Juan F. **v. Rell Exit Plan**
Quarterly Report
April 1, 2009 - June 30, 2009
Civil Action No. 2:89 CV 859 (CFD)

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

Table of Contents
***Juan F.* v. Rell Exit Plan Quarterly Report**
April 1, 2009 - June 30, 2009

Juan F. **v Rell Exit Plan Quarterly Report**
April 1, 2009-June 30, 2009

Highlights

- The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of April 1, 2009 through June 30, 2009 indicates the Department achieved 16 of the 22 Outcome Measures.

- Three measures achieved the highest rate of compliance to date. For the first time, Outcome Measure 5 (Repeat Maltreatment) occurred in less than 5% of the cases. Children were reunified with parents and/or guardians within 12 months of out-of-home placement, Outcome Measure 7 (Reunification), in 71.9% of the cases. Outcome Measure 19 (Residential Reduction) was achieved with the best reported finding thus far. The rate reported was 9.7% which is the first time the rate was reduced below 10%. As of August 2009, there were 509 children placed in residential settings.

- Based on the Court Monitor's review of a sample of 52 cases, the Department attained a level of "Appropriate Treatment Plan" in 38 of the 52-cases sampled or 73.1%. This represents an improvement over last quarters finding of 67.3%. Developing appropriate goals, time-limited specific action steps, and identifying the strengths and needs remain the primary challenges for the agency along with inclusion and collaboration with children, families and key stakeholders. The current sampled cases reveal the same previously reported pattern where many case participants are not routinely engaged in the development of the Treatment Plan, and attendance at Administrative Case Review (ACR) and Treatment Planning Conferences (TPC) remains poor. Less than half the cases indicated engagement with fathers to develop the treatment plan and only 17% demonstrated involvement with the child's attorney. Children, service providers, fathers and children's attorneys attended ACR/TPC's less than 40% of the time. As in previous reviews, it is noted that improvement in the integration of the efforts by ACR staff and CPS staff remains a critical component to enhancing and sustaining continued improvement to the Treatment Planning process. Key service needs discussed or identified at the ACR/TPC are not always incorporated in the approved Treatment Plans. The Department will complete training to all staff this month regarding the revised Case Plan format and the revised format will be implemented in late September 2009. The new format promotes and demands frequent updating of the Plan as changes in the case situation dictate, increased transparency and engagement of the children, families and key stakeholders, incorporation of the Structured Decision Making (SDM) process findings, and a is a simpler more family friendly document that staff can navigate with greater ease. A major dependency for the new format is the utilization of SDM information. Our current review indicated that 24 of the 28 cases that required SDM work at the Investigation stage had completed and documented SDM protocols. Of greater concern is the finding that only eight of the 25 cases that required ongoing 90-day SDM risk re-assessment had it properly

completed and maintained. Outdated or incorrect SDM information will pre-fill into the revised Case Plan and will severely undermine the utility of the document.

- Outcome Measure 15 (Needs Met) was achieved in 63.5% or 33 of the 52 cases reviewed. As each of the quarterly reviews has indicated, the lack of foster and adoptive resources and readily available community-based services hinder the Department's progress with this key measure. In 44 of the 52 cases reviewers found evidence of one or more unmet needs during the prior six-month period. Many of these needs were primary to achieving both the permanency and child protection goals for the child and family. The largest category of unmet needs among the 130 discreet needs identified was in the area of mental health services. Placement/treatment services, dental services and insurance issues also accounted for a significant portion of the discreet unmet needs identified. The review found that over 20% of the unmet needs were due to lack of resources (wait-lists, no service available, staffing issues etc.) and another 20% were related to DCF case management issues (delayed referrals, lack of communication with providers, and lack of identification of services to address an identified need). A detailed summary of the identified needs is included in the Outcome Measure 15 summary later in this report. As the trend of reducing the number of children in care and increasing the number of children served locally by in-home and out-patient community based services continues, the plan to close the High Meadows state facility will be difficult for the state to absorb. While plans are being pursued to utilize CCP and in-state private providers to a greater extent to meet the flow of children previously treated at High Meadows, the complex mental health and medical challenges that these children present will be difficult for the system to address utilizing in-state providers and the least restrictive appropriate settings. Concerns remain that the closing may exacerbate wait-lists and discharge delays that exist and may result in additional youths being matched to out-of-state facilities. Children with this set of complex needs have not typically been serviced by in-state private providers.

- Given the results of a review which measured compliance with EPSDT Health and Dental standards in 2008, it was agreed that the Court Monitor would conduct a follow-up to determine if corrective action steps put in place by the 14 Area Offices had resulted in reducing the number of children with an unmet need in the area of EPSDT and follow-up visits. The findings indicate a marked improvement. Of the 254 children reviewed (statistically valid), 92.9% or 236 children received timely EPSDT medical screens. Of the same 254 children, (30 were less than three years of age and did not require dental well-child care) 80.8% or 181 children were current with their dental exams.

  This review was also utilized to verify the automated data for Outcome Measure 22 (Multi-Disciplinary Exams). Of the applicable cases, 87% had an MDE completed within the 30 day requirement. Significant improvements in this area of the Department's work have been demonstrated since 2008.

- Outcome Measure 11 (Re-Entry) was not met for the third consecutive quarter. The finding for children re-entering care within 12 months of their discharge from a previous placement was 8.8%, one of the highest recorded to date and well beyond the goal of 7%.

- Outcome Measure 18 (Caseload Standards) was not met for the first time in 15 quarters (3rd Quarter 2005). Due to the number of recent retirements and the need to refill positions, there were a small number of instances where Area Office managers and supervisors chose to have a worker over the standard for brief periods (1-10 days) rather than arbitrarily transferring a case simply to comply with the standard. The Court Monitor's review of the circumstances in these cases affirms that the Department's actions were reasonable and reflected the child's best interest. There were no instances where a worker was more than 2 cases over the standard.

- The Division of Foster Care monthly report for June 2009 indicates that there are 2,402 licensed DCF foster homes. The number of available private foster care homes is 1,018. The goal for the year ending June 30, 2009 was a net gain of 350 homes from a baseline of 3,388 homes. The Department achieved a net gain of 32 homes as of June 2009. Overall the Department recruited and licensed almost 1,000 additional homes last year. Unfortunately, a similar number of homes closed during the same time period.

  Additional foster care and adoptive resources are an essential component required to address needs of children, reduce discharge delays, and ensure placement in the most appropriate and least restrictive setting. The Court Monitor is in the process of reviewing the Department's progress in implementing the Family Foster Care Action Plan.

- As of July, approximately 2400 children have had Service Needs Review Activity related to their inclusion of the eight identified cohorts related to discharge delays and/or permanency delays. The process was better linked to the existing ACR process and the data entry was fully automated. While significant focus and improvement on action plans and timeliness was originally noted, gains have not been consistently achieved statewide, and in some respect have appeared to plateau. The most obvious emerging reasons related to the lack of continued improvement seem to be a lack of appropriate placement/treatment options, including the lack of foster/adoptive resources and group homes, delays in the legal process, and availability of services. Initial action steps often focused on eliminating problems with case management, communication and administrative tasks. Once these improved, the process seems to have stalled as the Area Office cannot compensate for the lack of sufficient and timely resources. The implementation of the revised Case Plan in September/October 2009 and automated ACR 553 documents in early 2010 will provide an opportunity to reframe the SNR initiative within an established structure of dynamic case planning, 90-day reviews and comprehensive ACR activity and QA oversight.

- As of August 2009, there were 509 *Juan F.* children placed in residential facilities. This is a decrease of 21 children in comparison to the 530 reported last quarter and 69 less than the 578 reported one year ago. The number of children residing and receiving treatment in out-of-state residential facilities decreased by 13 children to 276 compared to 289 reported last quarter. The number of children residing in residential care for greater than 12 months decreased to 131 compared with 144 in February 2009.

- The number of children utilizing SAFE Home temporary placements decreased to 120 as of August 2009 compared with the 125 reported as of May 2009. Despite increased scrutiny and effort to implement timely and appropriate discharge plans, the number children in SAFE Homes greater than 60 days increased to 54 compared with the 43 reported last quarter. The most significant barrier to implementing timely discharge is tied to the lack of available foster/adoptive resources that will meet the child's needs.

- The number of children in overstay status (>60 days) in temporary STAR placements increased to 40 children in August 2009 in comparison the 36 children reported in May 2009.

  The lack of appropriate foster home resources, therapeutic group homes, and specialized residential services significantly hampers efforts to reduce the utilization of STAR services and better manage the length of stay of residents.

- The number of children with goal of Another Planned Permanent Living Arrangement (APPLA) decreased from 1,010 in May 2009 to 966 as of August 2009. The exit from care of older children and the continued efforts by Area Office staff to appropriately pursue APPLA goals continues to contribute to the ongoing reduction.

- The number of children 12 years old or younger in congregate care increased from the 238 reported in May 2009 to 243 reported in August 2009.

- The Monitor's quarterly review of the Department for the period of April 1, 2009 through June 30, 2009 indicates that the Department did not achieve compliance with six (6) measures:
  - Treatment Plans (73.1%)
  - Re-Entry (8.8%)
  - Sibling Placements (83.1%)
  - Children's Needs Met (63.5%)
  - Caseload Standards (99.6%)
  - Discharge to DMHAS and DMR (97.2%)

- The Monitor's quarterly review of the Department for the period of April 1, 2009 through June 30, 2009 indicates the Department has achieved compliance with the following 16 Outcome Measures:
  - Commencement of Investigations (97.7%)
  - Completion of Investigations (91.8%)
  - Search for Relatives (91.2%)
  - Repeat Maltreatment (4.8%)
  - Maltreatment of Children in Out-of-Home Care (0.1%)
  - Reunification (71.9%)
  - Adoption (33.2%)
  - Transfer of Guardianship (75.7%)
  - Multiple Placements (95.8%)
  - Foster Parent Training (100.0%)
  - Placement within Licensed Capacity (96.6%)
  - Worker-Child Visitation Out-of-Home Cases (95.7% Monthly/99.3% Quarterly)
  - Worker-Child Visitation In-Home Cases (89.6%)
  - Residential Reduction (9.7%)
  - Discharge Measures (92.2%)
  - Multi-disciplinary Exams (94.5%)

- The Department has maintained compliance for at least two (2) consecutive quarters[1] with 14 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 (nineteenth consecutive quarter)
  - Completion of Investigations (nineteenth consecutive quarter)
  - Search for Relatives (fifteenth consecutive quarter)
  - Repeat Maltreatment (ninth consecutive quarter)
  - Maltreatment of Children in Out-of-Home Care (twenty-second consecutive quarter)
  - Reunification (third consecutive quarter)
  - Adoption (second consecutive quarter)
  - Transfer of Guardianship (second quarter)
  - Multiple Placements (twenty-first consecutive quarter)
  - Foster Parent Training (twenty-first consecutive quarter)
  - Placement within Licensed Capacity (twelfth consecutive quarter)
  - Visitation Out-of-Home (fifteenth consecutive quarter)
  - Visitation In-Home (fifteenth consecutive quarter)
  - Residential Reduction (thirteenth consecutive quarter)
  - Discharge Measures (sixteenth consecutive quarter)
  - Multi-disciplinary Exams (fourteenth consecutive quarter)

A full reporting of the Stipulation Regarding Outcome Measure 3 and 15 and the DCF Action Plan can be found on pages 10 and 26 respectively.

A full copy of the Department's 2nd Quarter 2009 submission including the Commissioner's highlights may be found on page 111.

[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.

Juan F. Exit Plan Report Outcome Measure Overview
2Q 2009 (April 1, 2009 - June 30, 2009)

Measure		2004 Percentages				2005 Percentages				2006 Percentages				2007 Percentages				2008 Percentages				2009	
		1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q
1: Investigation Commencement	>=90%	X	X	X	91.2	92.5	95.1	96.2	96.1	96.2	96.4	98.7	95.5	96.5	97.1	97.0	97.4	97.8	97.5	97.4	97.9	97.6	97.7
2: Investigation Completion	>=85%	64.2	68.8	83.5	91.7	92.6	92.3	93.1	94.2	94.2	93.1	94.2	93.7	93.0	93.7	94.2	92.9	91.5	93.7	89.9	91.4	91.3	91.8
3: Treatment Plans	>=90%	X	X	10.0	17.0	X	X	X	X	X	X	54.0	41.1	41.3	30.3	30.0	51.0	58.8	54.7	62.3	79.2	65.4	73.1
4: Search for Relatives*	>=85%	X	X	93.0	82.0	44.6	49.2	65.1	89.6	89.9	93.9	93.1	91.4	92.0	93.8	91.4	93.6	95.3	95.8	96.3	94.3	94.3	91.2
5: Repeat Maltreatment	<=7%	9.4	8.9	9.4	8.9	8.2	8.5	9.1	7.4	6.3	7.0	7.9	7.9	7.4	6.3	6.1	5.4	5.7	5.9	5.7	6.1	5.8	4.8
6: Maltreatment OOH Care	<=2%	0.5	0.8	0.9	0.6	0.8	0.7	0.8	0.6	0.4	0.7	0.7	0.2	0.2	0.0	0.3	0.2	0.2	0.3	0.3	0.2	0.3	0.1
7: Reunification*	>=60%	X	X	X	X	X	X	64.2	61.0	66.4	64.4	62.5	61.3	70.5	67.9	65.5	58.0	56.5	59.4	57.1	69.6	68.1	71.9
8: Adoption	>=32%	10.7	11.1	29.6	16.7	33.0	25.2	34.4	30.7	40.0	36.9	27.0	33.6	34.5	40.6	36.2	35.5	41.5	33.0	32.3	27.2	44.7	33.2
9: Transfer of Guardianship	>=70%	62.8	52.4	64.6	63.3	64.0	72.8	64.3	72.4	60.7	63.1	70.2	76.4	78.0	88.0	76.8	80.8	70.4	70.0	71.7	64.9	75.3	75.7
10: Sibling Placement*	>=95%	65.0	53.0	X	X	X	X	96.0	94.0	75.0	77.0	83.0	85.5	84.9	79.1	83.3	85.2	86.7	86.8	82.6	82.1	83.4	83.1
11: Re-Entry	<=7%	X	X	X	X	X	X	7.2	7.6	6.7	7.5	4.3	8.2	7.5	8.5	9.0	7.8	11.0	6.7	6.7	7.4	8.2	8.8
12: Multiple Placements	>=85%	X	95.8	95.2	95.5	96.2	95.7	95.8	96.0	96.2	96.6	95.6	95.0	96.3	96.0	94.4	92.7	91.2	96.3	95.9	95.8	96.0	95.8
13: Foster Parent Training	100%	X	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
14: Placement Within Licensed Capacity	>=96%	88.3	92.0	93.0	95.7	97.0	95.9	94.8	96.2	95.2	94.5	96.7	96.4	96.8	97.1	96.9	96.8	96.4	96.8	97.0	96.6	96.6	96.6
15: Needs Met**	>=80%	53.0	57.0	53.0	56.0	X	X	X	X	X	X	62.0	52.1	45.3	51.3	64.0	47.1	58.8	54.7	52.8	58.5	61.5	63.5
16: Worker-Child Visitation (OOH)*	>=85% 100%	72.0 87.0	86.0 98.0	73.0 93.0	81.0 91.0	77.9 93.3	86.7 95.7	83.3 92.8	85.6 93.1	86.8 93.1	86.5 90.9	92.5 91.5	94.7 99.0	95.1 99.1	94.6 98.7	94.8 98.7	94.6 98.5	95.9 99.1	94.9 98.7	95.4 98.6	95.0 98.9	95.7 99.2	95.7 99.3
17: Worker-Child Visitation (IH)*	>=85%	39.0	40.0	46.0	33.0	71.2	81.9	78.3	85.6	86.2	87.6	85.7	89.2	89.0	90.9	89.4	89.9	90.8	91.4	90.3	89.7	90.5	89.6
18: Caseload Standards+	100%	73.1	100	100	100	100	100	99.8	100	100	100	100	100	100	100	100	100	100	100	100	100	100	99.6
19: Residential Reduction	<=11%	13.9	14.3	14.7	13.9	13.7	12.6	11.8	11.6	11.3	10.8	10.9	11.0	10.9	11.0	10.8	10.9	10.5	10.4	10.0	10.1	10.0	9.7
20: Discharge Measures	>=85%	74.0	52.0	93.0	83.0	X	X	95.0	92.0	85.0	91.0	100	100	98.0	100	95.0	96.0	92.0	92.0	93.0	92.2	85.3	92.2
21: Discharge to DMHAS and DMR	100%	43.0	64.0	56.0	60.0	X	X	78.0	70.0	95.0	97.0	100	97.0	90.0	83.0	95.0	96.0	97.0	98.0	95.0	95.2	96.7	97.2
22: MDE	>=85%	19.0	24.5	48.9	44.7	55.4	52.1	58.1	72.1	91.1	89.9	86.0	94.2	91.1	96.8	95.2	96.4	98.7	93.6	94.0	90.1	93.6	94.5

Stipulation Regarding Outcome Measures 3 and 15

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

A. Recruitment and Retention Plan

The following is an update on the Department's implementation of the approved Family Foster Care Action Plan.

With the agreement of the *Juan F.* parties, the Court Monitor is conducting a review of the Department's efforts to implement the Family Foster Care Action Plan. The review is in process and includes focus groups with Central Office executive managers, Central Office foster care managers, FASU and CPS staff from 5 selected Area Offices, the Connecticut Association of Foster Parents, the Foster Care Collaboratives, Therapeutic Foster Care providers, providers of services to foster parents and foster children; and DCF and therapeutic foster parents. Court Monitor staff will attend selected foster parent trainings, support group meetings and recruitment/retention activities. In addition, a review of the fiscal underpinnings of the Department's foster care efforts will be examined. Status updates will be issued to the parties as deemed appropriate and the next quarterly report will detail significant findings.

On June 11, 2009, the Department forwarded an update regarding the Family Foster Care Action Plan. The update addressed questions raised by the plaintiffs and the Court Monitor.

The highlights of the update include:

- The Department is in the process of preparing a refined Recruitment and Retention Plan by the end of the calendar year. This will include updates to the individual Area Office recruitment and retention plans.

- The Office of Foster Care Services (OFCS) agreed to manually track recruitment and retention data that will provide information regarding performance by geographic area and type of license and allow comparison to the goals set.

- Over 900 DCF foster families were licensed this year including Relative Adoptive, Special Study and Independent. A similar number of homes closed. The Department's data indicates that 50% of the homes that closed did so after positive outcome for a child (i.e., adoption, transfer of guardianship, reunification, etc.). The private therapeutic foster homes licensed just over 250 homes this year and closed slightly more than that total.

- The following corrective actions were implemented after a business process analysis was conducted which indicated the primary delays were for families awaiting PRIDE training and those who had not taken the necessary steps to commit to PRIDE training and thus licensing.

  - Maintain log of "Waiting Families"- Each Area Office Manager is to maintain an up to date waiting families log to include next steps and details on current standing.

  - Communication of logjam- Area Office Managers will communicate to the PD when there is a backlog of 20 or more families.

  - Reallocation of resources as needed- Area Office Managers will reallocate their staffing resources to meet the needs of those families awaiting PRIDE, to include reassignment of recruitment and support staff.

  - Decrease wait time for "True Waiting Families"- Area Office Managers to ensure that those "True Waiting Families", families that are awaiting PRIDE (completed an OH and PI), are enrolled in PRIDE training as soon as possible and their wait time is not to extend 60 days.

  - Increased communication with families- Area Offices will continue to keep waiting families on their radar and continue phone calls and letters to these families.

  - Documentation- OFCS staff will document progress with each waiting family and verify the stage the family is in as well as what is needed to move forward (next steps).

  - Each AO will establish a "Ready Trainer Reserve"- Area Offices will ensure that there are additional OFCS social workers who are capable of teaching PRIDE should the need arise. Managers will have social workers shadow upcoming training and review modules in order to prepare for this potential reassignment (this is to include the ready reserve of Spanish speaking trainers).

  - CAFAP Involvement- OFCS also contracted with CAFAP to provide PRIDE training and home studies.

  - Volunteers- Volunteers from other bureaus signed on to conduct additional PRIDE trainings.

- During SFY 09, DCF requested assistance and support from AdoptUsKids, the National Resource Center for Recruitment and Retention of Foster and Adoptive Families in conducting "targeted recruitment".

  An "appreciative inquiry" model was utilized to meet with foster and adoptive parents in focus group settings. The information was summarized and is being used along with a "market segmentation" approach. This approach utilizes data about current successful foster and adoptive parents to create profiles of Connecticut residents who are most likely to come forward as a resource. The "market segmentation" analysis will indicate where in the state people who fit the profiles are located as well as precise points of contact in the community where information should be shared about foster care and adoption. The Department is currently developing specific, nuanced recruitment and retention messages and strategies.

- A survey of child placing agencies indicated that additional training and education was necessary regarding the purpose, function and points of access for behavioral health services. None of the 12 community based contracts or services precluded use by foster children and foster children were expressly identified as target populations for most of these services.

- A review of vacant private foster homes was conducted. There is evidence that referrals were being made that did not result in matches. Close to 60 homes had not had placements for more than two months. This remains an area of concern that requires ongoing collaborative efforts to ensure that valuable licensed resources are matched to appropriate children.

- OFCS has been engaged in efforts to reduce overstays in SAFE Homes and Permanency Diagnostic Centers. More recently, STAR homes were also included in this umbrella of activity. The efforts include establishing and implementing refined referral, assessment, review and discharge protocols and mandatory biweekly meetings to review progress toward achieving the discharge plan as well as maintaining logs that are disseminated on a weekly basis. The lack of appropriate resources continues to hinder efforts to transition children within 60 days of placement in these temporary settings.

- OFCS has an allocated budget in excess of $600,000 and an additional allocation of $251,000 for Area Office recruitment and retention efforts. Flex funds in the amount of $150,000 are available to the Area Office and Child Placing Agencies. In February 2009, a Governor Office directive to cease non-essential spending impacted a variety of recruitment and retention activities.

- The protracted process of redesigning Therapeutic Foster Care services is nearing completion. This effort has taken much longer than expected but has resulted in an increased collaborative effort between DCF and private providers despite significant differences in opinion on some issues.

B. Recruitment and Retention Goals

The Department's goal as outlined in the Stipulation is a "statewide net gain of 350 foster families by June 2009".

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	1,033
	3,388

According to the June 2009 report, the number of foster homes is:

DCF Licensed Foster Homes	2,402
Private Foster Care Homes	1,018
	3,420

The Family Foster Care Action Plan set a goal of 350 for the first year of the plan ending on June 30, 2009. The Department achieved a net gain of 32 homes during that time period. Over 900 foster homes were newly licensed by DCF last year.

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

The Department's efforts to automate the ACR data are taking much longer than first envisioned. The data collection instrument is complicated and sizeable. The recent restructuring has meant that a new manager and supervisory system is now in place. A considerable amount of consultation has occurred with the Court Monitor's office regarding content and functionality. The new implementation target date of February 2010 is likely given recent decisions and input from the Information Systems (IS) staff.

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

The feedback from the Technical Advisory Committee (TAC) resulted in the need for revisions and additions to the report. The Department has consulted with the TAC in order to ensure a clear understanding of the issues raised and a target date of September 30, 2009 has been set to present a revised draft.

Stipulation §IV. Practice Model

The Practice Model was accepted by the Executive Management Team. The next step is a preliminary implementation phase which will involve intensive planning to ready the system for full implementation. It is expected that the planning phase which also involves revising considerable amounts of policy will take six to nine months.

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

As of July 2009 the Service Needs Review Process had undergone a great deal of movement to become fully automated. The SharePoint site was much more user friendly with a report content that is useful for multiple end users including quality assurance and line staff to access both case specific and aggregate data related to the SNR efforts with in an area office or statewide. The service portal offers access to the data entry tool, directional guides, team discussion and on-line assistance with unlocking forms.

Service Needs Review has been a work in progress with many challenges, but has overall been a successfully implemented IT effort in securing a means to gather statewide data from multiple users. The quality of this data will be subject to review in the coming months as it is now available to be pulled into SPSS for data analysis.

As of July, the Department's progress on SNR for the 2,661 children in the 9/15/08 Cohort includes:

- 2,048 initial screens have been initialized, entered, approved and locked.
- 486 initial screens are open and in process.
    - 247 are in approval stage pending final locking.
    - 127 of the initial cohort screens have not yet been commenced.
- 1,074 "follow up 1" screens have been completed.
- 395 "follow up 2" screens have been completed.
- 90 "follow up 3" screens have been completed.
- 16 "follow up 4" screens have been completed.
- 394 children exited the SNR process at the point of initial case review screen. An additional 76 children exited at the point of the 1st follow up SNR Meeting. Twenty-eight children exited at the 2nd follow up SNR. Five children exited at the 3rd SNR follow-up review and one child exited at the 4th recorded follow up review.

As a result of our prompting in July, the Area Offices have briefly screened all of the remaining 486 cases and have made efforts to ensure that all initial screens will be completed where necessary (where a child has not already exited to permanency) prior to the one year anniversary of the cohort identification on or about September 15, 2009 with a SNR meeting held in conjunction with the child's ACR in the August to November timeframe. The Monitor's Office will review the SNR data base in October to ensure all identified children have been screened and reviews held where required.

As identified earlier, the process has shifted to become a rolling process that ties into the treatment planning and ACR structure. The Service Needs Review cohorts are identified 60-90 days in advance of the upcoming ACR so that the area offices can begin the process of screening the case using the SNR initial review tool 30 to 45 days in advance of the ACR to develop additional action steps that may be necessary to move the case toward exit from the cohort through additional case planning efforts afforded by the SNR process. This also allows for additional time to seek out participation of key participants at the ACR/SNR meeting. These populations are identified via the automated reporting now available on-line.

- Of those identified in the 3/1/2009 Cohort
  - 673 children were identified in the cohort.
  - 476 initial screens were commenced to date
    - 301 initial screens have been initialized, entered, approved and locked.
    - 175 are open and in process. Of these 103 are pending approvals.
    - 85 "follow up 1" screens have been completed.
    - 4 "follow up 2" screens have been completed.
    - 72 children exited the SNR at the time of the initial screen. An additional 8 children exited at the time of the "follow-up 1" review.
- Of those identified in the 4/1/2009 Cohort
  - 170 children were identified in the cohort.
  - 75 initial screens were commenced to date
    - 47 initial screens have been initialized, entered, approved and locked.
    - 28 are open and in process. Of these 103 are pending approvals.
    - 6 "follow up 1" screens have been completed.
    - 1 "follow up 2" screens have been completed.
    - 8 children exited the SNR at the time of the initial screen.

Cohorts have also been identified for May, June and July, with expectations that SNR initial screens and SNR reviews will be conducted within the third quarter 2009 for those cohort populations.

QA efforts have been initiated with monthly submittal of two cases per area office (one by CM staff and one by QIPS) for the second quarter 2009.

During the Second Quarter, 22 cases were subject of quality assurance review by both the QIPS staff and Court Monitor's reviewers. Of those cases, reviewers found that:

- 22.7% reflected SUPERIOR practice related to implementation of SNR. This was defined as "a level of collaboration with the family, providers and internal DCF staff. The process displayed an honest attempt to step apart from the ongoing case management and assess possible avenues to achieve movement where barriers had not been addressed prior. The tool(s) were completed in a thoughtful and thorough manner with action steps that were specific and timely."

- 50.0% reflected GOOD practice to implementation of SNR. This was defined as "a level of engagement with key stakeholders. This was documented through invitation to the SNR process, accurate form completion with a majority of the action steps substantially addressing issues assessed during the SNR process in a meaningful manner. Some effort was made or being made to view the case management from an outside perspective providing for opportunities to change or enhance efforts to overcome barriers to meeting the needs of the child and exit from the identified cohorts."

- 13.6% reflected MARGINAL practice to implementation of SNR. This was defined as "a process lacking evidence of engagement with several key stakeholders. Forms may have been completed but the level of assessment and insight of action steps necessary to achieve movement toward timely exit was lacking. There was a minimal

or cursory change(s) to the treatment plan reflecting the barriers or needs discussed for this child through the SNR process."

- 13.6% reflected POOR practice to implementation of SNR. "The efforts observed appeared pro-forma at best. Engagement of key stakeholders is minimal or not documented at all. Action steps are non-specific and lack identification of timeframes and responsible parties. There is no observable transfer of information between the two processes (Treatment Planning /SNR)."

QIPS found only one of the reviewed plans marginal. Comparatively, Court Monitor staff found two plans to be marginal and three to be poor.

Comparison of QIPS and Court Monitor Staff Ratings of SNR QA Review

	Superior	Good	Marginal	Poor
QIPS (n=8)	37.5%	50.0%	12.5%	0.0%
CM Staff (n=14)	14.3%	50.0%	14.3%	21.4%

Efforts and engagement of the area office staff were often pointed to as the positive focus by the QIPS staff as the rationale for the higher level of scoring. These were also identified as positives by Court Monitor staff however, the timely documentation and transfer into action steps and follow up were pointed out as issues related to the lower scores by the CM staff.

The Service Needs Review and quality assurance process has been impacted by the reorganization process in as much as the 14 area office QIPS have been reduced to 5. We will be meeting with the new Regional Directors and planning for Third Quarter activities during the latter half of September.

Some of the comments of note:

- The process failed to engage youth or mother and did not include any discussion on moving toward goal of reunification which was "forgotten" in the process. SNR meeting focused only on one or two steps.

- The process has not been incorporated into the ACR. Forms were not completed in the automated SNR site.

- The process was well done with child, attorney and group home staff present. Initial SNR form was filled out well in advance of the meeting. No unmet needs, but emerging issues of college planning and high school events were addressed fully. Foster care and TLAP options were put on the table and input from all was documented. No unmet needs.

- Permanency plan of adoption was revisited as a result of the SNR process. The issue of braces was also identified. A useful process.

- The BHPD was very involved and the meeting was well attended. Two social workers were active in this case. Collaborative efforts to achieve the stated action steps in the last 90 days bordered on superior.

- All necessary individuals were invited and issues were discussed. The main barrier is court action and that cannot be addressed through SNR. SNR process was not really helpful in this case.

- All key participants were present. The BHPD was involved with a 17 year old having a goal of adoption. The youth's difficult behaviors were addressed and incorporated into the action plan.

- The Initial screen was done in a pro-forma manner, however the meeting was done in a very thorough and dynamic way and helped develop action steps to address needs more completely than occurred at any prior ACR.

- Invitations were sent out, but it is unclear if any follow up documentation was sent out.

- The Initial Protocol was not completed prior to the ACR and was not locked down until weeks later.

- The meeting was a good meeting but did not translate into SNR action steps or other document form (treatment plan).

- The aunt, child and therapist were not included in the process. In spite of this, the discussion with those attending was a good discussion. The meeting was entered as two separate meetings in the system and information was not provided to the key participants. The action steps did not reflect what was identified at the meeting.

- The youth participated. All key stakeholders were invited. The meeting was not really necessary. The needs were being met through case management.

- The meeting was incorporated into a discharge planning meeting from residential and was well attended. The meeting was useful to development of action steps.

- The SW was not aware of need for the SNR although invitations had been generated for the meeting and ACR SWS and QIPS were aware.

- The Initial protocol was not completed in advance of the ACR. The youth did participate. Some action steps were developed with her input. The process proved useful as the youth generally did not participate in her planning prior to this meeting.

- The Initial protocol was completed only a few days in advance of the ACR, and did not reflect the current situation as it was filled out with the historical situation as of September 15, 2008 instead of the situation currently.

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

A. & B.
All exception waivers for overstays or repeat use of SAFE Homes and STAR Homes are being approved by the Area Directors and reported to the Bureau Chief of Child Welfare. Area Offices are utilizing different approaches to track their requests. This process is not automated. The Court Monitor continues to verify that requests are occurring during the course of Outcome Measure 3 & 15 and Service Needs Reviews monitoring activity, but to date has not undertaken a formal review to ascertain whether the Department is requesting the exception waivers in every instance or adhering to the timeframes and other specific requirements outlined in the Stipulation. A review will be undertaken at a later date.

C. All exception waivers for children remaining in any hospital or in any in-patient status beyond the determination that the child is appropriate for discharge are being routed to the Bureau Chief of Behavioral Health for review and approval. Each Area Office tracks these requests utilizing different versions of a log. This process is not automated. The Court Monitor has verified that requests are occurring through ongoing monitoring activities. The Court Monitor has not undertaken a formal review to ascertain whether the Department is utilizing the exception waivers in every instance or adhering to the timeframes and other specific requirements outlined in the Stipulation. A review will be undertaken at a later date.

D. The Court Monitor has verified, via attendance at multiple sessions of the twice weekly "rounds" and a review of hard copy documentation, that every child age 12 and under with exceptional needs that cannot be met in any other type of placement, is being approved by the Bureau Chief of Behavioral Health prior to placement in a congregate care setting rather than family based placement. The approvals are being based on the manager's determination that the child's needs can only be met in that specific facility. Approvals follow the strict criteria set forth and utilized by the ASO, and are routinely reviewed for reauthorization.

E. The Court Monitor has verified via attendance at multiple sessions of the twice weekly "rounds" and review of hardcopy documentation, that all children over the age of 12, placed in congregate non-foster family setting, are being approved by the Bureau Chief of Behavioral Health following a determination that the child's needs are best met by the specific facility. Approvals follow the levels of care standards utilized by the ASO and the standards are routinely reviewed for reauthorization.

F. An automated tracking and approval tool continues to be utilized with respect to children newly identified with a permanency goal of Another Planned Permanent Living Arrangement (APPLA). The Court Monitor continues to verify through a review of the automated documentation that requests for approval are occurring, but has not undertaken a formal review to

ascertain whether the Department is utilizing the exception waivers in every instance or adhering to the timeframes and other specific requirements outlined in the Stipulation. A review may be undertaken in the third calendar quarter of 2009 utilizing the automated Service Needs Review reports related to children in cohort 5 (APPLA) and the automated database as part of the tracking and approval tool.

Stipulation §VII.A & §VII.B Health Care

A. EPSDT Screens

Findings related to the Court Monitor's review of DCF compliance with Stipulation Regarding Outcome Measures 3 and 15:

In §VII.A (Health Care EPSDT Screens) DCF is required to ensure the provision of the required dental, medical, mental health, vision, hearing and developmental screens for all children in the six (6) categories below. These children are on an ongoing basis:

1. Children who have not received a required initial or periodic dental screen under the federal EPSDT statutory program, state law and DCF policy and for whom the required screen is more than 60 days overdue;
2. Children who have not received a required initial or periodic medical screen under the federal EPSDT statutory program, state law and DCF policy and for whom the required screen is more than 60 days overdue;
3. Children who have not received a required initial or periodic mental health screen under the federal EPSDT statutory program, state law and DCF policy and for who the required screen is more than 60 days overdue;
4. Children who have not received a required initial or periodic vision screen under the federal EPSDT statutory program, state law and DCF policy and for who the required screen is more than 60 days overdue;
5. Children who have not received a required initial or periodic hearing screen under the federal EPSDT statutory program, state law and DCF policy and for who the required screen is more than 60 days overdue;
6. Children who have not received a required initial or periodic developmental screen under the federal EPSDT statutory program, state law and DCF policy and for whom the required screen is more than 60 days overdue;

Given the results of our reviews in 2008 it was agreed that the Monitor's Office would conduct a follow up review to determine if the systems put into place in the 14 Area Offices had resulted in the desired impact of reducing the number of children with unmet needs in the area of timely EPSDT care and follow up services resulting from those well child visits. This is not a review of the Department's compliance with other aspects of needs met related to §VII.B Health Care Treatment - (in which)DCF is responsible for the health care treatment needs of all children in care for any medically necessary treatment that is identified by not only the EPSDT screen, but any needs identified in between such screens. Although this review did note areas in which services identified by the prior EPSDT were provided or not provided, the review did not delve into areas in which other assessments or medical providers identified needs

and whether those needs had been fully met by the point of review as these areas are measured through OM15 review.

Demographics

This review found that children were current for EPSDT medical screens in 92.9% of the sample and current for EPSDT dental screens in 80.8% of the sample.

A statewide statistically valid sample of 254 children was selected from the caseload on June 29, 2009 to determine if the Department was meeting its obligation in providing the required timely EPSDT screens. In-Home cases, Probate, ICO and investigation cases were not included in the pool of cases to be used for selection. Cases were then further screened so that children were required to have been in placement for at least 60 days as of July 1, 2009. Sample cases were distributed based on caseload with the caveat of no area having less than 10 cases to be measured upon. Selection within the area office catchment area was random. Using this approach we arrived at the following sample set:

Table 1: Sample Set for Health Stipulation Review - Area Office Representation

	Frequency	Percent	Cumulative Percent
Hartford	32	12.6	12.6
New Haven	27	10.6	23.2
Waterbury	25	9.8	33.1
New Britain	24	9.4	42.5
Manchester	19	7.5	50.0
Norwich	18	7.1	57.1
Willimantic	16	6.3	63.4
Bridgeport	15	5.9	69.3
Milford	14	5.5	74.8
Norwalk	12	4.7	79.5
Stamford	12	4.7	84.3
Danbury	10	3.9	88.2
Meriden	10	3.9	92.1
Middletown	10	3.9	96.1
Torrington	10	3.9	100.0
Total	254	100.0	

This review was primarily record review via the automated LINK record. In cases where the LINK record presented conflicting or paucity of information, contact was made with the Social Work Supervisor to clarify the most recent dates of well child care and any follow up required from those visits.

The population of the sample ranged from four months to 17 years of age with an average age of 9.5 years old. 53.1% of the population was male and 46.9% was female. The length of time in care ranged from entry in September of 1995 through April 2009 with an average length of stay of 777 days. The most current placement was effective for some as long ago as September 1997 and for some as recently as June 29, 2009. In all, 29.9% of the population had been in their current placement for at least one year at the July 1, 2009 review date.

Twenty-two of the children were identified as medically complex (8.7%). Two additional children had medical issues such that one would have expected the designation but it was not indicated. Two girls were pregnant.

Review Findings

Our review found that children were current for 236 EPSDT medical screens (92.9%) of the 254 case-sample. Screens were documented from as long ago as April 3, 2007 to as recently as June 30, 2009.

Table 2: Is this date current (within 60 days of the due date) based on the child's last visit and guidelines for the child's age per the EPSDT standards?

	Frequency	Percent
Yes	236	92.9
No	18	7.1
Total	254	100.0

In two cases there are children with no recorded EPSDT. In one situation it is a 17 year old girl who came into care in January 2009 with an MDE conducted on February 11, 2009. The MDE noted a need for follow up Well-Child care, and determination if there was a need for possible cardiologist, gastroenterologist, and optometrist visit. The well-child appointment and assessment related to the need for a follow up with these specialists and had not occurred as of July 1, 2009. A recent check of the record indicates that the child was finally seen on July 14, 2009 for a physical and immunization confirmation to allow for college entrance.
The other case is a 16 year old boy who has been to the doctor for several sick visits since participating in the MDE on December 10, 2008, but has not yet had the recommended physical. The SWS was contacted to verify if our review of the information in the LINK record was correct and verified this assessment. The doctor's office was contacted and agreed that a physical should be scheduled. The foster mother secured an appointment for September 8, 2009.

In looking back at the prior EPSDT and the results of that examination, there were five (5) case situations in which there was a documented evaluation or assessed need that remained unmet at the point of the most current EPSDT. Two of these situations related to medical issues, one mental health related issue, one was vision, and one was a hearing screen. These were identified in New Haven (2), Bridgeport, Waterbury and Willimantic. In all five cases, there was active work to address the need, but resolution had not yet been achieved.

- OBGYN recommended by PCP but being refused by adolescent.
- Eye examination delayed, but appointment has now been secured outside of review period.
- Community MH services were diligently sought by Area Office SW for youth in placement out of state. WR funds were even attempted as a means to secure services. All attempts were met with no success. Youth recently decompensated and required placement in residential as he required a higher level of care.

- The SW had difficulty in securing a hearing specialist to conduct the screening. A hearing specialist was recently located and an appointment will be made by the provider.
- The child came into care without immunizations and the mother refused ROI or to cooperate. The Department's hands were tied until recent commitment. Work can now be accomplished to get the child up to date with all medical and dental needs.

Dental EPSDT rates were slightly less positive, but still improved. Of the 254 children, 30 were less than three years of age and required no dental well-child care at the time of our review. Of the remaining population of 224 children, 181 were current for dental well care. This represents 80.8% of the applicable sample population.

Table 3: Is this date current (within 60 days of the due date) based on the child's last dentist visit and guidelines for the child's age per the EPSDT standards? (n=224)

	Frequency	Percent
Yes	181	80.8%
No	43	19.2%
Total	224	100.0%

Of the 43 that were not current, many had recent appointments but these were not timely, or within the mandated 6 month timing from the prior appointment (allowing the additional 60 days per the stipulation).

Five children (2.2%) of the over age three population had no documented dental visit since coming into care. These included the following scenarios:

- Child that recently came into care and was scheduled to attend appointment on May 21, 2009 had a conflicting appointment. The dental appointment was rescheduled to June 20, 2009. The child went AWOL prior to that appointment and no appointment has been able to be made as of July review.
- The parents have been a barrier to getting any dental or medical treatment. DCF recently approached the Court and obtained court order to get the child appropriate medical and dental care. Appointments have been made for August 2009.
- The MDE in May identified the need for well-care. The 60 day timeframe is nearing the end with no appointment yet documented. No prior EPSDT history.
- The MDE indicated the need for orthodontic and dental well-care in January. As of July this had not been documented as provided.
- The child had no identified dates of care for dental. An e-mail resulted in no response to the reviewer, but upon re-review of LINK record, an appointment has now been set for 9/15/09 - outside of the scope of review, but indicating an attempt to remedy the need.

Three children had ongoing dental issues from the prior EPSDT visit that had not been adequately addressed at the time of the most recent EPSDT visit.

In a separate but health related issue, the review found that the Department had documented Multidisciplinary Examinations (MDE) for 215 cases, and had entered exception codes for an additional 29 cases in which the examinations were not required based on policy exclusion. The 10 cases for which there was no exception entered will be reviewed more closely to determine if these also were cases with issues related to EPSDT medical or dental and we will advise the area office if warranted. 87.0% of the applicable cases had the MDE completed within the 30 day requirement. Marked improvements in this area are shown from 2008 onward.

Reviewers were clearly impressed by the rate of compliance with EPSDT that they were seeing throughout this review even in the face of needing to look at multiple sources to validate the information. There is a clear message from all reviewers that the LINK narratives and medical icons are not being used to the best of their capability when it comes to narration of children's medical, dental and mental health conditions and treatment. The icons are oftentimes not updated with current information. Medical narratives are often not separated out from other information using the appropriate medical icon option. Treatment plans are not used as an opportunity to clearly identify the specific care that has been afforded during the period so that there will be no duplication or worse, failure to attend to an assessed need from the prior period as cases are transferred to other workers.

Reviewers indicated that a place to hold historical data related to well-care would also be helpful for workers who often could not respond immediately to questions posed and had to seek out information from the medical providers before responding to our questions. The ACR needs to be a point at which there is pause and reflection to document these issues as well. It is not sufficient to indicate that a child is "up to date with medical and dental care." There must be verification that the worker or supervisor had contact or a data sheet from the provider that an appointment was held, and the date and purpose of that appointment as well as any recommendations from that appointment should be discussed as part of the ACR meeting.

B. Health Care Treatment

Under Stipulation §VII.B, the Department is responsible for the health care treatment needs of all children in care for any medically necessary treatment that is identified not only by EPSDT screen but through the various assessments that are completed by DCF and various providers serving the children. The Department's performance in meeting this requirement is routinely captured in the Court Monitor's Quarterly Review of Outcome Measure 15 (Children's Need Met). In the Second Quarter 2009, Mental Health and Substance Abuse Treatment Needs were unmet for 15 children in the sample. Unmet Mental Health and Substance Abuse Treatment were present in 29 cases overall or 55.7% of the cases reviewed in which both children and parents needs were not addressed thereby impacting overall progress toward case goals. Dental needs were not addressed in 11 or 21.2% of the cases. Medical needs were not addressed in 6 cases or 11.5% of the sample. The medical finding is a marked improvement over the prior reporting of 20.8% unmet needs.

Stipulation §VIII. Treatment Planning

Training to implement the revised Family and Child Case Plans is in progress. It is expected that all training will be finished in September 2009. Implementation of the new plans is slated for September 21, 2009.

Stipulation §IX. Interim Performance

B. Health Care

1. Dental Service Needs
As of June 30, 2009, Section III.2 Dental Service Needs within the Outcome Measure 15 Methodology was determined to be "appropriately met" in 78.9% of the cases (Target goal 85.0%). This is an increase from the March 2009, 73.1% performance.

2. Mental Health Service Needs
As of June 30, 2009, Section III.3 Mental Health Service Needs within Outcome Measure 15 Methodology was determined to be appropriately met in 69.4% of the cases reviewed (Target goal 85.0%). This is a decline over the prior reported performance of 86.0%.

C. Contracting or Providing Services to Meet the Permanency Goal
As of June 30, 2009, 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 82.7% of the cases (Target goal was 73%). This is an increase from the performance reported in March's of 76.9%.

D. Goals for Increasing Family-Based Placements
The baseline established utilizing the August 3, 2008 data indicated that 75% of the children in DCF custody were in family-based settings (non-congregate care). The target for the fiscal year ending June 30, 2009 was to increase the baseline by 7% to 82% of the population in care. The August 2009 data indicates that 74% of children in DCF custody were in family-based settings.

E. Treatment Planning

1. Action Steps to Achieving Goals Identified
As of June 30, 2009, the "Action Steps to Achieving Goals Identified" treatment planning component of the Outcome Measure 3 Methodology was determined to be met in 76.9% of the cases reviewed (Target goal 85.0%).

2. Determining Goals and Objectives
As of June 30, 2009, the "Determining Goals/Objectives" treatment planning component of the Outcome Measure 3 Methodology was 76.9% (Target goal 85.0%).

3. Planning for Permanency
As of June 30, 2009, the "Planning for Permanency" treatment planning component of the Outcome Measure 3 Methodology was 96.2% (Target goal 85.0%).

4. Strengths/Needs/Other Issues

As of June 30, 2009, the "Strengths/Needs/Other Issues" treatment planning component of the Outcome Measure 3 Methodology was 92.3% (Target goal 85.0%).

5. Progress

As of June 30, 2009, the "Progress" treatment planning component of the Outcome Measure 3 Methodology was 96.1% (Target goal 85.0%).

***Juan F.* Action Plan- Second Quarter 2009 Updates**

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

A set of monitoring strategies for the *Juan F.* Action Plan were finalized by the Court Monitor. The monitoring strategies include regular meetings with the Department staff, the Plaintiffs, provider groups, and other stakeholders to focus on the impact of the action steps outlined in the *Juan F.* Action Plan; selected on-site visits with a variety of providers each quarter; targeted reviews of critical elements of the *Juan F.* Action Plan; ongoing analysis of submitted data reports; and attendance at a variety of meetings related to the specific initiatives and ongoing activities outlined in the *Juan F.* Action Plan. Targeted review activities are also conducted that build upon the current methodology for Needs Met (Outcome Measure 15) and reflect the July 2008 agreement Stipulation Regarding Outcome Measures 3 and 15. The specific cohorts being reviewed and methodology are components of the Stipulation.

- The point-in-time data submitted by the Department and verified by the Court Monitor indicates that the number of children in SAFE Homes greater than 60 days, increased to 54 as of August 2009 in comparison with 43 children who were in overstay status as of May 2009. The same report indicates that 40 children were in placement longer than 60 days in a STAR/Shelter program as of August 2009; a increase from the 33 reported in May 2009.

- DCF has continued to exercise a focused review of children ages 12 and under who are being considered for congregate care placement. The number of children ages 12 and under in congregate care was 243 as of August 2009. This is an increase from the 238 reported in May 2009.

  A continued reduction of children under 12 utilizing residential services, 45 to 30 was offset by slight increases in children under 12 utilizing Group Homes and DCF facilities. The 30 children in residential care is a reduction of 50% from August 2008 (56).

- As of the date of this report, 54 Therapeutic Group Homes are open and currently operating.

- Another Planned Permanent Living Arrangement (APPLA) is not a preferred permanency goal and while the Service Needs Review process is assisting in identifying action steps to ensure that children with APPLA goals service

needs are addressed, far too many children currently have APPLA as their permanency goal. The Department has been more rigorous in their consideration of selecting APPLA as a goal, (pre-TPR and post-TPR). Approval for using the APPLA permanency goal is now granted by the Bureau Chief of Child Welfare. The August 2009 point-in-time data indicates that a total of 966 children had an APPLA permanency goal compared with 1,010 as of May 2009; a decrease of 44 children. Since March 5, 2009, 169 requests have been processed, 3 were denied and 166 were approved.

- The Division of Foster Care monthly report for June 2009 indicates that there are 2,402 licensed DCF foster homes. This is an increase over the total reported in the May 2009 report in which there were a total of 2,338 licensed foster homes available. Additional foster care and adoptive resources are an essential component to address the well-documented needs of children and gridlock conditions that exist in the child welfare system. The approved Foster and Adoptive Recruitment and Retention Plan developed in response to the July 2008 stipulation, seeks to focus and improve the Department's efforts with respect to recruitment and retention of licensed homes. Sustainable improvements to placement and treatment needs of children will require the increased availability of foster and adoptive homes. Area Offices routinely struggle to locate foster care placement options that are appropriate matches for the children requiring this level of care. There are a significant number of children that are discharge-delayed and languish longer than clinically necessary in higher levels of care waiting for foster/adoptive placement resources. An example of this was seen recently in our observation of children discharging from High Meadows. Therapeutic Foster Care (TFC) or Professional Foster Care (IPP) was noted as a preferred discharge location for several youth but due to the pressing need to discharge the children, and the lack of available resource, alternate discharge plans were identified to more restrictive levels of care.

- The Connecticut Behavioral Health Partnership reviews level of care guidelines annually and make revisions as necessary to comport with procedural or clinical program changes. The guidelines for Riverview Hospital and Residential Treatment Centers were the most recently revised.

- Pay for Performance projects are currently underway and include reducing the average length of stay on inpatient units and increasing access to outpatient services (Enhanced Care Clinics). An additional Pay for Performance project involves establishing relationships between Emergency Departments and the local Emergency Mobile Crisis Teams. Another includes incentivizing the Extended Day Treatment programs to better engage families, use a curriculum based treatment program, and formally measure outcomes. A project planned for current year 2009 includes enhancing clinical programming within Psychiatric Residential Treatment Facilities (PRTF's).

- Electronic Connecticut Behavioral Health reports on all children in Emergency Departments are issued four times daily to DCF and Value Options staff to track and monitor progress. Intensive Care Managers continue to have daily contact with Emergency Departments. Memorandums of Understanding (MOU) have been developed between Emergency Departments and local Emergency Mobile Psychiatric Teams. The intent is to establish working relationships between these groups to allow greater collaboration and increase the opportunities to discharge children timely and appropriately to community services from the Emergency Departments. The number of children served has increased and while the CARES unit continues to divert children, there are limited resources for those who require in-patient care. Children with Mental Retardation (MR)/Pervasive Developmental Delays (PDD) or those that are extremely assaultive and violent stay longer in the emergency departments and are less likely to be admitted to in-patient units. Out-of-state providers, specialty in-patient units, and Riverview Hospital have been utilized for these children. On-site Intensive Care Managers' assistance with discharge and diversionary planning is ongoing at multiple hospitals across the state.

- All DCF and Area Offices and facilities are now using the electronic Child and Adolescent Needs and Strengths (CANS). Considerable concern continues to be expressed by the Area Office staff regarding this electronic process. Quarterly forums are scheduled to ensure ongoing identification and problem solving for a variety of IT technical shortcomings/issues. Besides the technical issues, re-certification training needs to begin again and new Area Resource Group (ARG) personnel have not been trained. The complexity of the CANS process requires each office to be strategic about its utilization. Social Work Supervisors and other staff who do not use the process on a regular basis will not become adept nor be properly trained. Given the feedback and concern expressed by staff regarding the use of current CANS for assessing utilization of therapeutic foster care the Department has contracted to develop a customized CANS version.

- The following are 9 identified populations of children outlined in the *Juan F.* Action Plan for regular updates on progress in meeting the children's permanency needs.

  1. Child pre-TPR + in care > 3 months with no permanency goal (N=67) as of November 2006.
     Goal = 0 by 3/1/07.

     In May 2009 there were 45 children. As of August 2009 there are 49 children.

  2. Child pre-TPR + goal of adoption + in care > 12 months + no compelling reason for not filing TPR (N=70) as of November 2006.
     Goal = 0 by 4/1/07.

Previously, this category included the number of all cases with a reason indicated. This was a Department decision. The correct reported number should include all cases where no reason was chosen (it is blank).

As of May 2009 there were 76 cases with no reason for not filing TPR (blank).
As of August 2009 there are 70 cases with no reason for not filing TPR (blank).

Many of our review activities have noted areas needing improvement in the identification of valid compelling reasons. A review of the cases with compelling reasons is needed to assess the accuracy and appropriateness of the designated compelling reasons.

3. Child post-TPR + goal of adoption + in-care > 12 months + no resource barrier identified (N=90) as of November 2006.

As of May 2009 there were 41 children where the permanency barrier titled "no resource" is identified, 85 children with the permanency barrier of "no barrier identified", and 208 that are blank. In addition, 20 have "ICPC" as a barrier, 24 cite a "pending appeal", 6 have "pending investigations", 66 indicate a "special needs barrier", 27 are "subsidy negotiation", 170 indicate that "support is needed" and 27 have "foster parent indecision" indicated.

As of August 2009 there are 43 children where the permanency barrier titled "no resource" is identified, 88 children with the permanency barrier of "no barrier identified", and 220 that are blank. In addition, 16 have "ICPC" as a barrier, 22 cite a "pending appeal", 3 have "pending investigations", 60 indicate a "special needs barrier", 19 are "subsidy negotiation", 119 indicate that "support is needed" and 27 have "foster parent indecision" indicated.

4. Child post-TPR + goal of adoption + in care > 12 months + same barrier to adoption in place > 90 days (N=169) as of November 2006.

In May 2009 there were 213 children.

As of August 2009 there are 190 children in this cohort.

5. Child post-TPR + goal other than adoption (N=357) as of November 2006.

In May 2009 there were 257 children in the cohort.

As of August 2009 there are 266 children in this cohort.

6. Child pre-TPR + no TPR filed + in care < 6 months + goal of adoption. (N=18) as of November 2006.

In May 2009 there were 12 children in this cohort.

As of August 2009 there are 14 children in this cohort.

7. Child pre-TPR + goal of reunification + in care > 12 months (N=550) as of November 2006.

   In May 2009 there were 497 children in this population.

   As of August 2009 there are 513 children in this population.

8. Child pre-TPR + goal other than adoption or reunification + in care > 12 months transfer of guardianship cases (N=133) as of November 2006.

   In May 2009 there were 120 children in this population.

   As of August 2009 there are 115 children in this population.

9. Child pre-TPR + goal other than adoption or reunification + in care > 12 months -other than transfer of guardianship cases (N=939) as of November 2006.

   In May 2009 there were 728 children in this population (101 were placed with a relative in a long term foster home arrangement).

   As of August 2009 there are 692 children in this population (88 are placed with a relative in a long term foster home arrangement).

- Community Health Resources (Middletown and Meriden) and Child Guidance of Greater Bridgeport (Bridgeport, Norwalk, and Stamford) were selected as Emergency Mobile Psychiatric Service providers as part of Phase III and went live on June 1, 2009. The RFP for the QA and Training Vendor was released on April 10, 2009 for a May 29, 2009 response date. The Child Health and Development Institute- Center for Effective Practice (CHDI/CCEP) was selected as the Performance Improvement Center for EMPS.

  A RFP for the final component, a QA and Training vendor, was developed and released on March 2009 with a tentative start date of July 2009.

- The successful reduction in discharge delays on inpatient units last year was the result of a series of targeted interventions including ongoing review of community based treatment requirements at the time of discharge. The results of this review indicate the primary areas of need continue to be intensive home based services, as well as, immediate access to psychiatric follow up in the community for ongoing medication review and monitoring. Memorandums of Understanding (MOU) between the Enhanced Care clinics and primary care providers should improve the medication management issues.

- The Foster Care disruption study continues. Two pilot projects are underway in the Waterbury and Norwich Area Offices. Children who are enrolled in HUSKY and who are in first time foster care placements are being identified and referred to Connecticut Behavioral Health Partnership (CTBHP) Intensive Care Managers assistance in connecting to appropriate behavioral health services. In addition, foster parents are being offered the services of the CTBHP Peer Specialists for support and guidance in maneuvering

through the system. To date, data collection has proven challenging due to limited number of identified children who meet the necessary criteria. As such, two additional DCF area offices are being considered for inclusion into the study (Hartford and New Britain). To better understand any features within the foster families that may contribute to disruption, an additional study is currently being designed that will pull a series of variables pertaining to the foster families of the identified subjects from LINK. Institutional Review Board (IRB) approval to move forward with this portion of the study will be sought shortly.

- Clinical rounds continue to be held bi-weekly at the CTBHP Service Center. In addition to the Residential Care Team, staff members from all 4 DCF facilities and key program staff attend to review the waiting list for care against the immediate vacancy list and have begun to identify facilities for whom vacancies consistently exist. Value Options (VO) provides monthly data reports to allow us to better track and monitor time between matching, facility acceptance of the child and actual placement. DCF staff attached to the Residential Care Team are now responsible for tracking referrals and ensuring pre-placement appointments are made and kept and that youth are placed within matched facilities within the designated period of time.

  The Court Monitor continues to attend many sessions and is receiving updates twice a week regarding children receiving treatment/placement services. While the system in place is far superior to previous attempts to manage the treatment/placement of children requiring high levels of care, additional work is needed to ensure that a comprehensive assessment that involves the integrated input from all external and internal stakeholders is thoroughly considered before treatment/placement decisions are finalized. The lack of sufficient services throughout the array of services including foster care, therapeutic foster care, medically complex, professional parent homes, group homes, in-home services, in-state residential, specialized residential, therapeutic group homes, and community-based services encourage the Department to settle for treatment/placement options that are not the primary recommendation for service, nor the least restrictive setting.

- On-site continued stay reviews for children receiving care in in-state residential facilities remain in place. On-site reviews for Connecticut children residing in high volume facilities in border states have recently begun. All other reviews are conducted by telephone at regular intervals between CTBHP Care Managers and Residential Treatment Care (RTC) Clinicians. Weekly discharge delay rounds are held at the CTBHP Service Center to problem solve for those children waiting to step down to alternative care. Each area office has processes to routinely review treatment and discharge delay issues.

- Family Support Teams continue to be highly valued by area offices and families. The service continues to operate at capacity and is serving approximately 225 families at any one time statewide. The Department's last review indicated that of children at risk for out of home placement, approximately 64% were successfully diverted to community-based care. While there is room for model improvement and improved QA the initial plan to pursue a budget option has been abandoned given the fiscal environment. The plan is to use the newly procured but not yet implemented Programs and Services Data Collection and Reporting Systems (PSDCRS) to develop the opportunities for Family Support Teams improvements. PSDCRS went live for Family Support Teams on July 1, 2009.

- Structured Decision Making (SDM) will be an integral component of the new Treatment Plan that is scheduled to be implemented in late July 2009. Information on the Treatment Plan will pre-fill from the completed SDM assessments. Therefore, the quality and timeliness of completion for SDM is critical and recent findings, detailed below, related to SDM give cause for concern.

  To assist with monitoring implementation and promoting accurate completion of the SDM assessment tools, the Department now requires the DCF Supervisors and Managers to conduct their own case readings on assigned cases within their own unit. This process helps to monitor and ensure improvements in noted problem areas such as completion rates and appropriate use of SDM tools.

  Many offices have utilized the SDM trainers from the DCF Training Academy to provide additional support and training for social work staff to improve SDM implementation in their respective offices. Additionally, Area Office Directors have begun to actively utilize the SDM management reports that capture area office-specific information to enhance performance relative to SDM implementation.

  CRC's contract was recently amended to work with DCF on conducting a validation study of the Risk Assessment tool, the production of additional management reports and to continue providing ongoing technical assistance, training and support to DCF staff.

  The recalibration of the SDM risk assessment tool involves the establishment of an Advisory Group with cross representation. The study period will include reports accepted for DCF investigation from September 1, 2007 through February 28, 2008. The cases will be followed for 18 months to review various outcomes (new report, new substantiation, etc.) for sampled families. A data extract will be forwarded to the Children's Research Centers in October 2009. A formal report with recommendations is planned for February 2010.

To enhance completion rates, the Department contracted with Results-Oriented Management (ROM) to develop Management Reports to track the timeframes when the SDM tools are due. These reports are available for staff in the Area Offices.

The Department will continue to address improvements in the quality of SDM utilization through structured Case Reading training sessions and continued support, technical assistance and training opportunities from the Children's Research Center. A quality assurance plan will be developed targeting the challenges that have been identified in SDM practice to promote the valid completion of the tools that help guide critical decisions. Additionally, the Risk Validation Study will ensure appropriate risk factors are properly identified to inform case opening and closing decisions based on their likelihood of future maltreatment.

JUAN F. ACTION PLAN MONITORING REPORT

AUGUST 2009

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 2009.

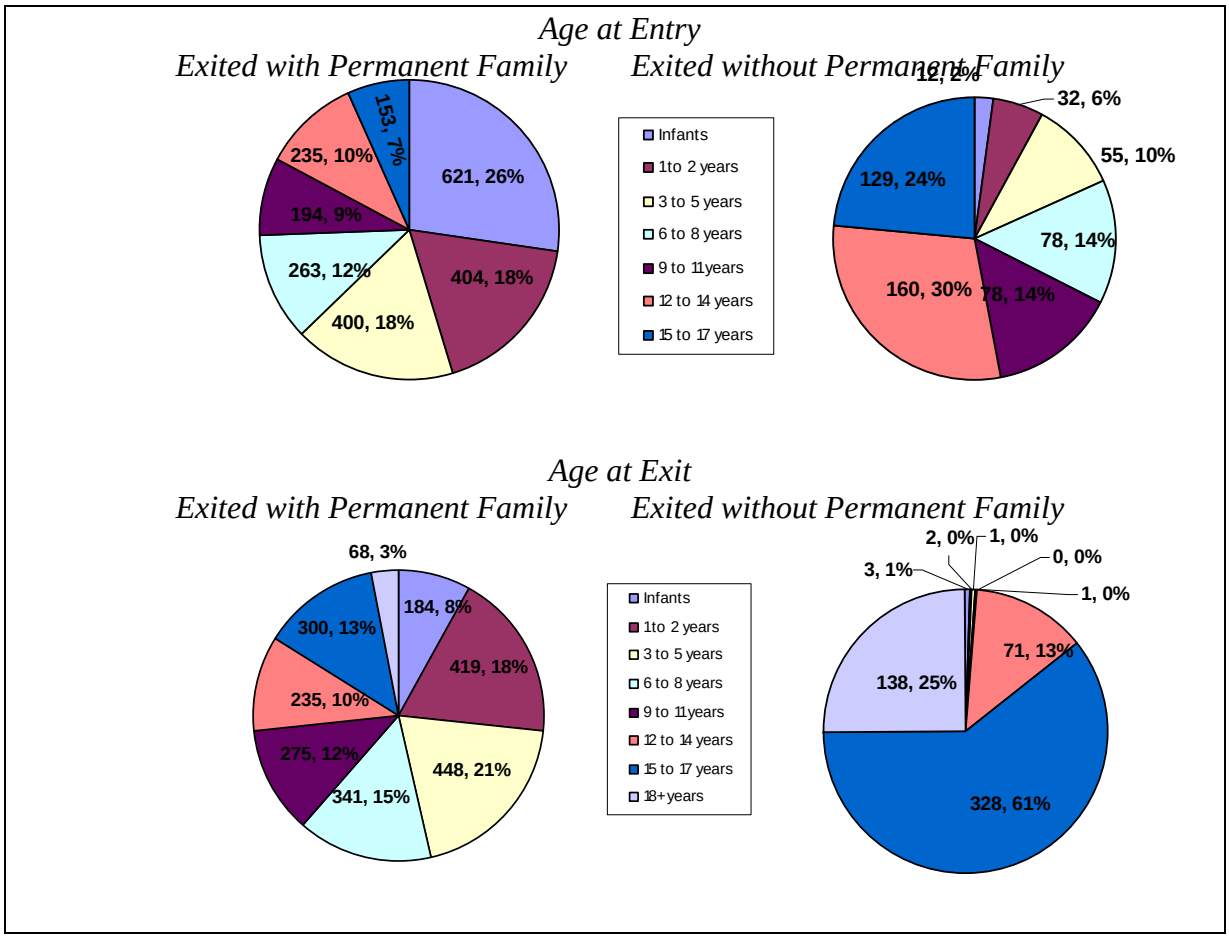
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care							
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Total Entries	3107	3549	3206	3093	3411	2856	2827	1375
Permanent Exits								
In 1 yr	1184 38.1%	1404 39.6%	1230 38.4%	1131 36.6%	1264 37.1%	1094 38.3%		
In 2 yrs	1644 52.9%	2076 58.5%	1806 56.3%	1743 56.4%	1972 57.8%			
In 3 yrs	1971 63.4%	2383 67.1%	2093 65.3%	2016 65.2%				
In 4 yrs	2142 68.9%	2538 71.5%	2263 70.6%					
To Date	2283 73.5%	2658 74.9%	2318 72.3%	2162 69.9%	2323 68.1%	1621 56.8%	1033 36.5%	280 20.4%
Non-Permanent Exits								
In 1 yr	274 8.8%	250 7.0%	231 7.2%	289 9.3%	259 7.6%	263 9.2%		
In 2 yrs	332 10.7%	321 9.0%	301 9.4%	372 12.0%	345 10.1%			
In 3 yrs	365 11.7%	367 10.3%	366 11.4%	432 14.0%				
In 4 yrs	406 13.1%	393 11.1%	403 12.6%					
To Date	468 15.1%	434 12.2%	428 13.3%	462 14.9%	391 11.5%	319 11.2%	248 8.8%	50 3.6%

	Period of Entry to Care							
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Unknown Exits								
In 1 yr	107 3.4%	156 4.4%	129 4.0%	84 2.7%	77 2.3%	63 2.2%		
In 2 yrs	137 4.4%	196 5.5%	172 5.4%	125 4.0%	121 3.5%			
In 3 yrs	162 5.2%	223 6.3%	209 6.5%	167 5.4%				
In 4 yrs	180 5.8%	248 7.0%	236 7.4%					
To Date	221 7.1%	280 7.9%	250 7.8%	179 5.8%	136 4.0%	91 3.2%	73 2.6%	11 .8%
Remain In Care								
In 1 yr	1542 49.6%	1739 49.0%	1616 50.4%	1589 51.4%	1811 53.1%	1436 50.3%		
In 2 yrs	994 32.0%	956 26.9%	927 28.9%	853 27.6%	973 28.5%			
In 3 yrs	609 19.6%	576 16.2%	538 16.8%	478 15.5%				
In 4 yrs	379 12.2%	370 10.4%	304 9.5%					
To Date	135 4.3%	177 5.0%	210 6.6%	290 9.4%	561 16.4%	825 28.9%	1473 52.1%	1034 75.2%

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 (2008 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 AUGUST 2, 2009[2])

Is the child legally free (his or her parents' rights have been terminated)?

Yes
902

Goals of:

636 (71%) Adoption

237 (26%) APPLA

10 (1%) Relatives

9 (1%) Blank

8 (1%) Reunify

2 (0%) Trans. of Guardian: Sub

No
↓ 3,491

Has the child been in care more than 15 months?

No
1,830

Yes
↓ 1,661

Has a TPR proceeding been filed?

Yes
459

Goals of:

320 (70%) Adoption

84 (18%) APPLA

33 (7%) Reunify

13 (3%) Trans. of Guardian: Sub/Unsub

8 (2%) Relatives

1 (0%) Blank

No
↓ 1,202

Is a reason documented not to file TPR?

Yes
906

Goals of:

515 (57%) APPLA

188 (21%) Reunify

83 (9%) Relatives

61 (7%) Trans. of Guardian: Sub/Unsub

58 (6%) Adoption

1 (0%) Blank

Documented Reasons:

76% Compelling Reason

13% Child is with relative

6% Petition in process

5% Service not provided

No
296

Goals of:

159 (54%) Reunify

63 (21%) APPLA

34 (11%) Adoption

30 (10%) Trans. of Guardian: Sub/Unsub

4 (1%) Relatives

6 (2%) Blank

[2] Children over age 18 are included in these figures.

Preferred Permanency Goals:

Reunification	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009	Aug 2009
Total number of children with Reunification goal, pre-TPR and post-TPR	1737	1745	1710	1661	1627	1620
Number of children with Reunification goal pre-TPR	1734	1742	1709	1658	1622	1612
• Number of children with Reunification goal, pre-TPR, >= 15 months in care	383	346	367	368	386	380
• Number of children with Reunification goal, pre-TPR, >= 36 months in care	51	46	54	51	55	61
Number of children with Reunification goal, post-TPR	3	3	1	3	5	8

Transfer of Guardianship (Subsidized and Non-Subsidized)	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009	Aug 2009
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	233	213	208	195	206	198
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	228	212	208	193	203	196
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months	75	73	78	63	58	54
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months	20	23	24	26	21	23
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	5	1	0	2	3	2

Adoption	**Aug 2008**	**Oct 2008**	**Nov 2008**	**Feb 2009**	**May 2009**	**Aug 2009**
Total number of children with Adoption goal, pre-TPR and post-TPR	1338	1319	1340	1341	1324	1239
Number of children with Adoption goal, pre-TPR	694	680	711	664	631	603
Number of children with Adoption goal, TPR not filed, >= 15 months in care	91	103	89	109	111	93
• Reason TPR not filed, Compelling Reason	26	31	28	27	24	24
• Reason TPR not filed, petitions in progress	48	55	40	33	31	20
• Reason TPR not filed , child is in placement with relative	10	9	11	10	5	6
• Reason TPR not filed, services needed not provided	7	4	4	7	6	9
• Reason TPR not filed, blank	0	4	6	32	45	34
Number of cases with Adoption goal post-TPR	644	639	629	677	693	636
• Number of children with Adoption goal, post-TPR, in care >= 15 months	607	606	593	636	656	602
• Number of children with Adoption goal, post-TPR, in care >= 22 months	540	539	523	552	571	525
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	103	74	72	64	74	69
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	373	369	351	355	356	304
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	51	87	99	113	146	154

Progress Towards Permanency:	**Aug 2008**	**Oct 2008**	**Nov 2008**	**Feb 2009**	**May 2009**	**Aug 2009**
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	176	179	195	253	290	411

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009	Aug 2009
Total number of children with Long Term Foster Care Relative goal	146	135	133	129	125	113
Number of children with Long Term Foster Care Relative goal, pre-TPR	133	121	119	118	114	103
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR	15	14	10	12	13	8
Long Term Foster Care Rel. goal, post-TPR	13	14	14	11	11	10
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR	3	4	4	3	3	3

APPLA*	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009	Aug 2009
Total number of children with APPLA goal	1183	1148	1126	1039	1010	966
Number of children with APPLA goal, pre-TPR	921	895	874	798	774	729
• Number of children with APPLA goal, 12 years old and under, pre-TPR	57	61	57	51	51	42
Number of children with APPLA goal, post-TPR	262	253	252	241	236	237
• Number of children with APPLA goal, 12 years old and under, post-TPR	28	25	24	20	17	18
* Columns prior to Aug 07 had previously been reported separately as APPLA: Foster Care Non-Relative and APPLA: Other. The values from each separate table were added to provide these figures. Currently there is only one APPLA goal.						

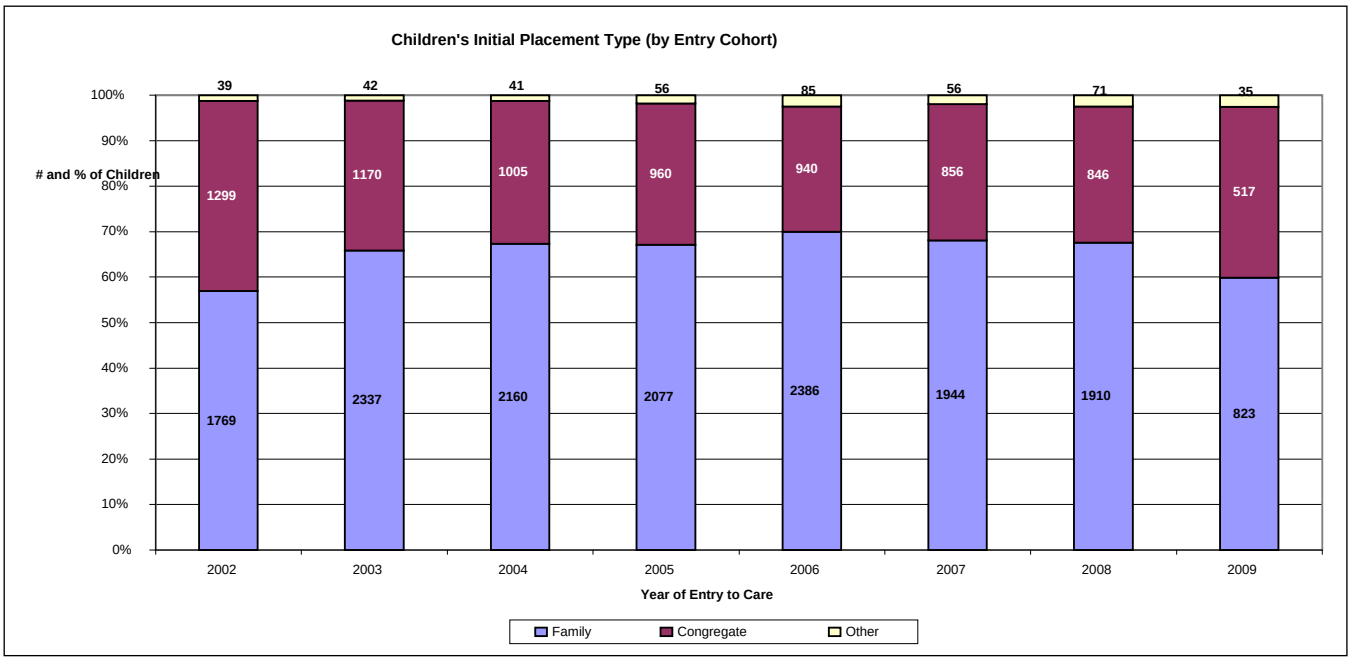
Missing Permanency Goals:

	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009	Aug 2009
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	41	56	66	78	59	74
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	15	6	10	19	14	26
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	6	4	3	5	3	8
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	1	3	0	2	2	7

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 2009.

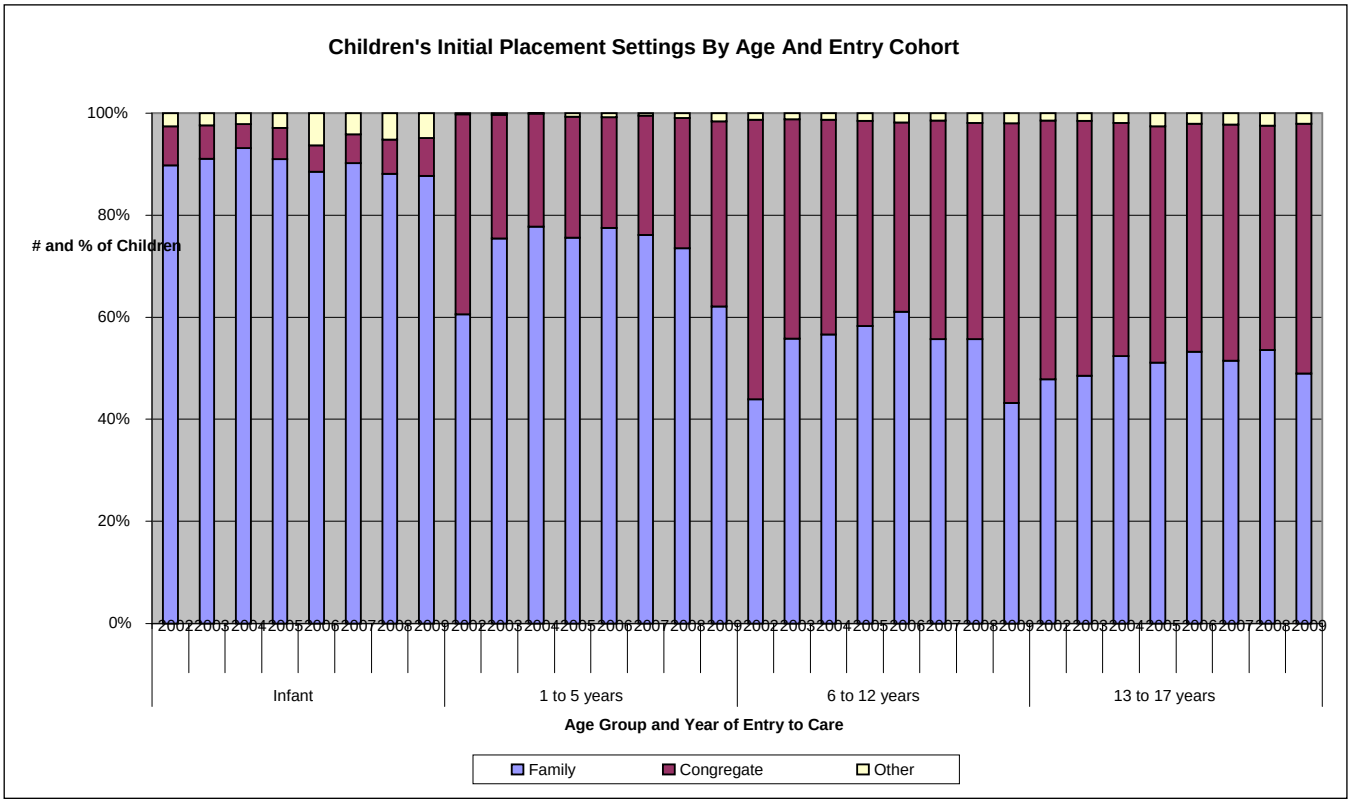


The next table shows specific care types used month-by-month for entries between July 2008 and June 2009.

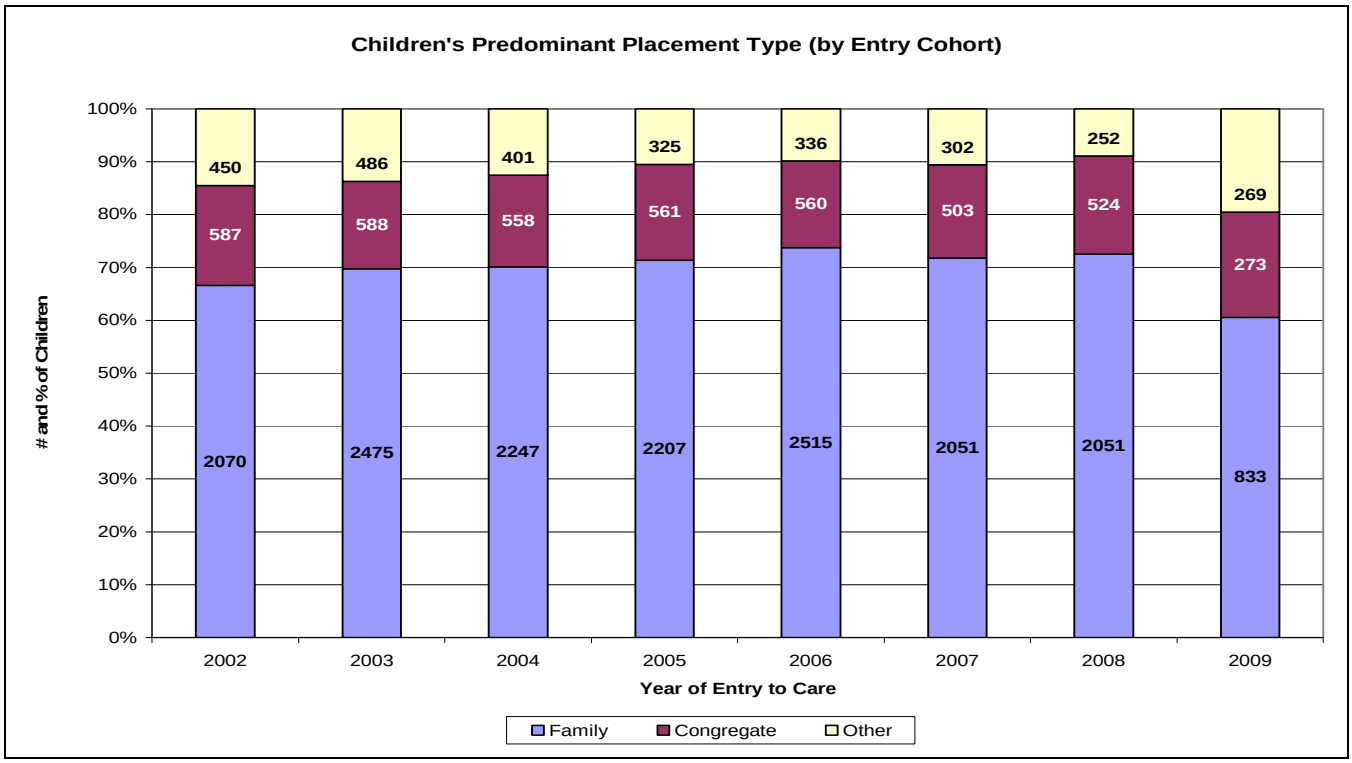
Case Summaries

First placement type		enter Jul08	enter Aug08	enter Sep08	enter Oct08	enter Nov08	enter Dec08	enter Jan09	enter Feb09	enter Mar09	enter Apr09	enter May09	enter Jun09
Residential	N	30	25	21	17	24	16	12	19	22	10	19	15
	%	11.4%	9.3%	9.0%	8.1%	10.9%	7.7%	5.7%	9.1%	8.8%	4.0%	7.8%	6.8%
DCF Facilities	N	2	6	3	8	5	3	3	5	9	6	6	4
	%	.8%	2.2%	1.3%	3.8%	2.3%	1.4%	1.4%	2.4%	3.6%	2.4%	2.5%	1.8%
Foster Care	N	148	163	120	108	106	95	97	104	95	122	122	122
	%	56.3%	60.8%	51.3%	51.4%	48.0%	45.9%	45.8%	49.8%	38.2%	49.2%	50.0%	55.5%
Group Home	N	3	3	3	4	7	1	3	3	1	3	6	4
	%	1.1%	1.1%	1.3%	1.9%	3.2%	.5%	1.4%	1.4%	.4%	1.2%	2.5%	1.8%
Relative Care	N	42	26	22	27	18	33	27	22	28	25	14	16
	%	16.0%	9.7%	9.4%	12.9%	8.1%	15.9%	12.7%	10.5%	11.2%	10.1%	5.7%	7.3%
Medical	N	5	6	4	2	7	6	6	6	9	5	8	1
	%	1.9%	2.2%	1.7%	1.0%	3.2%	2.9%	2.8%	2.9%	3.6%	2.0%	3.3%	.5%
Safe Home	N	24	19	42	31	32	33	48	31	69	42	38	41
	%	9.1%	7.1%	17.9%	14.8%	14.5%	15.9%	22.6%	14.8%	27.7%	16.9%	15.6%	18.6%
Shelter	N	5	16	13	12	14	15	11	10	15	26	25	14
	%	1.9%	6.0%	5.6%	5.7%	6.3%	7.2%	5.2%	4.8%	6.0%	10.5%	10.2%	6.4%
Special Study	N	4	4	6	1	8	5	5	9	1	9	6	3
	%	1.5%	1.5%	2.6%	.5%	3.6%	2.4%	2.4%	4.3%	.4%	3.6%	2.5%	1.4%
Total	N	263	268	234	210	221	207	212	209	249	248	244	220
	%	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 2009 admission cohorts.



The following chart shows monthly statistics of children who exited from DCF placements between July 2008 and June 2009, 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 Jul08	exit Aug08	exit Sep08	exit Oct08	exit Nov08	exit Dec08	exit Jan09	exit Feb09	exit Mar09	exit Apr09	exit May09	exit Jun09
Residential	N	30	44	21	23	19	11	9	18	21	21	13	27
	%	10.8%	13.2%	8.0%	8.7%	7.5%	4.4%	4.2%	8.5%	9.0%	8.2%	5.7%	10.0%
DCF Facilities	N	5	4	2	2	4		4	3	5	4	2	6
	%	1.8%	1.2%	.8%	.8%	1.6%		1.9%	1.4%	2.1%	1.6%	.9%	2.2%
Foster Care	N	135	159	119	124	115	139	102	109	113	117	116	136
	%	48.6%	47.7%	45.1%	47.1%	45.6%	55.2%	47.4%	51.2%	48.3%	45.7%	50.7%	50.6%
Group Home	N	12	19	13	14	17	12	9	9	7	11	7	13
	%	4.3%	5.7%	4.9%	5.3%	6.7%	4.8%	4.2%	4.2%	3.0%	4.3%	3.1%	4.8%
Independent Living	N	8	9	5	1	6	3	4	3	5	2	1	2
	%	2.9%	2.7%	1.9%	.4%	2.4%	1.2%	1.9%	1.4%	2.1%	.8%	.4%	.7%
Relative Care	N	65	49	56	55	56	50	49	51	50	53	56	46
	%	23.4%	14.7%	21.2%	20.9%	22.2%	19.8%	22.8%	23.9%	21.4%	20.7%	24.5%	17.1%
Medical	N	1			2	1	1	1	1			3	3
	%	.4%			.8%	.4%	.4%	.5%	.5%			1.3%	1.1%
Safe Home	N	6	10	21	25	12	16	14	11	16	24	5	15
	%	2.2%	3.0%	8.0%	9.5%	4.8%	6.3%	6.5%	5.2%	6.8%	9.4%	2.2%	5.6%
Shelter	N	10	14	9	9	5	11	11	4	12	11	13	7
	%	3.6%	4.2%	3.4%	3.4%	2.0%	4.4%	5.1%	1.9%	5.1%	4.3%	5.7%	2.6%
Special Study	N	6	24	18	7	15	9	9	3	4	10	12	12
	%	2.2%	7.2%	6.8%	2.7%	6.0%	3.6%	4.2%	1.4%	1.7%	3.9%	5.2%	4.5%
Uknown	N		1		1	2		3	1	1	3	1	2
	%		.3%		.4%	.8%		1.4%	.5%	.4%	1.2%	.4%	.7%
Total	N	278	333	264	263	252	252	215	213	234	256	229	269
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The next chart shows the primary placement type for children who were in care on June 30, 2009 organized by length of time in care.

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

			Duration Category							
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095	more than 1095	Total
Primary type of spell (>50%)	Residential	Count	15	31	49	98	77	114	157	541
		% of Row	2.8%	5.7%	9.1%	18.1%	14.2%	21.1%	29.0%	100.0%
		% of Col	7.3%	8.7%	10.5%	12.3%	11.5%	10.2%	10.0%	10.4%
	DCF Facilities	Count	4	13	17	17	9	9	10	79
		% of Row	5.1%	16.5%	21.5%	21.5%	11.4%	11.4%	12.7%	100.0%
		% of Col	1.9%	3.6%	3.6%	2.1%	1.3%	.8%	.6%	1.5%
	Foster Care	Count	101	147	175	377	336	579	887	2602
		% of Row	3.9%	5.6%	6.7%	14.5%	12.9%	22.3%	34.1%	100.0%
		% of Col	49.0%	41.1%	37.4%	47.1%	50.0%	52.0%	56.2%	50.1%
	Group Home	Count	3	7	14	24	17	44	76	185
		% of Row	1.6%	3.8%	7.6%	13.0%	9.2%	23.8%	41.1%	100.0%
		% of Col	1.5%	2.0%	3.0%	3.0%	2.5%	4.0%	4.8%	3.6%
	Independent Living	Count	0	0	2	0	1	6	2	11
		% of Row	.0%	.0%	18.2%	.0%	9.1%	54.5%	18.2%	100.0%
		% of Col	.0%	.0%	.4%	.0%	.1%	.5%	.1%	.2%
	Relative Care	Count	18	43	95	189	139	191	131	806
		% of Row	2.2%	5.3%	11.8%	23.4%	17.2%	23.7%	16.3%	100.0%
		% of Col	8.7%	12.0%	20.3%	23.6%	20.7%	17.2%	8.3%	15.5%
	Medical	Count	1	5	7	9	4	1	4	31
		% of Row	3.2%	16.1%	22.6%	29.0%	12.9%	3.2%	12.9%	100.0%
		% of Col	.5%	1.4%	1.5%	1.1%	.6%	.1%	.3%	.6%
	Mixed (none >50%)	Count	1	2	6	24	23	78	237	371
		% of Row	.3%	.5%	1.6%	6.5%	6.2%	21.0%	63.9%	100.0%
		% of Col	.5%	.6%	1.3%	3.0%	3.4%	7.0%	15.0%	7.1%
	Safe Home	Count	44	48	59	16	23	9	5	204
		% of Row	21.6%	23.5%	28.9%	7.8%	11.3%	4.4%	2.5%	100.0%
		% of Col	21.4%	13.4%	12.6%	2.0%	3.4%	.8%	.3%	3.9%
	Shelter	Count	15	40	15	11	2	5	1	89
		% of Row	16.9%	44.9%	16.9%	12.4%	2.2%	5.6%	1.1%	100.0%
		% of Col	7.3%	11.2%	3.2%	1.4%	.3%	.4%	.1%	1.7%
	Special Study	Count	4	19	21	31	41	74	54	244
		% of Row	1.6%	7.8%	8.6%	12.7%	16.8%	30.3%	22.1%	100.0%
		% of Col	1.9%	5.3%	4.5%	3.9%	6.1%	6.6%	3.4%	4.7%
	Unknown	Count	0	3	8	4	0	3	13	31
		% of Row	.0%	9.7%	25.8%	12.9%	.0%	9.7%	41.9%	100.0%
		% of Col	.0%	.8%	1.7%	.5%	.0%	.3%	.8%	.6%
Total		Count	206	358	468	800	672	1113	1577	5194
		% of Row	4.0%	6.9%	9.0%	15.4%	12.9%	21.4%	30.4%	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	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009	Aug 2009
Total number of children 12 years old and under, in Congregate Care	312	278	248	222	238	243
• Number of children 12 years old and under, in DCF Facilities	13	16	14	16	9	15
• Number of children 12 years old and under, in Group Homes	54	53	56	44	47	53
• Number of children 12 years old and under, in Residential	56	63	60	45	45	30
• Number of children 12 years old and under, in SAFE Home	164	122	96	97	115	113
• Number of children 12 years old and under, in Permanency Diagnostic Center	16	14	15	12	13	14
• Number of children 12 years old and under in MH Shelter	6	7	4	4	9	7
Total number of children ages 13-17 in Congregate Placements	877	835	843	853	878	859

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
Total Entries	3107	3549	3206	3093	3411	2856	2827	1375
SAFE Homes & PDCs	729 23%	629 18%	453 14%	395 13%	396 12%	382 13%	335 12%	266 19%
Shelters	166 5%	135 4%	147 5%	178 6%	114 3%	136 5%	144 5%	101 7%
Total	895 29%	764 22%	600 19%	573 19%	510 15%	518 18%	479 17%	367 27%

	Period of Entry to Care							
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Total Initial Plcmnts	895	764	600	572	510	518	479	170
<= 30 days	351	308	249	242	186	162	150	114
	39%	40%	42%	42%	36%	31%	31%	48%
31 - 60	285	180	102	113	73	73	102	34
	32%	24%	17%	20%	14%	14%	21%	25%
61 - 91	106	121	81	76	87	79	85	22
	12%	16%	14%	13%	17%	15%	18%	18%
92 - 183	102	107	124	100	118	131	113	0
	11%	14%	21%	17%	23%	25%	23%	9%
	51	48	44	41	46	73	29	0
184+	6%	6%	7%	7%	9%	14%	7%	0%

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

Placement Issues	**May 2008**	**Aug 2008**	**Oct 2008**	**Nov 2008**	**Feb 2009**	**May 2009**	**Aug 2009**
Total number of children in SAFE Home	154	175	132	102	115	125	120
• Number of children in SAFE Home, > 60 days	88	95	84	50	44	43	54
• Number of children in SAFE Home, >= 6 months	26	19	14	9	14	9	9
Total number of children in STAR/Shelter Placement	71	76	72	73	77	91	85
• Number of children in STAR/Shelter Placement, > 60 days	45	39	32	30	36	33	40
• Number of children in STAR/Shelter Placement, >= 6 months	8	8	6	4	8	8	4
Total number of children in Permanency Planning Diagnostic Center	18	20	17	18	14	17	18
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	14	17	14	13	8	11	12
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	5	7	7	8	6	6	1
Total number of children in MH Shelter	12	8	7	5	4	3	7
• Total number of children in MH Shelter, > 60 days	11	6	6	5	4	1	3
• Total number of children in MH Shelter, >= 6 months	7	4	2	0	2	1	0

Time in Residential Care

Placement Issues	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009	Aug 2009
Total number of children in Residential care	613	578	542	529	534	530	509
• Number of children in Residential care, >= 12 months in Residential placement	166	150	133	125	119	144	131
• Number of children in Residential care, >= 60 months in Residential placement	5	4	5	4	4	5	5

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

The Second Quarter 2009 Monitor's Office Case Review of Outcome Measure 3 and Outcome Measure 15 finds that DCF achieved a score of 73.1% for writing appropriate treatment plans and 63.5% meeting children's needs within our 52-case sample.

Background and Methodology

The ***Juan F.*** v Rell Revised Exit Plan and subsequent stipulated agreement reached by the parties and court ordered on July 11, 2006 requires the Monitor's Office to conduct a series of quarterly case reviews to monitor Outcome Measure 3 (Treatment Planning) and Outcome Measure 15 (Needs Met) The implementation of this review began with the pilot sample of 35 cases during the Third Quarter 2006. During the Second Quarter 2009, the Court Monitor's Office reviewed 52 cases. The case sample was based on the caseload distribution on March 1, 2009. The sample incorporates both in-home and out-of-home cases based on the caseload percentages reflected on that date.

Table 1: Second Quarter 2009 Sample Selection Based on March 1, 2009 Ongoing Services Caseload (Excludes Investigation, ICO, and Probate)

Area Office	Total Caseload	Sample	In-Home Case #	CIP Case #
Bridgeport	992	4	2	2
Danbury	294	2	1	1
Hartford	1,674	5	2	3
Manchester	1,137	5	2	3
Meriden	578	3	1	2
Middletown	394	2	1	1
Milford	727	4	1	3
New Britain	1,320	5	2	3
New Haven	1,246	4	2	2
Norwalk	250	2	1	1
Norwich	1,066	5	2	3
Stamford	274	2	1	1
Torrington	373	2	1	1
Waterbury	963	4	1	3
Willimantic	670	3	1	2
Statewide	11,958	52	21	31

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

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

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

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

In situations where a reviewer had requested assistance with the scoring of a case, the senior reviewer would discuss the case specifics with the reviewer to assist in the final determination scoring. Reviewers could present their opinions and findings to the senior reviewer to assist them in the overall determination of compliance for OM3 and OM15. If a reviewer indicated that there were areas that did not attain the "very good" or "optimal" level, yet felt there was a valid argument for the overall score to be "an appropriate treatment plan" or "needs met" he or she would clearly outline the reasoning for such a determination and submit this for review by the Court Monitor for approval of an override exception. These cases are also available to the Technical Advisory (TAC) for review.

During the Second Quarter, there were nine such cases submitted for the Court Monitor's consideration after the senior reviewer had screened out several additional requests which were felt to be incorrectly identified. Included in the approved override cases, were seven requests for override on Outcome Measure 3 and nine case requests for override on Outcome Measure 15. Examples of rationale for overrides included the following:

- The area office failed to incorporate all specific action steps necessary for child's educational planning into the treatment plan, but in supervision following the treatment planning conference a specific plan of action was developed that incorporated what was discussed, and the steps were initiated to implement the plan with the school prior to the approval of the plan document. Goals were appropriately stated. Participants were clear on what was going to be done from the discussion and DCF-553. The score was maintained as marginal, but an override for OM 3 was granted.

- The filing of TPR petition was delayed for 3 months past the Adoption and Safe Families Act (ASFA), but was filed prior to end of the review period correcting the situation. An exception had been filed previously but was outdated given the events that had transpired since that time. The score was maintained as marginal given the

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

failure of the SW to follow through with SWS directives and reminders contained in the case narratives, but an override was granted for OM15 given the remedy already undertaken and the otherwise appropriate casework.

- The local board of education system found the identified child to be ineligible for special educational services. A private provider and DCF advocated strongly on child's behalf during the period to secure appropriate educational programming. Although the child's needs were not met given the initial finding of the educational system process, DCF worked diligently within the educational system and at the end of the review period had achieved the goal of getting child identified as special education eligible. The child was slated to receive the necessary services in the very near future. The score was maintained as marginal given the lengthy delay in receipt of necessary services due to the barriers encountered in the educational system. An override was granted for OM15.

- The failure within service provision in the last six months is related to services for the non-custodial parent. The mother has been inconsistent with her substance abuse and parenting class compliance. The custodial father has been compliant and all appropriate services for maintaining child with father have been provided. The mother identified a parenting class that she requested DCF pay for. Funding is now being provided for this service, with expectations included as part of her treatment plan for the next six months. The score was marginal given the delay of parenting services during the six month period, however the override for OM 15 was granted as all necessary services to the custodial parent are now in place.

- The child moved to reside with a relative in Florida and Birth-to-Three would not accept CT insurance which delayed receipt of speech therapy. DCF worked to resolve the issue but speech therapy was delayed several weeks as a result of the insurance issue. The LINK documentation identified that the issue was resolved the day after the ACR was held. The Marginal score was maintained, however the Override for OM 15 was granted.

- A lack of a visitation plan was addressed with an addendum mailed out to all required case participants. Given the lack of detail within the plan, the section remained scored as a Marginal, but an override for OM 3 was granted.

- This was an in-home case. The apparent lack of FFT service onset appeared to warrant the case being scored as needs not met. Dental needs are also lacking. However, in discussion with the SWS and SW, specific details of the case were gleaned. The community providers, grandmother and DCF staff had made the referral for the in-home service, yet all felt that the adolescent needed to be stabilized within a hospital setting and were looking at the situation for the means and opportunity to best get child the necessary intervention and assessment. With all parties in agreement, the decision was made to call for the ambulance and have the child hospitalized rather than allowing the dangerous situation to continue. The reviewer felt strongly that good casework, was occurring with this family and clinical progress was being made per the therapist. The child was engaged in a partial hospitalization program following the hospitalization. The child participated at the

> ACR, as did the grandmother and the clinician. Since that time, the child has re-engaged in treatment and school. The grandmother has made appointments at the dentist and the child has gone so far as to get in the door but no further. He appears phobic. Per the dentist there were no outstanding issues from the last visit some two years prior. They intend to keep trying to get the child to the dentist and sedation or hospitalization has been considered. Services were appropriately provided based on ongoing assessments. Both sections remain marginal given the lack of identified services at the point of referral (FFT) and due to child's refusal (dental); however given the discussions with the area office, we find an override to OM15 is appropriate.

This quarter, the reviewers also looked for evidence of the Service Needs Review (SNR) as part of the OM3 and OM15 Review process. There was evidence in several cases that the SNR tools had been completed. More information will be provided later in this document.

Sample Demographics

The sample consists of 52 cases distributed across the 15 area offices. The work of 51 Social Workers and 49 Social Work Supervisors. 40 of the cases sampled included attendance at the ACR or family conference.

Cases were most recently opened from as long ago as February 5, 1998 to April 16, 2009. At the point of review the majority of cases were open for child protective service reasons 92.3%. A total of 59.6% of the cases had a history included at least one prior investigation. Three cases or 5.9% of the cases had a history including a parent with a history of a prior TPR.

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

	What is the type of case assignment noted in LINK?				
Is there a history of prior investigations?	**CPS In-Home Family Case (IHF)**	**CPS Child in Placement Case (CIP)**	**Voluntary Services In-Home Family Case (VSIHF)**	**Voluntary Services Child in Placement Case (VSCIP)**	**Total**
Yes	14	16	0	1	31
No	6	12	1	2	21
Total	20	28	1	3	52

Of the children within the child in placement sample (n=31), 58.1% were male. And 41.9% were female. Ages ranged from eight months old to 19 years of age on July 1, 2009. Legal status at the point of review was most frequently committed with 30.8% of the sample representing a child in placement with committed status. This was followed by 26.9% of the sample including cases in which there were families engaged with the Department for services for CPS reasons but for which legal involvement, such as protective supervision had not yet been invoked.

Table 2: Designated Legal Status in LINK Record

Legal Status	Frequency	Percent
Committed (Abuse/Neglect/Uncared For)	16	30.8
N/A - In-Home CPS case (no protective supervision)	14	26.9
TPR/Statutory Parent	10	19.2
Not Committed	6	11.5
Protective Supervision	3	5.8
Unknown/Pending	2	3.8
N/A - In-Home Voluntary Service Case	1	1.9
Total	52	100.0

In addition to ten children with TPR status, DCF had filed TPR in an additional 6 cases. As with last quarter there were two cases in which there was a goal of adoption and the TPR had not yet been filed. In one, the child had been in care 14 months so was one month shy of the ASFA requirement. In the other case, there was a TPR exception entered indicating that petitions were in progress. This child had been in care 17 months at the point of the review.

Crosstabulation 2: 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? * For child in placement, has TPR been filed?

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?	For child in placement, has TPR been filed?					
	Yes	No	N/A - Exception noted in LINK	N/A - child's goal and length of time in care don't require	N/A - In-Home Case (CPS or Voluntary Services)	Total
1-6 months	0	0	0	1	0	1
7-12 months	2	1	0	0	1	4
13-18 months	3	1	1	0	0	5
19-24 months	2	0	0	0	0	2
Greater than 24 months	8	3	8	0	0	19
N/A - no child in placement (in-home case)	0	0	0	0	21	21
Total	15	5	9	1	22	52

Two of the 31 children in placement, or 6.5%, had current involvement (within the last six month period) with the juvenile justice system.

The racial and ethnic make-up of the sample included a majority of White, non-Hispanic population, with 21 of the 52 (40.4%) identified within that demographic.

Crosstabulation 3: Race (Child or Family Case Named Individual) * Ethnicity (Child or Family Case Named Individual) Crosstabulation

	Ethnicity (Child or Family Case Named Individual)			
Race (Child or Family)	**Hispanic**	**Non-Hispanic**	**Unknown**	**Total**
Black/African American	2	9	0	11
White	11	21	0	32
UTD	3	0	0	3
Multiracial (more than one race selected)	1	4	1	6
Total	17	34	1	52

In establishing the reason for the most recent case open date identified, reviewers were asked to identify all allegations or voluntary service needs identified at the point of most recent case opening. This was a multiple response question which allowed the reviewers to select more than one response as situations warranted. In total, 149 allegations or issues were identified at the time of report to the Hotline. The data indicates that physical neglect remains the most frequent identified reason for referral. A total of 34 of the 52 cases had physical neglect included in the concerns identified upon most recent referral to the Hotline. In 25 cases (48.1%) physical neglect was substantiated. This was followed by issues related to Parental Substance Abuse/ Mental Health, which was present in 17.3% of the cases reviewed, and Emotional Neglect substantiated in 13.5% of the cases sampled. The Hotline identified prior DCF involvement in 31cases transmitted for investigation.

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

Identified Issue/Concern	Number of Times Alleged/Identified	Number Substantiated
Physical Neglect	34	25
Parent's Mental Health or Substance Abuse	21	9
Domestic Violence	10	4
Emotional Neglect	8	7
Physical Abuse	5	0
Educational Neglect	4	3
Medical Neglect	3	3
Sexual Abuse	3	2
Emotional Abuse	1	1
Abandonment	0	0
Prior History of Investigations	31	N/A
Child's Behaviors in conjunction with CPS concerns	12	N/A
Child's Legal Status Became TPR prompting new case opening	9	N/A
Voluntary Services Referral (VSR)	5	N/A
Prior History of TPR for parent	3	N/A
FWSN Referral	0	N/A
	149	54

The reviewers were asked to identify the primary reason for DCF involvement on the date of most recent case opening. As in past quarter's findings, "Physical Neglect" remained the most frequently cited reason for involvement with the Department.

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

What is the primary reason cited?	Frequency	Percent
Physical Neglect	16	30.8%
TPR prompted new case	8	15.4%
Substance Abuse/Mental Health (parent)	5	9.6%
Domestic Violence	5	9.6%
Voluntary Services Request (VSR) for medical/mental health/ substance abuse/behavioral health of child (No CPS Issues)	5	9.6%
Child's behavioral, medical, substance abuse, or delinquent behavior in conjunction with alleged but unsubstantiated CPS concerns	5	9.6%
Medical Neglect	2	3.9%
Emotional Neglect	1	1.9%
Physical Abuse	1	1.9%
Educational Neglect	1	1.9%
Emotional Abuse/Maltreatment	1	1.9%
History of prior investigations	1	1.9%
Sexual Abuse	1	1.9%
Total	52	100.0%

Structured Decision Making (SDM)

There were twenty four CPS cases that were opened prior to May 2007 or that were serviced by the agency through the Voluntary Services program and therefore would not be subject to the Investigations SDM requirements. That leaves 28 cases that should have been reviewed at the point of investigations using the SDM format. Our review found that 24 of the 28 cases had completed SDM protocols documented in the investigation.

Of those 24 completed cases, SDM overall risk scores were most frequently deemed moderate (50.0%) at the point of investigation. Eight cases had risk scores in the low range (33.3%) and four were indicated as high risk (16.7%). In two cases there was supervisory override of the scoring which moved the initial social worker's scoring into the moderate range.

Table 5: For cases with Investigations post May 1, 2007 what is the overall risk level scored

Overall Risk	Frequency	Percent
Low	8	33.3
Moderate	12	50.0
High	4	16.7
Total	24	100.0

At the point of investigation finalization, nine situations were deemed "safe" an additional nine were deemed "conditionally safe" and six were identified as "unsafe". In eleven cases, there was a documented safety plan resulting from the safety assessment. In nine of those eleven cases there was evidence that services or interventions put into the home during the investigation mitigated safety concerns in the home.

Table 6: For cases with investigations beginning May 1, 2007 what is the safety decision documented prior to finalization of the investigation?

Safety Decision	Frequency	Percent
Safe	9	37.5
Conditionally Safe	9	37.5
Unsafe	6	25.0
Total	24	100.0

Reviewers found that in eight of the applicable 25 cases the area office maintained the 90-day cycle of SDM risk re-assessment from the date that the case was open in Ongoing Services to the point of our review.

In all cases with reunification goals, the SDM recommendation arrived at within Section E. Permanency Plan Recommendation Summary was consistent with case discussion and decisions documented at the ACR and within the treatment plan documentation.

DCF policy requires concurrent planning when reunification or APPLA are the designated permanency goals. Of the 52 cases sampled there were six reunification cases and nine children with the stated goal of APPLA. Nine children did not have concurrent plans.

Crosstabulation 4: 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	Transfer of Guardianship	Long Term Foster Care with a licensed relative	In-Home Goals	None	APPLA	Total
Reunification	0	3	0	0	0	2	1	6
Adoption	1	0	3	1	0	9	0	14
Transfer of Guardianship	0	0	0	0	0	0	1	1
LTFC - Relative	0	0	1	0	0	0	0	1
In-Home Goals	0	0	1	0	8	12	0	21
APPLA	1	0	0	0	0	7	1	9
Total	2	3	5	1	8	30	3	52

Of those two children with a reunification goal that did not have a concurrent goal,

- A 14 year old committed male who was recently placed at a residential center. The issue was discussed at the ACR, the ACR SWS recommended strongly that a concurrent goal be identified, and yet there was not one included on the treatment plan that was approved.
- A 15 year old female in a residential center via voluntary services with a plan to return home within a short period of time. An ACR was held on June 26, 2009. The child was to discharge in mid-July and transitioning had already begun. Although not necessarily compliant with policy, given the voluntary status of the case, this was felt to be appropriate.

Of those seven children with the APPLA goal that did not have a specified concurrent goal, all seven were felt to be appropriate in that the record clearly identified the input of the adolescent, considered relative and family ties, and identified adult connections for the youth into adulthood. Concurrent planning was discussed but ruled out in several of the cases. In three of the cases, the identified youth had already reached the age of majority and was receiving services voluntarily. These children had been in the same foster home for a minimum of 2.5 to more that 10 years at the time of review.

At the point of our review, the children in placement had various lengths of stay in out of home care. The most recent placement episodes occurred from November 1, 1998 to April 15, 2009. The resulting median length of time in care for children in the out of home sample is 714 days. In looking at the time in placement with the current placement provider, timeframes ranged from placement on November 1, 1998 through May 20, 2009. This would place a median length of stay in the current placement at 261 days, or approximately 9 months in the placement at March 1, 2009, the start of the Second Quarter, 2009. Median was used rather than mean to account for the impact of the outliers.

At the point of review, children within the sample were in the following living situations:

Table 7: Current residence of child on date of LINK review

Current Setting	Frequency	Percent
N/A - In-home family case (no placement)	19	36.5
In-State non-relative licensed DCF foster care	10	19.2
In-State certified/licensed relative DCF foster care	7	13.5
In-State private provider foster care	4	7.7
In-State residential setting	2	3.8
Out of state residential setting	2	3.8
Home of biological parent, adoptive parent or legal guardian (Trial home visit)	2	3.8
Group Home	2	3.8
Sub-Acute Congregate Care Setting	2	3.8
In-State hospital setting	1	1.9
Out of State Relative foster care	1	1.9
Total	52	100.0

II. Monitor's Findings Regarding Outcome Measure 3 – Treatment Plans

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

The Second Quarter 2009 case review data indicates that the Department of Children and Families attained the level of "Appropriate Treatment Plan" in 38 of the 52-case sample or **73.1%.** This is an improvement from the prior quarters' results.

Table 8: Historical Findings on OM3 Compliance - Quarter 2006 to Second Quarter 2009

Quarter	Sample (n)	Percent Appropriate
3rd Quarter 2006	35	54.3%
4th Quarter 2006	73	41.1%
1st Quarter 2007	75	41.3%
2nd Quarter 2007	76	30.3%
3rd Quarter 2007	50	32.0%
4th Quarter 2007	51	51.0%
1st Quarter 2008	51	58.8%
2nd Quarter 2008	52	55.8%
3rd Quarter 2008	53	62.3%
4th Quarter 2008	53	79.2%
1st Quarter 2009	52	67.3%
2nd Quarter 2009	52	73.1%
Total to Date	673	52.3%

Of the 31 cases with children in placement at the point of review, 24 or 77.4% achieved an overall determination of "appropriate treatment plan" during this quarter. In-Home cases achieved this designation in 66.7% of the sample for this quarter. The following Crosstabulation provides further breakdown to distinguish between voluntary and child protective services cases as well.

Crosstabulation 5: What is the type of case assignment noted in LINK? * Overall Score for OM3

What is the type of case assignment noted in LINK?		Overall Score for OM3: Appropriate Treatment Plan	Overall Score for OM3: Not an Appropriate Treatment Plan	Total
CPS In-Home Family Case	Count	13	7	20
	%	65.0%	35.0%	100.0%
CPS Child in Placement Case	Count	23	5	28
	%	82.1%	17.9%	100.0%
Voluntary Services In-Home Family Case	Count	1	0	1
	%	100.0%	.0%	100.0%
Voluntary Services Child in Placement Case	Count	1	2	3
	%	33.3%	66.7%	100.0%
Total	Count	38	14	52
	%	73.1%	26.9%	100.0%

All of the 52 cases had SWS approved treatment plans less than seven months old at point of review. All treatment plans were approved by the Social Work Supervisor.

In terms of the of the Permanency Plan goal, the overall score for appropriate treatment plans was highest for those with a goal of LTFC - Relative and lowest with Reunification and In-Home cases.

Crosstabulation 6: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? * Overall Score for OM3

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?		Overall Score for OM3		
		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
Reunification	Count	4	2	6
	%	66.7%	33.3%	100.0%
Adoption	Count	12	2	14
	%	85.7%	14.3%	100.0%
Transfer of Guardianship	Count	0	1	1
	%	.0%	100.0%	100.0%
Long Term Foster Care with a licensed relative	Count	1	0	1
		100.0%	.0%	100.0%
In-Home Goals - Safety/Well Being Issues	Count	14	7	21
	%	66.7%	33.3%	100.0%
APPLA	Count	7	2	9
	%	77.8%	22.2%	100.0%
Total	Count	38	14	52
	%	73.1%	26.9%	100.0%

In looking at Area Office performance in light of Outcome Measure 3 this quarter: Several area offices achieved 100% compliance.

Willimantic (73.7%) and Middletown (73.1%) have the highest cumulative percentage of compliance across all quarters related to OM 3. Middletown has achieved 100% compliance in eight quarters of review, and Willimantic in five quarters. See the following Crosstabulation below to see the full statewide results for by quarter.

Crosstabulation 7: Area Office Assignment? * Overall Score for OM3

Number and Percentage of Plans Deemed "Appropriate Treatment Plan"													
Area Office	**3Q2006**	**4Q2006**	**1Q2007**	**2Q2007**	**3Q2007**	**4Q2007**	**1Q2008**	**2Q2008**	**3Q2008**	**4Q2008**	**1Q2009**	**2Q2009**	**All**
Bridgeport (n=53)	2 66.7%	0 0.0%	2 33.3%	3 50.0%	2 50.0%	2 50.0%	3 75.0%	1 25.0%	0 0.0%	3 75.0%	3 75%	2 50%	23 43.4%
Danbury (n=25)	0 0.0%	1 50.0%	3 100.0%	0 0.0%	2 100.0%	0 0.0%	1 50.0%	1 50.0%	***2*** ***100.0%***	***2*** ***100.0%***	2 ***100.0%***	0 0%	14 56.0%
Hartford (n=79)	2 50.0%	5 55.6%	2 22.2%	3 30.0%	0 0.0%	1 20.0%	2 33.3%	2 33.3%	3 42.9%	6 85.7%	4 66.7%	***5*** ***100.0%***	35 44.3%
Manchester (n=63)	2 50.0%	4 57.1%	3 50.0%	3 50.0%	2 40.0%	***5*** ***100.0%***	4 80.0%	4 80.0%	2 40.0%	***5*** ***100.0%***	1 20.0%	4 80.0%	39 61.9%
Meriden (n=27)	0 0.0%	2 66.7%	1 33.3%	1 33.3%	0 0.0%	***2*** ***100.0%***	1 50.0%	2 ***100.0%***	***2*** ***100.0%***	***2*** ***100.0%***	2 ***100.0%***	2 66.7%	17 63.0%
Middletown (n=26)	*1* *100.0%*	***3*** ***100.0%***	1 33.3%	1 33.3%	***2*** ***100.0%***	***2*** ***100.0%***	***2*** ***100.0%***	2 ***100.0%***	0 0.0%	1 50.0%	2 ***100.0%***	***2*** ***100.0%***	19 73.1%
Milford (n=43)	2 66.7%	2 40.0%	2 40.0%	0 0.0%	0 0.0%	1 33.3%	3 ***100.0%***	1 33.3%	***3*** ***100.0%***	***3*** ***100.0%***	3 ***100.0%***	4 100.0%	24 55.8%
New Britain (n=70)	1 33.3%	2 25.0%	4 50.0%	0 0.0%	1 20.0%	***5*** ***100.0%***	3 60.0%	2 40.0%	4 66.7%	2 33.3%	5 83.3%	6 60.0%	32 45.7%
New Haven Metro (n=66)	2 50.0%	1 14.3%	3 37.5%	3 37.5%	1 20.0%	2 40.0%	1 20.0%	1 20.0%	4 80.0%	4 80.0%	2 40.0%	2 50.0%	26 39.4%
Norwalk (n=23)	***1*** ***100.0%***	0 0.0%	1 50.0%	0 0.0%	***2*** ***100.0%***	1 50.0%	***2*** ***100.0%***	1 50.0%	1 50.0%	***2*** ***100.0%***	2 ***100.0%***	1 50.0%	14 60.9%
Norwich (n=53)	2 66.7%	5 83.3%	3 50.0%	3 50.0%	1 25.0%	1 33.3%	2 50.0%	3 75.0%	***4*** ***100.0%***	3 75.0%	3 75.0%	4 80.0%	34 64.2%
Stamford (n=23)	***1*** ***100.0%***	0 0.0%	0 0.0%	1 50.0%	0 0.0%	0 0.0%	0 0.0%	1 50.0%	1 50.0%	***2*** ***100.0%***	1 50.0%	1 50.0%	8 34.8%

Number and Percentage of Plans Deemed "Appropriate Treatment Plan"													
Area Office	**3Q2006**	**4Q2006**	**1Q2007**	**2Q2007**	**3Q2007**	**4Q2007**	**1Q2008**	**2Q2008**	**3Q2008**	**4Q2008**	**1Q2009**	**2Q2009**	**All**
Torrington (n=26)	***1***	2	2	2	***2***	1	0	2	***1***	1	2	***2***	18
	100.0%	66.7%	66.7%	66.7%	***100.0%***	50.0%	0.0%	***100.0%***	***50.0%***	50.0%	***100.0%***	***100.0%***	69.2%
Waterbury (n=58)	1	0	2	1	0	1	3	3	3	3	1	3	21
	33.3%	0.0%	28.6%	14.3%	0.0%	16.7%	75.0%	60.0%	75.0%	75.0%	25.0%	75.0%	36.2%
Willimantic (n=38)	1	3	2	2	1	2	***3***	3	***3***	***3***	2	***3***	28
	50.0%	75.0%	50.0%	50.0%	33.3%	66.7%	***100.0%***	***100.0%***	***100.0%***	***100.0%***	66.7%	***100.0%***	73.7%
State Total	19	30	31	23	16	26	30	29	33	41	35	38	314
	54.3%	41.1%	41.3%	30.3%	32.0%	51.0%	58.8%	55.8%	62.3%	77.4%	67.3%	73.1%	50.6%

Looking at the rate of compliance by Race (Child or Family Case Named Individual) the converse of last quarters findings are noted, with those identified as UTD or multi-racial having the lowest rate of appropriate treatment planning rates, and Black African Americans having the highest ratings. We are not finding any consistent pattern or concerns as we analyze data related to race or ethnicity across the quarters observed.

Crosstabulation 8: Race (Child or Family Case Named Individual) * Overall Score for OM3

Race (Child or Family Case Named Individual)		Overall Score for OM3		
		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
Black/African American	Count	9	2	11
	%	81.8%	18.2%	100.0%
White	Count	23	9	32
	%	71.9%	28.1%	100.0%
UTD	Count	2	1	3
	%	66.7%	33.3%	100.0%
Multiracial (more than one race selected)	Count	4	2	6
	%	66.7%	33.3%	100.0%
Total	Count	38	14	52
	%	73.1%	26.9%	100.0%

In looking to see if ethnicity had an impact on the achievement of Outcome Measure 3 the review found lower rates of compliance in the Hispanic subset then in the non-Hispanic and unknown client within the sample. The rate of appropriate treatment plans within the Hispanic population was 58.8% vs. 79.4% in the Non-Hispanic population.

Crosstabulation 9: Ethnicity (Child or Family Case Named Individual) * Overall Score for OM3

Ethnicity (Child or Family Case Named Individual)		Overall Score for OM3		
		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
Hispanic	Count	10	7	17
	%	58.8%	41.2%	100.0%
Non-Hispanic	Count	27	7	34
	%	79.4%	20.6%	100.0%
Unknown	Count	1	0	1
	%	100.0%	.0%	100.0%
Total	Count	38	14	52
	%	73.1%	26.9%	100.0%

This did not have to do with a failure to accommodate language needs. All reviewers indicated that language needs were addressed. Interpreters were present for clients at the Administrative Case Reviews and treatment plans were sent out for translation.

Each case had a unique pool of active participants for DCF to collaborate with in the process. The chart below indicates the degree to which identifiable/active case participants were engaged by the social worker and the extent to which active participants attended the TPC/ACR/FC. Percentages reflect the level or degree to which a valid participant was part of the treatment planning efforts across all the cases reviewed. "Other Participants" ranked highest in both participation and attendance. This was not unexpected as these individuals invited to participate by the biological parent(s) to take part and were instrumental in most case planning related to permanency or contingency planning efforts. The rate of participation by the mothers and foster parents increased from the previous quarter. There was a decrease in participation of adolescents and fathers from last quarter. However, in last quarter's ACR, 57.1% of the applicable cases had adolescent attendance and 76.5% participation. It is unclear what contributed to the decline in this population, but the ACRs were largely held at times that school was in session and adolescents are unavailable. Many adolescents were also involved in extracurricular activities. The father's rate of participation declined from 52.3% to 41.7% and from 44.4% attendance to the current quarter's 33.3% attendance rate. Documentation did not offer evidence of any involvement of the attorneys representing parents in case planning efforts. This is a decline from last quarter's rate of involvement documented at 15.6%.

Table 9: Participation and Attendance Rates for Active Case Participants

Identified Case Participant	Percentage with documented Participation/Engagement in Treatment Planning Discussion	Percentage Attending the TPC/ACR or Family Conference (when held)
Other Participants	94.7%	94.7%
Foster Parent	82.6%	70.8%
Mother	75.0%	73.3%
Other DCF Staff	67.9%	64.3%
Child	66.7%	38.1%
Active Service Providers	60.2%	39.4%
Father	41.2%	33.3%
Attorney/GAL (Child)	17.2%	13.8%
Parents' Attorney	0.0%	0.0%

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

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

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

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

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

Absent/Adverse Score – 1
The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no treatment plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

The rate of improvement from the prior quarter is noticeable. There are no poor or adverse scores recorded for the quarter. Deficits were most frequently noted in two of the eight categories: "Determination of Goals/Objectives" and "Action Steps to Achieve Goals".

The following set of three tables provide at a glance, the scores for each of the eight categories of measurement within Outcome Measure 3. The first is the full sample (n=52), the second is the children in out of home placement (CIP) cases (n=31) and the third is the in-home family cases (n=21). For a complete listing of rank scores for Outcome Measure 3 by case, see Appendix 2.

The only item of note that can be distinguished in the breakout of case in relation to the categories of measurement is that the In-Home cases seemed to fare more toward marginal scoring for goals and action steps than the CIP cases. The ACR review may contribute to the increase in the scores for the CIP cases in these categories, as our reviews find many instances in which the ACR review noted items of change consistent with our findings that if not identified, would have resulted in a lower score. The in-home cases do not have benefit of such outside review.

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

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	44 84.6%	8 15.4%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	19 36.5%	30 57.7%	3 5.8%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	19 36.5%	29 55.8%	4 7.7%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	18 34.6%	31 59.6%	3 5.8%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	9 17.3%	31 59.6%	11 21.2%	1 1.9%	0 0.0%
II.2. Progress	21 40.4%	29 55.8%	2 3.8%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	5 9.6%	35 67.3%	11 21.2%	1 1.9%	0 0.0%
II.4 Planning for Permanency	25 48.1%	25 48.1%	2 3.8%	0 0.0%	0 0.0%

Table 11: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for Out of Home (CIP) Cases Across All Categories of OM3

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	28 90.3%	3 9.7%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	10 32.3%	20 64.5%	1 3.2%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	12 38.7%	18 58.1%	1 3.2%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	11 35.5%	19 61.3%	1 3.2%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	6 19.4%	20 64.5%	5 16.1%	0 0.0%	0 0.0%
II.2. Progress	13 41.9%	16 51.6%	2 6.5%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	9 9.7%	23 74.2%	3 9.7%	0 0.0%	0 0.0%
II.4 Planning for Permanency	14 45.2%	15 48.4%	2 6.5%	0 0.0%	0 0.0%

Table 12: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for In-Home Family Cases Across All Categories of OM3

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	16 76.2%	5 23.8%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	9 42.9%	10 47.6%	2 9.5%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	7 3.3%	11 52.4%	3 14.3%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	7 33.3%	12 57.1%	2 9.5%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	3 14.3%	11 52.4%	6 28.6%	1 4.8%	0 0.0%
II.2. Progress	8 38.1%	13 61.9%	0 0.0%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	2 9.5%	12 57.1%	6 28.9%	1 4.8%	0 0.0%
II.4 Planning for Permanency	11 52.4%	10 47.6%	0 0.0%	0 0.0%	0 0.0%

The chart of mean averages below is provided as a way to show the trends, not compliance with Outcome Measure 3. While the requirement is for 90% to have an overall passing score, not achieve a statewide average within the passing range, this quarter, six of the eight categories had average scores at or above the "very good" rank of four. Action Steps for Upcoming Six Months is once again below the rank of four, and is joined this quarter by "Determining Goals and Objectives" as the categories below the passing range. .

Table 13: Mean Averages for Outcome Measure 3 - Treatment Planning (3rd Quarter 2006 - 2nd Quarter 2009)

Mean Scores for Categories within Treatment Planning Over Time												
	3Q2006	4Q2006	1Q2007	2Q2007	3Q2007	4Q2007	1Q2008	2Q2008	3Q2008	4Q2008	1Q2009	2Q2009
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
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
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
Present Situation And Assessment to 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
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
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
Action Steps for Upcoming 6 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
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

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

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

The case review data indicates that the Department of Children and Families attained the designation of "Needs Met" in 63.5.1% of the 52-case sample. See the ratings by area office below.

Crosstabulation 10: What is the social worker's area office assignment? * Overall Score for Outcome Measure 15 during the Second Quarter 2009

What is the social worker's area office assignment?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Bridgeport	Count	2	2	4
	%	50.0%	50.0%	100.0%
Danbury	Count	1	1	2
	%	50.0%	50.0%	100.0%
Milford	Count	4	0	4
	%	100.0%	.0%	100.0%
Hartford	Count	2	3	5
	%	40.0%	60.0%	100.0%
Manchester	Count	4	1	5
	%	80.0%	20.0%	100.0%
Meriden	Count	2	1	3
	%	66.7%	33.3%	100.0%
Middletown	Count	2	0	2
	%	100.0%	.0%	100.0%
New Britain	Count	4	1	5
	%	80.0%	20.0%	100.0%
New Haven Metro	Count	2	2	4
	%	50.0%	50.0%	100.0%
Norwalk	Count	1	1	2
	%	50.0%	50.0%	100.0%
Norwich	Count	3	2	5
	%	60.0%	40.0%	100.0%
Stamford	Count	0	2	2
	%	.0%	100.0%	100.0%
Torrington	Count	1	1	2
	%	50.0%	50.0%	100.0%
Waterbury	Count	2	2	4
	%	50.0%	50.0%	100.0%
Willimantic	Count	3	0	3
	%	100.0%	.0%	100.0%
Total	Count	33	19	52
	%	63.5%	36.5%	100.0%

The cumulative score to date is shown in the table below, followed by an additional table representing the scores from each of the quarters since the inception of this review process. In this view, the Willimantic and Torrington offices fare best with compliance rates of 73.7%, 73.1%. Stamford has the lowest cumulative rate of compliance with 30.4% compliance with overall compliance to Outcome Measure 15 across all quarter's performance.

Crosstabulation 11: Overall Score for Outcome Measure 15 * What is the social worker's area office assignment? All Reviews (n=673)

		What is the social worker's area office assignment?															
		Bridgeport	Danbury	Milford	Hartford	Manchester	Meriden	Middletown	New Britain	New Haven Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Total
Needs Met	**Count**	28	14	30	34	41	12	18	43	23	13	35	7	19	27	28	372
	%	52.8%	56.0%	69.8%	43.0%	65.1%	44.4%	69.2%	61.4%	34.8%	56.5%	66.0%	30.4%	73.1%	46.6%	73.7%	55.3%
Needs Not Met	**Count**	25	11	13	45	22	15	8	27	43	10	18	16	7	31	10	301
	%	47.2%	44.0%	30.2%	57.0%	34.9%	55.6%	30.8%	38.6%	65.2%	43.5%	34.0%	69.6%	26.9%	53.4%	26.3%	44.7%
Total	**Count**	53	25	43	79	63	27	26	70	66	23	53	23	26	58	38	673
	%	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%

The table below shows the rates of compliance by quarter for each of the area offices.

Crosstabulation 12: Overall Score for Outcome Measure 15 * What is the social worker's area office assignment? * Quarter of Review

Quarter of Review			What is the social worker's area office assignment?														
			Bridgeport	Danbury	Greater New Haven	Hartford	Manchester	Meriden	Middletown	New Britain	New Haven Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Statewide
3 Q 2006	Needs Met	Count	1	1	3	3	3	0	1	1	1	1	3	1	1	1	1	22
		%	33.3%	100.0%	100.0%	75.0%	75.0%	.0%	100.0%	33.3%	25.0%	100.0%	100.0%	100.0%	100.0%	33.3%	50.0%	62.9%
	Needs Not Met	Count	2	0	0	1	1	1	0	2	3	0	0	0	0	2	1	13
		%	66.7%	.0%	.0%	25.0%	25.0%	100.0%	.0%	66.7%	75.0%	.0%	.0%	.0%	.0%	66.7%	50.0%	37.1%
4 Q 2006	Needs Met	Count	1	2	2	6	7	0	2	4	1	1	4	1	2	2	3	38
		%	16.7%	100.0%	40.0%	66.7%	100.0%	.0%	66.7%	50.0%	14.3%	50.0%	66.7%	50.0%	66.7%	33.3%	75.0%	52.1%
	Needs Not Met	Count	5	0	3	3	0	3	1	4	6	1	2	1	1	4	1	35
		%	83.3%	.0%	60.0%	33.3%	.0%	100.0%	33.3%	50.0%	85.7%	50.0%	33.3%	50.0%	33.3%	66.7%	25.0%	47.9%
1 Q 2007	Needs Met	Count	2	2	3	3	3	1	2	4	4	1	2	1	3	3	0	34
		%	33.3%	66.7%	60.0%	33.3%	50.0%	33.3%	66.7%	50.0%	50.0%	50.0%	33.3%	50.0%	100.0%	42.9%	.0%	45.3%
	Needs Not Met	Count	4	1	2	6	3	2	1	4	4	1	4	1	0	4	4	41
		%	66.7%	33.3%	40.0%	66.7%	50.0%	66.7%	33.3%	50.0%	50.0%	50.0%	66.7%	50.0%	.0%	57.1%	100.0%	54.7%
2 Q 2007	Needs Met	Count	5	0	3	5	3	1	1	4	4	0	5	0	2	3	3	39
		%	83.3%	.0%	60.0%	50.0%	50.0%	33.3%	33.3%	50.0%	50.0%	.0%	83.3%	.0%	66.7%	42.9%	75.0%	51.3%
	Needs Not Met	Count	1	3	2	5	3	2	2	4	4	2	1	2	1	4	1	37
		%	16.7%	100.0%	40.0%	50.0%	50.0%	66.7%	66.7%	50.0%	50.0%	100.0%	16.7%	100.0%	33.3%	57.1%	25.0%	48.7%
3 Q 2007	Needs Met	Count	23	11	23	29	36	8	14	35	20	10	29	7	16	23	22	306
		%	51.1%	52.4%	63.9%	42.6%	67.9%	36.4%	63.6%	59.3%	35.1%	52.6%	65.9%	36.8%	72.7%	46.0%	68.8%	53.8%
	Needs Not Met	Count	22	10	13	39	17	14	8	24	37	9	15	12	6	27	10	263
		%	48.9%	47.6%	36.1%	57.4%	32.1%	63.6%	36.4%	40.7%	64.9%	47.4%	34.1%	63.2%	27.3%	54.0%	31.3%	46.2%

Quarter of Review			What is the social worker's area office assignment?														
			Bridgeport	Danbury	Greater New Haven	Hartford	Manchester	Meriden	Middletown	New Britain	New Haven Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Statewide
4 Q 2007	Needs Met	Count	2	0	2	1	5	1	2	5	0	0	1	0	1	1	3	24
		%	50.0%	.0%	66.7%	20.0%	100.0%	50.0%	100.0%	100.0%	.0%	.0%	33.3%	.0%	50.0%	16.7%	100.0%	47.1%
	Needs Not Met	Count	2	2	1	4	0	1	0	0	5	2	2	2	1	5	0	27
		%	50.0%	100.0%	33.3%	80.0%	.0%	50.0%	.0%	.0%	100.0%	100.0%	66.7%	100.0%	50.0%	83.3%	.0%	52.9%
1 Q 2008	Needs Met	Count	4	1	2	1	3	1	1	3	2	2	4	0	0	4	2	30
		%	100.0%	50.0%	66.7%	16.7%	60.0%	50.0%	50.0%	60.0%	40.0%	100.0%	100.0%	.0%	.0%	100.0%	66.7%	58.8%
	Needs Not Met	Count	0	1	1	5	2	1	1	2	3	0	0	2	2	0	1	21
		%	.0%	50.0%	33.3%	83.3%	40.0%	50.0%	50.0%	40.0%	60.0%	.0%	.0%	100.0%	100.0%	.0%	33.3%	41.2%
2 Q 2008	Needs Met	Count	1	1	1	3	3	1	2	3	1	2	4	1	2	1	3	29
		%	25.0%	50.0%	33.3%	50.0%	60.0%	50.0%	100.0%	60.0%	20.0%	100.0%	100.0%	50.0%	100.0%	20.0%	100.0%	55.8%
	Needs Not Met	Count	3	1	2	3	2	1	0	2	4	0	0	1	0	4	0	23
		%	75.0%	50.0%	66.7%	50.0%	40.0%	50.0%	.0%	40.0%	80.0%	.0%	.0%	50.0%	.0%	80.0%	.0%	44.2%
3Q 2008	Needs Met	Count	1	2	3	2	2	0	1	5	3	0	0	1	2	3	3	28
		%	25.0%	100.0%	100.0%	28.6%	40.0%	0.0%	50.0%	83.3%	60.0%	0.0%	0.0%	50.0%	100.0%	75.0%	100.0%	52.8%
	Needs Not Met	Count	3	0	0	5	3	2	1	1	2	2	4	1	0	1	0	25
		%	75.0%	0.0%	0.0%	71.4%	60.0%	100.0%	50.0%	16.7%	40.0%	100.0%	100.0%	50.0%	0.0%	25.0%	0.0%	47.2%
4Q 2008	Needs Met	Count	2	0	2	4	3	2	1	3	2	2	4	1	1	2	2	30
		%	50.0%	0.0%	66.7%	57.1%	60.0%	100.0%	50.0%	50.0%	40.0%	100.0%	100.0%	50.0%	50.0%	50.0%	66.7%	56.6%
	Needs Not Met	Count	2	2	1	3	2	0	1	3	3	0	0	1	1	2	1	23
		%	50.0%	100.0%	33.3%	42.9%	40.0%	0.0%	50.0%	50.0%	60.0%	0.0%	0.0%	50.0%	50.0%	50.0%	33.3%	43.4%

Quarter of Review			What is the social worker's area office assignment?														
			Bridgeport	Danbury	Milford	Hartford	Manchester	Meriden	Middletown	New Britain	New Haven Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Statewide
1Q 2009	Needs Met	Count	3	2	3	2	1	2	2	4	1	2	3	0	2	2	3	32
		%	75.0%	100%	100.0%	33.3%	20.0%	100.0%	100.0%	66.7%	20.0%	100.0%	75.0%	0.0%	100.0%	50.0%	100.0%	61.5%
	Needs Not Met	Count	1	0	0	4	4	0	0	2	4	0	1	2	0	2	0	20
		%	25.0%	0.0%	0.0%	66.7%	80.0%	0.0%	0.0%	33.3%	80.0%	0.0%	25.0%	100.0%	0.0%	50.0%	0.0%	38.5%
2Q 2009	Needs Met	Count	2	1	4	2	4	2	2	4	2	1	3	0	1	2	3	33
		%	50.0%	50.0%	100.0%	40.0%	80.0%	66.7%	100.0%	80.0%	50.0	50.0%	60.0%	0.0%	50.0%	50.0%	100.0%	63.5%
	Needs Not Met	Count	2	1	0	3	1	1	0	1	2	1	2	2	1	2	0	19
		%	50.00%	50.0%	0.0%	60.0%	20.0%	33.3%	0.0%	20.0%	50.0%	50.0%	40.0%	100.0%	50.0%	50.0%	0.0%	36.5%

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

There is greater variation in relation to "needs met" across various case types. Of the 21 cases selected as in-home family cases (both CPS and voluntary), 12 or 57.1% achieved "needs met" status. Twenty-one of the 31 cases with children in placement (67.7%) achieved "needs met" status. Further breaking down the children in placement to account for CPS versus Voluntary Services; 60.6% of the 28 CPS placement cases had a finding of "needs met", and 55.5% of the 20 in-home CPS cases had a finding of "needs met". Comparatively 33.3% of the Voluntary Services placement cases had a finding of "needs met", and the one In-Home Voluntary Services case had finding of "needs met" (100.0%). Caution should be taken in comparison given the low number of Voluntary Services cases reviewed.

Crosstabulation 13: Overall Score for Outcome Measure 15 * 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?				
		CPS In-Home Family Case	CPS Child in Placement Case	Voluntary Services In-Home Family Case	Voluntary Services Child in Placement Case	Total
Needs Met	Count	11	20	1	1	33
	% within Outcome Measure 15	33.3%	60.6%	3.0%	3.0%	100.0%
	% within case assignment in LINK?	55.0%	71.4%	100.0%	33.3%	63.5%
Needs Not Met	Count	9	8	0	2	19
	% within Outcome Measure 15	47.4%	42.1%	.0%	10.5%	100.0%
	% within case assignment in LINK?	45.0%	28.6%	.0%	66.7%	36.5%
Total	Count	20	28	1	3	52
	% within Outcome Measure 15	38.5%	53.8%	1.9%	5.8%	100.0%
	% within case assignment in LINK?	100.0%	100.0%	100.0%	100.0%	100.0%

The overall score was also looked at through the filter of the stated permanency goal. Case goals of Transfer of Guardianship had 100.0% needs met but only represented one case. Adoption cases had a finding of "needs met" 78.6% of the time. Reunification cases had the lowest rate of success in meeting needs with 33.3% of cases having needs met timely.

The full breakdown is shown in Crosstabulation 14 below:

Crosstabulation 14: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? * Overall Score for Outcome Measure 15

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Reunification	Count	2	4	6
	% within goal?	33.3%	66.7%	100.0%
	% within OM 15	6.1%	21.1%	11.5%
Adoption	Count	11	3	14
	% within goal?	78.6%	21.4%	100.0%
	% within OM 15	33.3%	15.8%	26.9%
Transfer of Guardianship	Count	1	0	1
	% within goal?	100.0%	.0%	100.0%
	% within OM 15	3.0%	.0%	1.9%
Long Term Foster Care with a licensed relative	Count	0	1	1
	% within goal?	.0%	100.0%	100.0%
	% within OM 15	.0%	5.3%	1.9%
In-Home Goals - Safety/Well Being Issues	Count	12	9	21
	% within goal?	57.1%	42.9%	100.0%
	% within OM 15	36.4%	47.4%	40.4%
APPLA	Count	7	2	9
	% within goal?	77.8%	22.2%	100.0%
	% within OM 15	21.2%	10.5%	17.3%
Total	Count	33	19	52
	% within goal?	63.5%	36.5%	100.0%
	% within OM 15	100.0%	100.0%	100.0%

In total, Outcome Measure 15 looks at eleven categories of measurement to determine the level with which the Department was able to meet the needs of families and children. When looking at a break between passing scores (5 or 4) and those not passing (3 or less) there is a range in performance among these categories ranging from 100.0% to 73.1%. Please note that percentages are based on applicable cases within that category.

- The 80% mark was met or surpassed in nine of the 11 categories. This is an improvement over last quarter in which eight categories were met or surpassed.
- There were no adverse scores this quarter. 25 of the cases had no marginal or poor scores designated for any categorical sections.
- Meeting the behavioral health needs of the clients was the most difficult area of needs met for the quarter, with 34 cases, or 69.4% of the unmet needs identified in this category.

- There appears to be a slight drop in the category related to Safety for children in placement. Three were scored marginal due to safety concerns that existed during the period of review and were addressed after a period of delay. These cases were not given poor scores given the efforts and protocols in place at the point of review. Two cases were considered to be less rigorous in assessment and action plan efforts during the quarter. Briefly these were:
    - Case A: Scored Poor due to the extensive criminal history of the Therapeutic Foster Mother's live-in boyfriend's criminal history that included Risk of Injury. Systemic failures present. Background checks were not performed. The Private Foster Care Agency was aware of the situation, but had not informed DCF in a timely manner. DCF FASU had knowledge for several weeks that there was an issue of boyfriend potentially living in the home. This issue was not raised until it was question at the ACR. Foster Mother was being teamed to adopt children. Children disrupted as a result of this issue.

    - Case B: Scored Poor as there were two investigations on the residential provider (2/23/09 & 3/30/09) regarding inadequate supervision of this particular youth in a relative short period of time. These investigations were still pending. Child is involved in very risky behaviors and reports having sexual encounters and walking past the sleeping night shift employee in order to do so. There was no indication of additional safety protocols being established by the staff in relation to this child. There was no increased SW visitation or contact documented with the child or residential staff or clinician.

Table 14: Treatment Plan Categories Achieving Passing Status for 2Q 2009

Category	# Passing (Scores 4 or 5)	# Not Passing (Scores 3 or Less)
Securing the Permanent Placement – Action Plan for the Next Six Months (II.1)	32 97.0%	1 3.0%
DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months (II.3)	31 93.9%	2 6.1%
DCF Case Management – **Legal Action** to Achieve the Permanency Goal During the Prior Six Months (II.2)	47 90.4%	5 9.6%
Child's **Current Placement** (IV.1)	28 90.3%	3 9.7%
Medical Needs (III.1)	46 88.5%	6 11.5%
Safety – In Home (I.1)	20 87.0%	3 13.0%
Safety – Children in Placement (I.2)	28 84.8%	5 15.2%
Educational Needs (IV. 2)	40 83.3%	8 16.7%
DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal **during the Prior Six Months** (II.4)	43 82.7%	9 17.3%
Dental Needs (III.2)	41 78.8%	11 21.2%
Mental Health, Behavioral and Substance Abuse Services (III.3)	34 69.4%	15 30.6%

Table 15 below provides the complete scoring for all cases by each category.

Table 15: Measurements of Treatment Plan OM 15 – Percentage of Rank Scores Attained Across All Categories[4]

Category	# Ranked Optimal "5"	# Ranked Very Good "4"	# Ranked Marginal "3"	# Ranked Poor "2"	# Ranked Adverse/Absent "1"	N/A To Case
I.1 Safety – In Home	6 26.1%	14 60.9%	2 8.7%	1 4.3%	0 0.0%	29
I.2. Safety – Children in Placement	17 51.5%	11 33.3%	3 9.1%	2 6.1%	0 0.0%	19
II.1 Securing the Permanent Placement – Action Plan for the Next Six Months	19 57.6%	13 39.4%	1 3.0%	0 0.0%	0 0.0%	19
II.2. DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months	42 80.8%	5 9.6%	5 9.6%	0 0.0%	0 0.0%	0
II.3 DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal in Prior Six Months	17 51.5%	14 42.4%	2 6.1%	0 0.0%	0 0.0%	19
II.4. DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal in Prior Six Months	18 34.6%	25 48.1%	9 17.3%	0 0.0%	0 0.0%	0
III.1 Medical Needs	35 67.3%	11 21.2%	5 9.6%	1 1.9%	0 0.0%	0
III.2 Dental Needs	27 51.9%	14 26.9%	6 11.5%	5 9.6%	0 0.0%	0
III.3 Mental Health, Behavioral and Substance Abuse Services	13 26.5%	21 42.9%	15 30.6%	0 30.6	0 0.0%	3
IV.1 Child's Current Placement	14 45.2%	14 45.2%	2 6.5%	1 3.2%	0 0.0%	21
IV. 2 Educational Needs	21 43.8%	19 39.6%	7 14.6%	1 2.1%	0 0.0%	4

[4] Percentages are based on applicable cases for the individual measure. Those cases marked N/A are excluded from the denominator in each row's calculation of percentage. Cases may have had both in-home and out of home status at some point during the six month period of review.

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

Table 16: Mean Averages for Outcome Measure 15 - Needs Met (3rd Quarter 2006 - 2nd Quarter 2009)

	Outcome Measure Needs Met - Median Scores Over Time											
	3Q2006	4Q2006	1Q2007	2Q2007	3Q2007	4Q2007	1Q2008	2Q2008	3Q2008	4Q2008	1Q2009	2Q2009
Safety: In-Home	4.00	3.75	3.78	4.00	4.20	4.00	4.47	4.24	3.86	3.89	3.85	4.09
Safety: CIP	4.43	4.15	4.39	4.36	4.57	4.53	4.53	4.39	4.19	4.36	4.60	4.30
Permanency: Securing the Permanent Placement Action Plan for the Next Six Months	4.38	4.22	4.19	4.16	4.53	4.31	4.49	4.28	4.51	4.39	4.56	4.55
Permanency: DCF Case Mgmt - Legal Action to Achieve Permanency in Prior Six Months	4.29	4.45	4.67	4.67	4.74	4.65	4.74	4.81	4.76	4.75	4.56	4.71
Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve Permanency in Prior Six Months	4.42	4.42	4.20	4.43	4.56	4.47	4.65	4.46	4.44	4.39	4.38	4.45
Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve Permanency during Prior Six Months	4.17	4.03	3.79	4.13	4.12	3.98	4.29	3.96	4.11	3.94	4.10	4.17
Well-Being: Medical	4.31	4.34	4.28	4.22	4.34	4.25	4.49	4.69	4.57	4.43	4.40	4.54
Well-Being: Dental	4.47	3.93	3.87	4.13	4.12	4.25	4.29	4.40	4.25	4.34	4.17	4.21
Well-Being: Mental Health, Behavioral and Substance Abuse Services	4.40	4.07	3.72	3.91	4.02	3.88	4.00	3.65	3.81	4.00	3.86	3.96
Well-Being: Child's Current Placement	4.48	4.30	4.23	4.21	4.37	4.14	4.41	4.03	4.19	4.31	4.49	4.32
Well Being: Education	4.46	4.26	4.05	4.07	4.32	4.31	4.38	4.35	4.11	4.43	4.23	4.25

In 44 of the 52 cases (84.6%), reviewers found evidence of one or more unmet needs during the prior six month period. In some cases these needs were primary to goal achievement and in others, they were less significant. In all, 130 discrete needs were identified across the 52 cases. The largest category of unmet needs is once again in the area of mental health.

In looking at some of the top categories of the 130 barriers identified:

- The client was the identified barrier for 33.9% of the unmet needs,
- DCF case management issues were identified in 22.3% of the unmet needs cited (includes delayed referrals, lack of communication with providers and DCF, no service was identified to meet an assessed need).
- 20.0% of the unmet needs had barriers related to provider issues such as lack of resources (waitlists, no service available, no slots, staffing issues etc.).
- In 4.6% of the unmet needs, the DCF determined it appropriate to delay a service pending completion of another.
- In 6.2% of the unmet needs, insurance was the barrier.

The table below provides a complete breakdown of the needs and identified barriers for the sample set.

Table 17: Unmet Service Needs and Identified Barriers for Cases Identified with an Unmet Need

Service Need	Barrier	Frequency
Adoption Support	Delay in Referral by SW	1
Behavior Management	Provider Issue	1
Birth to Three	Client Refused	1
Case Management/Advocacy/Support Issues	Directives Delayed -Untimely Referrals	5
Case Management/Advocacy/Support Issues	Lack of consults (i.e. ARG)	2
Case Management/Advocacy/Support Issues	Poor client engagement	1
Childcare/Daycare	Hours needed for treatment attendance were too short to qualify for formal Care for Kids program. Mother has no informal supports to cover this need.	1
Day Treatment/PHP	Client Refused	1
Dental Screening/Evaluation	Child refusing	4
Dental Screening/Evaluation	UTD from LINK/Contact	2
Dental Screening/Evaluation	Child hospitalized	1
Dental Screening/Evaluation	Insurance Issue	1
Dental Screening/Evaluation	Child returned home -follow up required	1
Dental Screening/Evaluation	FP was in process of changing provider. Appointment secured outside of review period (post 60 day exception)	1
Dental/Orthodontic Services	Approval Process	1
Dental/Orthodontic Services	Delay in Referral by SW	1
Dental/Orthodontic Services	Insurance Issue	1
Dental/Orthodontic Services	Service Deferred pending Completion of Another	1
Dental/Orthodontic Services	Child refusing	1
Developmental Screening/Evaluation	Client Refused	1
Developmental Screening/Evaluation	Delay in Referral by SW	1

Service Need	Barrier	Frequency
Developmental Screening/Evaluation	Insurance Issue	1
Domestic Violence Treatment - Perpetrator	Client refusing	1
Domestic Violence Treatment - Victim	Client refusing	1
Drug & Alcohol Testing	Client Refused	1
Educational Screening of Evaluation	Delay in Referral by SW	1
Educational Screening of Evaluation	Service Deferred pending Completion of Another	1
Educational Screening of Evaluation	Service Provider Issue (BOE)	1
Family Preservation	Need not Identified by SW	1
Family Reunification Services	Service Deferred pending completion of another	2
Family Stabilization Services	Need not Identified by SW	1
Family/Marital Counseling	Client Refused	2
Family/Marital Counseling	Provider Issue	1
Group Counseling - Parents	Insurance Issue	2
Group Home	No slots available	1
Head Start	Wait List	1
Health/Medical Screening or Evaluation	Client refusing	3
Health/Medical Screening or Evaluation	UTD from LINK/Contact	1
Housing Assistance - Section 8	Wait List	1
In Home Parent Education	Client Refused	2
In Home Treatment	Wait List	1
Individual Counseling - Child	Child Refused	6
Individual Counseling - Child	Provider Issue	2
Individual Counseling - Child	Not Available in Primary Language	1
Individual Counseling - Parents	Client Refused	8
Individual Counseling - Parents	Insurance Issue	1
Individual Counseling - Parents	Poor communication - SW/Parent	1
In-Home Parent Education and Support	Delay in Referral by SW	1
Inpatient Substance Abuse Treatment - Child	Approval Process	1
Inpatient Substance Abuse Treatment - Child	Provider Issue	1
Inpatient Substance Abuse Treatment - Parent	Client Refused	1
Inpatient Substance Abuse Treatment - Parent	Delay in Referral by SW	1
Inpatient Substance Abuse Treatment - Parent	Service not Available in Primary Language	1
Job Coaching	UTD from LINK/Contact	2
Life Skills	Delay in Referral by SW	1
Life Skills	Service deferred pending completion of another	1
Mental Health Screening/Evaluation - Child	Provider Issue	1
Mental Health Screening/Evaluation - Parent	Wait List	1
Mentoring	Client Refused	2
Mentoring	Provider Issue	2
Mentoring	Delay in Referral by SW	1
Neuropsychological Evaluation	Provider Issue	1
Other Medical - Medication Management	Other - improper medication management. Miscommunication related to dosage came to light at ACR. Correction per consultation.	1
Other Medical - Nutritionist	Other - Delay due to Foster Mother. Follow up by SW with FM planned to address issue.	1
Other Mental Health - Play Therapy	Provider Issue	2
Other OOH Services - Tutor	Delay in Referral by SW	1
Outpatient Substance Abuse Treatment - Child	Provider Issue	1

Service Need	Barrier	Frequency
Parenting Classes	Services not Available in primary language	2
Parenting Classes	Client Refused	2
Parenting Classes	Insurance Issue	1
Parenting Support Groups	Client Refused	1
Parenting Support Groups	Insurance Issue	1
Problem Sexual Behavior Evaluation	Provider Issue	1
Provider/SW Contacts	Delays in Referrals/Contacts/Poor Communication	3
Provider/SW Contacts	UTD from LINK	2
Psychiatric Evaluation - Child	Delay in Referral by SW	1
Psychiatric Hospitalization - Child	Provider Issue	1
Relative Foster Home	Client refused	1
Relative Foster Home	Delay in referral by SW	1
Relative Foster Home	Lack of communication SW/Parent	1
Residential Facility	Approval process	1
Social Recreational Program	Service deferred pending completion of another	1
Substance Abuse Screening - Child	Child Refused	1
Substance Abuse Screening - Parent	Client Refused	3
Substance Abuse Screening - Parent	Delay in Referral by SW	1
SW/Child Visitation	Client refused	1
SW/Child Visitation	UTD from LINK/Contact	1
SW/Parent Visitation	UTD from LINK/Contact	2
Therapeutic Foster Care	Service not available in primary language	1
Therapeutic Foster Care	No slots available	1
		130

In eight of 21 possible cases, reviewers felt that all identified SDM needs were not incorporated. As stated in the prior report the new case plan format for treatment planning will utilize SDM assessment directly by importing the assessed needs for all active family members in cases for which SDM is utilized. Training on the process has begun this month with the process to go live during the third week in September. The new case plan will directly pull SDM data into the development of the goals and action steps of the treatment plan. It will be imperative that the area office staff use the SDM correctly and keep the information current for all active case participants.

Table 18: Were all needs and services unmet during the prior six month discussed at the ACR and, as appropriate, incorporated as action steps on the current treatment plan?

	Frequency	Valid Percent	Cumulative Percent
Yes - All	23	44.2	44.2
Yes - Partially	16	30.8	75.0
No - None	5	9.6	84.6
N/A - There were no unmet needs identified	8	15.4	100.0
Total	52	100.0	

When looking at the current approved treatment planning document for the upcoming six month period, 59.6% of the cases incorporated the key service needs that were discussed or identified at the ACR/TPC or within the LINK documentation or there were no unmet needs identified to be included. In all, 21 cases (40.4%) had evidence of service needs that were clearly identified at the ACR/TPC or within LINK documentation but were not incorporated into the current treatment plan document. Seventeen of these cases were felt to have significance to case planning in the next six month period.

Table 19 below provides the list of those service areas or needs that were not included in the treatment plan but that were identified as services that were needed going forward and noted by the reviewers during their review process. They are listed with the barrier discussed or noted where one was determined by the reviewer:

Table 19: Services/Barriers Not Incorporated into Current Approved Treatment Plan

Service	Barrier	Frequency
Adoption Support - PPSP	Delay in Referral by SW	1
Behavior Management	No Slots Available	1
Case Management/Support Advocacy	Need for increased ARG	2
Case Management/Support Advocacy	More cultural sensitivity with Hispanic client	1
Case Management/Support/Advocacy	Poor engagement with bio-family not necessary client refusal	1
Case Management/Support/Advocacy	Need to update documentation to reflect accurate information	1
Dental	Appointment Pending/ Provider Issue	1
Department of Development Services	Client Refusing	1
Domestic Violence Prevention Program	No Service Identified to Meet Need	1
Domestic Violence Treatment - Perpetrator	Lack of Communication DCF/Provider	1
Domestic Violence Treatment - Victim	Delay in Referral	1
Domestic Violence Treatment - Victim	Lack of Communication DCF/Provider	1
Educational Screening/Evaluation	Provider Issue (BOE)	1
Educational Screening/Evaluation	Lack of Communication between DCF and Provider	1
Family Stabilization Services	Delay in Referral by SW	1

Service	Barrier	Frequency
Flex Funds	SW seeking Flex Funds for Assessment purposes - parent. Pending approval	1
Group Home	No Slots Available	1
In Home Family Reunification Services	Delay in Referral by SW	1
Individual Counseling Services - Child	Child refusing	1
Individual Counseling Services - Child	Delay in referral by SW	1
Individual Counseling Services - Child	Lack of Communication DCF/Provider	1
Individual Counseling Services - Child	Provider not meeting for weekly counseling or dealing with loss.	1
Individual Counseling Services - Parent	Delay in Referral by SW	1
Individual Counseling Services - Parent	No Service Identified	1
Individual Counseling Services - Parent	Lack of Communication DCF/Provider	1
In-Home Parent Education and Support	Client Refusing	1
Job Coaching/Placement	UTD from Treatment Plan or Narrative	1
Life Skills	Delay in Referral by SW	1
Maintaining Family Ties	Lack of Referral by SW	1
Mental Health Screen - Child	Child Refusal	1
Mental Health Screen - Child	Fully discussed at FC. Not incorporated into Treatment Plan - UTD.	1
Mental Health Screen - Parent	Client Refusal	1
Mentoring	Client Refusal	1
Mentoring	No Service Identified to meet the need	1
Other Health	Appointment pending. Provider Issue.	1
Other Medical - ARG Consult/Urologist Appt.	Delay in Referral by SW	1
Outpatient Substance Abuse Treatment - Child	Fully discussed at FC. Not incorporated into Treatment Plan - UTD.	1
Outpatient Substance Abuse Treatment - Parent	Delay in Referral by SW	1
Outreach, Tracking and Reunification Services	Delay in Referral by SW	1
Parent Education and Support Services	Delay in Referral by SW	1
Parenting Class	Insurance Issue	1
Parenting Group	Insurance Issue	1
Problem Sexual Behavior Evaluation	Provider Issue	1
Provider Contacts	Lack of Communication	1
Psychiatric Hospitalization	Child needs to be medically cleared - hospitalized	1
Psychological Evaluation - Child	Delay in Referral by SW	1
Psychological Evaluation - Child	Court Order Pending	1
Substance Abuse Screen - Parent	Delay in Referral by SW	1
Therapeutic Foster Care	Provider Issue	1
Tutor	Delay in Referral by SW	1
		51

Correctly identifying and including services and needs in the treatment plan action steps allows the agency to ensure that critical services are implemented and reviewed for progress. It also provides clarity to clients, providers and DCF regarding the expectations of case participants for the next six months.

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
And
Outcome Measure 15

Second Quarter 2009 - Court Monitor's Office Findings Related to Outcome Measure 3

Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Bridgeport	1	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Treatment Plan
	2	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Treatment Plan
	3	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	4	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
Danbury	1	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Optimal	Not an Appropriate Treatment Plan
	2	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Marginal	Not an Appropriate Treatment Plan

Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Milford	1	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	2	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	3	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Appropriate Treatment Plan
	4	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
Hartford	1	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	2	Very Good	Marginal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	3	Optimal	Optimal	Very Good	Optimal	Very Good	Marginal	Very Good	Very Good	Appropriate Treatment Plan
	4	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	5	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Optimal	Appropriate Treatment Plan

Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Manchester	1	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	2	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	3	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	4	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Marginal	Not an Appropriate Treatment Plan
	5	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
Meriden	1	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Treatment Plan
	2	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	3	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Appropriate Treatment Plan

Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Middletown	1	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Appropriate Treatment Plan
New Britain	1	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Optimal	Not an Appropriate Treatment Plan
	3	Optimal	Optimal	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan
	4	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	5	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan

Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
New Haven Metro	1	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	Optimal	Very Good	Optimal	Very Good	Marginal	Optimal	Marginal	Optimal	Not an Appropriate Treatment Plan
	3	Optimal	Optimal	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan
	4	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Appropriate Treatment Plan
Norwalk	1	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan

Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Norwich	1	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Appropriate Treatment Plan
	2	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	3	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	4	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	5	Optimal	Optimal	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Treatment Plan
Stamford	1	Very Good	Very Good	Marginal	Very Good	Poor	Very Good	Poor	Optimal	Not an Appropriate Treatment Plan
	2	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan

Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Torrington	1	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
Waterbury	1	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	2	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan
	3	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	4	Optimal	Marginal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan

Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Willimantic	1	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	3	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Appropriate Treatment Plan

Second Quarter 2009 - Court Monitor's Office Findings Related to 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 Mgm t - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Bridgeport	1	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Optimal	Marginal	Marginal	N/A to Case Type	Very Good	Needs Not Met
	2	N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Marginal	Needs Not Met
	3	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Needs Met
	4	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	N/A to Case Type	Optimal	Needs Met
Danbury	1	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	N/A to Case Type	Very Good	Needs Met
	2	N/A to Case Type	Poor	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Poor	Optimal	Needs Not Met

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

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

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

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

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

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

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

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

Appendix 3

Commissioner's Highlights from
Department of Children & Families
Second Quarter 2009 Exit Plan Report

Commissioner's Highlights
Second Quarter 2009 Exit Plan Report
August 2009

Every person who has ever worked in a child welfare agency knows the considerable challenges involved in helping families in need properly care for their children. The effort is complicated by an assortment of interacting issues that often include mental health, substance abuse, domestic violence, intergenerational abuse and neglect, and severe difficulties in meeting the challenges of day-to-day living. The work with families is -- to put it mildly -- complex. Every child welfare agency in the nation grapples with these complexities and each agency struggles to improve outcomes for children and families. These challenges have been complicated by our circumstances in Connecticut where retirements have greatly affected every state agency. Our Department saw the retirement of more than 160 staff. Planning and preparing for this loss of experienced staff has added another layer of considerable complexity to our work

So when I see the important progress our staff has made under the *Juan F.* Exit Plan, I feel great appreciation for the diligent and focused efforts made over a sustained period of time. Major gains have been consolidated into a consistent pattern of achievement, and strides have been made in areas that presented great challenges as well as in measures where we have yet to meet goals. This is evident once again in the most recent report for the second quarter of 2009.

All but three of the 22 measures were met or came within 3 percentage points of the goal during the quarter. Sixteen measures were met outright, and three of these reached the highest level yet during the five and one-half years of the Exit Plan. These included key measures of the quality of our interventions: repeat maltreatment, reunification, and reducing reliance on residential placements. The improvement in reducing repeat maltreatment -- for the first time crossing below 5 percent -- is a prime indicator that our interventions on behalf of abused and neglected children are having a positive impact. Not only did the percent of timely reunifications reach its highest level to date, but for the second consecutive quarter, all three measures of timely permanency were met. Finally, the measure of our reliance on residential placements, once thought to be an unattainable goal, dipped below 10 percent for the first time during the quarter, and in August stood at fewer than 500 children, also a first time occurrence. That represents a reduction of 45 percent compared to five years ago or nearly 400 fewer children in residential care. In addition to the three measures that reached best levels to date, the quarter also demonstrated the consistent attainment of gains previously made. Thirteen of the 16 measures met outright have been met for nine consecutive quarters or more.

While the Exit Plan has allowed us to demonstrate clear progress as a child welfare agency, it has also illuminated areas where further improvements are required. The outcome measures for treatment planning, needs met, and sibling placement have focused our attention on the need to improve our work with families and to offer more family settings for children who must enter care. These are real challenges. But even in these areas we see signs of progress. For example, the measure for treatment plans reached

73.1 percent, the second of the last three quarters to reach 70 percent or greater. While work is currently underway to reach the 90 percent goal, this represents a considerable improvement from just two years ago, when the measure stood at 30.3 percent.

Below is a summary of our accomplishments and remaining challenges:

ACCOMPLISHMENTS

The following 16 outcomes were met in the second quarter of 2009:

- Commencement of Investigations: The goal of 90 percent was exceeded for the 19th quarter in a row with a current achievement of 97.7 percent.
- Completion of Investigations: Workers completed investigations in a timely manner in 91.8 percent of cases, also exceeding the goal of 85 percent for the 19th consecutive quarter.
- Search for Relatives: For the 15th consecutive quarter, staff achieved the 85 percent goal for relative searches and met this requirement for 91.2 percent of children.
- Repeat Maltreatment: For the 9th consecutive quarter, staff exceeded the goal of 7 percent or less by achieving 4.8 percent**. This represents the best measurement of this key indicator since the inception of the Exit Plan and the first time the level of repeat maltreatment has fallen below 5 percent.**
- Maltreatment of Children in Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the 22nd consecutive quarter with an actual measure of 0.1 percent.
- Reunification: For the third consecutive quarter and 12 quarters of the last 16, the Department met the 60 percent goal for timely reunification by achieving the one-year timeline in 71.9 percent of cases. **This represents the highest percentage so far under the Exit Plan.**
- Adoption: For the second consecutive quarter and 14 quarters of the last 18, Department staff exceeded the 32 percent goal for completing adoptions within two years with an actual achievement of 33.2 percent.
- Transfer of Guardianship: For the second consecutive quarter and 13 quarters of the last 17, the Department exceeded the 70 percent goal for timely transfers of guardianship with an actual rate of 75.7 percent.
- Multiple Placements: For the 21st consecutive quarter, the Department exceeded the 85 percent goal with a rate of 95.8 percent.
- Foster Parent Training: For the 21st consecutive quarter, the Department met the 100 percent goal.
- Placement within Licensed Capacity: For the 12th consecutive quarter, staff met the 96 percent goal with an actual rate of 96.6 percent.
- Worker-To-Child Visitation In Out Of Home Cases: For the 15th consecutive quarter staff exceeded the 85 percent goal for monthly visitation of children in out-of-home cases by hitting the mark in 95.7 percent of applicable cases.

- Worker to Child Visitation in In-Home Cases: For the 15th consecutive quarter, workers met required visitation frequency in 89.6 percent of cases, thereby exceeding the 85 percent standard.
- Reduction in Residential Care: **For the first time under the Exit Plan, less than 10 percent of *Juan F.* children in care were placed in a residential placement**. This was the 13th consecutive quarter that staff met the requirement that no more than 11 percent of children in DCF care are in a residential placement. As of August 10, 2009, there were fewer than 500 children in a residential placement, a reduction of 45 percent compared to April 2004.
- Discharge Measures: For the 16th consecutive quarter, staff met the 85 percent goal for ensuring children discharged at age 18 from state care had attained either educational and/or employment goals by achieving an appropriate discharge in 92.2 percent of applicable cases.
- Multi-disciplinary Exams: For the 14th consecutive quarter, staff met the 85 percent goal by ensuring that 94.5 percent of children entering care received a timely multi-disciplinary exam.

CHALLENGES

As evidenced again in this quarterly report, Department staff continue to amply demonstrate both their capacity and commitment to deliver quality services to children and their families. The outcome measures clearly show we have improved many aspects of our work -- even in areas that continue to require intense focus and energy. As warranted, the measures for treatment planning and needs met have been the focus of much of our continued improvement activities. Treatment planning, in particular, has seen important progress in the past three quarters, with two of the quarters resulting in scores of more than 70 percent. This is encouraging, especially considering that in two quarters of 2007, only 30 percent of treatment plans met the standard. This most recent quarter marks a nearly 43 percentage point increase compared to the second quarter of 2007. The 61.5 percent score for needs met also represents the second highest level attained under the Exit Plan and is ten percentage points above the level for the second quarter of 2007. While we see progress in these two outcomes, we must and will continue efforts to improve by implementing necessary practice reforms.

The recent Department restructuring aims at increasing our capacity to meet the goals and outcomes captured in our strategic plan and will support greater effectiveness and efficiency in meeting the remaining Exit Plan outcomes as well. Structuring the 14 area offices under five new regions will support greater consistency in our work and offer each region and area office greater quality assurance resources. Consolidating the bureaus of adoption and adolescent services into the Bureau of Child Welfare also will allow for greater integration of our work and organizational efficiencies. Although some of these changes were necessary in light of the reduction of staff who retired pursuant to the Retirement Incentive Program, they are all designed to support achievement of our strategic goals and outcomes.

Another important avenue for reform consists of the service needs reviews that began less than a year ago with the identification of approximately 2,500 children across eight cohort groups that would receive a heightened process of review and planning. In order to institutionalize the reviews into our practice -- as opposed to making this a one-time process -- we have continued to identify children who are entering the cohorts after the original timeframe. Automation and integrating the reviews with our treatment planning and Administrative Case Reviews has made the process more efficient and effective. Staff have put tremendous time and effort into this work, and thousands of reviews have been completed in an effort to ensure children have timely access to the services the need. As a result, more than 500 children have exited the cohort groups. Due to our commitment to making this a meaningful and ongoing part of our work, additional children are identified each month for these reviews.

In addition, much of the effort to improve treatment planning is focused upon improving how we engage families in the process of assessing needs and strengths and deriving goals and action steps. Specifically, the Department has conducted a review and assessment of our current treatment planning policies, practices and procedures. This effort includes a redesign of both our child and family case plans to make them more family-centered, streamlined and fluid to accurately reflect family circumstances. A two-day training focused on family engagement, Structured Decision Making, and the new case plans began in August with managers. Area office and Training Academy staff will train all area office social workers and supervisory staff. It is anticipated the training will be completed mid-September, prior to the automated LINK roll out of the new case plans. The LINK release for the case plans is scheduled for September 21. In addition, the Department is currently updating the Administrative Case Review (ACR) practice and process. The Department intends to modify our ACR schedule to include meeting times that are convenient to families and youth to enhance involvement and family participation in the development of case plans. Family meetings (case reviews) involving all parties involved with the family will be convened at 90-day intervals to assess progress and changes in service delivery. This process is designed to support and encourage a team approach in the development of case plans. In addition, one aspect of the Department restructuring is that each region will have a program director for quality assurance to ensure that the ACR is an even more effective tool in improving treatment planning.

One of the most fundamental and important reforms underway involves the Department's work to develop and implement a Practice Model. That work has reached an important point and is proceeding toward implementation. The Practice Model developed under contract with the Center for the Support of Families recently received the approval of agency leadership through the Executive Team. The model is designed to provide an integrated approach to serving children and families by including practices and activities that build on existing areas of focus in the Exit Plan and the Department's strategic plan that address safety, permanency, and well-being. The model will provide a consistent approach to child welfare interventions across all programs and will operationalize and reflect DCF's mission, guiding principles and values. The Practice Model is driven by six key components: (1) Assuring child safety; (2) Assessing the strength and needs of family members; (3) Timely and appropriate decision making; (4) involving children and

families in case activities and decision making; (5) individualizing services; and (6) quality assurance strategies and monitoring. A steering committee is now being formed to guide regional implementation of the model over the next four years. The Practice Model is a core strategic component of the Program Improvement Plan (PIP) being resubmitted to the Federal government later this summer.

Another vitally important initiative to build upon family strengths and support family engagement is the development of a Differential Response System (DRS). The Department in December 2006 began exploring the feasibility of developing a statewide DRS to work with families following acceptance of a report of child abuse and neglect. The goal of DRS is to establish an alternative response track for accepted abuse/neglect reports that offers a strength-based, solution and service oriented approach, primarily for low and moderate risk cases. In August 2008, the Department issued a request for information to solicit recommendations on the design and statewide implementation of DRS. The Department received overwhelming support from the community to move forward with an implementation plan. Because we believe this work is done best at the local level, the Department, in collaboration with family members and advocates and our community partners, will establish five community planning teams to coordinate and develop a DRS implementation plan. The Department will be working with these teams over the next several months to develop detailed implementation plans, and the Department anticipates that a phased-in implementation of DRS will begin next year, depending on community readiness and resource availability.

Establishing additional foster care families remains one of the Department's great challenges and will be a vital part of improving how we meet the needs of children overall. Without question, a foster home offers the best place for children in state care who can have their needs met in a family setting and for whom a relative home placement is unavailable. Simply put, we have an obligation to find family homes for all the children in care when that is in their best interests. The 2008 stipulation established a goal of achieving a net gain of 350 additional foster homes in the fiscal year that ended June 30, 2009 and another 800 net new homes in Fiscal Year 2010. While I am disappointed that we did not reach the goal last year, it needs to be recognized that the Department did license more than 950 new homes during the fiscal year that just ended. That far exceeds the 500 homes we anticipated needing in order to reach the net goal of 350 homes. However, due to the number of homes closed, the Department was left with a nominal net gain at the end of last fiscal year. It is important to note, however, that approximately half of the homes were closed for reasons involving good outcomes for the children affected, including reunification, adoption or transfer of guardianship, and reasons of the family's own choosing, such as retiring in good standing.

Given the challenges involved in building more foster home resources, the Department continues to sharpen its recruitment and retention efforts. Work has been underway for several months with the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at AdoptUsKids (funded by the Children's Bureau within the federal Administration for Children and Families) to design and implement a targeted and effective recruitment effort drawing on the most sophisticated, data-driven approaches

available. Data about our current successful foster and adoptive parents is being analyzed to create profiles of Connecticut residents who are most likely to become a resource for our children. An analysis conducted together with community providers and foster parents will also yield the most effective methods and messages for reaching these target groups.

Finally, this effort is also benefitting from the input and perspective of our foster parents through the use of focus groups that are yielding information on how to make the experience of fostering more rewarding and on why individuals choose to become foster parents. These "appreciative inquiry" sessions were conducted from April through July. The point made repeatedly during these sessions is that foster parents must be treated by staff with full respect as our partners in caring for children. At the same time, the foster parents made clear that they derive great satisfaction from their relationships with the children in their care. I am confident that the material gathered from both our foster parents and the data analysis will significantly improve the effectiveness of our recruitment and retention efforts.

These efforts to improve foster care resources are another example of our staff taking every opportunity to effect positive changes in how we conduct our work. Despite considerable challenges inherent in the nature of our mission, our staff has shown a relentless commitment to doing this work in the best manner possible and in partnership with families and community service providers, and I am very proud that our staff has advanced the work of our agency in so many important ways while continuing to aggressively address the areas in need of improvement.