%	56 16.5%	44 18.6%	41 17.7%	27 22.3%	9 13.4%	13 17.10%	25 28.1%	7 22.6%
61 - 91	76 13.3%	87 17.1%	79 15.3%	85 17.7%	157 23.9%	91 18.0%	54 15.9%	39 16.5%	38 16.5%	18 14.9%	8 11.9%	8 10.50%	12 13.5%	1 3.2%
92 - 183	100 17.5%	118 23.2%	131 25.3%	110 23.0%	124 18.9%	136 26.9%	84 24.8%	56 23.6%	57 24.7%	24 19.8%	15 22.4%	17 22.40%	12 13.5%	0 0.0%
184+	41 7.2%	45 8.8%	73 14.1%	32 6.7%	37 5.6%	38 7.5%	42 12.4%	38 16.0%	32 13.9%	15 12.4%	7 10.4%	10 13.20%	4 4.5%	0 0.0%

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

Placement Issues	Nov 2016	Feb 2017	May 2017	Aug 2017	Nov 2017	Feb 2018	May 2018
Total number of children in SAFE Home/SFIT	8	8	8	8	11	10	17
• Number of children in SAFE Home/SFIT, > 60 days	4	4	3	3	4	5	14
• Number of children in SAFE Home/SFIT, >= 6 months	1	0	0	0	1	1	1
Total number of children in STAR/Shelter Placement	24	29	29	25	26	24	26
• Number of children in STAR/Shelter Placement, > 60 days	13	16	12	16	16	12	14
• Number of children in STAR/Shelter Placement, >= 6 months	5	5	2	4	1	3	3
Total number of children in MH Shelter	0	0	0	0	0	0	0
• Total number of children in MH Shelter, > 60 days	0	0	0	0	0	0	0
• Total number of children in MH Shelter, >= 6 months	0	0	0	0	0	0	0

Time in Residential Care

Placement Issues	Nov 2016	Feb 2017	May 2017	Aug 2017	Nov 2017	Feb 2018	May 2018
Total number of children in Residential care	81	89	86	86	89	89	82
• Number of children in Residential care, >= 12 months in Residential placement	19	22	24	27	31	28	27
• Number of children in Residential care, >= 60 months in Residential placement	0	1	0	0	0	1	0

Appendix A
Juan F. Strategic Plan

Connecticut Department of Children and Families



Juan F. Strategic Plan

April 25, 2018

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AGENCY OVERVIEW:

The Department of Children and Families (DCF/Department) is a consolidated child welfare agency, having responsibility for child protection services, children's mental/behavioral health and substance use services, prevention, and for the next few months, juvenile justice.

DCF espouses the following mission and cross cutting themes:

Mission:

Working together with families and communities for children who are healthy, safe, smart and strong.

Cross-Cutting Themes:

- implementing strength-based family policy, practice and programs;
- applying the neuroscience of early childhood and adolescent development;
- expanding trauma-informed practice and culture;
- addressing racial inequities in all areas of our practice;
- building new community and agency partnerships;
- improving leadership, management, supervision and accountability; and
- becoming a learning organization.

The Department has many existing cross-system partnerships and concomitant efforts to coordinate and enhance care for Connecticut's children and families. Therefore, this Strategic Plan (Plan) has been created to reflect, intersect with and build upon other current plans and activities.

At any point in time, DCF serves approximately 36,000 children and 15,000 families across its programs and service array. Of these families, there are 2,550 investigations and 1,850 family assessments underway on any given day. Last year, the DCF Careline received 108,679 calls, 54,165 of which were reports of child abuse or neglect, of which 31,299 were accepted and assigned to either an investigative or family assessment response track. Calls to Careline have increased by 7.3% since 2015 (101,267 calls) in large part due to enhanced mandated reporting laws that broadening the pool of mandated reporters and increased the penalties for failures or delays in reporting.

Over the past 7 years, the Department has made substantial progress in many areas. From January 1, 2011 to January 1, 2018, DCF has achieved the following:

- 11.6% reduction in the number of children in placement
- 72.3% increase in the number of children placed with relatives and kin
- 97.5 % reduction in the number of children placed in out-of-state congregate care settings
- 82.4% of all children in placement are living with a foster family, compared to 67.5% in 2011

The Department has also implemented Considered Removal Child and Family Team Meetings (CR-CFTM). This has proven to be an effective method to divert children from out-of-home care and non-relative foster care, while also supporting early engagement of families. For example, in 2016, 87% of the children who were the subject of a CR-CFTM were either not removed or placed with kin.

Further, the Department has continued efforts to limit the use of Other Planned Permanent Living Arrangement (OPPLA) as a permanency goal for children age 16 and over. DCF Regional Administrators and the

Commissioner must approve OPPLA for kids less than 12. From January 1, 2013, to January 1, 2018, the proportion of all children in care with this permanency goal has decreased from 28.6% to 14.8%. In particular, of the 624 youth with OPPLA, as indicated by the February 2018 data, 82% are age 18 or older.

Next, the Department has made a commitment to eliminate racial disparity in all areas of its practice. To this end, the Department ensures that it evaluates its progress through a racial justice lens (e.g., “*who is better off*”). This includes ensuring that there are numerous reports, dashboards, data tools, and filters that allow the Department to disaggregate its data by race and ethnicity. Such analyses allow DCF to assess its progress in reducing disproportionality across its pathway (e.g., decision points/events).

For example, a core DCF report is the Disproportionality and Disparities Pathway. As the title suggests, this data analysis allows the Department to observe disproportionality across various decision points. A review of these data does suggest that the Department is realizing some improvements with respect to reducing overrepresentation of children of color in its system. The 2017 data indicates that since 2013, there has been a 6 point reduction in the percentage of Hispanic and African American children entering DCF care. A 5 point reduction is observed for the same population with respect to congregate care usage. Moreover, for African American children, there has been a 4 percentage point reduction with respect to them being in DCF care.

Further, agency data indicates that African American children are making solid strides with achieving timely permanency, particularly through placement with kin. This is significant as a few years ago, African American children were lagging behind their Hispanic and White counterparts with respect to placement with kin.

The Department sponsors a Statewide Racial Justice Workgroup (SWRJWG) that is organized around four committees:

- Policy and Practice
- Workforce Development
- Contracts and Procurement
- Community

The SWRJWG and its committees are integral to informing and shaping the Department’s racial justice agenda, and serves a vital advisory role.

These aforementioned strides and prioritizations appear to align with the spirit and tenets of the newly enacted Family First Prevention Services Act. Thus, the Department appears well positioned to comport with and maximize the new funding strategies under this act to facilitate better outcomes for Connecticut’s children and families.

Importantly, the Department has also invested in a robust Quality Assurance and CQI environment. As noted above, two of the Department’s cross-cutting themes are to be an accountable and a learning organization. This charge has resulted in tremendous growth in the breadth of self-led reviews, the availability of data, and the infrastructures to inform data driven decision making. The Department thinks that it has the foundation and competencies to effectively monitor its performance and continue to do so post *Juan F.*

DCF believes the *Juan F.* goals are best accomplished by building upon the many existing strengths, having open and honest conversations about areas of challenge, and promoting a broad integrative, systemic concept of child welfare. This Plan considers its connectedness to the Department’s mandates, as well as the numerous

community tables at which DCF sits where robust discussions occur regularly about how Connecticut can ensure strong, positive and sustainable outcomes for Connecticut's children and families.

The Department is proposing a variety of strategies to comply with the Revised *Juan F.* Plan and effectuate DCF's successful exit. Foundational to achieving the goals of *Juan F.*, and more importantly realizing positive outcomes for Connecticut's children and families, is having a sufficiency and adequacy of funding, resources and services. The proposed services and attending strategies are reflective of the Department's current, core priorities based upon children and families' needs, particularly in light of Connecticut's current fiscal environment and the Department's ability to timely implement select strategies. Moreover, these services and strategies are viewed to be a solid starting point congruent with the Governor's proposed budget, which supports priority services and overcomes critical resource losses that the Department will incur due to the transfer of Juvenile Justice programming to the Judicial Branch. Further, the Governor's budget allows the Department to maintain, and where needed, build essential services that are accessible to not only children in the *Juan F.* class, but for all children and families who have service needs within the Department's behavioral health, substance use and prevention mandates.

Many of the strategies contained in this Plan will benefit multiple Outcome Measures. For example, increasing the number of social workers should reduce caseload sizes (OM6), support timely quality visitation (OM 5), case planning and service engagement (OM 3+ 4) and quality Investigation/FAR and assessments (OM 1 + 2). Such an intervention should aid with better client engagement and more timely and robust documentation. Similar cross-measure impact is expected through the standing up of the new Comprehensive Child Welfare Information System (CCWIS) (e.g., time efficiencies and improved documentation and data collection (i.e., visitation)) and the restructuring of Structured Decision Making (SDM) (e.g., ongoing and accurate assessment of risk, safety and needs). Thus, some strategies will be pulled across multiple measures.

GOAL 1: Ensure the safety and well-being of children

Targeted Outcome: Ensure timely investigation/FAR and comprehensive, accurate and quality assessments of children and families’ risk, safety and needs

IMPACTED *Juan F.* OUTCOME MEASURE(S): 1 (Commencement of Investigation/FAR) + 2 (Completion of Investigation/FAR)

PIP INTERSECTION: Safety, Well-Being, Permanency, Reduction of Recurrent Maltreatment + Systemic Factor 29

KEY CHALLENGES + DATA: While the Department continues to achieve quantitative compliance with Outcome Measures 1 and 2, there is a need to support consistent, quality investigations/FAR practice across the agency. This challenge has been identified through reviews conducted by the Department, including its self-led Child and Family Services Reviews (CFSR), and noted in the Court Monitor’s *Juan F.* Reports.

The Department and the Court Monitor have been engaging in Case Reviews to assess the quality and efficacy of DCF’s Differential Response System (DRS) practice. A review of the Department’s DRS Case Review data indicates that contact with children is an area that requires improvement. These data indicate that for only 65% of the cases reviewed, this item was rated as a strength. With respect to contact with all adult participants and case stakeholders, 70% of the reviewed cases rated both those items as a strength.

These reviews also suggest that Regional Resource Group (RRG) consultation needs to be occurring more frequently. Of cases determined to need RRG consultations, only 58% appeared to have received such support. These reviews do indicate, however, that the Department’s assessment work is routinely accurate and is effectively identifying all risk and safety concerns for all children and adults associated with the case (i.e., 81%). The overall, safety and risk were rated as a strength for 82% of the reviewed cases.

STRATEGIES:

Activities/Tasks	Core Owners	Timeframe
a. Comprehensively revise Structured Decision Making (SDM), including creating an ongoing Quality Assurance process, and developing necessary staff training, to support timely and accurate safety, risk and need assessments	Kristina Stevens+ Kim Nilson	In Progress: Short Term
b. Increase Intake Social Worker (SW) staffing levels by 40 positions	Cindy Butterfield	Short Term
c. Ensure robust pre- and in-service training for DCF staff, including establishing a mechanism to track compliance with training mandates	Jodi Hill Lilly	Ongoing
d. Conduct ongoing Differential Response System (DRS) (Intake and FAR) Case Reviews, particularly to evaluate the quality, and effectiveness of the revised DCF Intake Policy to ensure compliance with commencement and face to face standards, and appropriateness of FAR v. CPS track/track changes	Regional Administrators + QIC Community Of Practice (COP)	Ongoing
e. Continue implementation of Eckerd Rapid Safety Feedback (ERSF), and seek increased ERSF staff positions to expand this approach into additional DCF Regions	Susan R. Smith + Lynette Warner	Medium Term

f. Roll-out mobile technology for Intake and other CPS staff	Cindy Butterfield + Valter Borges	Medium Term
g. Build Intake CCWIS modules to support efficiencies and improved information collection	Cindy Butterfield + Valter Borges	Long Term
h. Continue implementation of Considered Removal and Child and Family Team Meetings	Executive Team + Regional Administrators	Ongoing
i. Implement Safety Plan and new Family Arrangement Standards	Regional Administrators + Office Directors' (OD)COP	In Progress: Short Term
j. Ensure Supervision is supporting documentation, sufficient and quality contacts, and assessment of all-stakeholders by SWs, with 45 days as the general target (congruent with supporting what is in the best interest of children's safety and needs)	Regional Administrators +OD COP	Ongoing
k. Develop a "Pending Completion" Report and QA process to support tracking and monitoring of Investigation to disposition (e.g., Transfer to Ongoing) activities	Susan R. Smith, Lynette Warner + Quality Improvement Committee	Medium Term
l. Implement a Careline to Area Office Management notification process to minimize errors during the creation and assignment of pended reports	Kristina Stevens + Lisa Daymonde	Short Term
m. Convene Special Qualitative Review (SQR) Learning Forums and SQR Leadership Forums to support facilitated dialogues regarding lessons and finds from comprehensive reviews of critical cases	Susan R. Smith, Ken Mysogland + Rita Pelaggi	Ongoing

RACIAL JUSTICE CONSIDERATIONS:

The Department has made a commitment to eliminate racial disparity in all areas of its practice. To this end, the Department will continue to implement the cultural considerations protocol during its investigations and assessments to better ensure that bias does not impact its decision-making. Assessment of risk and safety must also occur in a manner that is objective and not influenced by bias. Ongoing analysis of SDM data and case decision point data will need to occur.

Further, this lens has an important nexus to the engagement of our clients. The Department will continue to monitor disproportionality and disparity indicators along its pathway, and invest in its data culture to ensure that ongoing evaluation of its system can occur.

OVERSIGHT + SUSTAINABILITY STRATEGIES:

The Department has a standing Senior Administrators' Meeting (SAM) that occurs every other week. The membership of the SAM consists of the Commissioner and the Executive Team, Regional Administrators, the Court Monitor, Legal Director, Medical Director, Child and Family Administrators, Superintendents, Director of the Academy and the Director of Change Management. This body approves all policies and practice guides,

and provides direction to Change Management and the Communities of Practice (CsOP). Vital agency updates and practice direction decisions occur at and through SAM. All Change Management and CsOP recommendations are vetted by SAMs.

Next, the Department has established a Performance Expectations (PE) review process, whereby all Regions and various Central Office Divisions present as to their progress in achieving identified agency metrics. The PE presentations occur on a quarterly basis. Review of Juan F. measures is a standard part of the PE Review meetings. This includes assessment of progress with attaining the outcome measures, with particular focus on OMs 1- 6.

Further, the Department maintains a contract with the University of Connecticut (UConn) School of Social Work to serve as a Performance Improvement Center (PIC) for DCF's Differential Response System (DRS). UConn conducts independent analyses of DCF's DRS and generates bi-annual reports. These data allow the Department to monitor and evaluate the functioning, quality and effectiveness of its DRS, including the Family Assessment Response.

GOAL 2: Ensure the timely development of quality case plans in partnership with children and their families

Targeted Outcome: Child and Families receive services and resources that ensure safety, address their needs, and support timely permanency

IMPACTED Juan F. Outcome Measure(s): 3 (Case Plans)

PIP INTERSECTION: Safety, Permanency, Well-Belling + Engagement

KEY CHALLENGES + DATA: A fundamental issue that the Department must tackle is timely approval of case plans. Of the cases reviewed by the Court Monitor during the 4th Quarter 2017, nine (9) presented with plans that were either late or not approved. While the Department attained Case Plan Approval compliance at 96.2% for the 3rd Quarter, performance for the 2nd Quarter was only 88.7%. The Department has created a “Pending Approval Case Plan” Report. We will look to establish a standard Quality Assurance process to ensure greater surveillance and timely intervention to move the needle on this domain.

Under the Revised Exit Plan, the Department must achieve compliance of 90% or better for each of the OM 3 domains. Currently, there are no domains that qualify for Pre-Certification. However, 4⁵ out of the 10 domains had a Statewide Six-Month Combined average of between 85.1% - 91.6%.

Domain	6-Month Combined Average
Has the Case Plan been approved by the SWS?	91.6%
Was the family or child's language needs accommodated?	88.8%
Reason for DCF Involvement	85.1%
Identifying Information	86.0%

The following are the domains that are below the requisite level:

- Planning for Permanency
- Engagement of Child and Family
- Present Situation and Assessment to Date of Review
- Determining the Goals/Objectives
- Progress
- Action Steps to Achieving Goals Identified for the Upcoming Six-Month Period

Administrative Case Review (ACR) data and our self-led CFSR also indicate that engagement of fathers and non-custodial parents presents as a greater challenge than for children or mothers. Some of the other ongoing issues that impact achievement of these domains are as follows:

- Failure to incorporate the family feedback narrative
- Visitation efforts are not concerted to engage non-custodial parents
- Little evidence of case planning with all school age children
- Need to update the SDM prior to case plan completion
- Service Provider input solicited during the period needs to be reflected in the case planning
- Formal and informal assessments reflected in narrative, at the ACR, from SDM need to be consistent with the Goals/Objectives.
- The progress section is not consistent with LINK records and the assessment section of the case plan or it is not updated
- Action Steps often fail to include provider’s roles/expectations or clearly explicate DCF’s role

⁵ Has the Case Plan been Approved by the SWS

- In Home cases often do not identify contingency goals
- For CIP cases there are often not clear action steps for the identified concurrent goals stated

Further, the Department recognizes the intersection between case planning and meeting children’s and families’ needs. Thus, many of the strategies and activities related to Goals 2 have inherent nexus to and will influence the achievement of Goal 3.

STRATEGIES:

Activities/Tasks	Core Owner(s)	Timeframe
a. Convene “ <i>Juan F. Hackathon</i> ” to ensure common definitions, and identify issues and key strategies to ameliorate persistent challenges	Susan R. Smith + Regional Teams	Short Term
b. Increase funding and procure to support provision of Fatherhood Engagement Services (FES) across the state	Cindy Butterfield	Medium Term
c. Implement ongoing SDM Quality Assurance (QA) process to ensure that ongoing assessment are occurring and informing the case plan	Kristina Stevens + Kim Nilson	Medium Term + Ongoing
d. Utilize the ACR Collaborative Team Meeting (CTM) concept to surveil and provide timely notice to the Regions regarding barriers to timely permanency for individual children.	Susan R. Smith + Treena Mazzotta	Short Term
e. Create a QA process with the OACR to ensure notification of CTMs and timely follow-up	Susan R. Smith, Treena Mazzotta + QIC	Short Term
f. Establish Permanency Teaming Facilitator/Coach Positions in each region to support child and family engagement and timely permanency	Kristina Stevens + Regions	Medium Term
g. Convene Permanency Round-tables and receive consultation from Casey Family Program to accelerate permanency for select cohorts	Kristina Stevens + Regional Administrators	Short Term
h. Implement the Enhanced Service Coordination strategies (ESCP) to support: <ul style="list-style-type: none"> • Engagement and better service matches to ensure appropriate referrals to in-home services • Prioritized use of internal clinical resources (e.g., ARG) • Consistent use of multidisciplinary consultations on high priority cases 	Elizabeth Duryea + Regional Administrators	In Progress: Short Term
i. Engage juveniles courts to address any barriers to permanency that are identified by the judicial system and other partners	Elizabeth Duryea	Medium Term
j. Develop the Providers’ Portal in CCWIS to aid with receipt and incorporation of providers’ information into Case Plans	Cindy Butterfield + Valter Borges	Long Term
k. Restructure OACR process to better align with Federal Title IV-E Case Planning requirements and maximize utility for the Department	Susan R. Smith + Treena Mazzotta	Medium Term
l. Enhance and maintain the Performance Expectation Review (PER) structure	Executive Team	Ongoing
m. Ensure Adequate and Stable Social Worker staffing	Cindy Butterfield + Executive Team	Ongoing

RACIAL JUSTICE CONSIDERATIONS:

A recurrent challenge is client engagement. Critical to that process is having the lens, tools and resources to partner with children and families in a culturally and linguistically competent manner. The Department must continue to support its staff through training, coaching, mentoring, consultation and supervision that expects and leads to equitable outcomes for all families.

DCF will be looking to expand the breadth of data it uses to continue to analyze the use and need of interpreter and translation services. This is consonant with a recent memo in which staff were reminded to use certified interpreter and translation services and not expect bilingual staff to serve in that capacity. The DCF Office of Multicultural Affairs and Immigration Practice will also be monitoring and regularly sharing data trends about unaccompanied minors and other immigrant populations. These are potentially valuable data to track and forecast the diverse needs of the children and families whom the Department and its providers serve, and better ensure that services are available and delivered congruently.

OVERSIGHT + SUSTAINABILITY STRATEGIES:

The Office for Administrative Case Reviews (OACR) maintains a Case Practice Report, which provides data about many elements that parallel those monitored for *Juan F.* compliance. The OACR Program Managers are charged with reviewing these reports and sharing them with the Regional Leadership Teams.

The Department's existing Performance Expectation (PER) process is a standing mechanism that supports regular review of the Department's Case Plan measure. The Quality and Planning (Q+P) Division, through its Office of Performance Management, is developing tools to enhance the effectiveness and utility of the PE meetings. Q+P is seeking to develop Region specific PE "data sheets" to help guide and focus the discussion on the areas/domains that continue to present as a challenge.

GOAL 3: Ensure the sufficiency and efficacy of the Department’s contracted service array

Targeted Outcome: Provision of culturally + linguistically competent services to meet client’s needs, to promote safety, permanency + well-being

IMPACTED *Juan F.* Outcome Measure(s): 4 (Children’s Needs Met)

PIP INTERSECTION: Well-Being + Permanency, Reduction of Recurrent Maltreatment + Systemic Factor 29

KEY CHALLENGES + DATA: Revised Outcome Measure (OM) 4 requires that the Department meet the medical, dental, mental health and other service needs of families and children. The expected compliance level is 85%.

Juan F. data for the 2nd and 3rd Quarter of 2017 reveals that the Statewide Six-Month Combined (average) rate for 7 of the 11 OM 4 domains was 85% or higher. In particular, the performance levels for those items ranged from 85.6% (Well-Being: Education) to 100% (Risk: Child in Placement). For 6 of those 7 domains, the Department has achieved compliance at 85% or better for each of the two consecutive quarters.

Domain	6-Month Average	Combined
Risk: Child In Placement		100.0%
Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months		95.4%
Permanency: DCF Case Mgmt. - Legal Action to Achieve the Permanency Goal During the Prior Six Months		94.3%
Permanency: DCF Case Mgmt. - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months		96.9%
Well-Being: Medical Needs		90.7%
Well-Being: Child’s Current Placement		90.6%

The domains in which the Department’s Statewide Six-Month Combined performance levels were below 85% or in which the requisite levels were not achieved for two consecutive quarters are as follows:

- Risk: In-Home
- DCF Case Management- Contracting or Providing Services to Achieve Permanency during the prior six months
- Well-Being: Dental
- Well-Being: Mental Health, Behavioral and Substance Abuse Services
- Well-Being: Education

Some of the issues impacting achievement of the above domains are as follows:

- Failure to assess all active case participants within the case plan assessment for priority needs within the required domain
- Not addressing known services wait-lists or identified barriers
- Not completing or updating the SDM
- Inaccurate SDM
- Gaps in visitation thwarting proper engagement and assessment

- Failure to get input from providers to inform the work
- Lack of consistent supervisory oversight and directives
- Failure to follow-up on missed appointments

The Department is proposing to expand select services to better support achievement of OM 4. These efforts are part of a multipronged approach to improving case planning and needs met and as such also includes information about other efforts that increased resources and improvements to inform effective matching and utilization of other parts of the service system will yield improved outcomes. This expansion effort is in conjunction with the hiring of necessary DCF staffing, the implementation of Enhanced Service Coordinators creating improved capacity for consistency in the referral and matching practices, enhancements to the suite of Structured Decision Making tools, the roll out of the much needed CT KIND system and an analysis of the current outcomes and utilization needs across the state.

Please see also Appendix A for a detailed accounting of the proposed service array enhancements, data and supporting rationale.

STRATEGIES:

Activities/Tasks	Core Owners	Timeframe
a. Expand availability of key services, including behavioral health and substance use services, to expand capacity, ameliorate waitlist and address service gap issues	Executive Team + SARA	Medium Term + Ongoing
b. Maintain infrastructures and funding consistent with the Governor’s proposed budget to support priority services and overcomes critical resource losses that the Department will incur due to the transfer of Juvenile Justice service/programming categories to the Judicial Branch.	Executive Team + Cindy Butterfield	Ongoing
c. Maintain a contract procurement and oversight structure (e.g., Service Array and Resource Assessment (SARA))	Susan R. Smith, Chris Lau + Executive Team	Ongoing
d. Implement comprehensive redesign of DCF’s SDM environment to better ensure quality risk and needs assessments	Kristina Stevens + Kim Nilson	Medium Term + Ongoing
e. Use SARA structure to assess adequacy, needs, gaps and congruence of service array with children’s and families’ needs	Executive Team	Ongoing
f. Enhance tracking on service system waitlists	Susan R. Smith, Chris Lau + Executive Team	Short Term
g. Implement the Enhanced Service Coordination strategies (ESC) to support: <ul style="list-style-type: none"> • Better service matches to ensure appropriate referrals to in-home services • Prioritized use of internal clinical resources (e.g., Areas Resource Group) • Consistent use of multidisciplinary consultations on high priority cases 	Elizabeth Duryea + Regional Administrators	In Progress: Short Term
h. Launch Universal Referral Form	Kristina Stevens	Short Term
i. Implement Active Contract Management (ACM) to improve contract management through data-driven program/contract	Elizabeth Duryea	In Progress:

oversight & performance management with an initial focus on in-home services beginning with Intensive Family Preservation (IFP)		Short Term
j. Enhance the Therapeutic Foster Care (TFC) structure to support timely placement, placement stability, increased oversight and positive discharges through re-establishment of the Service Area Lead Agencies (SALAs)	Linda Dixon	Medium Term
k. Implement a rigorous quality oversight process to monitor Foster Care post-licensing training compliance, with a focus on ensuring that foster parents have the tools and resources needed to support permanency	Sarah Gibson + Foster Care COP	Medium Term + Ongoing
l. Implement Foster Home and Foster Youth satisfaction and discharge surveys to support system improvement and aid with recruitment and retention strategies	Sarah Gibson, Foster Care COP + ORE	Short Term + Ongoing
m. Convene “ <i>Juan F.</i> Hackathon” to ensure common definitions and identify key agency strategies to ensure that children’s and families’ needs are being assessed, addressed and met.	Susan R. Smith	Short Term
n. Ensure sufficient funding for the Provider Information Exchange (PIE) data collection system to support oversight of DCF contracted services	Cindy Butterfield + Susan R. Smith	Ongoing
o. Roll-out the Service Search Database as a tool to support SW staff’s ability to identify services to better meet children and families’ needs	Kristina Stevens	In Progress: Short Term
p. Ensure Adequate and Stable Social Worker staffing	Cindy Butterfield + Executive Team	Ongoing
q. Utilize various provider and stakeholder input mechanisms to support achievement of DCF children’s and families’ needs	Executive Team	Ongoing

RACIAL JUSTICE CONSIDERATIONS:

A review of data from the most recent *Juan F.* report suggests that the likely reason for the Department’s lack of compliance with OM 4 is “Clients Refuse Services.” This information likely implicate areas such as engagement and the availability of culturally and linguistically responsive services. Therefore, the Department will continue to implement the Culturally and Linguistically Appropriate Standards (CLAS) training for its contracted providers. In addition, DCF will continue to issue procurements using the standard Racial Justice language, questions, and scoring guidance. Moreover, the Department will look to use the Tier Classification process, which has been used to monitor contractors’ compliance, to ensure that providers have substantive Multiculturalism Plans.

Finally, the Department will ensure that the Provider Information Exchange (PIE) collects client level race and ethnicity data, and supports canned reports, filtering and extracts for disaggregation. Such disaggregation will continue to be a standard aspect of DCF’s Results Based Accountability (RBA) framework to evaluate utilization and outcomes by race and ethnicity. In addition, the Department will monitor its service system data (e.g., referrals and access) related to the disproportionality and disparity pathway information to better ensure equity in service receipt.

OVERSIGHT MECHANISMS + SUSTAINABILITY STRATEGIES:

The Department will maintain a structure to assess the quality, efficacy and sufficiency of its service array. Currently, the Department utilizes the Service Array and Resource Assessment (SARA) Executive meeting, as a complement to its Senior Administrators' Meeting (SAM) to serve this function. A refinement to the SARA structure is the proposed creation of a SARA Action Workgroup (SAW). The SAW will build from the existing Systems Program Director's COP, but expand to include broader Central Office and Regional representation. It will be responsible for collectively monitoring the functioning of the Department's service array and identifying any gaps. This body will regularly review RBA report cards and other materials to evaluate the quality, effectiveness and sufficiency of the Department's service system. Please see **Appendix B** for the SARA schema.

Last, the Department will continue to utilize its Statewide Provider Meetings and other stakeholder forums as mechanisms in which to share its strategic planning, and to obtain insight and input into the effectiveness and adequacy of its service array.

GOAL 4: Ensure the safety and provision of needs for children who are being served in-home

Targeted Outcome: Children and their families who are being served in-home receive timely, quality visits that are sufficient to address the presenting problems and meet their needs

IMPACTED Juan F. Outcome Measure(s): 5 (Worker-Child Visitation (In-Home))

PIP INTERSECTION: Well-Being + Permanency, Reduction of Recurrent Maltreatment + Systemic Factor 29

KEY CHALLENGES + DATA: Visitation is an area that is not well collected through our current LINK System. The current data entry mechanisms for visitation do not allow the Department to effectively calculate compliance, particularly as it pertains to frequency. As the Court Monitor report notes, “user error in selection of narrative entry types and failure to demonstrate that workers are meeting the specific steps called for with the definition of ‘visit,’” has impacted the ability to pre-certify this measure.

In March 2018, the DCF Office for Research and Evaluation (ORE) conducted a qualitative review of a random sample of 240 cases (40 per Region) that transferred from Intake to Ongoing Services in 2016 and 2017, to examine the number of days that elapse from Intake approval to Ongoing Services social worker assignment and the number of days that elapse between visits with the family during this transition period.

The average number of work days between approval and assignment was 7-days. The policy standard is 5 work days; 46.3% of the cases met this standard. The average number of days between last Intake visit and first Ongoing Services visit was 17.9 calendar days. DCF policy does not delineate a specific standard of visitation frequency during the transition period except that a Joint Home Visit with both Intake and Ongoing Services workers is required; 69 (28.8%) of the cases had a Joint Home Visit

Delays in case transfers have implications for frequency of visits with the family and thus the agency’s ability to maintain ongoing risk and safety assessments, family engagement, continuity and delivery of services, child and family involvement in case planning and case plan development.

Presently, the Department conducts case reviews to assess its level of performance. For example, the ACR process does collect data on frequency of visits, but only a portion of In-home cases receive an ACR⁶. Therefore, we do not have automated data on the entire in-home population. This is an item that will need to be remediated by CCWIS.

Self-led reviews, including the CFSR, and those conducted by the Court Monitor’s office have identified “visitation quality” as an area for improvement. A review of ACR data affirms this to be the case. Quality of visitation for mothers was assessed to be a strength in 76% of the cases. This drops to 53% and 67% for father and children, respectively.

The Department recognizes that visitation is a lynchpin event that is tied to a myriad of aspects pertaining to effective care management. Many of the Department’s identified interventions and desired outcomes have clear relationship to and nexus with the provision of a sufficient number of timely, quality visits. Thus, the Department will explore a variety of strategies to better ensure that robust visitation is occurring for In-Home cases.

⁶ Federal law only requires that Out-of-Home cases receive an Administrative Case Review. The Department conducts ACRs on a sample of In-Home cases as an internal, self-directed QA and CQI process.

STRATEGIES:

Activities/Tasks	Core Owners	Timeframe
a. Support improved and automated collection of visitation data through CCWIS development	Cindy Butterfield, Valter Borges + Office of Research and Evaluation (ORE)	Ongoing
b. Ensure sufficient SW staffing to better support quality and purposeful visitation, including 80 new Ongoing and 40 Intake positions	Cindy Butterfield	Short Term + Ongoing
c. Implement In-Home Visitation Case Review tool to assess compliance and quality, and develop supporting reports	ORE + QIC	Ongoing
d. Implement viable strategies from “ <i>Juan F.</i> Hackathon” that support purposeful, quality visitation	Susan R. Smith	Short Term
e. Update Visitation Matrix as necessary to support quality visitation and its documentation	Susan R. Smith + Treena Mazzotta	Ongoing
f. Revisit and clarify Supervision standards to ensure Social Work staff receive timely documented guidance and direction about visitation expectations	SAM + Change Management	Short Term
g. Create an automated “Pending Completion” report to improve oversight, tracking and monitoring of Intake cases from approval by the Intake to final case disposition	Susan R. Smith + ORE	Medium Term
h. Conduct a qualitative case review of Intake closure	Susan R. Smith + ORE	Medium Term

RACIAL JUSTICE CONSIDERATIONS:

The Department must ensure that its hires a culturally, racially, ethnically and linguistically diverse workforce. Ensuring that staff have the tools and resources to serve families in a culturally responsive manner is essential to engagement, which is the cornerstone of fruitful and meaningful visitation with children and families. The Department must also ensure that its performance related to quality visitation evidences equity across families of all races and ethnicities. All In-Home Visitation case review data will be disaggregated by race and ethnicity to support such monitoring.

OVERSIGHT MECHANISMS + SUSTAINABILITY STRATEGIES:

Review of in-home visitation will be occurring through the required Federal PIP reviews. The Department will also establish expectations for implementation of its own In-Home Visitation tool across the Regions. The review of the data from such reviews will become a standing component of the Performance Expectation Reviews.

GOAL 5: Ensure staff maintain caseloads within established standards

Targeted Outcome: Staff consistently have manageable caseloads that support positive outcomes for children and families

IMPACTED Juan F. Outcome Measure(s): 6 (Caseload Standards)

PIP INTERSECTION: Safety, Permanency + Well-Being, Engagement + Reduction of Recurrent Maltreatment

KEY CHALLENGES + DATA: A February 2018, point-in-time review of the Department’s caseload data, there were 113 workers with caseloads above 100%. 46 of these workers have had caseloads above this standard for 25 or more days. Approximately 50% of the Intake workers across the state are carrying more than 12 cases, which is over the standard established in the Intake Community of Practice. Approximately 61% of the Ongoing Services social Workers are over 80% caseload utilization. Central to the successful service of children and families who are involved with the Department is having a stable workforce; one carrying manageable caseloads.

Workforce turnover, including resultant case worker changes for children and families, has demonstrable impact on engagement and the achievement of permanency. Further, as the Court Monitor writes, “[t]he 2016 Time Study conducted by the Court Monitor indicated that as caseloads exceed 75% of the caseload standard, workload severely impacts the quality and quantity of service provision.” Some of the findings from the Time Study are as follows:

- Social Workers cannot comply with all fundamental and key DCF policies and federal and state requirements within the 40-hour work week when they are at or below the current maximum caseload standard. Accordingly, children and families do not have all needs met or accurately assessed and monitored throughout the life of the case. In spite of diligent work and demonstrated efforts, none were able to achieve fundamental mandates/policies consistently across all cases.
- Workers spend much of their work time on tasks that do not involve direct contact with children, families or stakeholders. They include travel time, data entry, court preparation, written communications etc. [It is] demonstrate[d] that Social Worker activities are skewed toward tasks that do not focus on direct contact and engagement activities with children, families and providers.
- The lack of mobile technology for DCF staff severely limits the productivity and quality of the case record documentation and case management activities.
- The current information system is woefully inadequate, as it does not allow DCF staff to do their work in an efficient manner.

STRATEGIES:

Activities/Tasks	Core Owners	Timeframe
a. Develop and implement workforce and practice improvements as informed by the Time Study Lean Management findings	Cindy Butterfield	Medium Term + Long Term
b. Hire and maintain SW and SWS staffing levels to consistently achieve caseload standard of 75%, including adding 120 new SW positions	Cindy Butterfield	Short Term + Ongoing
c. Explore use of average attrition rates as a means to ensure stable and consistent hiring of SW and SWS staff	Cindy Butterfield	Short Term + Ongoing
d. Continue to monitor the caseload levels, including sustaining current oversight and notification process	Cindy Butterfield	Ongoing
e. Support efficiencies through mobile technology roll-out for social work staff	Cindy Butterfield + Valter Borges	Medium Term
f. Build and maintain CCWIS to support staff efficiencies and practice improvements	Cindy Butterfield + Valter Borges	Long Term
g. Ensure comprehensive pre- and in- service training for staff	Jodi Hill Lilly	Ongoing
h. Promote an agency culture that instills flexibility to support caseload decisions congruent with children’s and families’ best interests	Executive Team +Regional Management Teams	Short Term + Ongoing
i. Maintain staff wellness and safety cultural activities to create a healthy work environment and agency climate in furtherance of ongoing efforts to reduce turn-over and retain staff	Executive Team + Regional Administrators	Ongoing

RACIAL JUSTICE CONSIDERATIONS:

See Goal 4 Racial Justice Considerations

OVERSIGHT MECHANISMS + SUSTAINABILITY STRATEGIES:

The Department has an existing Caseload Standards Report. DCF also has an established process for directly sharing that data to the impacted Regions on a weekly basis. The Department will continue to use the PER process to monitor caseload standards and Regional compliance. Further, the Department will use the CsOP and Change Management to devise practices, policy changes or other recommendations that support manageable caseloads.

JUAN F. STRATEGIC PLAN
DATA GROUP, QUALITY ASSURANCE + PLAN UPDATE:

As noted throughout this plan, the Department will continue to utilize its QA/CQI infrastructure to oversee and drive improved performance. Some of the strategies that DCF will employ to ensure positive outcomes are as follows:

QA/CQI Activity	Purpose
Establish a University Research Partnership	Expand the Department’s data and research breadth to better support actionable information and agency accountability.
Implement Staff Development Opportunities (e.g., LAS, LAMM + STEP)	Provide staff with professional development exposures to increase their competencies and leadership skills.
Continue to convene the Quality Improvement Council	Support a consistent framework for oversight of key metrics across the agency.
Increase PIE funding	Enhance the Department’s contracted services system reports environment.
Continue to use RBA or other QA framework to monitor the Department’s service array	Maintain a process and format for the presentation of service array performance data.
Engage in PIP Reviews	Conduct ongoing comprehensive case reviews of In-Home and Out-of-Home cases using the Federal tool and parameters.
Conduct ongoing OM1 + 2, OM 5 and Foster Care Qualitative Case Review	Ensure quality, functioning, and effectiveness of the Department’s practices as it pertains to its Differential Response System; In-Home Visitation; and Foster Care system.
Launch of the revised SDM Careline tool	Ensure consistent and quality assessment/triage of incoming abuse and neglect reports
Conduct ongoing Careline “non-accept” qualitative reviews	Ensure quality and appropriateness of Careline screening activities and practices.
Restructure of ACR Process	Create a more nimble and responsive standing case review process that allows the Department to better drive client and system level improvement.
Implement Special Qualitative Review (SQR) Process + Convene SQR Learning and Leadership Forums	Use a Safety Science lens to comprehensively review critical incident cases and share global findings (e.g., internal and external practice and systems issues) and devise solutions to identified challenges and barriers.
Conduct Lean management activities	Utilize Lean Management principles and techniques to identify practice barriers and create efficiencies across the agency.
Support Juvenile Justice (JJ) population oversight	Work with the Court Monitor to determine needed DCF and Judicial cross data intersections to ensure positive outcomes for JJ youth who are part of the Juan F. class.
Ensure equitable outcomes across all populations served by the Department	Maintain the Department’s commitment, oversight, and necessary infrastructure to ensure that equitable outcomes are occurring for all children and families involved with the Department, particularly through a racial justice lens.

Maintain funding for ROM and other data collection and reporting systems	Ensure that the Department has access to quality data to inform decision making, track outcomes, and ensure accountability.
Employ Active Contract Management (ACM)	Utilize a data driven process to achieve positive outcomes from DCF contracted services.
Maintain Senior Management level practice and policy, service system, and performance review meetings (e.g., SARA, SAM and PER)	Create a sustainable, Executive Team sponsored, infrastructure to monitor the agency's functioning and performance, to proactively identify issues, and quickly implement solutions.

Finally, the Department will be using its SARA, SAM and various stakeholder input structures to support ongoing reviews of and updates to the Strategic Plan. In particular, the Strategic Plan will be a standing agenda item at SAM and SARA. While this plan will be regularly reviewed and discussed, the Department will ensure that the Plan is formally updated on no less than an annual basis.

APPENDIX A

Meeting Children’s and Families’ Needs 2018

As noted under Goal 3, the Department expects to achieve OM 4 (Need Meet) by both ensuring the quality and effectiveness of its broader service continuum, and through targeted expansion of high-performing service types. The Department has analyzed the service array and identified service gaps and needs. Given the current fiscal constraints and considering the ability of the Department to quickly and successfully implement enhancements, only those identified services viewed as most critical and necessary, at this time, have been targeted in the Strategic Plan. Any additional service enhancements will need to be addressed in future revisions to the Strategic Plan. The table below identifies some of the key services within its array that the Department believes are fundamental to ensuring the timely achievement of children’s, families’ and caregivers’ needs. Further, these services reflect current key priorities that will better support uniform coverage across the state. The table below also provides additional information relative to capacity, utilization, waitlists and wait days that have informed targeted expansion proposals, and will serve as a baseline to help monitor improvement.

Service Type	Annual Capacity	SFY 2017 Utilization	Average Waitlist ⁷	Median Wait Days from referral to first episode	Proposed Juan F. Expansion
Intensive Family Preservation (IFP)	Statewide capacity is 766. For the three regions identified for expansion – total annual capacity is 329	Statewide utilization was 684 For the three regions identified for proposed expansion - utilization totaled 375	Waitlists across the three regions identified for expansion at any point in time have 10 families on the waitlist	16.3 days across the three regions. Wait days range between 8-22 days and is dependent on regional/provider processes	Increased capacity of up to 90 families annually across the three regions
Reunification and Therapeutic Family Time (RTFT)	Statewide capacity is 643-708 For the four regions identified for expansion – total annual capacity is 280	Statewide utilization was 1014 For the four regions identified for proposed expansion - utilization totaled 454	Waitlists across the four regions identified for expansion, at any point in time have 44 families on the waitlist, though that number is fluid and has been as high as 62 cases.	31 days across the four regions. Wait days range between 8-63 and is dependent on regional/provider processes	20% Increase in capacity across four identified regions
Intimate Partner Violence Family Assessment Intervention Response (IPV-FAIR)	Statewide capacity ranges between 240 360 families	Statewide utilization was 302 families impacted by length of stay for more severely impacted families	Waitlists across the three regions identified for expansion report that at any point in time 17 families are on a waitlist.	Per the contract a joint visit is to occur with 5 business days of the referrals. Data indicates contact with families is within the expected range.	Increase capacity minimally to 45 additional families served annually (depending on length of service)

⁷ Nota Bene: the waitlist numbers are generally lower than what actually reflects need, largely because if staff know there are no vacancies they will not refer but instead find the next best service to meet the immediate need; waitlists are impacted by staff turnover and vacancies; and increased length of stay in most service types is correlated with better outcomes. That then extends the wait times for incoming families

Service Type	Annual Capacity	SFY 2017 Utilization	Average Waitlist ⁷	Median Wait Days from referral to first episode	Proposed Juan F. Expansion
Caregiver Support Teams (CST)	Statewide capacity is 676	Statewide utilization was 776	Waitlists are varied across the state. They average about 20 families at any point in time.	Statewide average was 12.8 days which reflects date from referral to first home visit. The range runs from 7.4-22.6	Increase capacity to minimally 84 additional families annually (dependent on length of service)
Therapeutic Foster Care (TFC)	No Maximum Capacity ⁸	771 licensed families Serving 1211 children/youth	27 statewide	32.3 days from referral to placement. During this time per contract pre-placement visits are occurring	Additional funding has not been identified for rate increases, however, there are key areas of work underway to support better and more timely matching, placement stability, and permanency
Therapeutic Group Homes	155 group home beds	214 youth	N/A	22	No expansion is proposed, but enhanced program oversight through the improved SARA process will be occurring

Project Safe Redesign – Nearly two thirds of families involved with child welfare have struggled with substance use related issues. It is essential that the early assessment completed accurately captures the presenting issues and challenges to support comprehensive case planning and service provision. Through two LEAN events specific to Project Safe, it was reported that a high number of unnecessary evaluation referrals are generated and approximately 40% of the actual appointment times are kept by those referred. DCF has made significant practice shifts focusing on family centered and evidence-based approaches however Project SAFE has not been upgraded to align with this practice. The proposed redesign would incorporate evidence based approaches, adopt a more comprehensive, family centered practice and will be combined into a single engagement and recovery support service. This will result in improved and real time screening to identify need, increased family participation in treatment, create program efficiencies that increase statewide access to recovery services, reduce, if not eliminate no shows as initial screenings won’t require an additional step and improve connect to care rates.

Outpatient Child Guidance Clinics (OPCGC) - OPCGCs are a cornerstone of Connecticut’s behavioral health system for children. The Department has made significant investments to improve service provision and outcomes with the advent of evidence based practice approaches such as; Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Modular Approach to Therapy for Children – Anxiety, Depression, Trauma and Conduct Disorder (MATCH-ADTC) and Child and Family Traumatic Stress Intervention (CFTSI). Annually the child guidance clinics serve approximately 25,000 children, and anywhere from 18-21% are DCF involved. In SFY17, DCF involved children met their treatment goals at higher rates than the non-DCF

⁸ The TFC contracts support flexible licensed home capacity to expand based on the Department’s placement needs. Thus, TFC providers can continuously increase the number of licensed homes without requiring contract amendments.

involved children. PIE enhancements were added in October 2017 to better capture treatment dosage, length of care and treatment types to inform the referral and case planning process.

Therapeutic Foster Care (TFC) – the Department has closely reviewed the TFC work, partnering with the regions and providers to make enhancements to the system. The following are targeted efforts to increase timely access, increased stability and higher rates of permanency. SFY 2017 saw the TFC agencies serve the highest number of children in the last three years, yet there is still opportunity for improvements. The key areas of focus are:

- Timely background checks –
 - through our partnership with the Department of Emergency Services and Public Protection (DESPP) and after discussion with national partners – adjustments are being made to assure agencies have timely and complete information on the families they are approving by directly receiving all necessary background checks and working with DESPP to confirm that dedicated personnel are available to process requests more timely
 - addressing the backlog of the completion of checks has impacted DCF and TFC agencies alike based on FBI audit findings, appropriate coding and dedicated personnel. We have been working with OPM and DESPP to address the current backlog, corrected the coding issues and supporting the Department’s ability to outpost dedicated personnel at DESPP to manage the demand
- Training – the establishment of a shared statewide open house and training calendar to be posted on the CAFAF website inclusive of all DCF and TFC sponsored events to increase access and improve timeliness for families pursuing licensure/approval
- Reintroduce the Service Area Lead Agency (SALA) – build on the early successes of the SALA structure, working with fiscal on the rate structure and finalizing the framework to focus on improvements to the referral and matching activities, child specific recruitment and increased permanency rates
- Child Specific Recruitment – increased focus on opportunities for partnership to increase child specific recruitment efforts rather than over reliance on generalized recruitment that is necessary but will not yield the overall desired outcomes absent other strategies.
 - A current review of regionally specific data is being reviewed together with the region to develop targeted action plans inclusive of case assignments to specific agencies to lead recruitment efforts and implement a child specific recruitment flow chart that will be shared with each of the agencies to guide this work and build on the training they have received.
 - Bolstering targeted marketing to find specialized resources for youth who identify as LGBTQTS and working with True Colors to develop a curriculum to support placements.
- Workforce Development – offer coaching opportunities for the TFC agencies specific to the 3-5-7 framework to further promote early engagement, identification of resources and improved permanency outcomes

Therapeutic Group Home - The 30 therapeutic Group Homes around the state equates to 155 beds. On average, there are 12 vacancies around the State. There are, however, seasonal trends that impact those numbers. March through May and September through November represent higher intensity behavioral health issues that often increase the need and utilization so the already few vacancies that may be available become even fewer during these periods

The below identifies the services that the Department has identified for expansion. In determining the need for service expansion the Department considered multiple variables, examining the makeup of those that come to the attention of the Department, diagnostic presentation and needs as well as analysis of the service array specific to capacity, utilization, access and outcomes that has shown evidence of most effectively meeting the need. Additionally the identification of services was further informed by the benefit of internal review, performance expectations and the Court Monitor’s reports.

Proposed Services and Supports Expansions
Targeted Implementation of MST BSF
Targeted Increase of RTFT
Targeted Expansion of IFP
Extend Coverage of Child Abuse Pediatricians
Targeted Increase of IPV FAIR
Statewide Expansion of CST
Project Safe
Fatherhood Engagement Services
Youth Villages
University Research Partnership

Multi-Systemic Therapy Building Stronger Families (MST BSF) (Targeted Expansion) - MST BSF intensively supports a caregiver with substance use issues caring for their children and has resulted in fewer children needing to enter care. Approximately 2/3 of families involved with child welfare are faced with substance use issues and sadly CT is not unique in this area. Given the complexity of this cohort it is essential to have access to a service type that has demonstrated positive outcomes noting that 85% of families discharged met their treatment goals, youth outcomes relative to remaining at home, in school or working exceed 90% and caregiver outcomes relative to no new reports (87%), no new arrests (91%) and increased abstinence rates (83%) exceed the established benchmarks. This expansion would create capacity in a region of the state with demonstrated need but currently no access.

Reunification and Therapeutic Family Time (RTFT) (Targeted Expansion) - Current utilization shows these programs are in great demand and exceeding utilization benchmarks. A review of outcome data show few families experiencing either subsequent reports or removals. This suite of services, of which there are three incorporated into the service model, are essential to supporting the successful reunification of children in care. In SFY17, 85-95% of children did not experience a subsequent substantiation or re-entry into care. Targeted expansion focuses on providers with the highest utilization rates in: Region 2 -172%, Region 3 - 170%, Region 4 - 149% and Region 5 - 142%. The expansion will result in a 20% increase in overall capacity across the four providers to increase more children achieving timely reunification.

Intensive Family Preservation (IFP) (Targeted Expansion) – Through a case review process examining those served through IFP, rates of subsequent substantiations or placement post case closure were found to be very low (12% and 7%) respectively. Three regions saw utilization rates exceeding 100% for this service type, Region 1 – 117%, Region 2 – 102% and in Region 6 – 123%. Expansion will support much needed capacity in these areas, reducing the likelihood of an out of home placement.

Child Abuse Pediatricians (CAP) – This service provides an array of expert medical services to children who are suspected of being victims of abuse or neglect and to their families by acting as expert consultants to the Department of Children and Families staff to help ensure the safety and well-being of children. Included in medical services the Contractor will provide consultation to DCF regarding child sexual abuse and physical abuse evaluations, which may include comprehensive and specialized medical examinations. In addition to the real time consultation, the team also delivers ongoing training to DCF staff. This expansion would support 24/7 access to the Careline. In SFY 17 the teams exceeded contract capacity by over 62%, providing over 1300 consults and conducting more than 24 formal trainings. Twenty-five percent of the consults involved critical incidents and in over 50% of the consults the decision was modified as a result.

Intimate Partner Violence – Family Assessment Intervention Response (IPV-FAIR) (Targeted Expansion) – IPV/DV are prevalent in child protection cases as evidenced by a recent case review showing initially 26% of cases presenting with IPV indicators that as the work continued with families that percentage moved to 43% of families identifying with IPV related concerns. The IPV FAIR intervention has demonstrated reductions in abusive behavior ranging from a 9-12 point reduction in individualized behavior and 14-23 point reduction in their partners behavior. Additionally, 95% of families did not experience a subsequent report or removal. This is a highly utilized service, and one typically faced with waitlists. Expansion is being proposed in three regions with the highest waitlists and consistently high utilization. This proposal would increase access by ½ team in each of the three identified locations, expanding capacity to 75 additional families annually.

Caregiver Support Teams (Statewide Expansion) – as the Department has made great strides in engaging relatives in case planning and specifically identifying kin and fictive kin supports for children who may require a removal. Sufficient and specific support for those families is essential. Statewide utilization averages 82% and in some pockets is as high as 105%. 87% of children do not experience a disruption and 86% of families referred accepted the service. The Department remains committed to the full engagement of family and natural supports particularly when placement is required. Every region has now established practice that placement with a relative is immediately accompanied by a CST referral. As such it is important that as our use of relative and kin placements continues to grow access to a highly utilized and effective intervention is available. Such access will result in greater placement stability and higher rates of permanency.

Project Safe Redesign – Given the number of families for which substance use is an issue, it is critical to have an efficient and effective network to partner with to evaluate, assess and treat those needs. Two LEAN events were held to evaluate this longstanding model initially introduced in 2000, with an interest in building on its strengths and attending to challenges. Providers currently state that approximately 40% of the actual appointment times are kept by those referred. The proposed redesign would create efficiencies as well as more timely and convenient access. These adjustments will increase real time assessment, reduce if not eliminate no shows as initial screenings won't require an additional step and improve connect to care rates.

Youth Villages – this is an evidenced based model that provides intensive wrap around case management services and supports to youth transitioning from foster care between the ages of 16-25. A primary focus of this work would be those youth who have been designated with an OPPLA Plan. The Department has made strides through its commitment to permanency coupled with legislation that limited the use of OPPLA however this is still a cohort that for a variety of reasons can be more challenging to engage and are apprehensive about permanency. As such it is essential to implement a model of persistent engagement to support these young people in advance of a transition to adulthood.

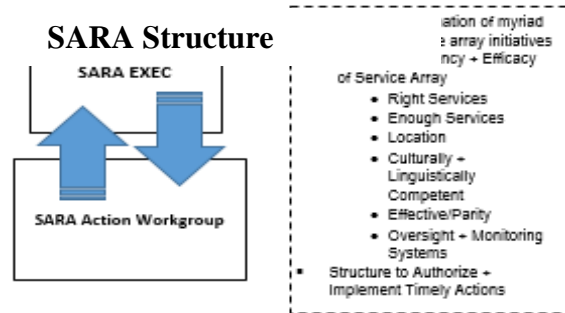
Fatherhood Engagement – the Department has advanced its focus and commitment to engaging father's and their extended networks in a more meaningful and comprehensive way. Services designed specifically to

engage and support fathers has not often been a focus of child welfare broadly. DCF believes continued attention and focus on parental engagement inclusive of fathers is essential to improving outcomes for children and youth. Two examples of this include the Department's statewide implementation of Fathers for Change (FFC) embedded into the Intimate Partner Violence Family Assessment Intervention Response (IPV-FAIR) program which has resulted in an increase in father engagement in case planning and family stability and an approach developed in one region that has yielded positive outcomes. The Department is committed to creating similar capacity across the state to provide specific outreach and programming that would increase fatherhood engagement.

University Partnership for Research - DCF's Office of Research and Evaluation is responsible for performing the Department's statistical analysis on outcomes that is used for the Juan F. Exit Plan, the Performance Improvement Plan with the Federal Government, and all other stakeholder requests for data including RBA report cards, internal and external statistical analysis to improve the service structure and determine program effectiveness. With this extremely heavy load and the need to perform analysis and report outcomes, DCF has considered the approach of partnering with a university to add structure, staffing and credibility to DCF reporting to outside stakeholders, similar to the Washington State Institute for Public Policy (WSIPP). This type of partnership is the standard in other state children's agencies. DCF is proposing selecting a university partner to enhance the Office of Research and Evaluation.

APPENDIX B Service Array and Resource Assessment (SARA)

The SARA is a two pronged body (i.e., SARA Executive (SARA Exec) + SARA Action Workgroup (SAW)) that is currently supporting the Department’s management and oversight of its service array. The SARA is a mechanism whereby the Department discusses service gaps, needs and challenges; contract management and oversight issues; performance; and service system expectations and outcomes. The SARA structure will be the vehicle by which the Department will be assessing ongoing service needs in line with the Connecticut budget process. The charts below outlines the structure for the SARA and the proposed standing agenda for SARA Exec + SAW:



High-Level Purpose Positive, Sustainable Outcomes Outcomes Equity/Racial Justice Fiscal + Resource Stewardship Service Array Robustness + Effectiveness Service System Oversight + Management Resource Prioritization	Core Tools + Resources Outcomes Focused Data Action Oriented Meetings Standardized Agenda Routinized Communication Structure Information Synthesizing + Exchange
SARA EXEC	SARA Action Workgroup
Monthly Meeting Bi-annual Joint Meeting (June + Dec)	Monthly Meeting Bi-Annual Joint Meeting (June + Dec)
Vetting + Sponsorship Review of SAW Key Findings, issues/Strengths + Recommendations Project Identification + Assignment Receive Key Updates Priority Settings	RBA and Other Key Data Reviews (Utilization, Performance + Fiscal (Wrap, USE, TFC Wrap)) Identification of High + Low Performance (SOS + Credentialed Services) Identification of Service Array Gaps Infrastructure Enhancements Information Integration Service System Improvements

Core Areas Examples
 RFP/Procurement vetting
 Grantsmanship]
 Revenue Enhancement Opportunities
 Racial Justice Updates and Implications
 LEAN Updates

SARA
Proposed Standing Agenda Items

SARA	SAW
Active Contract Management (ACM) + Enhanced Service Coordination (ESC)	ACM + ESC
<i>Juan F.</i> Strategic Plan (Quarterly)	Waitlists
PIE updates (Ad Hoc)	PIE Updates (ad hoc)
Service System Efficacy ←	→ RBA Report Cards
Gaps + Needs (Quarterly) ←	→ Gaps + Needs
Wrap, TFC Wrap + Unique Service Expenditures (USE)	Wrap, TFC Wrap + USE
Procurements	Procurements
Contract Lean Update (Quarterly)	Contract Lean Update
Strength + Challenges	Strengths + Challenges
Culturally and Linguistically Appropriate Services (Quarterly)	
Revenue Enhancement (Quarterly)	
Budget	

Appendix B
**Commissioner's Highlights from: The Department of Children and
Families Exit Plan Outcome Measures-Status Report
(October 1, 2017 – March 1, 2018)**

Commissioner Statement August 20, 2018

This will in all likelihood be the last time I write a Commissioner Statement in a Court Monitor report, and so it gives me occasion to reflect on my tenure at the Department, which is now in its eighth year. Without a doubt, this has been the greatest professional challenge of my career that also spanned years in the Public Defender's Office and on the Supreme Court.

It has been an extraordinary honor working with our social workers, supervisors, managers, educators, administrators and others here at the Department. It has also been a tremendous pleasure and enriching experience to have gotten to know so many children and families. This has been a touching, exhilarating and at times frustrating experience. It has been very humbling as well to see what struggles some children and families face as well as life affirming to see what successes they can have as they overcome these challenges.

I want to thank our staff as well as the children and families for having taught me so much and having given me so much. I also want to thank some of the other professionals who work in this child welfare arena. Court Monitor Ray Mancuso has been a fair and constructive arm of the federal court, and I know we would not have made the progress we have without him. Children's Rights, who so ably represents the children in the Juan F. Consent Decree, have been instrumental in helping the Department improve over the years. They too have taught me much about what we need to do to get better as an agency. We share the goals of finding ways to most effectively improve foster care and child welfare practice.

In addition, I must thank Governor Dannel P. Malloy for steadfastly supporting the Department and our staff at all times. The progress we have made is in large measure a testament to his unwavering support. Thanks also to the talented and committed network of private providers and professionals who work in the schools, medical settings, the courts and law enforcement. They are our partners in the child welfare system, and we owe them much gratitude as we all work together to improve the lives of children and families.

As this report demonstrates, we have made remarkable strides in less than eight years. We have narrowed the Exit Plan to only five remaining outcomes of the 22 that existed when the current administration entered office in January 2011. Outcome measures of case plans and needs met have been streamlined to the point that achieving these goals is within realistic reach.

Our social work and other staff have shown incredible commitment in changing the Department's relationship with families and communities. The well documented improvements demonstrate that working together with families makes them stronger and more capable of meeting their responsibilities to their children. That is how Connecticut will continue to make measurable progress.