

**Juan F. v. Malloy Exit Plan
Quarterly Report
January 1, 2011 - March 31, 2011
Civil Action No. 2:89 CV 859 (CFD)**

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January 1, 2011 - March 31, 2011

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**Juan F. v Malloy Exit Plan Quarterly Report
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This is the first quarterly report since the recent change in the DCF administration in January 2011. In addition to the findings contained in this report, it is important to recognize both parties for their outstanding efforts to immediately engage in transitional activities related to the Juan F. case. Several focused, open-minded, and honest discussions have taken place over the past months. In addition to the meetings convened by the Court Monitor, one status meeting was held with the Honorable Judge Christopher F. Droney. During these meetings, the Department's strengths were identified and acknowledged, including the commitment, effort and talent of DCF staff who contributed to a series of largely sustained improvements over the last five years.

The parties quickly reached consensus on the primary issues affecting the Department's ability to provide better service to children and families. These issues were not unexpected as they had previously been identified by prior Court Monitor Quarterly Reports and also included in the identified strengths and concerns publicly expressed by both parties. These issues include:

- A lack of sufficient foster/adoptive resources together with an emphasis on increasing the utilization of relative care
- Misuse of congregate care including the overuse of out-of-state congregate care and the sometimes inappropriate placement of children, especially children under 12 years old, in congregate care
- System gridlock within the array of treatment/placement services resulting in excessive lengths of stay and discharge delays for children in congregate care, especially in the use of temporary placement programs such as SAFE Homes and STAR. These issues are encompassed in the prospective placement restrictions outlined in the Stipulation Regarding Outcome Measures 3 and 15
- A need to continue efforts to improve timely permanency outcomes for children and minimize the pursuit of non-preferred permanency goals such as Another Planned Permanent Living Arrangement (APPLA)
- Insufficient engagement and collaboration with children and families, including deficits or disparities in:
 - appropriate family engagement in case planning activities and family conferencing
 - effective visitation
 - increased utilization of Structured Decision-Making (SDM)
- Inconsistent case planning efforts as reflected in the Outcome Measure 3 findings
- Implementation of the Differential Response System (DRS), and the Strengthening Families Practice Model
- Addressing ongoing DCF case management issues, including inconsistency in the quality of family assessments and the lack of timely referrals, contacts, and decision-making
- Service availability concerns including wait-lists for a variety of critical services such as in-home services, mental health services, substance abuse treatment, domestic violence services, life skills, transitional living programs, specialized foster care, and specialized group homes
- The need for improved results-based accountability measures, re-allocation of services to better meet the identified needs of children and families, and the continued and improved use of an individualized wraparound/flex fund approach

- Further improvements to the Administrative Case Review (ACR) process including better coordination and communication with Area Office staff and continued improvements to the Connecticut Comprehensive Outcome Review (CCOR) process
- Better utilization of ARG to effectively collaborate with educational systems, surrogates, and parents regarding integration and management of educational programming for special education and children eligible for 504 plan services, and
- Addressing the Voluntary Service issues outlined in the recent court decision (Docket No. 633)

To this end, it is acknowledged that the new DCF Administration has aggressively moved forward on a number of fronts to address these and many other issues. New initiatives include: a substantial restructuring of the agency, consolidation of Riverview Hospital and Connecticut's Children Place into one joint facility operation, the re-opening of closed units at both of these state-run facilities, an agency-wide commitment to maintain children with their families or in family settings, a full review and action plan for foster/adoptive services, a comprehensive review of current contracted services especially focusing on results-based accountability, better use of wraparound/flex funds and additional credentialing of services, implementation of the Differential Response System and the Strengthening Families Practice Model, restructuring and reframing of the DCF Training Academy, review and coordination of plans to return children placed out-of-state and limiting children age 12 and under from utilizing congregate care, and efforts to right size the use of congregate care in Connecticut's Child Welfare System.

A great deal of work is still needed to meet the challenges inherent to providing a comprehensive family-centered case management and service provision system for Connecticut's children. These initial efforts by Commissioner Joette Katz and her team demonstrate a commitment to openness and internal and external collaboration that are an important step in moving the process forward. Combined with the commitment and efforts by the Plaintiffs to support and work hand-in-hand with the Department to advance improvements for the *Juan F.* class, there is a genuine opportunity to complete the work envisioned many years ago to transform Connecticut's Child Welfare System.

Highlights

- During the course of the discussions this quarter, the parties agreed to a proposal made by the Court Monitor that "certification" of the Outcome Measures begin as soon as possible. The Exit Plan outlined a process to be conducted by the Court Monitor once the Department has achieved all 22 measures for two consecutive quarters and asserted compliance. The process included a statistically valid review of each measure to address both quantitative as well as qualitative issues. By agreeing to begin this exit action now, the parties recognize the value of confirming the automated reporting data along with conducting a detailed review of the Exit Plan Measures via case reviews, focus groups and other means. This will allow the parties to have the information earlier; and if necessary, implement corrective action in advance of exit from the Consent Decree. This agreement and the activity in no way precludes the parties or the Monitor from requesting or conducting additional "certification" reviews of measures at a later date. Nevertheless, undertaking this review activity now will provide an important framework to limit the need for extensive and time consuming certification reviews as we near the conclusion of the *Juan F.* case.
- During the course of the initial series of meetings between the *Juan F.* parties, considerable focus has been paid to addressing the core components of the Stipulation Regarding Outcome

Measures 3 and 15. Initiatives and efforts commenced on a variety of fronts to address the underpinnings of this agreement. One area that will receive additional monitoring over the next few months involves Stipulation §VI.A-§VI.F Prospective Placement Restrictions. This section outlines placement restrictions aimed at reducing the overuse of temporary facilities, especially for children under 12 years of age and it also outlines a specific process before a child is given the permanency goal of Another Planned Permanent Living Arrangement (APPLA). While this goal may be appropriate for a small number of children served by DCF, it is generally a non-preferred permanent goal.

- The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of January 1, 2011 through March 31, 2011 indicates the Department achieved 16 of the 22 Outcome Measures. The six measures not met include; Treatment Plans, Sibling Placements, Re-Entry into DCF Custody, Children's Needs Met, and Discharge to the Department of Mental Health and Addiction Services (DMHAS) and the Department of Developmental Services (DDS) and Discharge of Youth having graduated from high school, being employed, in the military or enrolled in post secondary education or training.
- During this quarter, the Monitor proposed a permanent modification within his discretion to the sampling selection of cases for each quarterly review, for the purposes of assessing performance on both Outcome Measures 3 and 15. The sample of cases had previously been identified in advance to the Department by approximately 2-3 weeks, before the files were pulled for review by the monitoring staff. Under the proposed change, the sample will from now on be a "blind" sample, such that the Court Monitor will select a sample of cases each quarter from the universe of cases requiring a case plan to be completed during the quarter. The Department will not be provided with advance notice regarding the sample cases chosen. Additionally, in light of this change and Commissioner Katz's expressed interest in addressing concerns with front line practice issues that had arisen around the prior sampling selection, and around performance under these measures in general, the Monitor also proposed that he would not report on Outcome Measure 3 and 15 for the second quarter report (for the three months ending June 30, 2011), and that reports on Measures 3 and 15 would resume for the third quarter (three months ending October 31, 2011). Neither party objected to these proposals and they are being implemented.
- As outlined above, the findings for the First Quarter 2011 are based on an "announced" sample of cases. Beginning in the Second Quarter, the Court Monitor's review will utilize a "blind" sample. Based on the Court Monitor's review of an "announced" sample of 53 cases, the Department attained a level of "Appropriate Treatment Plan" for Outcome Measure 3 (Treatment Plans) in 43 of the 53 cases sampled or 81.1%. This is a marked increase from 67.9% reported in the Fourth Quarter 2010. Seven offices achieved 100% compliance with this measure. It must be noted that the finding of 81.1% does not mean that 18.9% of the sample did not have case plans. Rather, the Court Monitor's review found that in 18.9% of these cases one or more significant elements were missing or deemed deficient.

The deficiencies noted did not change from previous quarters in that the consistency and sufficiency of assessments, accurate description of strengths and needs, and appropriate action steps and goals were most often cited. The quality of the case planning efforts is in part dependent on the quality of the Department's Structured Decision Making (SDM) efforts, as the SDM protocol pre-fills sections of the case plan. Consistency and quality issues are regularly noted regarding the SDM efforts and negatively affect the quality of case planning. Additionally,

Court Monitor reviewers continue to point to a lack of utilization of the required elements on the grid/table section of the case plan as the primary reason for many of the marginal scores for action steps. As indicated in prior reports, the failure to utilize the grid hinders communication to the parents and other key stakeholders of identified objectives, goals and expected timeframes. Finally, engagement with case participants and key stakeholders continues to need improvement. While over 91.7% of the foster parents and 75.0% of the mothers had documented participation and engagement in case planning, only 66.7% of the service providers, only 53.7% of the fathers, 39.5% of the attorneys/GAL for the child and 25.9% of the parent's attorneys had documented involvement. Attendance rates at Administrative Case Reviews (ACR) for children's attorneys, parent's attorneys, fathers, providers and children remain very low.

As outlined in previous reports, the current methodology includes attendance by the Court Monitor reviewers at the Administrative Case Review (ACR) and thus alerts the Department to the inclusion of a case in the review sample. This influences the degree of oversight and the intensity of efforts related to the identified sample cases. During the First Quarter 2011, a blind sample of Outcome Measure 3 (Treatment Plans) was conducted in addition to the Outcome Measure 3 and Outcome Measure 15 sample to determine whether improvements in performance are being generalized to the full population of case plans in the course of normal practice. The blind sample of 22 cases found that 29.0% of the case plans in the blind sample were deemed appropriate. This finding and the specific strengths and deficiencies noted are very similar to the findings within the data produced by the Department's internal Administrative Case Review Unit.

A number of efforts have been initiated by DCF to address Outcome Measure 3. Included in these efforts are the development of office and region specific plans to address the noted short comings. These plans are scheduled to be developed by August 2011. Additional efforts involve coaching/mentoring and "blind" reviews of current cases by DCF managers, as well as, increased utilization of the Administrative Case Review (ACR) performance data to identify strengths and areas needing improvement with Area Office operations.

- Based on the Court Monitor's review of a sample of 53 cases, the Department achieved Outcome Measure 15 (Needs Met) in 58.5% or 31 of the 53 cases. This is a slight increase from the finding of 56.6% in the Fourth Quarter 2010. Seven area offices met the measure this quarter. The finding should not be construed as 41.5% of the sample children did not have any of their needs met. Rather, in these cases deemed deficient, there were one or more significant needs identified that were not adequately addressed; while other aspects of the child and family's array of needs may have been addressed adequately.

The ability of the Department to appropriately address the treatment/placement needs of children remains compromised by a number of issues that have been noted in previous quarterly reports. One obvious concern is the lack of a sufficient number of foster and adoptive resources that is detailed again in this report (a net loss of 126 foster homes since 2008, including the net loss of 10 foster homes compared with the previous quarter) which negatively impacts the Department's ability to maintain children in family settings. Also, the closing of units/cottages at Riverview Hospital and Connecticut Children's Place due to fiscal/staffing/program considerations, reductions in temporary placement/treatment alternatives, the continued lack of appropriate in-state residential services and lack of openings in specialized group homes results in fewer options being available to meet children's treatment and placement needs. In addition, wait-lists,

some extensive, exist for in-home services, specialized foster care, life skills, transition services, domestic violence, mental health, and substance abuse services. These and other issues lead to delays in placement, discharge delays, children being placed in poorly matched and often more restrictive levels of care, multiple disruptions in treatment and placement, and significant delays in implementing essential services that might maintain children in their home or enable a timely reunification.

A number of initiatives including those listed earlier in the highlight section hold considerable promise for addressing many, if not all, areas of concern described above. DCF has mobilized a variety of work groups and activities with tight timeframes and explicit executive directives regarding the issues to be addressed by systemwide action plans.

Other key findings this past quarter include:

- The largest categories of unmet needs involved mental health, behavioral health and substance abuse services, case management deficiencies (timely referrals, timely assessments, and lack of follow-up), dental, and medical well-being, (Table 7, see page 50).
- Utilization of safety plans was noted in the LINK record for 72.7% of the cases that required one. Of the 16 cases, documented safety plans, 15 cases had additional documentation that indicated that the implemented services had mitigated the safety concerns in the home.
- Only 24.3% of the cases requiring the 90-day Structured Decision Making (SDM) Risk Reassessment or Reunification Assessment/Reassessment had one documented at regular 90-day intervals. This is an important component that must be improved to ensure timely and appropriate case management action on individual cases. While Court Monitor reviewers noted increased evidence of attempts to utilize SDM tools, timeliness and completeness of the tools remained an area needing improvement.
- There were 177 discreet unmet needs identified by the reviewers. Within the full sample of the 30 cases in which there was a SDM conducted for the prior case plan development, 13 cases or 43.3% had a similar or identical priority need identified by the Court Monitor review. This indicates that the needs had not been addressed in a timely way, were partially addressed, or remained unmet at the time of the review six months later.
- Client refusal and case management issues again were again the most frequently noted barriers, but provider issues, including the unavailability of services and wait-lists, are present throughout the array of services.
- Reviewers noted 53 instances within 18 cases where there was a need noted during the period under review and/or discussed at the time of the ACR that was not addressed in the objectives and action steps of the newly approved case plan.

The Court Monitor has been an active participant in some of these efforts and is encouraged by the approach taken by the new administration.

- The three permanency measures are Outcome Measure 7 (Reunification), Outcome Measure 8 (Adoption), and Outcome Measure 9 (Transfer of Guardianship) and all three were met for the First Quarter 2011. This is the second consecutive quarter that these three measures were met. These measures determine the number of children achieving these permanency goals within the

prescribed timeframes (12 months for Outcome Measure 7 and 24 months for Outcome Measure 8 and Outcome Measure 9).

- Outcome Measure 20 (Discharge Measures) was not met in the First Quarter 2011. This measure requires 85% of the youth age 18 or older to have achieved educational and/or vocational goals at the time of their discharge from DCF custody. Fifty-eight (58) of the seventy (70) youth in this quarter's universe or 82.9% achieved one or more of the measures. This measure had been met for 5 consecutive quarters prior to this quarter. This Outcome Measure is part of the initial "certification" reviews.
- Outcome Measure 21 (Discharge of Mentally Ill or Developmentally Disabled Youth) was not met in the First Quarter 2011. This measure requires 100% compliance with the requirement that DCF "shall submit a written discharge plan to either DMHAS or DDS for all children who are mentally ill or developmentally disabled and require adult services". One of 58 youth requiring adult services did not have the required written discharge plans submitted. This Outcome Measure is part of the initial "certification" review.
- The Division of Foster Care monthly report for April 2011 indicates that there are 2,314 licensed DCF foster homes. This is a decrease of 31 homes compared with the Fourth Quarter 2010 report. The number of approved private foster care homes is 948. This is an increase of 21 homes from the 927 reported in January 2011. The number of private foster homes available for placement is 107. The Department's goal as outlined in the Stipulation Regarding Outcome Measures 3 and 15 required (1) a statewide gain of 350 foster homes by June 30, 2009; and (2) an additional statewide gain of 500 foster homes by June 30, 2010. The baseline set in June 2008 was a total of 3,388. The Department's status as of May 2011 is 3,262 homes, a net loss of 126 homes compared with the baseline set in June 2008. Additional foster care and adoptive resources are an essential component required to address the needs of children, reduce discharge delays, avoid overcapacity placements, and ensure placement in the most appropriate and least restrictive setting.
- As of May 2011, there were 488 children placed in residential facilities. This is an increase of 11 children in comparison to the 477 reported last quarter. The number of children residing and receiving treatment in out-of-state residential facilities decreased by 5 to 302 compared to the 307 reported last quarter. The number of children residing in residential care for greater than 12 months was 132, which is an increase of three children in comparison to the 129 reported in February 2011.
- The number of children utilizing SAFE Home temporary placements decreased to 70 as of May 2011 compared with the 90 reported as of November 2010. The number of children in SAFE Home in overstay status (>60 days), remained 56 children compared with the number reported last quarter. It is important to note that the First Quarter data indicates 71.4% (50 of 70) of the children in SAFE Homes are in overstay status compared with the Fourth Quarter 2010 data that indicated that 62.2% (56 of 90) of the children were on overstay status. There were 15 children with lengths of stay in excess of six months as of May 2011. The lack of sufficient foster/adoptive resources is the most significant barrier to timely discharge. It also should be noted that children on overstay status may be part of a sibling group which makes matching a more difficult task given the lack of foster care resources.

- The number of youth in STAR programs was 80 as of May 2011 compared with 75 in February 2011. The number of youth in overstay status (>60 days) in STAR placements remained 41 same as the previous quarter. More than half of the youth 41 of 80 or 51.3% in placement at STAR programs were in overstay status as of May 2011. There were four children with lengths-of-stays longer than six months as of May 2011. The lack of sufficient foster home resources, therapeutic group homes, and specialized residential services along with the loss of available resources due to program closings, hampers the efforts to further reduce the utilization of STAR services and better manage the resident's length of stay.
- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased from 806 in February 2011 to 775 in May 2011. The Department's continued efforts to appropriately pursue APPLA goals for youth and the continued age-out of older youth is contributing to the ongoing reduction. There has been a reduction of over 350 children with APPLA goals since November 2008.
- The number of children age 12 years old or younger in congregate care decreased from to 171 in November 2010 to 149 as of May 2011. As of May 2011, there were 16 children aged 1-5 years old residing in SAFE Home placement. This is a decrease of 5 from February 2011.
- Waterbury was the last office reviewed in the first round utilizing the Connecticut Comprehensive Outcome Review (CCOR) process. The Court Monitor resumed assisting in the staffing of reviewers and supplied two staff for the week of review. This process is modeled on the Federal Child and Family Services Review (CFSR) which evaluates permanency, safety, and well-being. The review took place in May 2011. In addition, revisions to the methodology to incorporate external non-DCF staff and improve the depth and quality of review elements and data/information collection are now being undertaken.
- The Monitor's quarterly review of the Department for the period of January 1, 2011 through March 31, 2011 indicates that the Department did not achieve compliance with six (6) measures:
 - Treatment Plans (81.1 %)
 - Sibling Placements (86.7%)
 - Re-Entry into DCF Custody (7.7%)
 - Needs Met (58.5%)
 - Discharge Measures: (Educational & Vocational) (82.9%)
 - Discharge to DMHAS and DMR (97.0%)
- The Monitor's quarterly review of the Department for the period of January 1, 2011 through March 31, 2011 indicates the Department has achieved compliance with the following 16 Outcome Measures:
 - Commencement of Investigations (97.2%)
 - Completion of Investigations (92.7%)
 - Search for Relatives (90.1%)
 - Repeat Maltreatment (5.7%)
 - Maltreatment of Children in Out-of Home Cases (0.1%)
 - Reunification (61.7%)

- Adoption (35.6%)
 - Transfer of Guardianship (86.2%)
 - Multiple Placements (96.1%)
 - Foster Parent Training (100.0%)
 - Placement within Licensed Capacity (96.8%)
 - Worker-Child Visitation Out-of-Home Cases (95.8% Monthly/99.2% Quarterly)
 - Worker-Child Visitation In-Home Cases (88.5%)
 - Caseload Standards (100.0%)
 - Residential Reduction (10.0%)
 - Multi-disciplinary Exams (91.9%)
- The Department has maintained compliance for at least two (2) consecutive quarters¹ with 16 of the Outcome Measures reported as achieved this quarter. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
 - Commencement of Investigations (twenty-sixth consecutive quarter)
 - Completion of Investigations (twenty-sixth consecutive quarter)
 - Search for Relatives (twenty-second consecutive quarter)
 - Repeat Maltreatment (sixteenth consecutive quarter)
 - Maltreatment of Children in Out-of-Home Care (twenty-ninth consecutive quarter)
 - Reunification (sixth consecutive quarter)
 - Adoption (second consecutive quarter)
 - Transfer of Guardianship (ninth consecutive quarter)
 - Multiple Placements (twenty-eighth consecutive quarter)
 - Foster Parent Training (twenty-eighth consecutive quarter)
 - Placement within Licensed Capacity (second consecutive quarter)
 - Visitation Out-of-Home (twenty-second consecutive quarter)
 - Visitation In-Home (twenty-second consecutive quarter)
 - Caseload Standards (second consecutive quarter)
 - Residential Reduction (twentieth consecutive quarter)
 - Multi-disciplinary Exams (twenty-first consecutive quarter)

A full reporting of the Stipulation Regarding Outcome Measure 3 and 15 can be found beginning on page 12, respectively.

A full copy of the Department's First Quarter 2011 submission including the Commissioner's Highlights may be found on page 82.

¹ The Defendants must be in compliance with all of the outcome measures, and in sustained compliance with all of the outcome measures for at least two consecutive quarters (six-months) prior to asserting compliance and shall maintain compliance through any decision to terminate jurisdiction.

Statewide Juan F. Exit Plan Report Outcome Measure Overview																															
Measure	Measure	Base-Line	1Q 2011	4Q 2010	3Q 2010	2Q 2010	1Q 2010	4Q 2009	3Q 2009	2Q 2009	1Q 2009	4Q 2008	3Q 2008	2Q 2008	1Q 2008	4Q 2007	3Q 2007	2Q 2007	1Q 2007	4Q 2006	3Q 2006	2Q 2006	1Q 2006	4Q 2005	3Q 2005	2Q 2005	1Q 2005	4Q 2004	3Q 2004	2Q 2004	1Q 2004
1: Commencement of Investigation	>=90%	X	97.2%	96.8%	97.4%	97.6%	97.4%	97.8%	97.6%	97.7%	97.6%	97.9%	97.4%	97.5%	97.8%	97.4%	97.0%	97.1%	96.5%	95.5%	98.7%	96.4%	96.2%	96.1%	96.2%	95.1%	92.5%	91.2%	X	X	X
2: Completion of the Investigation	>=85%	73.7%	92.7%	90.0%	91.5%	92.9%	93.7%	94.3%	94.0%	91.8%	91.3%	91.4%	89.9%	93.7%	91.5%	92.9%	94.2%	93.7%	93.0%	93.7%	94.2%	93.1%	94.2%	94.2%	93.1%	92.3%	92.6%	91.7%	83.5%	68.8%	64.2%
3: Treatment Plans	>=90%	X	81.1%	67.9%	66.0%	75.5%	86.5%	47.2%	53.8%	73.1%	65.4%	81.1%	62.3%	55.8%	58.8%	51.0%	30.0%	30.3%	41.3%	41.1%	54.3%	X	X	X	X	X	X	17.0%	10.0%	X	X
4: Search for Relatives	>=85%	58%	90.1%	88.8%	90.9%	91.2%	92.0%	90.0%	91.0%	91.2%	94.3%	94.3%	96.3%	95.8%	95.3%	93.6%	91.4%	93.8%	92.0%	91.4%	93.1%	93.9%	89.9%	89.6%	65.1%	49.2%	44.6%	82.0%	93.0%	X	X
5: Repeat Maltreatment of In-Home Children	<=7%	9.3%	5.7%	6.2%	6.5%	6.5%	5.8%	6.0%	5.4%	4.8%	5.8%	6.1%	5.7%	5.9%	5.7%	5.4%	6.1%	6.3%	7.4%	7.9%	7.9%	7.0%	6.3%	7.4%	9.1%	8.5%	8.2%	8.9%	9.4%	8.9%	9.4%
6: Maltreatment of Children in Out-of-Home Care	<=2%	1.2%	0.1%	0.4%	0.2%	0.1%	0.2%	0.3%	0.4%	0.1%	0.3%	0.2%	0.3%	0.3%	0.2%	0.2%	0.3%	0.0%	0.2%	0.2%	0.7%	0.7%	0.4%	0.6%	0.8%	0.7%	0.8%	0.6%	0.9%	0.8%	0.5%
7: Reunification	>=60%	57.8%	61.7%	64.9%	68.3%	67.1%	61.2%	71.4%	56.0%	71.9%	68.1%	69.6%	57.1%	59.4%	56.5%	58.0%	65.5%	67.9%	70.5%	61.3%	62.5%	64.4%	66.4%	61.0%	64.2%						
8: Adoption	>=32%	12.5%	35.6%	38.5%	25.8%	36.0%	34.7%	35.2%	36.7%	33.2%	44.7%	27.2%	32.3%	33.0%	41.5%	35.5%	36.2%	40.6%	34.5%	33.6%	27.0%	36.9%	40.0%	30.7%	34.4%	25.2%	33.0%	16.7%	29.6%	11.1%	10.7%
9: Transfer of Guardianship	>=70%	60.5%	86.2%	87.3%	78.6%	74.6%	82.3%	76.3%	81.8%	75.7%	75.3%	64.9%	71.7%	70.0%	70.4%	80.8%	76.8%	88.0%	78.0%	76.4%	70.2%	63.1%	60.7%	72.4%	64.3%	72.8%	64.0%	63.3%	64.6%	52.4%	62.8%
10: Sibling Placement	>=95%	57%	86.7%	83.3%	81.9%	84.8%	85.6%	83.4%	84.7%	83.1%	83.4%	82.1%	82.6%	86.8%	86.7%	85.2%	83.3%	79.1%	84.9%	85.5%	84.8%	77.0%	75.0%	94.0%	96.0%	X	X	X	X	53.0%	65.0%
11: Re-Entry into DCF Custody	<=7%	6.9%	7.7%	6.3%	7.3%	6.7%	8.4%	7.8%	9.9%	8.8%	8.2%	7.4%	6.7%	6.7%	11.0%	7.8%	9.0%	8.5%	7.5%	8.2%	4.3%	7.5%	6.7%	7.6%	7.2%	X	X	X	X	X	X
12: Multiple Placements	>=85%	X	96.1%	96.1%	95.7%	95.8%	95.9%	95.4%	95.7%	95.8%	96.0%	95.8%	95.9%	96.3%	91.2%	92.7%	94.4%	96.0%	96.3%	95.0%	95.6%	96.6%	96.2%	96.0%	95.8%	95.7%	96.2%	95.5%	95.2%	95.8%	X
13: Foster Parent Training	100%	X	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
14: Placement Within Licensed Capacity	>=96%	94.9%	96.8%	96.8%	95.4%	95.1%	96.9%	96.9%	96.3%	96.6%	96.6%	96.6%	97.0%	96.8%	96.4%	96.8%	96.9%	97.1%	96.8%	96.5%	96.7%	94.5%	95.2%	96.2%	94.8%	95.9%	97.0%	95.7%	93.0%	92.0%	88.3%
15: Children's Needs Met	>=80%	X	58.5%	56.6%	58.5%	52.8%	67.3%	45.3%	55.8%	63.5%	61.5%	58.5%	52.8%	55.8%	58.8%	47.1%	64.0%	51.3%	45.3%	52.1%	62.0%	X	X	X	X	X	X	56.0%	53.0%	57.0%	53.0%
16: Worker-Child Visitation (Out-of-Home)	>=85%(M)	X	95.8%	95.3%	95.3%	95.7%	96.2%	95.8%	95.1%	95.7%	95.7%	95.0%	95.4%	94.9%	95.9%	94.6%	94.8%	94.6%	95.1%	94.7%	92.5%	86.5%	86.8%	85.6%	83.3%	86.7%	77.9%	81.0%	73.0%	86.0%	72.0%
	=100%(Q)	X	99.2%	98.9%	98.9%	99.3%	99.6%	99.7%	99.0%	99.3%	99.2%	98.9%	98.6%	98.7%	99.1%	98.5%	98.7%	98.7%	99.1%	99.0%	91.5%	90.9%	93.1%	93.1%	92.8%	95.7%	93.3%	91.0%	93.0%	98.0%	87.0%
17: Worker-Child Visitation (In-Home)	>=85%	X	88.5%	89.7%	89.4%	89.7%	89.6%	88.5%	88.8%	89.6%	90.5%	89.7%	90.3%	91.4%	90.8%	89.9%	89.4%	90.9%	89.0%	89.2%	85.7%	87.6%	86.2%	85.6%	78.3%	81.9%	71.2%	33.0%	46.0%	40.0%	39.0%
18: Caseload Standards	100%	69.2%	100.0%	100.0%	99.9%	100.0%	100.0%	99.9%	99.6%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	73.1%
19: Reduction in the Number of Children Placed in Residential	<=11%	13.5%	10.0%	9.9%	9.4%	10.1%	10.0%	9.9%	9.6%	9.7%	10.0%	10.0%	10.0%	10.4%	10.5%	10.9%	10.8%	11.0%	10.9%	11.0%	10.9%	10.8%	11.3%	11.6%	11.8%	12.6%	13.7%	13.9%	14.7%	14.3%	13.9%
20: Discharge Measures	>=85%	61%	82.3%	87.2%	88.5%	87.9%	86.0%	86.9%	80.0%	92.2%	85.3%	92.2%	93.0%	92.0%	92.0%	96.0%	95.0%	100.0%	98.0%	100.0%	100.0%	91.0%	85.0%	92.0%	95.0%	X	X	83.0%	93.0%	52.0%	74.0%
21: Discharge of Mentally Ill or Mentally Retarded Children	100%	X	97.0%	96.1%	97.3%	98.1%	100.0%	97.6%	100.0%	97.2%	96.7%	95.0%	95.0%	98.0%	97.0%	96.0%	95.0%	83.0%	90.0%	97.0%	100.0%	97.0%	95.0%	70.0%	78.0%	X	X	60.0%	56.0%	64.0%	43.0%
22: Multi-disciplinary Exams (MDE)	>=85%	5.6%	91.9%	97.5%	96.1%	96.4%	95.7%	95.7%	91.4%	94.5%	93.6%	90.1%	94.0%	93.6%	98.7%	96.4%	95.2%	96.8%	91.1%	94.2%	86.0%	89.9%	91.1%	72.1%	58.1%	52.1%	55.4%	44.7%	48.9%	24.5%	19.0%

Stipulation Regarding Outcome Measures 3 and 15

During the course of the initial series of meetings between the *Juan F.* parties considerable focus has been paid to addressing the core components of the Stipulation Regarding Outcome Measures 3 and 15. Initiatives and efforts have commenced on a variety of fronts to address the underpinnings of this agreement. One area that will receive additional monitoring over the next few months involves Stipulation §VI.A-§VI.F Prospective Placement Restrictions. This section outlines placement restrictions aimed at reducing over-use of temporary facilities, especially for children under 12 years of age and it also outlines a specific process before a child is given the permanency goal of Another Planned Permanent Living Arrangement (APPLA). While this goal may be appropriate for a small number of children served by DCF, it is generally a non-preferred permanent goal.

Stipulation §I.A - §I.B Foster Care Recruitment and Retention Plans

A. Recruitment and Retention Plan

The Department has convened a work group (Fostering the Future Working Group) that includes a cross-section of internal DCF staff, as well as, Technical Assistance from Gretchen Test and the AECF Child Welfare Strategy Group. This group is undertaking a short-term intensive review of the current status and intended direction for foster/adoptive issues including Recruitment and Retention of Relatives, Core Foster Care, and Therapeutic Foster Care. The Department intends to produce a report in July that outlines the findings and provides direction for next steps.

During the First Quarter 2011 (January-March 2011), the Department licensed 236 new DCF homes and added 54 Private Foster Care Homes. The number of homes closed during this three month period included 219 DCF homes and 62 Private Foster Care Homes.

The Kid Hero line, operated by the Connecticut Association of Foster and Adoptive Parents (CAFAP), reports that 1,396 contacts were received and that 493 resulted in an inquiry moving forward. This is a 35.3% capture rate. Of the 493 inquiring families, 300 or 60.9% attended open houses and 40 families were screened out. Once again, the major recruitment source noted by the inquiring families was the internet followed by a recommendation from a current foster parent.

During the First Quarter 2011, 154 families began the required PRIDE Training and 73 completed the training. There remains concern regarding the scheduling of the trainings, in that, they are rarely offered on weekends. The Department indicated to the Court Monitor's Office that proposals are being considered to improve this situation.

B. Recruitment and Retention Goals

The Department's goal as outlined in the Stipulation requires (1) a statewide net gain of 350 foster family homes by June 30, 2009; and (2) an additional statewide gain of 500 foster family homes by June 30, 2010.

The baseline for foster homes was set by the Court Monitor utilizing the June 2008 report. The number of foster homes reported was:

DCF Licensed Foster Homes	2,355
Private Foster Homes	<u>1,033²</u>
	3,388

According to the most recent report, the April 2011 report, the number of foster homes is:

DCF Licensed Foster Homes	2,314
Private Foster Care Homes	<u>948</u>
	3,262

The Department has a net loss of 126 homes since June 2008.

Stipulation §II. Automation of Administrative Case Review (ACR)

Planning and development of the automated ACR data continues. The implementation timeframe has been delayed due to the Department's resources being directed to the Differential Response initiative. The current schedule for completion of this task is November 2011.

Stipulation §III. Independent Review of the Utilization of Congregate Care Facilities

As outlined in prior reports, during the previous administration, the Department forwarded their final revised copy of the Review of the Utilization of Congregate Care to the Court Monitor and the Technical Advisory Committee (TAC) on February 16, 2010.

On March 1, 2010, the TAC forwarded an addendum to the report, Utilization of Congregate Care which outlined strengths and concerns with the report and two recommendations that would lead to an articulation of priorities, targets and timelines within the next six months. The two recommended additions include:

- DCF to continue to work with the Annie E. Casey Foundation Child Welfare Strategy Group to set reasonable and achievable targets and timelines for reducing congregate care and prioritizing and making actionable a core set of recommendations for moving forward, and
- DCF to work with the Monitor to have him track the reductions in congregate care and report regularly on the progress being made through the implementation of the strategies mentioned above.

² During the course of preparation for the implementation of the revised therapeutic foster care model, the Monitor has confirmed that the baseline for Private Foster Care Homes was overstated due to some homes being counted twice. Example: therapeutic home and medically fragile home. The variance is determined to be 10-15 homes.

Discussions between the Court Monitor, TAC and the parties resolved the disagreement and the Department incorporated the TAC's recommended language within the final revision of the Congregate Care Report.

On April 9, 2010, the Court Monitor clarified to the parties that the strategies and associated targets and timelines that are developed in consultation with the Annie E. Casey Foundation's Child Welfare Strategy group would not be subject to formal review and approval. The Department agreed to share drafts and emerging plans with the TAC, the Court Monitor, and Plaintiffs. The Court Monitor also noted that his office would continue to track and report on the progress with associated strategic efforts and quantitative changes in the utilization of congregate care. The date of the final revised report was April 16, 2010. On July 8, 2010, the Child Welfare Strategy Group presented their assessment findings to DCF. The end of the six-month period noted in the TAC recommendation and included in the final revised report to share priorities, targets and timelines was October 16, 2010.

During this quarter, the Department has continued efforts with the Child Welfare Strategy Group to focus on the utilization of relatives and efforts related to the large number of children with APPLA goals. The intent is to maximize these efforts and specific plans are being developed. The Court Monitor attended a recent meeting between the Annie E. Casey staff and a cross-section of Department staff where findings and potential strategies were shared and discussed. This was a very productive meeting in that there were clear steps and decision points articulated involving core changes such as improving efforts to engage youth and families, operating as teams and not in silos, advancing regional systems for children's health, safety, and learning, realigning institutions and improving the DCF Training Academy. The results of achieving the changes are intended to impact the following outcomes:

- Increases in the percentage of first placements with relatives/kin
- Reduce the number and percentage of children entering Congregate Care
- Reduce the number of children in Congregate Care
- Increase the percentage of youth exiting to permanency.

Recommended actions include the continued efforts of Foster the Future Work Group especially those involving relative/kinship care and recruitment and support initiatives. Each of these working issues include multiple points of action. In addition, a work group, Congregate Care Rightsizing, has been meeting extensively to address a variety of topics including:

- Reviewing the placement process
- Setting numerical targets for reducing Congregate Care, beginning with children 12 and under
- Conducting family meetings to move target groups of youth out of Congregate Care
- Aligning Another Planned Permanency Living Arrangement (APPLA) and placement policies with strengthening families approach
- Identification of required firewalls/policy
- Creating performance management system
- Conducting a financing assessment and share recommendations for shifting resources
- Developing a re-tooling strategy with providers

Stipulation §IV. Practice Model

The DCF Practice Model is a family-centered and culturally competent approach which aligns the Department's Mission, guiding Principles and Practices. It encompasses eight core strategies: (1) family engagement; (2) initial and ongoing assessment of safety and risk; (3) differential response for very low and low risk cases; (4) comprehensive family assessments; (5) effective case planning; (6) purposeful visitation; (7) individualized services; and (8) supervision and management.

During the First Quarter 2011, changes to the implementation strategy were made by the Department. The Department renegotiated the implementation timeframes and approach outlined in Connecticut's Program Improvement Plan (PIP) with the Federal Children's Bureau. The Practice Model implementation is now designed in two phases. Phase 1 consists of three components: Family Engagement ("Partners in Change"); Purposeful Visits; and Family-Centered Assessments and are being implemented simultaneously in Regions 1 and 3. In order to guide implementation, the management teams of Regions 1 and 3 are meeting jointly. All staff in Regions 1 and 3 will be trained in Phase 1 of the Strengthening Families Practice Model by the end of 2011. To date, approximately 500 staff has been trained in "Partners in Change". Regions 2, 4, and 5 will commence with this training during the summer and the training initially will center on investigations staff. Casey Family Programs is providing capacity-building support to the regions for this effort. Phase 2 of the Strengthening Families Practice Model is being finalized and implementation is set to begin in January 2012.

Stipulation §V.A. - §V.C Service Need Reviews

Since January 2010, the Department's Administrative Case Review (ACR) has utilized a "48 hour notification" process to notify Area Offices of safety, permanency, or well-being concerns that potentially require action steps, as well as, to provide information regarding whether the reviewed child is part of one of the eight cohorts established through the discontinued Service Needs Review process. In addition, the notification identifies whether there is a need to conduct a Collaborative Team Meeting within 90 days of the ACR date. Collaborative Team Meetings are to include all relevant stakeholders, including family members and service providers.

The continued improvements in the ACR process are essential to realizing systemic improvements in the Department's provision of timely and appropriate treatment and permanency services to children. The findings of the First Quarter 2011 continue to track closely with the Court Monitor's findings with respect to Outcome Measure 3 (Case Planning). The Case Planning areas of Goals/Objectives and Action Steps are those most often identified by ACR staff in this initial data as being problematic. Development of additional reporting from the database and increased utilization of the available data by Area Office staff is needed to more effectively identify strengths and areas needing improvement.

Stipulation §VI.A-§VI.F Prospective Placement Restrictions

A.-F. Prospective Placement Restrictions

The Court Monitor will be conducting a more in-depth review these requirements over the next few months. The Department is currently creating a summary of their process and activities (there is variation from region to region and office to office). Once reviewed, a methodology for reviewing these requirements will be finalized and undertaken.

B. Health Care Treatment

Under Stipulation § VII.B, the Department is responsible for the health care treatment needs of all children in care and for any medically necessary treatment identified not only by the EPSDT screens, but also through the various assessments completed by DCF and its providers. The Department's performance in meeting this requirement is routinely captured in the Court Monitor's Quarterly Review of Outcome Measure 15 (Needs Met). In the First Quarter 2011, there was improvement in all aspects of Health Care Treatment in comparison with the prior quarter results. Unmet Mental Health and Substance Abuse Treatment Needs for Children in the sample were present in 15 cases or 30.6% of the applicable sample (n=49), impacting the children's overall progress toward achievement of case goals. During this same period, dental needs were not timely or adequately addressed in four (4) of the 53 cases or 7.5% which is a marked improvement over prior performance in this area. Medical needs were not timely or adequately addressed in seven (7) of the 53 cases or 13.2% of the sample.

Stipulation §VIII. Treatment Planning

In all, of the 53 case plans sampled this quarter 81.1% were deemed appropriate case plans during the First Quarter 2011.

It has been determined that the current methodology has not resulted in the generalization to the full population of case plans in the course of normal practice that was hoped for, but rather a great deal of effort has been afforded to the identified cases selected for review, and often not to the benefit of workers or the families that they serve. As the blind review conducted simultaneously during the First Quarter indicates, when notification of attendance by Court Monitor reviewers at the Administrative Case Review does not occur sample results are not as positive in relation to the case planning.

Findings of our third blind sample of 31 cases reviewed in collaboration with the Department Quality Assurance and Quality Improvement Management Staff resulted in similar findings as last quarter, with nine of 31 cases or 29.0% identified as appropriate case plans. This is once again consistent with the review of draft case plans conducted by the Department's Administrative Case Reviewers for the same period. In many instances, issues noted by reviewers were identified by the Administrative Review Staff documentation.

Stipulation §IX. Interim Performance

A. Baseline Reductions

B. Health Care

1. Dental Service Needs

As of March 31, 2011, Section III.2 Dental Service Needs within Outcome Measure 15 Methodology was determined appropriately met in 92.5% of the cases reviewed. (Target goal is 85.0 %.)

2. Mental Health Service Needs

As of March 31, 2011 Section III.3 Mental Health Service Needs within Outcome Measure 15 Methodology was determined to be appropriately met within 69.4% of the cases reviewed. (Target goal is 85.0 %.)

C. Contracting or Providing Services to Meet the Permanency Goal

As of March 31, 2011, the "DCF Case Management-Contracting or Providing Services to Achieve the Permanency Goal" component of the Outcome Measure 15 Methodology was determined to be appropriately met in 67.9% of the cases reviewed. (Target goal is 73 %.)

D. Goals for Increasing Family Based Placements

The baseline established utilizing the August 3, 2008 data indicated that 75.0% of children in DCF custody were in family-based settings (non-congregate care). The target/goal for the fiscal year ending June 2009 was to increase this baseline by 7.0% with an additional target/goal of an additional annual 3.0% increase each fiscal year for the duration of the stipulation. As of May 2011 data indicates that 74.6% of children in DCF custody were in family-based settings.

E. Case Planning (*Formerly Identified as Treatment Planning*)

1. Action Steps to Achieving Goals Identified

As of March 31, 2011, the "Action Steps to Achieving Goals Identified" case planning component of the Outcome Measure 3 Methodology for all cases was determined to be met in 81.1% of the cases reviewed. (Target Goal 85.0%)

2. Determining Goals and Objectives

As of March 31, 2011, the "Determining Goals/Objectives" case planning component of the Outcome Measure 3 Methodology was determined to be met in 92.5% of all the cases reviewed. (Target Goal is 85.0%)

3. Planning for Permanency

As of March 31, 2011, the "Planning for Permanency" case planning component of the Outcome Measure 3 Methodology was determined to be met in 96.2% of the cases reviewed. (Target Goal is 85.0%)

4. Engagement of Child and Family (*Formerly identified as Strengths/Needs/Other Issues*)

As of March 31, 2011, the "Strengths /Need/Other Issues" case planning component of the Outcome Measure 3 Methodology was determined to be met in 84.9% of the cases reviewed. (Target Goal is 85.0%)

5. Progress

As of March 31, 2011, the "Progress" case planning component of the Outcome Measure 3 Methodology was determined to be met in 92.5% of the cases reviewed. (Target Goal is 85.0%)

Certification Reviews of Outcome Measures

The *Juan F.* Revised Exit Plan (July 11, 2006) outlines a review process that is to occur once the Defendants are in sustained compliance with all 22 Outcome Measures. Section 5 of the Introduction (page 3) states:

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

Further, the *Juan F.* Revised Exit Plan details that the review will include quantitative and qualitative findings from the research questions documented in the attached addendum.

The DCF Court Monitor made a proposal to the *Juan F.* parties that initiating this process now would be in the best interests of *Juan F.* class. The Department has achieved statistical compliance with many measures for a sustained period of time. The compliance is based largely on automated data and findings provided from the Department's statewide LINK data collection system.

Instead of waiting for all outcome measures to be met for two (2) consecutive quarters; conducting a certification review now will provide the parties with statistically valid findings in order to reach a conclusion to de-emphasize and reduce the monitoring of an outcome measure or the findings will provide important information about quantitative or qualitative concerns that should be addressed. The ability to reveal the strengths and weaknesses sooner rather than later serves the best interests of the *Juan F.* class as a vehicle for a more expedited conclusion to the *Juan F.* Consent Decree. The *Juan F.* parties have agreed with this proposal and this review is the first in the series of certification reviews that will be undertaken. The parties' agreement to undertake this review in no way limits either party or the Court Monitor from requesting and conducting additional certification reviews of the Outcome Measures as outlined in Section 5 of the Introduction of the Revised *Juan F.* Exit Plan. Nevertheless, undertaking this review activity now will provide an important framework to limit the need for extensive and time consuming certification reviews as we near the conclusion of the *Juan F.* case.

At the time of this report, the Court Monitor has completed the review of one quarter for Outcome Measure 20 (Discharge Measures-Education and /or Vocational Goals) and Outcome Measure 21 (Discharge of Developing Delayed Youth to the Department of Mental Health and Addiction Services (DDS)). This review will conclude after the end of the Second Quarter 2011 (April-June 2011) when an additional sample of cases will be reviewed completing a full six month review (two quarters). The initial findings for the first quarter reviewed include that there is consistent and high quality work being done by the Central office quality Assurance staff regarding these two measures. The findings of the Court Monitor staff after reviewing a sub-sample of the Department's work mirrored the findings of DCF staff.

In addition, the certification of Outcome Measure 17 (In-Home Visitation) has commenced and will be followed very shortly by a joint review of Outcome Measures 12 (Multiple Placements), Outcome Measure 14 (Placement within a Licensed Capacity); and Outcome Measure 16 (Out-of-Home Visitation).

Findings from these reviews will be presented as part of the future Quarterly Reports.

JUAN F. ACTION PLAN MONITORING REPORT MAY 2011

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

A. PERMANENCY ISSUES

Progress Towards Permanency:

The following table developed using the Chapin Hall database provides a longitudinal view of permanency for annual admission cohorts from 2002 through 2011.

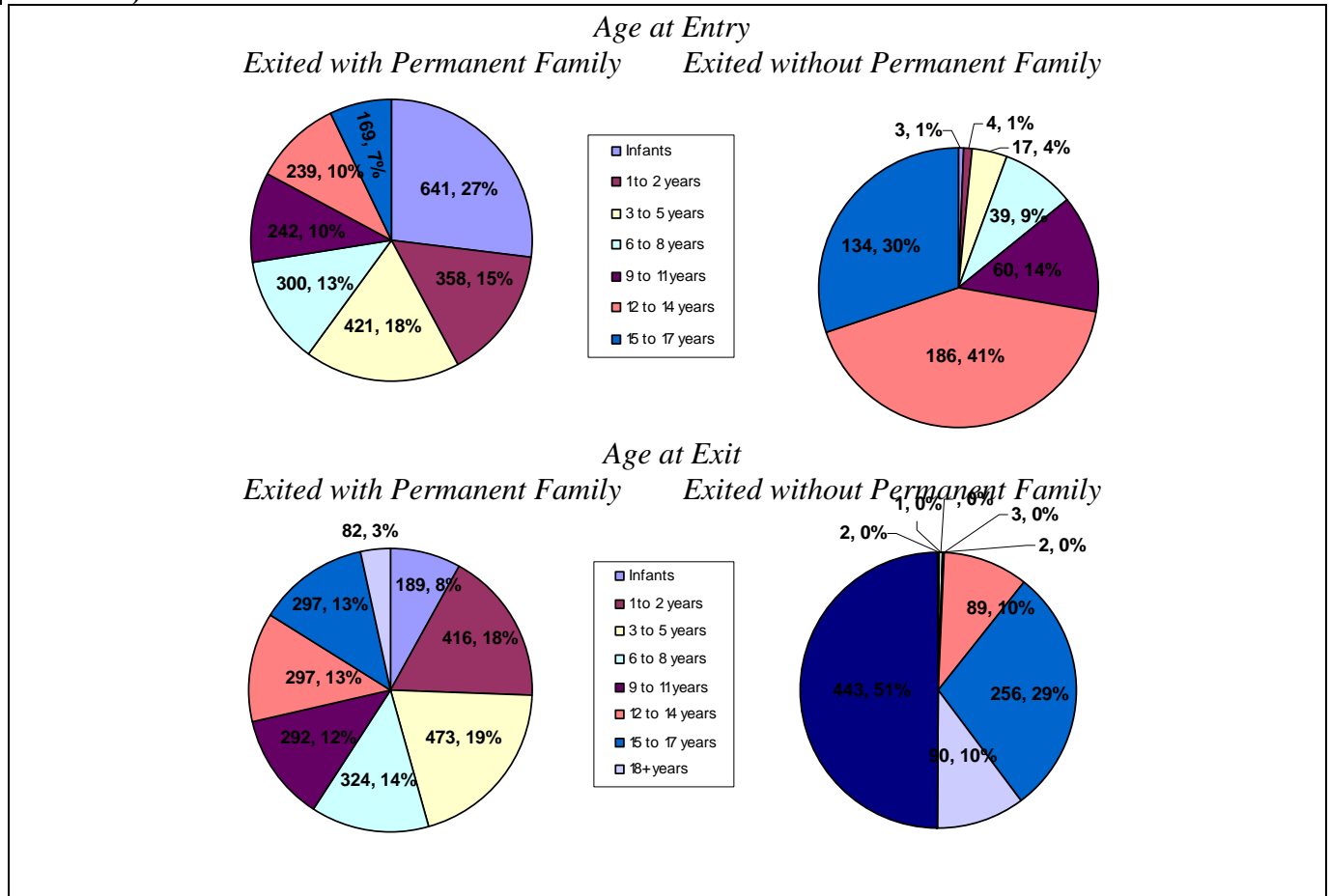
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Entries	3105	3547	3204	3093	3408	2853	2827	2629	2695	549
Permanent Exits										
In 1 yr	1182 38.1%	1405 39.6%	1229 38.4%	1132 36.6%	1263 37.1%	1095 38.4%	1098 38.8%	1088 41.4%		
In 2 yrs	1642 52.9%	2077 58.6%	1805 56.3%	1744 56.4%	1973 57.9%	1675 58.7%	1674 59.2%			
In 3 yrs	1969 63.4%	2384 67.2%	2092 65.3%	2017 65.2%	2324 68.2%	1973 69.2%				
In 4 yrs	2140 68.9%	2539 71.6%	2262 70.6%	2162 69.9%	2500 73.4%					
To Date	2300 74.1%	2695 76.0%	2353 73.4%	2232 72.2%	2551 74.9%	2063 72.3%	1884 66.6%	1474 56.1%	834 30.9%	53 9.7%
Non-Permanent Exits										
In 1 yr	274 8.8%	249 7.0%	231 7.2%	289 9.3%	259 7.6%	263 9.2%	250 8.8%	208 7.9%		
In 2 yrs	332 10.7%	320 9.0%	301 9.4%	371 12.0%	345 10.1%	318 11.1%	320 11.3%			
In 3 yrs	365 11.8%	366 10.3%	366 11.4%	431 13.9%	401 11.8%	354 12.4%				
In 4 yrs	406 13.1%	392 11.1%	403 12.6%	461 14.9%	449 13.2%					
To Date	485 15.6%	467 13.2%	474 14.8%	512 16.6%	471 13.8%	385 13.5%	352 12.5%	245 9.3%	158 5.9%	7 1.3%

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Unknown Exits										
<i>In 1 yr</i>	106 3.4%	154 4.3%	129 4.0%	83 2.7%	76 2.2%	62 2.2%	60 2.1%	82 3.1%		
<i>In 2 yrs</i>	136 4.4%	194 5.5%	172 5.4%	124 4.0%	117 3.4%	98 3.4%	94 3.3%			
<i>In 3 yrs</i>	161 5.2%	221 6.2%	209 6.5%	163 5.3%	141 4.1%	126 4.4%				
<i>In 4 yrs</i>	179 5.8%	245 6.9%	235 7.3%	181 5.9%	169 5.0%					
<i>To Date</i>	240 7.7%	306 8.6%	271 8.5%	209 6.8%	176 5.2%	141 4.9%	111 3.9%	111 4.2%	30 1.1%	0 .0%
Remain In Care										
<i>In 1 yr</i>	1543 49.7%	1739 49.0%	1615 50.4%	1589 51.4%	1810 53.1%	1433 50.2%	1419 50.2%	1251 47.6%		
<i>In 2 yrs</i>	995 32.0%	956 27.0%	926 28.9%	854 27.6%	973 28.6%	762 26.7%	739 26.1%			
<i>In 3 yrs</i>	610 19.6%	576 16.2%	537 16.8%	482 15.6%	542 15.9%	400 14.0%				
<i>In 4 yrs</i>	380 12.2%	371 10.5%	304 9.5%	289 9.3%	290 8.5%					
<i>To Date</i>	80 2.6%	79 2.2%	106 3.3%	140 4.5%	210 6.2%	264 9.3%	480 17.0%	799 30.4%	1673 62.1%	489 89.1%

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 (2010 EXIT COHORT)



Permanency Goals:

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

FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON MAY 1, 2011³)

Is the child legally free (his or her parents' rights have been terminated)?				
Yes	No			
721	↓ 3210			
<i>Goals of:</i>	Has the child been in care more than 15 months?			
530 (74%)	No	Yes		
Adoption	1,863	↓ 1,347		
169 (23%)	Has a TPR proceeding been filed?			
APPLA				
11 (2%)	Yes	No		
Relatives	402	↓ 945		
4 (<1%)	<i>Goals of:</i>	Is a reason documented not to file TPR?		
Blank	274 (68%)	Yes	No	
4 (<1%)	Adoption	621	324	
Reunify	92 (23%)	<i>Goals of:</i>	<i>Documented</i>	<i>Goals of:</i>
3 (<1%)	APPLA	371 (60%)	<i>Reasons:</i>	146 (45%)
Trans. of Guardian: Sub/Unsub	19 (5%)	APPLA	77%	Reunify
	Reunify	121 (19%)	Compelling Reason	68 (21%)
	11 (3%)	Reunify	13%	Adoption
	Trans. of Guardian: Sub/Unsub	55 (9%)	Child is with relative	65 (20%)
	6 (2%)	Adoption	7%	APPLA
	Relatives	45 (7%)	Petition in process	36 (11%)
		Relatives	4%	Trans. of Guardian: Sub/Unsub
		29 (5%)	Service not provided	5 (2%)
		Trans. of Guardian: Sub/Unsub		Blank
				4 (1%)
				Relatives

³ Children over age 18 are included in these figures.

Preferred Permanency Goals:

Reunification	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011
Total number of children with Reunification goal, pre-TPR and post-TPR	1534	1581	1596	1606	1615	1610
Number of children with Reunification goal pre-TPR	1533	1577	1593	1605	1615	1606
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 15 months in care 	315	313	310	288	275	286
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 36 months in care 	39	42	36	39	36	31
Number of children with Reunification goal, post-TPR	1	4	3	1	0	4

Transfer of Guardianship (Subsidized and Non-Subsidized)	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	178	196	169	168	166	162
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	178	194	166	166	163	159
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, >= 22 months 	63	62	54	48	47	39
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, >= 36 months 	27	25	18	19	26	17
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	0	2	3	2	3	3

Adoption	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011
Total number of children with Adoption goal, pre-TPR and post-TPR	1162	1138	1083	1112	1136	1159
Number of children with Adoption goal, pre-TPR	590	603	549	587	624	629
Number of children with Adoption goal, TPR not filed, >= 15 months in care	97	114	97	103	126	123
<ul style="list-style-type: none"> Reason TPR not filed, Compelling Reason 	14	14	18	15	15	20
<ul style="list-style-type: none"> Reason TPR not filed, petitions in progress 	41	48	40	38	37	27
<ul style="list-style-type: none"> Reason TPR not filed , child is in placement with relative 	7	13	11	2	1	7
<ul style="list-style-type: none"> Reason TPR not filed, services needed not provided 	3	1	5	6	3	1
<ul style="list-style-type: none"> Reason TPR not filed, blank 	32	39	23	42	70	68
Number of cases with Adoption goal post-TPR	572	535	534	525	512	530
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care >= 15 months 	547	508	501	501	481	496
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care >= 22 months 	481	448	439	420	418	430
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	33	29	21	34	33	41
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	243	221	200	192	162	146
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	187	189	196	198	216	231

Progress Towards Permanency:	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	233	259	241	245	287	324

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011
Total number of children with Long Term Foster Care Relative goal	94	104	93	91	74	73
Number of children with Long Term Foster Care Relative goal, pre-TPR	85	90	83	82	62	62
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR 	5	8	9	8	6	4
Long Term Foster Care Rel. goal, post-TPR	9	14	10	9	12	11
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR 	2	3	2	1	0	0

APPLA*	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011
Total number of children with APPLA goal	922	893	853	814	806	775
Number of children with APPLA goal, pre-TPR	714	688	669	640	638	606
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, pre-TPR 	36	26	34	29	28	22
Number of children with APPLA goal, post-TPR	208	205	184	174	168	169
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, post-TPR 	14	16	13	13	11	13

* 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.

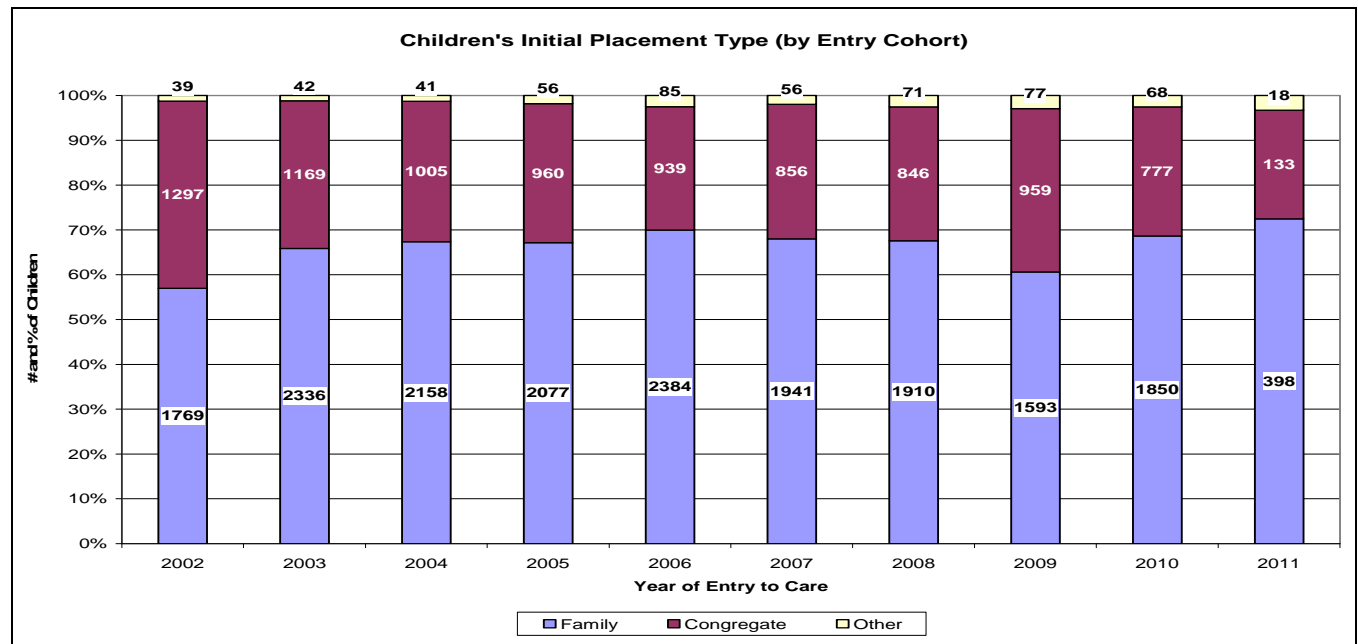
Missing Permanency Goals:

	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	33	21	32	32	23	19
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	21	14	20	17	13	9
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	3	6	12	10	7	5
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	3	6	11	5	3	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 2002 and 2011.

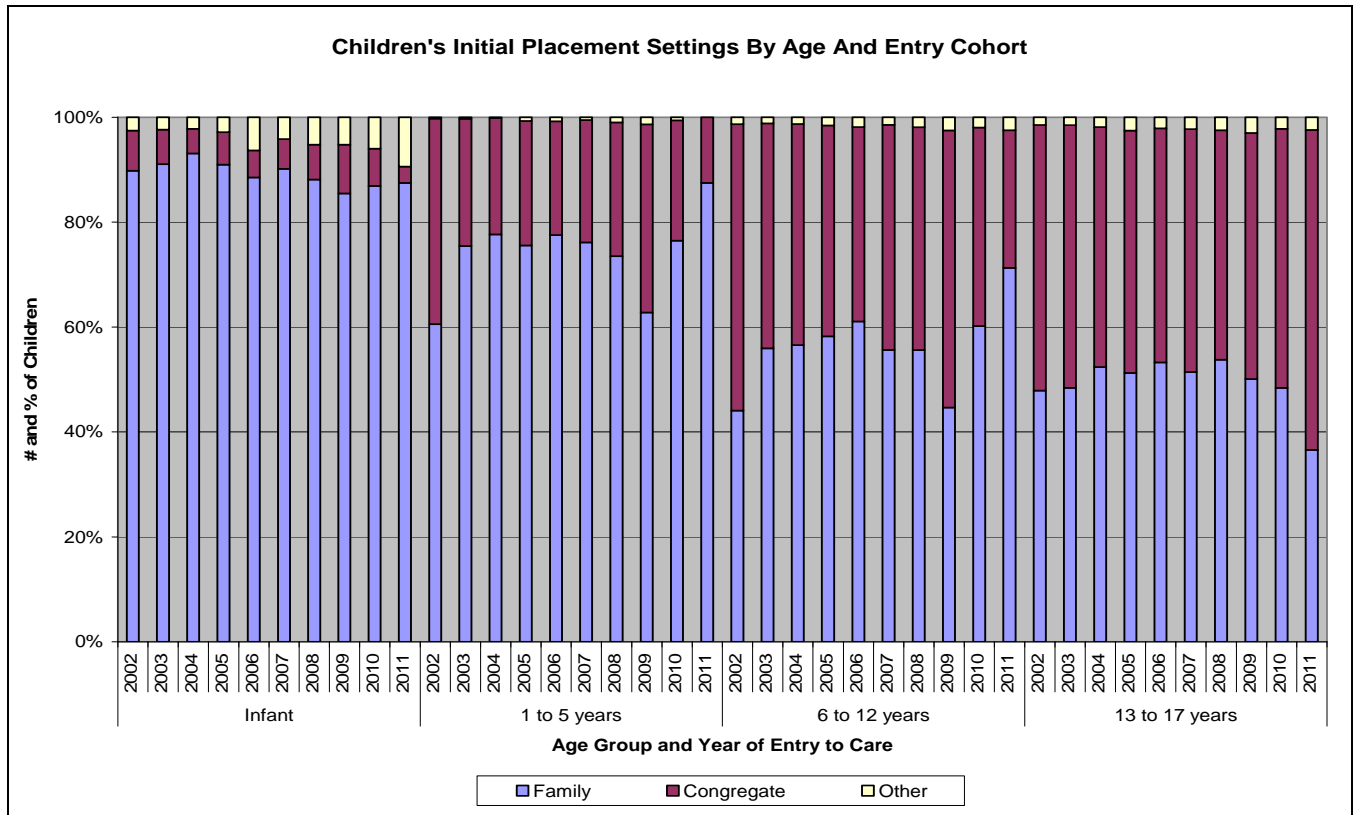


The next table shows specific care types used month-by-month for entries between April 2010 and March 2011.

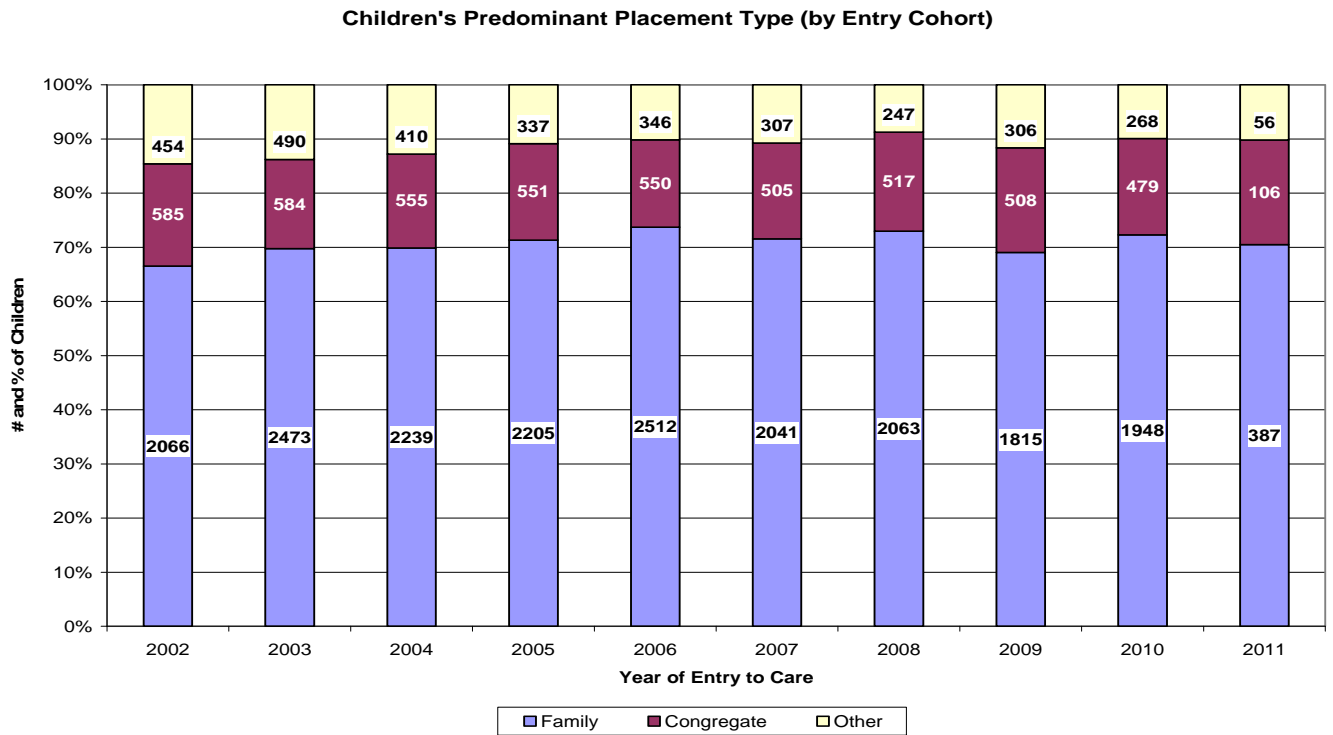
Case Summaries

First placement type		enter Apr10	enter May10	enter Jun10	enter Jul10	enter Aug10	enter Sep10	enter Oct10	enter Nov10	enter Dec10	enter Jan11	enter Feb11	enter Mar11
Residential	N	11	15	18	29	16	20	21	12	15	11	9	17
	%	5.7%	6.7%	9.5%	11.6%	5.9%	9.0%	7.9%	5.8%	7.0%	6.1%	5.5%	8.3%
DCF Facilities	N	3	2	2	3	4	3	2	1	3	3	3	5
	%	1.6%	.9%	1.1%	1.2%	1.5%	1.4%	.8%	.5%	1.4%	1.7%	1.8%	2.4%
Foster Care	N	106	132	107	130	136	123	152	123	120	99	80	108
	%	54.9%	58.7%	56.3%	52.0%	50.4%	55.4%	57.4%	59.1%	56.3%	55.0%	48.8%	52.7%
Group Home	N	4		2	5	5	2	4	7	3		2	3
	%	2.1%		1.1%	2.0%	1.9%	.9%	1.5%	3.4%	1.4%		1.2%	1.5%
Relative Care	N	19	28	22	18	38	40	32	33	42	31	28	35
	%	9.8%	12.4%	11.6%	7.2%	14.1%	18.0%	12.1%	15.9%	19.7%	17.2%	17.1%	17.1%
Medical	N	3	3	9	5	12	6	6	4	6	9	6	3
	%	1.6%	1.3%	4.7%	2.0%	4.4%	2.7%	2.3%	1.9%	2.8%	5.0%	3.7%	1.5%
Safe Home	N	23	28	13	38	38	13	21	15	14	9	16	8
	%	11.9%	12.4%	6.8%	15.2%	14.1%	5.9%	7.9%	7.2%	6.6%	5.0%	9.8%	3.9%
Shelter	N	21	15	12	19	18	12	22	11	8	14	12	21
	%	10.9%	6.7%	6.3%	7.6%	6.7%	5.4%	8.3%	5.3%	3.8%	7.8%	7.3%	10.2%
Special Study	N	3	2	5	3	3	3	5	2	2	4	8	5
	%	1.6%	.9%	2.6%	1.2%	1.1%	1.4%	1.9%	1.0%	.9%	2.2%	4.9%	2.4%
Total	N	193	225	190	250	270	222	265	208	213	180	164	205
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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



It is also useful to look at where children spend most of their time in DCF care. The chart below shows this for admission the 2002 through 2011 admission cohorts.



The following chart shows monthly statistics of children who exited from DCF placements between April 2010 and March 2011, and the portion of those exits within each placement type from which they exited.

Case Summaries

Last placement type in spell (as of censor date)	exit Apr10	exit May10	exit Jun10	exit Jul10	exit Aug10	exit Sep10	exit Oct10	exit Nov10	exit Dec10	exit Jan11	exit Feb11	exit Mar11
Residential	N 13 % 6.1%	17 7.3%	32 10.6%	21 8.0%	34 10.1%	17 7.4%	14 6.6%	15 6.4%	12 5.5%	14 11.5%	11 7.6%	17 9.4%
DCF Facilities	N 4 % 1.9%	4 1.7%	6 2.0%	2 .8%	4 1.2%	3 1.3%	4 1.9%		3 1.4%			2 1.1%
Foster Care	N 107 % 50.2%	122 52.4%	145 48.0%	130 49.8%	156 46.2%	104 45.0%	109 51.7%	114 48.3%	117 53.4%	59 48.4%	74 51.4%	90 49.7%
Group Home	N 9 % 4.2%	8 3.4%	26 8.6%	25 9.6%	24 7.1%	24 10.4%	12 5.7%	10 4.2%	15 6.8%	7 5.7%	10 6.9%	10 5.5%
Independent Living	N 4 % 1.9%	7 3.0%	7 2.3%	6 2.3%	7 2.1%	2 .9%		1 .4%		2 1.6%	2 1.4%	2 1.1%
Relative Care	N 39 % 18.3%	44 18.9%	44 14.6%	47 18.0%	56 16.6%	45 19.5%	46 21.8%	60 25.4%	43 19.6%	25 20.5%	27 18.8%	40 22.1%
Medical	N 2 % .9%	1 .4%		2 .8%	3 .9%		3 1.4%		2 .9%		3 2.1%	3 1.7%
Safe Home	N 12 % 5.6%	8 3.4%	13 4.3%	6 2.3%	16 4.7%	14 6.1%	10 4.7%	15 6.4%	13 5.9%	3 2.5%	6 4.2%	4 2.2%
Shelter	N 17 % 8.0%	10 4.3%	10 3.3%	9 3.4%	9 2.7%	13 5.6%	7 3.3%	8 3.4%	8 3.7%	7 5.7%	6 4.2%	10 5.5%
Special Study	N 4 % 1.9%	9 3.9%	18 6.0%	12 4.6%	27 8.0%	5 2.2%	4 1.9%	12 5.1%	5 2.3%	4 3.3%	3 2.1%	2 1.1%
Unknown	N 2 % .9%	3 1.3%	1 .3%	1 .4%	2 .6%	4 1.7%	2 .9%	1 .4%	1 .5%	1 .8%	2 1.4%	1 .6%
Total	N 213 % 100.0%	233 100.0%	302 100.0%	261 100.0%	338 100.0%	231 100.0%	211 100.0%	236 100.0%	219 100.0%	122 100.0%	144 100.0%	181 100.0%

The next chart shows the primary placement type for children who were in care on April 1, 2011 organized by length of time in care.

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

			Duration Category						Total	
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095		more than 1095
Primary type of spell (>50%)	Residential	Count	18	21	47	105	46	109	100	446
		% of Row	4.0%	4.7%	10.5%	23.5%	10.3%	24.4%	22.4%	100.0%
		% of Col	9.6%	7.0%	9.6%	12.3%	8.6%	11.2%	8.1%	9.7%
	DCF Facilities	Count	4	5	4	8	1	14	6	42
		% of Row	9.5%	11.9%	9.5%	19.0%	2.4%	33.3%	14.3%	100.0%
		% of Col	2.1%	1.7%	.8%	.9%	.2%	1.4%	.5%	.9%
	Foster Care	Count	87	131	214	393	291	545	709	2370
		% of Row	3.7%	5.5%	9.0%	16.6%	12.3%	23.0%	29.9%	100.0%
		% of Col	46.5%	43.4%	43.6%	45.9%	54.2%	56.1%	57.2%	51.7%
	Group Home	Count	3	3	11	32	14	65	79	207
		% of Row	1.4%	1.4%	5.3%	15.5%	6.8%	31.4%	38.2%	100.0%
		% of Col	1.6%	1.0%	2.2%	3.7%	2.6%	6.7%	6.4%	4.5%
	Independent Living	Count	0	0	0	0	1	1	4	6
		% of Row	.0%	.0%	.0%	.0%	16.7%	16.7%	66.7%	100.0%
		% of Col	.0%	.0%	.0%	.0%	.2%	.1%	.3%	.1%
	Relative Care	Count	39	69	133	198	113	132	92	776
		% of Row	5.0%	8.9%	17.1%	25.5%	14.6%	17.0%	11.9%	100.0%
		% of Col	20.9%	22.8%	27.1%	23.1%	21.0%	13.6%	7.4%	16.9%
	Medical	Count	1	3	3	4	5	4	2	22
		% of Row	4.5%	13.6%	13.6%	18.2%	22.7%	18.2%	9.1%	100.0%
% of Col		.5%	1.0%	.6%	.5%	.9%	.4%	.2%	.5%	
Mixed (none >50%)	Count	4	1	5	10	22	60	195	297	
	% of Row	1.3%	.3%	1.7%	3.4%	7.4%	20.2%	65.7%	100.0%	
	% of Col	2.1%	.3%	1.0%	1.2%	4.1%	6.2%	15.7%	6.5%	
Safe Home	Count	9	23	34	42	15	6	3	132	
	% of Row	6.8%	17.4%	25.8%	31.8%	11.4%	4.5%	2.3%	100.0%	
	% of Col	4.8%	7.6%	6.9%	4.9%	2.8%	.6%	.2%	2.9%	
Shelter	Count	17	27	25	28	5	2	0	104	
	% of Row	16.3%	26.0%	24.0%	26.9%	4.8%	1.9%	.0%	100.0%	
	% of Col	9.1%	8.9%	5.1%	3.3%	.9%	.2%	.0%	2.3%	
Special Study	Count	5	13	13	35	23	34	42	165	
	% of Row	3.0%	7.9%	7.9%	21.2%	13.9%	20.6%	25.5%	100.0%	
	% of Col	2.7%	4.3%	2.6%	4.1%	4.3%	3.5%	3.4%	3.6%	
Unknown	Count	0	6	2	2	1	0	7	18	
	% of Row	.0%	33.3%	11.1%	11.1%	5.6%	.0%	38.9%	100.0%	
	% of Col	.0%	2.0%	.4%	.2%	.2%	.0%	.6%	.4%	
Total	Count	187	302	491	857	537	972	1239	4585	
	% of Row	4.1%	6.6%	10.7%	18.7%	11.7%	21.2%	27.0%	100.0%	
	% of Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Congregate Care Settings

Placement Issues	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011
Total number of children 12 years old and under, in Congregate Care	230	235	223	190	171	149
• Number of children 12 years old and under, in DCF Facilities	13	10	9	8	4	6
• Number of children 12 years old and under, in Group Homes	46	45	41	40	37	34
• Number of children 12 years old and under, in Residential	33	41	39	41	51	44
• Number of children 12 years old and under, in SAFE Home	116	113	117	90	78	61
• Number of children 12 years old and under, in Permanency Diagnostic Center	12	11	12	8	1	1
• Number of children 12 years old and under in Shelter	10	15	5	3	0	3
Total number of children ages 13-17 in Congregate Placements	803	784	755	756	748	752

Use of SAFE Homes, Shelters and PDCs

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

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Entries	3105	3547	3204	3093	3408	2853	2827	2629	2695	549
SAFE Homes & PDCs	728 23%	629 18%	453 14%	395 13%	395 12%	382 13%	335 12%	471 18%	331 12%	33 6%
Shelters	165 5%	135 4%	147 5%	178 6%	114 3%	136 5%	144 5%	186 7%	175 6%	47 9%
Total	893 29%	764 22%	600 19%	573 19%	509 15%	518 18%	479 17%	657 25%	506 19%	80 15%

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Initial Plcmnts	893	764	600	573	509	518	479	657	506	80
<= 30 days	351 39%	308 40%	249 42%	242 42%	186 37%	162 31%	150 31%	229 35%	135 27%	45 56%
31 - 60	284 32%	180 24%	102 17%	114 20%	73 14%	73 14%	102 21%	110 17%	106 21%	25 31%

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Initial Plcmnts	893	764	600	573	509	518	479	657	506	80
61 - 91	106 12%	121 16%	81 14%	76 13%	87 17%	79 15%	85 18%	157 24%	91 18%	10 13%
92 - 183	101 11%	107 14%	124 21%	100 17%	118 23%	131 25%	110 23%	124 19%	145 29%	0 0%
184+	51 6%	48 6%	44 7%	41 7%	45 9%	73 14%	32 7%	37 6%	29 6%	0 0%

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

Placement Issues	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011
Total number of children in SAFE Home	132	123	121	125	99	90	70
• Number of children in SAFE Home, > 60 days	58	57	55	64	59	56	50
• Number of children in SAFE Home, >= 6 months	14	8	11	14	14	12	15
Total number of children in STAR/Shelter Placement	80	89	83	78	84	75	80
• Number of children in STAR/Shelter Placement, > 60 days	37	52	38	42	44	41	41
• Number of children in STAR/Shelter Placement, >= 6 months	7	6	10	5	3	6	4
Total number of children in Permanency Planning Diagnostic Center	18	17	17	15	11	1	1
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	11	14	14	11	9	1	1
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	5	3	6	4	1	1	1
Total number of children in MH Shelter	12	8	6	1	2	0	1
• Total number of children in MH Shelter, > 60 days	8	7	4	0	1	0	1
• Total number of children in MH Shelter, >= 6 months	1	1	1	0	0	0	0

Time in Residential Care

Placement Issues	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011	May 2011
Total number of children in Residential care	498	496	505	475	462	477	488
<ul style="list-style-type: none"> Number of children in Residential care, >= 12 months in Residential placement 	133	136	153	141	129	129	132
<ul style="list-style-type: none"> Number of children in Residential care, >= 60 months in Residential placement 	4	3	2	2	2	1	2

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

Summary Findings

The Department's First Quarter 2011 performance as measured through the Court Monitor's reviews with respect to the Outcome Measure 3 (Case Plans) and Outcome Measure 15 (Needs Met) are as follows:

- The First Quarter 2011 sample for Outcome Measure 3 and Outcome Measure 15 included a total of 53 cases. The Monitor found a total of 43 cases or 81.1% of the 53 case plans sampled were deemed appropriate for Outcome Measure 3. This is a marked increase from the 67.9% deemed appropriate for Outcome Measure 3 in the Fourth Quarter 2010.
- For Outcome Measure 15 during the First Quarter 2011, a total of 31 cases or 58.5% of the sample had evidence that DCF was meeting children and families' needs during the six-month period. This is a slight increase over the 56.6% achieved during the Fourth Quarter 2010.
- 29 cases (54.7%) achieved both Outcome Measure standards during the quarter. Eight cases (15.1%) failed to achieve both Outcome Measure standards during the quarter.

Crosstabulation 1: Overall Score for OM3 * Overall Score for Outcome Measure 15

Overall Score for OM3		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Appropriate Case Plan	Count	29	14	43
	% within Score for OM3	67.4%	32.6%	100.0%
	% within Score for OM15	93.5%	63.6%	81.1%
	% of Total	54.7%	56.6%	81.1%
Not an Appropriate Case Plan	Count	2	8	10
	% within Score for OM3	20.0%	80.0%	100.0%
	% within Score for OM15	6.5%	36.4%	18.9%
	% of Total	3.8%	15.1%	18.9%
Total Case Plans	Count	31	22	53
	% within Score for OM3	58.5%	41.5%	100.0%
	% within Score for OM15	100.0%	100.0%	100.0%
	% of Total	58.5%	41.5%	100.0%

This is the final reporting of the OM3 and OM15 reviews using the methodology crafted in the Exit Plan document that entails prior announced notice of the reviewers' selection of a case for review. Beginning with the Second Quarter 2011, the 53 case-sample will be inclusive of 'blind' reviews.

This amended process resulted from a proposal put forth by the Court Monitor for permanent modification, within his discretion, to the sampling selection of cases for each quarterly review, for the purpose of more accurately assessing performance on both Outcome Measures 3 and 15. The sample of cases were previously identified to the Department in advance by approximately 2-3 weeks before the files were pulled for monitor's review staff. Under the proposed change, the sample will be a "blind"

sample, such that the Court Monitor will select a sample of cases each quarter from the universe of cases requiring a case plan to be completed during the quarter. The Department will not be provided with advance notice regarding the sample cases chosen. Additionally, in light of this change and Commissioner Katz's expressed interest in addressing concerns with front line practice issues that had arisen around the prior sampling selection, and around performance under these measures in general, the Court Monitor also proposed that he would not report on Outcome Measure 3 and 15 for the Second Quarter 2011 report (for the three months ending June 30, 2011), and that reporting on Outcome Measures 3 and 15 would resume for with the Third Quarter 2011 report (three months ending October 31, 2011). Neither party objected to these proposals and as such, they are being implemented.

Additionally, one case per office will be randomly selected for ACR attendance by our reviewer with no advance notification to continue to monitor that quality assurance function and the follow up that the area office staff conduct as a result of those efforts.

Findings Related to Outcome Measure 3

The DCF Outcome Measure 3 (Case Planning) requires 90% compliance. As indicated the average performance was 81.1%. This quarter, the Court Monitor data confirm seven of the Area Offices achieved compliance with 100.0% appropriate rankings. This is an increase from the four offices achieving success with the measure standard last quarter. The remaining Area Office scores ranged from 0.0% to 80.0% during the quarter.

Crosstabulation 2: What is the social worker's area office assignment? *Overall Score for OM3 First Quarter 2011

What is the social worker's area office assignment?		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
Bridgeport	Count	4	1	5
	% within area office	80.0%	20.0%	100.0%
Danbury	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Milford	Count	3	0	3
	% within area office	100.0%	.0%	100.0%
Hartford	Count	4	2	6
	% within area office	66.7%	33.3%	100.0%
Manchester	Count	3	1	4
	% within area office	75.0%	25.0%	100.0%
Meriden	Count	3	0	3
	% within area office	100.0%	.0%	100.0%
Middletown	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
New Britain	Count	5	0	5
	% within area office	100.0%	.0%	100.0%
New Haven	Count	4	1	5
	% within area office	80.0%	20.0%	100.0%
Norwalk	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Norwich	Count	4	1	5
	% within area office	80.0%	20.0%	100.0%
Stamford	Count	0	2	2
	% within area office	.0%	100.0%	100.0%
Torrington	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Waterbury	Count	4	0	4
	% within area office	100.0%	.0%	100.0%
Willimantic	Count	3	0	3
	% within area office	100.0%	.0%	100.0%
Total	Count	43	10	53
	% within area office	81.1%	18.9%	100.0%

As this is the final review using this methodology of announced reviews, we provide the performance of each area office for the overall OM3 scores to date. As indicated in prior reviews, Middletown leads the state with the most consistent level of performance, with 80.0% of reviewed case plans deemed appropriate. The next highest performances are housed within the same region of the state, in Willimantic at 78.3% and Norwich at 69.9%. This clearly supports Administrative Review trend data available to the management teams.

What is the social worker's area office assignment? * Overall Score for OM3 Crosstabulation from Third Quarter 2006 through First Quarter 2011

What is the social worker's area office assignment?		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
Bridgeport	Count	39	45	84
	% within area office	46.4%	53.6%	100.0%
Danbury	Count	20	19	39
	% within area office	51.3%	48.7%	100.0%
Milford	Count	38	26	64
	% within area office	59.4%	40.6%	100.0%
Hartford	Count	62	61	123
	% within area office	50.4%	49.6%	100.0%
Manchester	Count	64	30	94
	% within area office	68.1%	31.9%	100.0%
Meriden	Count	31	15	46
	% within area office	67.4%	32.6%	100.0%
Middletown	Count	32	8	40
	% within area office	80.0%	20.0%	100.0%
New Britain	Count	62	46	108
	% within area office	57.4%	42.6%	100.0%
New Haven	Count	47	53	100
	% within area office	47.0%	53.0%	100.0%
Norwalk	Count	22	15	37
	% within area office	59.5%	40.5%	100.0%
Norwich	Count	58	25	83
	% within area office	69.9%	30.1%	100.0%
Stamford	Count	12	25	37
	% within area office	32.4%	67.6%	100.0%
Torrington	Count	27	13	40
	% within area office	67.5%	32.5%	100.0%
Waterbury	Count	45	42	87
	% within area office	51.7%	48.3%	100.0%
Willimantic	Count	47	13	60
	% within area office	78.3%	21.7%	100.0%
Total	Count	606	436	1042
	% within area office	58.2%	41.8%	100.0%

During the First Quarter 2011, the individual domains within Outcome Measure 3 across all 53 cases in the sample were as follows:

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	32 60.4%	21 39.6%	0 0.0%	0 0.0%	0 0.0%
I.2 Identifying Information	18 34.0%	33 62.3%	2 3.8%	0 0.0%	0 0.0%
I.3 Strengths/Needs/Other Issues	12 22.6%	33 62.3%	5 9.4%	3 5.7%	0 0.0%
I.4 Present Situation and Assessment to Date of Review	19 35.8%	24 45.3%	9 17.0%	1 1.9%	0 0.0%
II.1 Determining the Goals/Objectives	16 30.2%	33 62.3%	4 7.5%	0 0.0%	0 0.0%
II.2 Progress	18 34.0%	31 58.5%	4 7.5%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	7 13.2%	36 67.9%	8 15.1%	2 3.8%	0 0.0%
II.4 Planning for Permanency	19 35.8%	32 60.4%	2 3.8%	0 0.0%	0 0.0%

Within the 33 subsample of cases that included a child-in-placement at the time of review, the overall rate of compliance for this population was the highest to-date at 97.0%. All plans were approved by the Social Work Supervisor at the time of review; and the individual domains were as follows:

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	24 72.7%	9 27.3%	0 0.0%	0 0.0%	0 0.0%
I.2 Identifying Information	14 42.4%	19 57.6%	0 0.0%	0 0.0%	0 0.0%
I.3 Strengths/Needs/Other Issues	7 21.2%	22 66.7%	4 12.1%	0 0.0%	0 0.0%
I.4 Present Situation and Assessment to Date of Review	14 42.4%	17 51.5%	2 6.1%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	12 36.4%	21 63.6%	0 0.0%	0 0.0%	0 0.0%
II.2 Progress	15 45.5%	18 54.5%	0 0.0%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	4 12.1%	26 78.8%	2 6.1%	1 3.0%	0 0.0%
II.4 Planning for Permanency	15 45.5%	18 54.5%	0 0.0%	0 0.0%	0 0.0%

Within the in-home population during this quarter the sample set of the case plans achieved the benchmark of 'appropriate case plan' in only 55.0% of the applicable subsample of cases. All cases were approved by the Social Work Supervisor at the time of review. The individual sections were as follows:

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

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	12 60.0%	8 40.0%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	4 20.0%	14 70.0%	2 10.0%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	5 25.0%	11 55.0%	1 5.0%	3 15.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	5 25.0%	7 35.0%	7 35.0%	1 5.0%	0 0.0%
II.1 Determining the Goals/Objectives	4 20.0%	12 60.0%	4 20.0%	0 0.0%	0 0.0%
II.2. Progress	3 15.0%	13 65.0%	4 20.0%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	3 15.0%	10 50.0%	6 30.0%	1 5.0%	0 0.0%
II.4 Planning for Permanency	4 20.0%	14 70.0%	2 10.0%	0 0.0%	0 0.0%

A review of findings by case type assignments indicates that in total 97.0% of the 33 children in placement (CPS and Voluntary Services) had appropriate case plans, while only 55.0% of the 20 cases with an in-home case assignment (CPS and Voluntary Services combined) were appropriate. The rate was higher for Voluntary Service Cases at 66.7% compliance versus 52.9% for the CPS in-home case population, but caution should be taken generalizing because of the low number of cases in the Voluntary subsample.

Crosstabulation 3: What is the type of case assignment noted in LINK? * Overall Score for OM3

What is the type of case assignment noted in LINK?		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
CPS In-Home Family Case	Count	9	8	17
	% Type of LINK Case Assignment	52.9%	47.1%	100.0%
CPS Child in Placement Case	Count	32	1	33
	% Type of LINK Case Assignment	97.0%	3.0%	100.0%
Voluntary Services In-Home Family Case	Count	2	1	3
	% Type of LINK Case Assignment	66.7%	33.3%	100.0%
Total	Count	43	10	53
	% Type of LINK Case Assignment	81.1%	18.9%	100.0%

The average performance to-date is 58.2%. Historically, the Department has achieved the following results during our monitoring of Outcome Measure 3.

Table 4: Historical Findings on OM3 Compliance -Third Quarter 2006 to First Quarter 2011

Quarter	Sample (n)	Percent "Appropriate Case Plan"
3 rd Quarter 2006	35	54.3%
4 th Quarter 2006	73	41.1%
1 st Quarter 2007	75	41.3%
2 nd Quarter 2007	76	30.3%
3 rd Quarter 2007	50	32.0%
4 th Quarter 2007	51	51.0%
1 st Quarter 2008	51	58.8%
2 nd Quarter 2008	52	55.8%
3 rd Quarter 2008	53	62.3%
4 th Quarter 2008	53	81.1%
1 st Quarter 2009	52	67.3%
2 nd Quarter 2009	52	73.1%
3 rd Quarter 2009	52	53.8%
4 th Quarter 2009	53	47.2%
1 st Quarter 2010	52	86.5%
2 nd Quarter 2010	53	75.5%
3 rd Quarter 2010	53	66.0%
4 th Quarter 2010	53	67.9%
1 st Quarter 2011	53	81.1%
Total to Date	1042	58.2%

Race alone did not appear to be a significant factor as 80.0% of white clients and 76.9% of African American Clients plans were deemed appropriate. All two of those cases with the identified case participant's race indicated as unable to be determined (UTD) were deemed appropriate (100.0%). All five of the case plans with participants identified as multiracial were deemed appropriate. Black/African Americans of Hispanic descent appeared to fare better than those of Non-Hispanic heritage, in that 100% of the 2 Black African American Hispanic families had an appropriate case plan versus only 8 of 11 or 72.7% of those Non-Hispanic Black/African American students. The subsample of Hispanic population is low, and further study would be necessary prior to drawing conclusion.

Crosstabulation 4: Race (Child or Family Case Named Individual) * Overall Score for OM3 * Ethnicity (Child or Family Case Named Individual) Crosstabulation

Ethnicity (Child or Family Case Named Individual)	Race		Overall Score for OM3		
			Appropriate Case Plan	Not an Appropriate Case Plan	Total
Hispanic	Asian	Count	1	0	1
		% within Race	100.0%	.0%	100.0%
	Black/African American	Count	2	0	2
		% within Race	100.0%	.0%	100.0%
	White	Count	9	2	11
		% within Race	81.8%	18.2%	100.0%
	UTD	Count	3	0	3
		% within Race	100.0%	.0%	100.0%
	Multiracial	Count	1	0	1
		% within Race	100.0%	.0%	100.0%
	Total	Count	16	2	18
		% within Race	88.9%	11.1%	100.0%
Non-Hispanic	Black/African American	Count	8	3	11
		% within Race	72.7%	27.3%	100.0%
	White	Count	15	4	19
		% within Race	78.9%	21.1%	100.0%
	UTD	Count	0	1	1
		% within Race	.0%	100.0%	100.0%
	Multiracial	Count	4	0	4
		% within Race	100.0%	.0%	100.0%
	Total	Count	27	8	35
		% within Race	77.1%	22.9%	100.0%

There is a slight difference in the level of appropriate case plans for child-in-placement cases developed for girls and boys, however, the disparate trending of the second and third quarters of 2010 is not prominent this quarter. In all, 100.0% of the case plans for boys were deemed appropriate, and 94.4% of the girls' case plans were appropriate.

Crosstabulation 5: Sex of Child *Overall Score for OM3

Overall Score for OM3		Gender of Child in Placement		
		Male	Female	Total
Appropriate Case Plan	Count	15	17	32
	% within Sex of Child	100.0%	94.4%	97.0%
Not an Appropriate Case Plan	Count	0	1	1
	% within Sex of Child	0.0%	5.6%	3.0%
Total	Count	15	18	33
	% within Sex of Child	100.0%	100.0%	100.0%

The Monitor received requests for overrides on 23 cases and approved 16 overrides for 15 of the cases. Seven of these requests were related to Outcome Measure 3 and nine were related to Outcome Measure 15. Some examples of these scenarios included:

- One override for OM15 "Appropriateness of Placement" was granted based on an Area Office rebuttal to our concerns of the foster home's appropriateness. The reviewer's concerns stemmed from the lack of child specific and general post licensure foster parent training related to a child's Aspergers and the fact that the child's sibling was adopted, while he has not been, suggesting a lack of commitment. Upon reply it was identified that the foster parent had been an effective surrogate, and was not adopting based upon fears of service needs, not a lack of commitment. An alternate means of making the child feel he was more part of the family, such as a legal name change in probate court will be considered. The Area Office did concede that there was a lapse in foster parent training and would take that up in the current licensing period. Our office raised this issue of lack of foster parent post licensing training with Director Ken Mysogland, as well as, the region, as it appears this issue goes well beyond one case - many foster parents continue to be relicensed in spite of receiving little or none of the required hours of post licensure training in each biennium.
- A request for override was denied in relation to an unmet medical need for a neuropsychological. This request was made in July 2010 and the child did not receive the service until April of 2011. The area office was diligent in attempts to secure the service. Issues were with the medical provider community.
- A child's dental well care was not addressed during the period. The Area Office rebutted our findings of dental care delayed by the lack of attention by the professional parent foster home provider citing the compelling nature of this child's mental health issues and indicating that although late in receipt, the dental care was attended to at the time of their request some 104 days late, but that no issues were identified. Given the nature of child's mental health, and the otherwise excellent care shown throughout the period under review the monitor maintained the marginal rating but granted the override for overall needs met.
- An override was denied in regard to "Appropriateness of Placement" for a child that was in placement in a Safe Home for eight of the last 13 months. Although the placement allowed for maintaining siblings together, the length of time in a congregate setting for two very young children is deemed unacceptable.
- An override was granted for OM15 in a case in which extended day treatment could not be provided due initially to a waitlist and then due to child's refusal when the service became available. At that time, the Area Office worked with the ARG and therapist in conjunction with the child's aunt to engage the child with an individual therapist. A plan was established to incrementally engage an in-home service if the child would not follow through the identified individual therapist but at the time of review it appeared positive strides had been made.
- Two case plans had some weakness in regard to action steps presented within the grid section of the document which was outdated or conflicting with known information from the record review. These areas however were fully discussed with participants and documented on the DCF-553 and/or were able to be gleaned from other areas of the plan assessment so an override for OM3 was felt to be appropriate.

- One case plan lacked the required section related to a subsidized transfer of guardianship assessment in which the Department is required to identify specifics as to barriers and necessary steps to achieve this goal, and state why the more permanent option of adoption has not been pursued. The case was within weeks of finalizing the guardianship at the time of case approval (in fact this has occurred). Our reviewer found the assessment section to be marginal, as the policy was not complied with in regard to this necessary inclusion of information. The area office rebuttal indicated that all options had been discussed and considered by the relative in the prior period, and this information was not pertinent to this particular situation given the eminent court proceeding. We allowed for the override for Outcome Measure 3 given the timing, and this specific situation, but maintained the marginal ranking as the office did not adhere to the policy set to ensure consideration of adoption is documented and this accurate information is included on the case plan document for the family and case stakeholders' mutual understanding.
- On one case plan the assessment was not clear in regard to the depth of the mental health issues of the child residing in the home. Nor did the plan address all areas of the domains required for each of the children (e.g. dental, social skills missing). However, the objectives and action steps clearly indicted an understanding of the needs for these case participants, as did the LINK narratives during the period in which case planning was discussed with the mother. There was demonstrated engagement in working with mother and father of the youngest child to meet the needs of the children through development of a workable plan. As such, the plan as a whole was felt to be appropriate for override.

The engagement of participants in case planning continues to be a focus for the Department. Foster parents and mothers continue to be the most actively engaged participants in the case planning process. Department efforts to engage the majority of the remaining identified case participants showed mixed results in comparison to the prior period, as shown in Table 5 below.

Table 5: First Quarter 2011 Participation and Attendance Rates for Active Case Participants

Identified Case Participant	Percentage with documented Participation/ Engagement in Case Planning Discussion	<i>Prior Quarter's Documented Engagement of Participation in Case Planning</i>	Percentage Attending the TPC/ACR or Family Conference (when held)	<i>Rate Of Attendance at TPC/ACR Prior Quarter (when held)</i>
Foster Parent(s)	91.7%	81.0%	70.8%	66.7%
Mother	75.0%	80.4%	64.1%	69.7%
Other Participants	70.8%	40.9%	63.2%	66.7%
Active Service Providers	66.7%	57.7%	30.6%	57.7%
Adolescent/Child	64.7%	65.4%	61.5%	56.5%
Father	53.7%	50.0%	34.4%	34.5%
Other DCF Staff	45.9%	57.1%	34.4%	51.4%
Attorney/GAL (Child)	39.5%	42.5%	28.6%	40.6%
Parents' Attorney	25.9%	40.0%	17.4%	37.0%

The table above includes both the attendance rates at the ACR or family conferences, as well as, participation identified through discussions in the case record narratives during contacts/visits with the case participants. The family conference by definition requires participation of the parent(s) or guardian and outside participants who are supports or active providers. The meeting is held where the case plans are shared/further developed, and necessary edits are finalized prior to supervisory approval. Reviewers reported that some cases that had outside providers or family supports identified, had meetings with only

the parent(s) in attendance and yet were identified as family conferences. This would not meet the spirit of family conferencing as introduced in training or practice guides as it fails to engage the natural and community supports that could be available for the family to rely upon in situations that would previously have resulted in Department intervention.

Incorporating concurrent plans into the process continues to be an important element for improving the rate of achieving timely permanency. During this quarter, there were 15 cases in which a concurrent plan may have been required as the goal stated was reunification (9) or APPLA (6). In all of the reunification cases a concurrent plan was identified. The one case without an identified goal was an in-home case that had multiple sections of the case plan scored marginally and no clearly identifiable case goal or contingency plan stated within the document.

To date, no official policy change has been identified in regards to the requirement, identified earlier in this administration, to identify a concurrent goal for children with a goal of Another Planned Permanent Living Arrangement (APPLA). While we could not find evidence of Bureau Chief approval of the APPLA goal for every child identified with the APPLA designation required by stipulation, the reviewers indicated that of the four children without a concurrent plan identified, the situations were complex.

In two cases, there were fifteen year old adolescent females that had failed or disrupted adoptions.

- In the first scenario the child had come back into care in 2006 at the request of the adoptive parent seeking TPR which was granted. The Department sought out her biological father who had not been involved in the child's early life and was now willing to attempt TOG, which looked promising until the fall of 2010 when efforts were halted by unfounded allegations of physical abuse which upset the parent to the point at which he has reconsidered his position so that APPLA is now the solitary goal. Efforts to work on therapeutic family work will continue to allow for family connections.
- The second adolescent came back into care in 2009 at the request of the adoptive parent seeking TPR due to the child's mental health. The Department has attempted to avoid this, with no success, and is likely to now pursue TPR, after much effort to engage the adoptive parent through phone calls, and letters though this adolescent would like to have contact with her sister who remains with this family. All contacts have been unsuccessful. A long term foster care arrangement with a special study foster home appears to be the best options for this teen who does not wish to pursue another adoption or permanent family setting, but would prefer to seek out biological relatives that have been willing to be visiting resources in the past but were not encouraged by the adoptive parent.

Two of the additional APPLA cases were eighteen year olds who maintained family connections and the goal of APPLA at this juncture was appropriate. In one case there was a question regarding the level of diligence in concurrent planning within the approved documents reviewed. In this situation, there was a medically complex teen in a congregate care setting who had no family resource. While it is unlikely that recruitment efforts may produce a lifelong permanent resource for adoption, permanency plans were not identified to concurrently plan for such. The area office did have initial action steps under way to do so however, so this appeared to be an oversight in editing rather than planning.

Overall, permanency planning sections of the case plan documents appear appropriate as witnessed by the domain scoring which found 96.2% of the 53 case sample to rank Very Good or Optimal.

Crosstabulation 6: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? * What is the stated concurrent plan?

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?	What is the stated concurrent plan?								
	Reunification	Adoption	TOG	LTFC with relative	In-Home Goals - Safety/Well Being Issues	None	UTD - plan incomplete/unapproved for this period	APPLA	Total
Reunification	0	3	1	0	0	0	0	5	9
Adoption	5	0	1	0	0	8	0	0	14
TOG	1	1	0	0	0	0	0	1	3
LTFC relative	0	0	0	0	0	0	0	1	1
In-Home Goals - Safety/Well Being	0	0	0	0	2	17	0	0	19
UTD - plan incomplete, unapproved for this period	0	0	0	0	0	0	1	0	1
APPLA	0	1	0	1	0	4	0	0	6
Total	6	5	2	1	2	29	1	7	53

The extent and timeliness to which the permanency plans and concurrent planning is implemented on cases not pre-identified to the area offices will be more accurately captured as we move forward with our "blind" review process. Further, how those plans are implemented in practice will be reflected within the scoring sections of Outcome Measure 15 related to case management and permanency.

Given the established ASFA timeframes, our review does consider the length-of-time in care as one consideration when reviewing efforts toward permanency planning. Thirteen of the children in placement within the sample were in care greater than 24 months. Of these, five had a goal of APPLA; four had a goal of Adoption; one case identified a goal of Long Term Foster Care with a Relative; and three had a goal of Reunification concurrent with APPLA (2) or Adoption (TPR was filed in one of the APPLA cases, LINK exceptions were noted in the other two cases).

Crosstabulation 7: How many consecutive months has this child been in out-of-home placement as of the date of this review or date of case closure during the period? *What is the child or family's stated goal on the most recent approved Case Plan during the period?

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?	How many consecutive months has this child been in out of home placement as of the date of this review or date of case closure during the period?					
	7-12 months	13-18 months	19-24 months	Greater than 24 months	N/A In-Home Case	Total
Reunification	5	0	1	3	0	9
Adoption	3	6	1	4	0	14
Transfer of Guardianship	2	1	0	0	0	3
LTFC with a Relative	0	0	0	1	0	1
In-Home Goals - Safety/Well Being	0	0	0	0	19	19
UTD - plan incomplete, unapproved/missing for this period	0	0	0	0	1	1
APPLA	0	0	1	5	0	6
Total	10	7	3	13	20	53

The categorical means for Outcome Measure 3 for the first quarter have shifted slightly across the majority of categories in comparison to last quarter's reporting; with one category below the 4.00 mean range.

Table 6: Mean Averages for Outcome Measure 3 - Case Planning (3rd Quarter 2006 - 1st Quarter 2011)

Case Plan Domains	3Q 2006	4Q 2006	1Q 2007	2Q 2007	3Q 2007	4Q 2007	1Q 2008	2Q 2008	3Q 2008	4Q 2008	1Q 2009	2Q 2009	3Q 2009	4Q 2009	1Q 2010	2Q 2010	3Q 2010	4Q 2010	1Q 2011
Reason For Involvement	4.46	4.27	4.63	4.50	4.66	4.71	4.82	4.73	4.81	4.70	4.83	4.85	4.63	4.55	4.60	4.58	4.55	4.62	4.60
Identifying Information	3.94	3.89	3.96	3.82	3.92	4.16	4.18	4.15	4.26	4.21	4.12	4.31	4.27	4.36	4.17	4.43	4.30	4.32	4.30
Strengths, Needs, Other Issues	4.09	4.04	4.07	3.93	4.16	4.25	4.41	4.04	4.13	4.28	4.25	4.29	4.15	3.64	4.10	4.19	3.98	4.06	4.02
Present Situation & Assessment to the Date of Review	4.14	3.97	3.96	3.93	4.02	4.29	4.45	3.98	4.25	4.30	4.23	4.29	4.17	3.98	4.13	4.19	4.15	4.21	4.15
Determining Goals/ Objectives	3.80	3.48	3.68	3.66	3.70	3.82	4.00	3.91	3.92	3.98	4.00	3.92	3.92	3.75	4.25	4.19	3.94	3.96	4.23
Progress	4.00	3.91	3.87	3.86	3.82	4.31	4.35	4.27	4.26	4.28	4.37	4.37	4.25	4.17	4.17	4.26	4.15	4.25	4.26
Action Steps for Upcoming Six Months	3.71	3.44	3.19	3.30	3.40	3.55	3.61	3.52	3.68	3.96	3.79	3.85	3.63	3.58	4.27	3.77	3.83	3.89	3.91
Planning for Permanency	4.03	4.04	4.13	4.01	4.08	4.24	4.43	4.31	4.32	4.43	4.40	4.44	4.38	4.13	4.44	4.47	4.25	4.30	4.32

Findings Related to Outcome Measure 15 - Needs Met

Seven of the 15 area offices attained the measure during the quarter. The area offices achieving the 80% benchmark this quarter are the Bridgeport, New Britain and Norwich Offices. Attaining 100.0% achievement are Manchester, Middletown, Norwalk and Willimantic. A crosstabulation of Outcome Measure 15 by Area Office is provided below.

Crosstabulation 8: What is the social worker's area office assignment? *Overall Score for Outcome Measure 15 First Quarter 2011

What is the social worker's area office assignment?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Bridgeport	Count	4	1	5
	% Area Office	80.0%	20.0%	100.0%
Danbury	Count	1	1	2
	% Area Office	50.0%	50.0%	100.0%
Milford	Count	1	2	3
	% Area Office	33.3%	66.7%	100.0%
Hartford	Count	1	5	6
	% Area Office	16.7%	83.3%	100.0%
Manchester	Count	4	0	4
	% Area Office	100.0%	.0%	100.0%
Meriden	Count	2	1	3
	% Area Office	66.7%	33.3%	100.0%
Middletown	Count	2	0	2
	% Area Office	100.0%	.0%	100.0%
New Britain	Count	4	1	5
	% Area Office	80.0%	20.0%	100.0%
New Haven Metro	Count	1	4	5
	% Area Office	20.0%	80.0%	100.0%
Norwalk	Count	2	0	2
	% Area Office	100.0%	.0%	100.0%
Norwich	Count	4	1	5
	% Area Office	80.0%	20.0%	100.0%
Stamford	Count	0	2	2
	% Area Office	.0%	100.0%	100.0%
Torrington	Count	1	1	2
	% Area Office	50.0%	50.0%	100.0%
Waterbury	Count	1	3	4
	% Area Office	25.0%	75.0%	100.0%
Willimantic	Count	3	0	3
	% Area Office	100.0%	.0%	100.0%
Total	Count	31	22	53
	% Area Office	58.5%	41.5%	100.0%

Individually, the eleven categories of needs were met at varying rates for medical, dental, mental health and other services needs, etc. as specified in the prior case plan during the last six month period as captured through the DCF Court Monitor's Protocol for Outcome Measures 3 and 15. Statewide these categories were achieved as follows:

Table 7: Measurements of Case Plan OM 15 – Number and Percent of Rank Scores Across All Categories of OM15

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/ Absent “1”	N/A to Case
Safety In Home	4 19.0%	13 61.9%	3 14.3%	1 4.8%	0 0.0%	32
Safety - Child In Placement	17 50.0%	16 47.1%	1 2.9%	0 0.0%	0 0.0%	19
Permanency Securing the Permanent Placement Action Plan for the Next Six Months	19 54.3%	16 45.7%	0 0.0%	0 0.0%	0 0.0%	18
Permanency: DCF Case Management - Legal Action to Achieve Permanency Goal during the Prior Six Months	29 54.7%	23 43.4%	1 1.9%	0 0.0%	0 0.0%	0
Permanency: DCF Case Management - Recruitment for Placement Providers to Achieve the Permanency Goal During the Prior Six Months	18 50.0%	16 44.4%	1 2.8%	1 2.8%	0 0.0%	17
DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	6 11.3%	30 56.6%	14 26.4%	3 5.7%	0 0.0%	0
Well Being - Medical	30 56.6%	16 30.2%	7 13.2%	0 0.0%	0 0.0%	0
Well Being - Dental	30 56.6%	19 35.8%	4 7.5%	0 0.0%	0 0.0%	0
Well Being - Mental Health, Behavioral Health, Substance Abuse Services	5 10.2%	29 59.2%	13 26.5%	2 4.1%	0 0.0%	4
Well Being - Child's Current Placement	15 45.5%	13 39.4%	5 15.2%	0 0.0%	0 0.0%	20
Well Being - Education	20 48.8%	17 41.5%	4 9.8%	0 0.0%	0 0.0%	12

The prior quarterly scores for Outcome Measure 15 have been in the range of 45.3% to 67.3%. Performance has fluctuated. This quarter the Department has achieved a score of 58.5% needs met during the quarter. To date, 580 or 55.7% of the 1,042 cases reviewed have achieved the measure. These scores are reflected in the Crosstabulation below.

Crosstabulation 9: Quarter of Review *Overall Score for Outcome Measure 15

Quarter of Review		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
3 Q 2006	Count	22	13	35
	%	62.9%	37.1%	100.0%
4 Q 2006	Count	38	35	73
	%	52.1%	47.9%	100.0%
1 Q 2007	Count	34	41	75
	%	45.3%	54.7%	100.0%
2 Q 2007	Count	39	37	76
	%	51.3%	48.7%	100.0%
3 Q 2007	Count	32	18	50
	%	64.0%	36.0%	100.0%
4 Q 2007	Count	24	27	51
	%	47.1%	52.9%	100.0%
1 Q 2008	Count	30	21	51
	%	58.8%	41.2%	100.0%
2 Q 2008	Count	29	23	52
	%	55.8%	44.2%	100.0%
3 Q 2008	Count	28	25	53
	%	52.8%	47.2%	100.0%
4 Q 2008	Count	31	22	53
	%	58.5%	41.5%	100.0%
1 Q 2009	Count	32	20	52
	%	61.5%	38.5%	100.0%
2 Q 2009	Count	33	19	52
	%	63.5%	36.5%	100.0%
3 Q 2009	Count	29	23	52
	%	55.8%	44.2%	100.0%
4 Q 2009	Count	24	29	53
	%	45.3%	54.7%	100.0%
1 Q 2010	Count	35	17	52
	%	67.3%	32.7%	100.0%
2 Q 2010	Count	28	25	53
	%	52.8%	47.2%	100.0%
3 Q 2010	Count	31	22	53
	%	58.5%	41.5%	100.0%
4 Q 2010	Count	30	23	53
	%	56.6%	43.4%	100.0%
1Q 2011	Count	31	22	53
	%	58.5%	41.5%	100.0%
Total	Count	580	440	1042
	%	55.7%	44.3%	100.0%

The most frequent primary reason cited for the opening of the cases included within our sample was substantiated physical neglect (30.2%) followed by substance abuse/mental health of the parent (22.6%) and mental, medical or physical condition of the child with no CPS concerns (13.2%) and medical or physical condition of the child with unsubstantiated CPS concerns (13.2%). Other reasons included TPR establishing case in child's name (11.3%), Domestic Violence and Medical Neglect (each 3.8%).

The use of SDM during the investigations helps to transition families to Ongoing Services by establishing needs and identifying risk and safety issues for children and families. As part of the Outcome Measure 15 review the Court Monitor reviews the Department's use of its assessment tools- specifically SDM. Safety plans were noted in the LINK record for 16 of 22 instances in which they should have been completed or 72.7% of the applicable cases reviewed.

Table 8: For cases with investigations since the period beginning May 1, 2007 was there a documented safety plan as a result of the SDM Safety Assessment (for the most recent investigation documented)?

	Frequency	Percent	Valid Percent
Yes	16	30.2%	72.7%
No	6	11.3%	27.3%
N/A	31	58.5%	
Total	53	100.0%	

It was further noted that of these 16 cases with documented safety plans, 15 cases, or 93.8% had follow-up documentation that indicated the implemented services had mitigated the safety factors within the home.

The 90-day timetable for SDM Risk Reassessment or Reunification Assessment/Reassessment appeared problematic, as only 24.3% of the cases requiring the 90 day reassessment showed timely documented follow-through at the 90-day intervals to the point of case plan development. Reviewers did note more evidence of attempts to use the SDM tools, however the timeliness and completeness of the tools remains an area for continued improvement.

Table 9: Has there been ongoing SDM Risk Reassessment at 90 day intervals from the date of case opening in Ongoing Services?

	Frequency	Percent	Valid Percent
Yes	9	17.0%	24.3%
No	28	52.8%	75.7%
N/A	16	30.2%	
Total	53	100.0%	

At the time of preparation for case plans, most cases utilizing SDM (45.7%) were assessed in the "moderate" risk range. Reviewers continue to note issues with the consistency of what is presented or is discussed at ACR or family conference or noted in LINK, versus those facts identified through the SDM scoring.

Table 10: For Applicable Cases, what was the most current SDM Risk Reassessment level at the time of preparation for the development of the Case Plan under review?

	Frequency	Percent	Valid Percent
Very Low	5	9.4%	14.3%
Low	4	7.5%	11.4%
Moderate	16	30.2%	45.7%
High	10	18.9%	28.6%
Total	35	66.0%	100.0%
N/A	18	34.0%	
Total	53	100.0%	

Priority needs were met at a higher rate for cases involving Child in Placement than in the in-home categories of case assignment, with 63.6% of all Children in Placement having the identified needs met during the period under review. The combined in-home rate is lower, with only 50.0% of the in-home population of cases achieving the measure during the period under review (47.1% for CPS families and 66.7% for VSP families).

Crosstabulation 10: What is the type of case assignment noted in LINK? *Overall Score for Outcome Measure 15

What is the type of case assignment noted in LINK?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
CPS In-Home Family Case	Count	8	9	17
	% Case Assignment	47.1%	52.9%	100.0%
CPS Child in Placement Case	Count	21	12	33
	% within Case Assignment	63.6%	36.4%	100.0%
Voluntary Services In-Home Family Case	Count	2	1	3
	% within Case Assignment	66.7%	33.3%	100.0%
Total	Count	31	22	53
	% within Case Assignment	58.5%	41.5%	100.0%

Fluctuations in rates of achievement for Outcome Measure 15 by race/ethnicity and sex are reflected in the crosstabulations below.

Crosstabulation 11: Race (Child or Family Case Named Individual) *Overall Score for Outcome Measure 15 * Ethnicity (Child or Family Case Named Individual)

Ethnicity (Child or Family Case Named Individual)	Race		Overall Score for Outcome Measure 15			
			Needs Met	Needs Not Met	Total	
Hispanic	Asian	Count	1	0	1	
		% within Race (Child or Family Case Named Individual)	100.0%	.0%	100.0%	
	Black/African American	Count	2	0	2	
		% within Race (Child or Family Case Named Individual)	100.0%	.0%	100.0%	
	White	Count	6	5	11	
		% within Race (Child or Family Case Named Individual)	54.5%	45.5%	100.0%	
	UTD	Count	3	0	3	
		% within Race (Child or Family Case Named Individual)	100.0%	.0%	100.0%	
	Multiracial (more than one race selected)	Count	0	1	1	
		% within Race (Child or Family Case Named Individual)	.0%	100.0%	100.0%	
	Total	Count	12	6	18	
		% within Race (Child or Family Case Named Individual)	66.7%	33.3%	100.0%	
	Non-Hispanic	Black/African American	Count	5	6	11
			% within Race (Child or Family Case Named Individual)	45.5%	54.5%	100.0%
White		Count	12	7	19	
		% within Race (Child or Family Case Named Individual)	63.2%	36.8%	100.0%	
UTD		Count	0	1	1	
		% within Race (Child or Family Case Named Individual)	.0%	100.0%	100.0%	
Multiracial (more than one race selected)		Count	2	2	4	
		% within Race (Child or Family Case Named Individual)	50.0%	50.0%	100.0%	
Total		Count	19	16	35	
		% within Race (Child or Family Case Named Individual)	54.3%	45.7%	100.0%	

This quarter's needs met findings, similar to case planning, had significantly less discrepancy in relation to the performance related to females versus males. In the sample of 15 boys in placement reviewed 60.0% had needs met, and 66.7% of the girls were assessed as having needs met of the 18 girls reviewed. This is more in line with statistics in the quarter prior to the last two quarter's data which showed a trend in relation to girls needs met trending downward.

Crosstabulation 12: Sex of Child *Overall Score for Outcome Measure 15

Sex of Child		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Male	Count	9	6	15
	% within Sex of Child	60.0%	40.0%	100.0%
Female	Count	12	6	18
	% within Sex of Child	66.7%	33.3%	100.0%
Total	Count	21	12	33
	% within Sex of Child	63.6%	36.4%	100.0%

There are 177 discrete unmet needs identified by the review team across the 53 cases. Unfortunately, these needs had not been addressed in a timely way, were partially addressed, or remained unmet at the time of review six months later. These needs were often one of several identified needs within the case while other needs may have been met. The unmet needs are identified in the table below with an associated barrier noted. Client refusal and internal DCF practice are most frequently noted; however provider issues including the unavailability of services and wait lists are present across categories of services.

Table 11: Unmet Service Needs and Identified Barriers during the Last Six Month Period

Service Need	Barrier	Frequency
Adoption Recruitment	No Service Identified to Meet this Need	1
Anger Management - Parents	Client Refusing	2
Behavior Management	Provider Issues - Staffing, lack of follow through, etc	1
Day Treatment/Partial Hospitalization	Client Refusing	1
Dental or Orthodontic Services	Client Refusing	1
Dental or Orthodontic Services	Insurance Issues	1
Dental or Orthodontic Services	Other: Multiple Appointments/Scheduling Issues	1
Dental Screening/Evaluation	Client Refusing	1
Dental Screening/Evaluation	Delay in Referral	1
Developmental Screening or Evaluation	Client Refusing	1
Developmental Screening or Evaluation	Delay in Referral	1
Domestic Violence Services for Perpetrators	Client Refusing	1
Domestic Violence Services for Perpetrators	Financing Unavailable	1
Domestic Violence Services for Perpetrators	Gender Specific Service Not Available - Female	1
Domestic Violence Services for Perpetrators	Service Deferred Pending Completion of Another	1
Domestic Violence Services for Victims	Other: Lack of Childcare	1
Domestic Violence Services for Victims	Client Refusing	4

Service Need	Barrier	Frequency
Domestic Violence Services Prevention Programs	Client Refusing	1
Domestic Violence Services Prevention Programs	Lack of Communication between DCF and Provider	1
Drug/Alcohol Testing - Child	Client Refusing	1
Drug/Alcohol Testing - Parent	Client Refusing	5
Educational Screening or Evaluation	Delay in Referral	1
Extended Day Treatment	Client Refusing	1
Extended Day Treatment	Placed on Wait List	1
Family Preservation Services	Delay in Referral	1
Family Preservation Services	Placed on Wait List	1
Family Preservation Services	Client Refusing	2
Family Reunification Services	Approval Process	1
Flex Funds for Basic Needs	Delay in Referral	1
Flex Funds for Basic Needs	Service Deferred pending Completion of Another	1
Flex Funds for Basic Needs	UTD from Case Plan or Narrative	1
Group Counseling - Parents	Placed on Wait List	1
Group Counseling - Parents	Client Refusing	2
Group Home	No Service Identified to Meet this Need	1
Health/Medical Screening or Evaluation	Client Refusing	1
Health/Medical Screening or Evaluation	Provider Issues - Staffing, lack of follow through, etc	1
Health/Medical Screening or Evaluation	UTD from Case Plan or Narrative	1
Health/Medical Screening or Evaluation	Delay in Referral	2
Housing Assistance - Section 8	Client Refusing	1
Housing Assistance - Section 8	Delay in Referral	1
Housing Assistance - Section 8	Placed on Wait List	1
Individual Counseling - Child	Delay in Referral	1
Individual Counseling - Child	Provider Issues - Staffing, lack of follow through, etc	1
Individual Counseling - Child	Client Refusing	2
Individual Counseling - Parents	Insurance Issues	1
Individual Counseling - Parents	Service Does Not Exist in the Community	1
Individual Counseling - Parents	Placed on Wait List	2
Individual Counseling - Parents	Delay in Referral	3
Individual Counseling - Parents	Client Refusing	13
In-Home Parent Education and Support	Placed on Wait List	1
In-Home Parent Education and Support	Client Refusing	2
In-Home Treatment	Client Refusing	1
In-Home Treatment	Placed on Wait List	1
In-Home Treatment	Service Deferred Pending Completion of Another	1
In-Home Treatment	Delay in Referral	2
Inpatient Substance Abuse Treatment - Parent	Delay in Referral	1
Inpatient Substance Abuse Treatment - Parent	Client Refused Service	3
Job Coaching/Placement	Client Refusing	1
Job Coaching/Placement	Delay in Referral	1
Life Skills Training	Client Refusing	1

Service Need	Barrier	Frequency
Maintaining Family Ties	No Service Identified to Meet this Need	1
Matching/Placement/Processing (includes ICO)	Service Deferred Pending Completion of Another	1
Matching/Placement/Processing (includes ICO)	Approval Process	2
Medication Management - Child	Client Refusing	1
Medication Management - Parent	Client Refusing	2
Mental Health Screening/Evaluation - Child	Client Refusing	1
Mental Health Screening/Evaluation - Parent	Placed on Wait List	1
Mental Health Screening/Evaluation - Parent	Delay in Referral	2
Mental Health Screening/Evaluation - Parent	Client Refusing	4
Mentoring	Client Refusing	1
Mentoring	Referred Service is Unwilling to Engage Client	1
Mentoring	Delay in Referral	2
Mentoring	No Service Identified to Meet this Need	2
Mentoring	Provider Issues - Staffing, lack of follow through	2
Other Medical - Endocrinologist	Client Refusing	1
Other Medical - EZ Stander (child)	Insurance	1
Other Medical - Neurologist	No Service Identified to Meet this Need	1
Other Mental Health Treatment (Parent) - DBT Therapy	Service Does not Exist in the Community	1
Other Mental Health Treatment (Parent) - Dual Diagnosis Program	No Service Identified to Meet this Need	1
Other Mental Health Treatment (Parent)- Social Skills/ Support Group for Father	Placed on Wait List	1
Other OOH Service - Horseback Riding Therapy	Provider Issues - Staffing, lack of follow through	1
Outpatient Substance Abuse Treatment - Child	Client Refusing	1
Outpatient Substance Abuse Treatment - Parent	Client Refusing	4
Parenting Classes	Client Refusing	5
Parenting Groups	Other: Alternate Program was provided at parents request	1
Psychiatric Evaluation - Child	Provider Issues - Staffing, lack of follow through	1
Psychological or Psychosocial Evaluation - Child	Client Refusing	1
Psychological or Psychosocial Evaluation - Child	Provider Issues - Staffing, lack of follow through	1
Psychological or Psychosocial Evaluation - Parent	Client Refusing	1
Relapse Prevention Program - Parent	Placed on Wait List	1
Relapse Prevention Program - Parent	Client Refusing	2
Relative Foster Care	Other: Legal Barriers	1
Respite	No Slots Available	1
Sex Abuse Evaluation	No Service Identified to Meet this Need	1
Social Recreational Program	Service Does Not Exist in this Community	1
Social Recreational Program	No Service Identified to Meet this Need	2
Substance Abuse Prevention - Parent	Placed on Wait List	1
Substance Abuse Screening - Parent	Delay in Referral	1
Substance Abuse Screening - Parent	No Service Identified to Meet this Need	1

Service Need	Barrier	Frequency
Substance Abuse Screening - Parent	Client Refusing	5
Supervised Visitation	Client Refusing	1
Supportive Housing for Recovering Families	Client Refusing	2
SW/Child Visitation	Client Refusing	1
SW/Child Visitation	Other: Child returned home 12/9/10 next face to face was 1/10/11	1
SW/Child Visitation	Delays by SW	5
SW/Parent Visitation	Lack of Communication between DCF and Provider	1
SW/Parent Visitation	Client Refusing	2
SW/Parent Visitation	Delays by SW	7
Therapeutic Foster Care	Client Refusing	1
Therapeutic Foster Care	No Slots Available	1
Transitional Living Program	Placed on Wait List	1
VNA Services	Client Refusing	1
		177

Of the 30 cases in which there was a SDM conducted for the prior case plan development, 13 cases, (43.3%) had a similar or identical priority need as cited by the Court Monitor's reviewer at this review.

Table 12: Were any of the identified unmet needs indicated as a need for the participant in the SDM Family Strength and Needs Assessment Tool used to develop the prior case plan?

Unmet Needs Indicated?	Frequency	Percent	Valid Percent
Yes	13	24.5%	43.3%
No	17	32.1%	56.7%
N/A	13	24.5%	
N/A - there are no unmet needs	10	18.9%	
Total	53	100.0%	

Looking forward, reviewers examined the approved Case Plan to determine if the plan incorporated existing needs and addressed the barriers to service provision that were identified, incorporating SDM, and all of the key stakeholder input. This quarter found that 52.8% of the plans incorporated appropriate action steps to address all the discussed unmet needs.

Table 13: Were all needs and services unmet during the prior six months discussed at the ACR and as appropriate, incorporated as action steps on the current case plan?

Unmet Needs Incorporated into Action Steps?	Frequency	Percent
Yes - All	28	52.8%
Yes - Partially	16	30.2%
No - None	0	0.0%
N/A - There were no unmet needs identified	9	17.0%
Total	53	100.0%

This quarter, reviewers found a slight improvement in the number of cases having issues in which they assessed there was a lack of identification of a need that had been identified or noted during the period under review and/or discussed as a need at the ACR and as a result should have been adequately addressed within the case plan going forward, but was not. Last quarter, the review found that 39.6% of the resulting case plans lacked evidence of planning for such issues. This quarter, the reviewers found that 18 of the cases, or 34.0% had one or more issues that were not addressed in the case plan document either through appropriate assessment, objective or action steps.

Table 14: Are there cases in which there were service needs not identified on the current case plan that should have been as a result of documentation reviewed or discussions at the meeting attended?

Need Not Identified on Case Plan that Should have Been?	Frequency	Percent
Yes	18	34.0%
No	35	66.0%
Total	53	100.0%

These issues and the associated barriers are identified below in Table 15.

Table 15: Service Needs Identified As a result of Discussion at the Meetings Attended or Record Review, but Not Incorporated into the Current Case Plan

Service Need	Barrier	Frequency
Adoption Supports (PPSP)	No Service Identified to Meet this Need	1
ARG/AAG Consultation	Delay in Referral	1
Dental Screenings or Evaluations	No Service Identified to Meet the Need for 2 year old (new expectation)	1
Domestic Violence Services for Perpetrators	Lack of Communication Between DCF and Provider	1
Domestic Violence Services for Perpetrators	No Service Identified to Meet the Need	2
Educational Screening/Evaluation	No Service Identified to Meet the Need	1
Family or Marital Counseling	No Service Identified to Meet this Need	1
Family Preservation Services	Delay in Referral	1
Family Preservation Services	No Service Identified to Meet this Need	1
Head Start	Delay in Referral	1
IEP Programming	Lack of Communication Between DCF and School	1
In Home Parent Education and Support	Delay in Referral	1
Individual Counseling - Child	Provider Issues - Staffing, Lack of Follow Through, etc.	1
In-Home Treatment	Delay in Referral	1
Mentoring	Delay in Referral	3
Other In-Home Service - Referral to Legal Aide or minimally ARG legal consult	Delay in Referral	1
Other Medical Intervention (Child)- Blood Pressure Monitoring	Delay in Referral	1
Other Medical Intervention (Child) - EZ Stander	Insurance Issues	1
Other OOH Services - Horseback Riding Therapy	Delay in Referral/Provider Issues - Staffing, Lack of Follow Through, etc.	1
Parenting Classes	No Service Identified to Meet this Need	1
Parenting Groups	No Service Identified to Meet this Need	1

Service Need	Barrier	Frequency
Relative Foster Care	Delay in Referral	1
Substance Abuse Screening - Parent	Delay in Referral	1
SW/Child Visitation	UTD from Case Plan, Narrative or Response	1
SW/Parent Visitation	UTD from Case Plan, Narrative or Response	3
Therapeutic Foster Care	No Service Identified to Meet this Need	1
		31

Appendix 1

Stipulation Regarding Outcome Measure 3 and 15 **Target Cohorts**

Stipulation Regarding Outcome Measure 3 and 15 -Target Cohorts*

The Target Cohorts shall include the following:

1. All children age 12 and under placed in any non-family congregate care settings (excluding children in SAFE Homes for less than 60 days);
2. All children who have remained in any emergency or temporary facility, including STAR homes or SAFE homes, for more than 60 days;
3. All children on discharge delay for more than 30 days in any nonfamily congregate care setting, with the exception of in-patient psychiatric hospitalization;
4. All children on discharge delay for more than seven days that are placed in an inpatient psychiatric hospital;
5. All children with a permanency goal of Another Planned Permanent Living Arrangement (“APPLA”);
6. All children with a permanency goal of adoption who have been in DCF custody longer than 12 months for whom a petition for termination of parental rights (TPR) for all parents has not been filed, and no compelling reason has been documented for not freeing the child for adoption;
7. All children with a permanency goal of adoption and for whom parental rights have been terminated (except those who are living in an adoptive home with no barrier to adoption and are on a path to finalization); and
8. All children with a permanency goal of reunification who have been in DCF custody longer than 12 months and have not been placed on a trial home reunification, or have not had an approved goal change.

* Information taken from Stipulation Regarding Outcome Measures 3 and 15, Section V.B. Court Ordered July 17, 2008.

Appendix 2
Rank Scores For
Outcome Measure 3 & Outcome Measure 15
First Quarter 2011

Case Summaries for First Quarter 2011 Outcome Measure 3

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Engagement of Family (Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Bridgeport	1	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Case Plan
	2	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Appropriate Case Plan
	3	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	4	Very Good	Very Good	Poor	Marginal	Very Good	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	5	Optimal	Very Good	Very Good	Marginal	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
	Total	N	5	5	5	5	5	5	5	5
Danbury	1	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
	2	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Appropriate Case Plan
	Total	N	2	2	2	2	2	2	2	2

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Engagement of Family (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
Milford	1	Very Good	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good
	2	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good
	3	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal
	Total N	3	3	3	3	3	3	3	3

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Engagement of Family (Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Hartford	1	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
	2	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Not an Appropriate Case Plan
	3	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	4	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Appropriate Case Plan
	5	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Optimal	Not an Appropriate Case Plan
	6	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	Total	N	6	6	6	6	6	6	6	6

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Engagement of Family (Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Manchester	1	Optimal	Optimal	Very Good	Marginal	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
	2	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Appropriate Case Plan
	3	Very Good	Marginal	Very Good	Marginal	Marginal	Very Good	Marginal	Optimal	Not an Appropriate Case Plan
	4	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	Appropriate Case Plan
	Total	N	4	4	4	4	4	4	4	4
Meriden	1	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	Total	N	3	3	3	3	3	3	3	3

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Engagement of Family (Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Middletown	1	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
	2	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Appropriate Case Plan
	Total N	2	2	2	2	2	2	2	2	2
New Britain	1	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Appropriate Case Plan
	2	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
	3	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	4	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	5	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Appropriate Case Plan
	Total N	5	5	5	5	5	5	5	5	5

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Engagement of Family (Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
New Haven	1	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
	2	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Appropriate Case Plan
	3	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	4	Optimal	Very Good	Marginal	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
	5	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Total	N	5	5	5	5	5	5	5	5
Norwalk	1	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	Very Good	Very Good	Poor	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Total	N	2	2	2	2	2	2	2	2

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Engagement of Family (Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Norwich	1	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	2	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	4	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	5	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Total	N	5	5	5	5	5	5	5	5
Stamford	1	Very Good	Very Good	Poor	Poor	Marginal	Marginal	Poor	Marginal	Not an Appropriate Case Plan
	2	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Poor	Very Good	Not an Appropriate Case Plan
	Total	N	2	2	2	2	2	2	2	2

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Engagement of Family (Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Torrington	1	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Marginal	Very Good	Appropriate Case Plan
	2	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Total N	2	2	2	2	2	2	2	2	2
Waterbury	1	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	Optimal	Optimal	Marginal	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	4	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
	Total N	4	4	4	4	4	4	4	4	4

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Engagement of Family (Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Willimantic	1	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Appropriate Case Plan
	3	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
	Total N	3	3	3	3	3	3	3	3	3
State Total	N	53	53	53	53	53	53	53	53	53

Case Summaries for First Quarter 2011 Outcome Measure 15

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

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

What is the social worker's area office assignment?		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal (Prior Six Months)	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal (Prior Six Months)	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Hartford	1	N/A	Optimal	Optimal	Optimal	Optimal	Marginal	Optimal	Optimal	Very Good	Optimal	Very Good	Needs Not Met
	2	Marginal	N/A	N/A	Very Good	N/A	Poor	Marginal	Very Good	Marginal	N/A	Marginal	Needs Not Met
	3	N/A	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Very Good	Very Good	Very Good	Very Good	Needs Not Met
	4	N/A	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Needs Met
	5	Marginal	N/A	N/A	Very Good	N/A	Marginal	Very Good	Very Good	Marginal	N/A	Marginal	Needs Not Met
	6	N/A	Very Good	Optimal	Very Good	Optimal	Marginal	Optimal	Optimal	Marginal	Very Good	N/A	Needs Not Met
	Total	N	2	4	4	6	4	6	6	6	6	4	5

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

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

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

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

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

What is the social worker's area office assignment?		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal (Prior Six Months)	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal (Prior Six Months)	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Willimantic	1	N/A	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met
	2	Optimal	N/A	N/A	Optimal	N/A	Very Good	Marginal	Optimal	Very Good	N/A	Optimal	Needs Met
	3	N/A	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Marginal	Very Good	Needs Met
	Total N	1	2	2	3	2	3	3	3	3	2	3	3
State Total	N	21	34	35	53	36	53	53	53	49	33	41	53

Appendix 3
Commissioner's Highlights from
Department of Children & Families
First Quarter 2011 Exit Plan Report

Commissioner Statement

When I entered the Commissioner's office in January, I said that major reforms were necessary to effect the improvements we all want for Connecticut's child welfare system. Much was expected of this administration, and the desire for dramatic changes was entirely warranted. The dedicated men and women who work here at the Department were the first to identify the need for significant changes -- particularly in how we work as partners with families and communities.

For the first Juan F. Exit Plan report coinciding with Department performance under this administration, I can fairly comment that enormous changes have occurred and significant initiatives are underway. Indeed, some may argue we are doing too much too soon. However, I am convinced that a confluence of forces -- most particularly the leadership of Governor Dannel P. Malloy -- makes this a unique opportunity to achieve historic improvements. While many reforms are progressing, several deserve highlighting here.

First and foremost, we have clearly declared to all that the Department's mission is to support the holistic well-being of children -- their health, safety, learning (in and out of school), the opportunity to develop special talents, and the chance to give back to the community. This is a critical act of raising the bar for the Department and for the State; it signals that safety is necessary -- but is no longer sufficient. It means the Department no longer can revolve around decisions to remove and place children.

Second, four agency transformations have begun and are ongoing:

- The central office has been overhauled so that the bureaucratic silos that got in the way of promoting holistic well-being have been dissolved. Levels of bureaucracy that got between social workers and the ultimate decision-making authority also have been removed.
- The regional offices are being more robustly supported to become "mini-DCFs" capable of serving children regardless of how they come to require services. The Legislature is supporting our efforts to establish non-classified regional directors who will report directly to me. We expect these directors will be at work this fall.
- Our two behavioral health institutions are being consolidated, and new units are being developed for special populations. In addition to the consolidation of Riverview Hospital and the Connecticut Children's Place, the function of the medical director at these two facilities is being merged with that at the Connecticut Juvenile Training School.
- A new Academy for Family and Workforce Knowledge and Development is established under the leadership of co-directors Jody Hill-Lilly and Dr. Michael Schultz. The Academy will support our work throughout the Department and will ensure that the five overarching themes (see below) of this administration's vision for the Department are fully advanced.

Re-framing the mission of the Department to that of promoting the holistic well-being of children is a major reform itself. So to make sure that all of our activities contribute to that vision and mission, we have established five overarching themes for our efforts. All our work must be judged by how well it meshes with these five themes:

- A Strengthening Families paradigm;
- Trauma informed programs and services;
- The neuroscience of child development, both for very young children and adolescents;
- Improved supervision, management and accountability; and
- Community partnerships.

Strengthening Families, which is a broad-based national movement supported by the Center for the Study of Social Policy, is now taking shape in Connecticut through our development of a Strengthening Families Practice Model and Differential Response System (DRS). This family-centered focus is premised on the belief that the family is a child's greatest resource and greatest strength. The implementation of the Strengthening Families Practice Model is slated to begin by the end of the year in regions 1 and 3, with statewide implementation slated for spring 2012. DRS is slated for statewide implementation by the end of this year.

Concurrent with the development of these major practice reforms, important steps are already underway that are improving our relationship and, accordingly, our work with families. For example, in March, I directed that the routine practice of conducting unannounced visits be halted and only used when necessitated by the nature of the report. Social workers, with the support of their supervisors, are carrying out this new practice of calling to make an appointment whenever possible, and I am hearing reports that not only does this basic courtesy improve our relationship with families and the overall path of our work with them, but that social workers find more satisfaction and less stress in conducting their difficult work. I am glad to hear that this experience is bolstering the view that conducting ourselves in a less adversarial and more respectful way results in better outcomes for children.

I have great confidence that as we improve our relationship with families and communities we will see improved Exit Plan outcomes as well. Undoubtedly improving how we work with families will translate specifically to better quality treatment plans and more children whose needs are met.

Improvements to our foster care system also will be vital to achieving these outcomes, which is why Deputy Commissioner Janice Gruendel is now leading our work on a report entitled "Fostering the Future." The report, due the end of June, is focusing on how (1) we can grow relative care by taking full advantage of the natural support afforded by a child's family; (2) we can do a better job supporting, respecting and, thus, retaining existing foster families; and (3) we can offer some new models for therapeutic foster care.

There can be no question that this new administration is asking much of our workers and all our staff. They have difficult jobs working with largely underprivileged families. All the changes underway at the Department have the potential to create stress in an inherently stressful environment. A trying fiscal climate has added to this complexity. I have no doubt, however, that our staff are sufficiently committed to the task of enhancing child well-being and sufficiently talented to rise to the considerable challenge.

I also want to thank our many partners, including legislators, advocates, community providers and others, for supporting our work of transforming the Department. We cannot do this work alone -- and the biggest improvement we can make is by no longer insisting on doing it alone. Finally, I want to acknowledge the families and children we serve. They have such remarkable resiliency and commitment to overcome challenges. Families, indeed, are the most important allies we can have. Although there is still a great distance to reach our ultimate goals, with families and communities, we expect great strides toward advancing the holistic well-being of children.