

Juan F. v Rell

Exit Plan Outcome Measures
2005 Annual Progress Report

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

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Executive Summary

The *Juan F. v. Rell* Exit Plan requires the Monitor's Office to produce two annual reports (2005 and 2006) documenting the Department of Children and Families' progress in implementing the 22 Exit Plan Outcome Measures. The planning for this first report commenced in late 2004, when the Monitor's Office began to solicit questions and information from DCF Facility staff, Area Office and Central Office staff and the Plaintiffs related to a review of the quality of the work associated with the stated outcomes. Review protocols were drafted and submitted to both parties for review and comment before they were finalized in April 2005.

In all, eleven reviewers took part in the record review process. The review team included five members of the Department's Quality Improvement Division, four contracted reviewers with prior DCF experience, the DCF Liaison to the Court Monitor, and our Monitoring Specialist. Of that group, four individuals conducted interviews with front line social workers. Prior to the review, the team trained on the tool via a series of interrator testing. This resulted in several minor revisions to the tool, and a clarification of several definitions and directions that improved the reliability of the tool and reliability of reviewer response.

The results of this comprehensive case review process confirm the significant improvements in case practice that have been noted in prior quarterly reports. The analysis offers considerable insight into the strengths and weaknesses of the Department's overall performance in meeting the Exit Plan Outcome Measures. The concentrated, coordinated, and focused approach the Department has employed to implement fundamental and sustainable changes is evident throughout our review of all 22 Outcome Measures. Nevertheless, considerable effort will be required to address areas of the work that although improved, clearly remain a major challenge, especially within the timeframe outlined in the Exit Plan.

The record review began in May 2005 and concluded in August 2005. The methodological process is detailed within the full report but in brief includes the following components:

LINK Reports:

Exit Outcome Measures one through 22 were evaluated per the requirements outlined in the bolded text box fields of the Revised *Juan F. v. Rell* Exit Plan dated July 2004. All Outcome Measures, with the exception of 3,4,7,10,11,13¹, 15, 20 and 21 were reviewed for compliance via the LINK automated reports² as outlined in the Exit Plan. The Monitor has continuously verified the accuracy of the LINK reporting and with the exception of methodological differences, LINK data entry errors, and slight deviations in reporting periods; our case review

¹ Outcome Measure 13 is reported via scheduled submission/memorandum of OFAS/CAFAP.

² DCF Exit Plan Outcome Measures Summary Report, Second Quarter 2005, April 1 – June 30, 2005.

findings are consistent with LINK reports.³ The quantitative performance scores provided by LINK automated reporting are supplemented with a qualitative review as required by the Exit Plan methodology.

LINK Record Review:

To review the quality of practice for investigation Outcome Measures 1 & 2, a LINK record review of 50 investigation cases was conducted via a sample from the universe of all reports accepted at the DCF Hotline during the period of January 1, 2005 through March 31, 2005.

Outcome Measures 3 and 15 were the primary focus of this case review. Findings for these two Outcome Measures are based upon a sample drawn at a 95% statewide confidence level with a $\pm 4\%$ margin of error. These two measures cannot be captured and reported on via an automated system and will always require case review. The Monitor's statistically valid statewide review of 569 cases focuses on the period of February 15, 2005 through May 15, 2005. Record reviews commenced in June 2005. The record review was LINK based and included a thorough reading of the LINK record, treatment plans and Treatment Planning Conferences/Administrative Case Review (ACR/TPC) documentation for a period of 60 days to 12 months prior to May 15, 2005.

In addition to the statistically valid sampling and data analysis for Outcome Measure 3 and Outcome Measure 15, the remaining Outcome Measures were reviewed for qualitative benchmarks via a series of questions developed with input from the Department and the Plaintiffs. These data elements were collected only when applicable to a given case selected for the Outcome Measure 3 and Outcome Measure 15 case record review. While the data collected for these measures may not represent a statistically valid sample, it offers the Monitor's Office an opportunity to evaluate the quality of case practice, LINK reporting reliability, information related to continuous quality improvement efforts, and the opportunity to assess the progress for Outcome Measures where data is currently lacking. Since the Department has been unable to provide an automated report for Outcome Measures 4, 7, 10 and 11, this data, while limited by the number of cases included for each measure, can help inform the parties on the current status of the Department's progress.

Outcome Measures 20 and 21 were measured on the full universe of 29 individuals over the age of 18 who were discharged from care during the period of February 15, 2005 through May 15, 2005. The universe was identified through LINK data and the adolescent units statewide. This review was undertaken as an additional task, as the Department is not able to produce automated information on these measures, and our preliminary data analysis

³ The primary data entry errors involve missing removal dates and legal status and discharge data inaccuracies. The Department recently completed a clean up of legal status data but errors persist. Additionally, approximately 6% of the children in placement have no removal date recorded in LINK. These errors will have varying impact on automated reporting of Outcome Measures 4, 7, 8, 9, 10, 11, 12, 20, 21, and 22.

revealed that the sample selected did not include any children discharged from care.

Interviews:

To supplement the LINK record review, a random sub-sample of 100 Ongoing Service Social Workers were contacted and asked to participate in an interview. This component was included so that reviewers could gather Ongoing Service Social Worker insight that may not be available through a LINK record review process. In all, 96 of the 100 Ongoing Service Social Workers contacted for interview chose to participate in the process.

As with the interview component in the 569 ongoing service cases, there was also an interview component related to investigative practices. Twenty-five Investigation Social Workers were randomly selected from the investigation sample (n=50) to participate in an interview. All 25 Investigation Service Social Workers participated in the process.

Interviews were held in June, July and early August 2005. Social Workers were contacted after the reviewer had completed the record review to set up an appointment for interview. The data from this process is reported in aggregate form and will not identify any individual worker.

A team of four reviewers conducted the interviews. Each of the four interviewers was assigned specific cases to review and interview so that they had read the LINK documentation, and could conduct the interviews with basic knowledge of the case specifics. The interviews were held at a location and time most convenient to the worker.

Exit Plan Second Quarter Results:

Compliance was measured upon the Department’s verified LINK reports on the full universe of affected populations where that data was available (Outcome Measures 1, 2, 5, 6, 8, 9, 12, 14, 16, 17, 18, 19, and 22). The remaining scores were based upon the Court Monitor’s case review findings (Outcome Measures 3, 4, 7, 10, 11, 15, 20, and 21). Refer to Table 2 for the sample size information.

Table 1 reflects the Department’s submitted data report for the second quarter 2005. Table 2 reflects the Court Monitor’s case review findings, and Table 3 represents the scores as determined by the methodology outlined in the Exit Plan document. Those Outcome Measures with a “√” to the right of the score indicate the verified achievement of the measure for the timeframe indicated by the automated LINK report or the Court Monitor’s case review.

The Department submitted the following progress report for performance during the quarter ending June 30, 2005. Percentages are reflective of the Department's performance on the given measure based upon the LINK universe of cases.⁴ An "X" indicates that the Department did not report on the measure via automated reports.

Table 1: Department of Children & Families Second Quarter Progress Report 2005 of the Exit Plan Outcome Measures

Outcome Measure	Requirement	Department of Children & Families 2Q 2005 Report
1: Commencement of Investigation	>=90%	95.1%
2: Completion of the Investigation	>=85%	92.3%
3: Treatment Plans	>=90%	X
4: Search for Relatives	>+85%	X
5: Repeat Maltreatment of In-Home Children	<=7%	8.5%
6: Maltreatment of Children in Out-of-Home Care	<=2%	0.7%
7: Reunification	>=60%	X
8: Adoption	>=32%	25.2%
9: Transfer of Guardianship	>=70%	72.8%
10: Sibling Placement	>=95%	X
11: Re-Entry into DCF Custody	<=7%	X
12: Multiple Placements	>=85%	95.7%
13: Foster Parent Training	100%	100.0%
14: Placement Within Licensed Capacity	>=96%	95.9%
15: Children's Needs Met	>=80%	X
16: Worker-Child Visitation (Out-of-Home)	>=85% 100%	M: 86.7% Q: X
17: Worker-Child Visitation (In-Home)	>=85%	78.0%
18: Caseload Standards	100%	100.0%
19: Reduction in the Number of Children Placed in Residential Care	<=11%	12.6%
20: Discharge Measures	>=85%	X
21: Discharge of Mentally Ill or Retarded Children	100%	X
22: Multi-disciplinary Exams (MDE)	>=85%	55.4%

⁴ LINK reporting results are impacted by data entry errors in legal status and the failure to enter correct removal and discharge dates.

The Court Monitor’s review included data collection for all 22 Outcome Measures as reported below. As there are no automated LINK reports on Outcome Measures 3, 4, 7, 10, 11, 15, 20, and 21, compliance for these outcomes were measured via the Court Monitor’s Case Review findings. While the numbers reported in our case review findings provide insight into Departmental practice, I caution that some findings are based on small samples. Please refer to the table below.

Table 2: Juan F. Court Monitor’s 2005 Exit Plan Case Review Findings

Measure	Requirement	Sample Size	Findings
1: Commencement of Investigation	$\geq 90\%$	50	96.0%
2: Completion of the Investigation	$\geq 85\%$	50	94.0%
3: Treatment Plans	$\geq 90\%$	569	6.9%
4: Search for Relatives	$> +85\%$	27	88.3%
5: Repeat Maltreatment of In-Home Children	$\leq 7\%$	211	6.6%
6: Maltreatment of Children in Out-of-Home Care	$\leq 2\%$	313	0%
7: Reunification	$\geq 60\%$	9	66.7%
8: Adoption	$\geq 32\%$	8	50.0%
9: Transfer of Guardianship	$\geq 70\%$	7	42.9%
10: Sibling Placement	$\geq 95\%$	61	65.6%
11: Re-Entry into DCF Custody	$\leq 7\%$	19	15.8%
12: Multiple Placements	$\geq 85\%$	332	96.0%
13: Foster Parent Training	100%	195	100.0%
14: Placement Within Licensed Capacity	$\geq 96\%$	255	87.8%
15: Children’s Needs Met	$\geq 80\%$	569	55.8%
16: Worker-Child Visitation (Out-of-Home)	$\geq 85\%$ 100%	319	M: 89.5% Q: 99.1%
17: Worker-Child Visitation (In-Home)	$\geq 85\%$	267	73.2%
18: Caseload Standards	100%	569	100.0%
19: Reduction in the Number of Children Placed in Residential Care	$\leq 11\%$	286	11.9%
20: Discharge Measures	$\geq 85\%$	29 ⁵	61.5%
21: Discharge of Mentally Ill or Retarded Children	100%	29 ⁶	50.0%
22: Multi-disciplinary Exams (MDE)	$\geq 85\%$	84	57.7%

⁵ The sample of 29 individuals for OM20 and OM21 represent the full universe for the period.

⁴ The sample of 29 individuals for OM20 and OM21 represent the full universe for the period.

Table 3 below represents the verified scores for the period. Those with a “√” to the right of the score have achieved compliance with that measure as outlined within this report.

Table 3: Court Monitor’s Findings related to compliance with Exit Plan Outcome Measures for the period ending June 30, 2005

Outcome Measure	Requirement	Score Achieved
1: Commencement of Investigation (LINK)	$\geq 90\%$	95.1% √
2: Completion of the Investigation (LINK)	$\geq 85\%$	92.3% √
3: Treatment Plans (n=569)	$\geq 90\%$	6.9%
4: Search for Relatives (n=27)	$> +85\%$	88.3%√
5: Repeat Maltreatment of In-Home Children (LINK)	$\leq 7\%$	8.5%
6: Maltreatment of Children in Out-of-Home Care (LINK)	$\leq 2\%$	0.7% √
7: Reunification (n=9)	$\geq 60\%$	66.7%√
8: Adoption (LINK)	$\geq 32\%$	25.2% ⁷
9: Transfer of Guardianship (LINK)	$\geq 70\%$	72.8% ⁸
10: Sibling Placement (LINK)	$\geq 95\%$	65.6%
11: Re-Entry into DCF Custody	$\leq 7\%$	15.8%
12: Multiple Placements (LINK)	$\geq 85\%$	95.7% √
13: Foster Parent Training (DCF/CAFAP REPORT)	100%	100.0% √
14: Placement Within Licensed Capacity (LINK)	$\geq 96\%$	95.9% √
15: Children’s Needs Met (n=569)	$\geq 80\%$	55.8%
16: Worker-Child Visitation (Out-of-Home) (M: LINK) (Q: n=319)	$\geq 85\%$ 100%	M: 86.7%√ Q: 99.1%
17: Worker-Child Visitation (In-Home) (LINK)	$\geq 85\%$	78.0%
18: Caseload Standards (LINK)	100%	100.0%√
19: Reduction in the Number of Children Placed in Residential Care (LINK)	$\leq 11\%$	12.6%
20: Discharge Measures (N=29)	$\geq 85\%$	61.5%
21: Discharge of Mentally Ill or Retarded Children (N=29)	100%	50.0%
22: Multi-disciplinary Exams (MDE) (LINK)	$\geq 85\%$	55.4%

⁷ The Department’s quarterly report indicated that 25.2% met the adoption measure. However, this report excluded 10 children with no removal date from their analysis. Given the missing data, the performance is adjusted to 23.4% (33 of 141 children adopted during the quarter).

⁸ The Department reports that 72.8% of all transfer of guardianships during the quarter were completed within 24 months. However, a review of the LINK data indicates that an additional 31 children with no removal date had a transfer of guardianship during this period. These individuals were excluded from the LINK quarterly reports submitted. Given this missing data, the performance is adjusted to 50% (63 of 126 children with transfer of guardianship during the quarter). The Monitor cannot confirm compliance with this measure.

Key Findings

The Monitor, upon review of all available information obtained and utilizing the prescribed methodology, finds the following:

- The Department is in compliance with the following outcome measures:
 - Commencement of Investigation (Outcome Measure 1)
 - Completion of Investigation (Outcome Measure 2)
 - Search for Relatives (Outcome Measure 4)
 - Maltreatment of Children in Out-of-Home Care (Outcome Measure 6)
 - Reunification (Outcome Measure 7)
 - Multiple Placements (Outcome Measure 12)
 - Foster Parent Training (Outcome Measure 13)
 - Placement Within Licensed Capacity (Outcome Measure 14)
 - Worker-Child Visitation (Out-of-Home)⁹ (Outcome Measure 16)
 - Caseload Standards (Outcome Measure 18)
- The results of the comprehensive case review confirm and verify the overall accuracy of the automated LINK reports. Differences between the case review and the automated data can be traced to differences in the methodology, LINK data entry errors, and slight differences in the reporting periods. The primary LINK data entry errors involve missing removal dates, legal status inaccuracies, and discharge data mistakes. The Department is aware of these issues and has begun the necessary steps to resolve them.
- The analysis of investigation data reveals some improvement in a number of quality indicators including the percentage of victims and perpetrators interviewed, contact with prior social workers in cases with a prior DCF history, completion of initial risk assessments and documentation of investigation activities. The Department has sustained the goal for both investigation measures for three consecutive quarters.
- Only 6.9% of the treatment plans reviewed included the minimal requirements outlined by the Exit Plan. Reviewers' indicated that despite the low level of overall compliance, the quality and completeness of treatment plans had improved since the last comprehensive review of treatment plans two years ago. In previous reviews there were often no treatment plans less than seven months old, and those that were less than seven months old were many times of such poor quality that they did not reflect the circumstances in the case. Clear articulation of the action steps and goals is the weakest component of the treatment plans reviewed.
- 5% of the cases reviewed did not have a current treatment plan.
- Case participants in-person attendance or teleconferencing at the Administrative Case Reviews/Treatment Planning Conferences remains low: 43.1% of the mothers, 21% of the fathers, 14.9% of children aged 12 or older, 35.1% of the current caretakers, 15.2% of the active service provider agencies and 5.1% of the identified attorneys participated in the 504 Administrative Case Reviews (ACR) or Treatment Planning Conferences (TPC) documented in the sample cases.
- Relative searches for children entering placement January 1, 2005 or later, were conducted in 88.3% of the 27 cases in our sample.

⁹ The monthly requirement was achieved.

- The Department has sustained achievement of the goal for maltreatment of children in out-of-home care for six consecutive quarters. None of the 313 children in the sample who were in placement during the period of February 15, 2005 through May 15, 2005 had a substantiated report of abuse or neglect by a substitute caretaker.
- 91% of the cases with a goal of reunification had identified concurrent plans, and 74% of the cases with concurrent plans had documentation that both plans were actively being pursued.
- The Department has improved the practice of finalizing adoptions within 24 months. Additionally, the case review data and Monitor's review of the Department's quarterly data indicate that the Department continues to pursue adoption for those children with adoption as their goal, regardless of whether they will meet the measure.
- At the time of the initial placement, sibling groups were placed together in 65.6% of the sample cases. The review data indicated that 23.8% of those not initially placed together later had been reunited, 42.9% of those not placed together had subsequently documented therapeutic reasons for being separated, and 33.3% still remained separated on May 15, 2005. In addition, 72.7% of the sibling cases that required visitation plans had them documented and 67.3% had documentation that sibling visitation was consistently occurring.
- The review of quarterly data confirms that as required, the Department has offered the required foster parent training (Outcome Measure 13) to the pool of DCF foster parents statewide. However, the case review data indicates that foster parent provider records do not reflect completion of required training. Despite the requirement for nine hours per year of post licensing training, 76.9% of the foster parents in our sample had no documented training last year. The review found that 58.1% of the homes in our sample that were re-licensed during the period of February 15, 2005 through May 15, 2005 did not have documentation of the required post-licensing training.
- The Department has reported achievement of the goal for multiple placements for five consecutive quarters.
- Despite the support of the Governor and Legislature in providing additional resources to the Department, the case review data indicates that children and families had all of their service needs met in slightly more than half of the cases reviewed. This finding is overstated since the reviewers found a significant number of cases where a clearly identifiable need was documented in the case record but not incorporated into the treatment plan. In addition, 5% of the cases did not have a current treatment plan to review and 9.8% of cases had Administrative Case Review/Treatment Planning Conference documentation of a service need that was not documented in the treatment plan. The current inadequacy of treatment plans seriously undermines determining whether children and families needs are met.
- The Department has made dramatic improvements in visitation with children and families. The review found that 99.1% of the children in out-of-home care had been seen quarterly. 89.5% of the out-of-home cases had been seen monthly. 73.2% of the in-home cases had been successfully visited twice a month.

- A sufficient amount of Social Workers and Social Work Supervisors are essential to make the improvements necessary to meet the outcome measures. The Department has maintained caseload standards for five quarters.
- The Department has made a significant reduction in children placed in residential care. The Monitor's case review data indicated that 11.9% of children are in residential care. On August 14, 2005, there were 722 children in residential placement. This is an 18.8% reduction from the April 11, 2004 total of 889 children in residential care. In addition, consistent oversight of out-of-state placements has allowed the Department to considerably reduce its' number of out-of-state placements.
- The Monitor found that 10 of the 29 youth discharged from care in the time period of February 15, 2005 through May 15, 2005 required adult services. Of those 10, only two youth's records had documentation that adult services were in place at the point of discharge.
- Five of the ten youth in the discharge universe had written discharge plans submitted to either Department of Mental Health and Addiction Services (DMHAS) or Department of Mental Retardation (DMR).
- 57.7% of the children entering care for the first time received a Multi-Disciplinary Exam (MDE) within 30 days of placement. This outcome measure is central to the assessment of children's needs and implementation of appropriate services. Nine additional MDE sites were opened recently in an effort to improve performance on this measure.

Introduction

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Table 4: In-home universe of cases open in ongoing services at any point during February 15, 2005 through May 15, 2005

Area Office	Universe	% of Caseload	Sample Set
Bridgeport	424	8.8%	22
Danbury	156	3.2%	8
Greater New Haven	393	8.1%	20
Hartford	448	9.3%	24
Manchester	416	8.6%	22
Meriden	206	4.3%	11
Middletown	226	4.7%	12
New Britain	482	10.0%	25
New Haven	616	12.7%	32
Norwalk	120	2.5%	6
Norwich	432	8.9%	23
Stamford	186	3.9%	10
Torrington	122	2.5%	6
Waterbury	261	5.4%	14
Willimantic	343	7.1%	18
Statewide	4831	100.0%	253

Table 5: Universe of open ongoing service cases with an identified child in placement February 15 through May 15, 2005

Area Office	Universe	% of Caseload	Sample Set
Bridgeport	514	8.5%	27
Danbury	145	2.4%	8
Greater New Haven	379	6.3%	20
Hartford	872	14.4%	45
Manchester	627	10.4%	33
Meriden	242	4.0%	13
Middletown	162	2.7%	8
New Britain	643	10.6%	33
New Haven	643	10.6%	33
Norwalk	94	1.6%	5
Norwich	555	9.2%	29
Stamford	69	1.1%	4
Torrington	157	2.6%	8
Waterbury	575	9.5%	30
Willimantic	379	6.3%	20
Statewide	6056	100.0%	316

An oversample of 10% was selected in the event that a case did not meet the criteria set for review and required replacement. Although requested, the Department's universe did not exclude cases open a minimum of 60 days during the period. As a result, multiple exclusions were required as a treatment plan was not required during the period and the case could not be subject to measurement for Outcome Measures 3 or 15.

Investigation Cases Sampling Process:

The Monitor’s Office requested a data file including “*all reports accepted at the DCF Hotline during the period of January 1, 2005 through March 31, 2005.*”

The investigation universe provided included a total of 6,940 reports accepted at the Hotline during the first quarter of the 2005 calendar year. The Monitor’s Office, determined that a sample of 50 cases would provide an adequate snapshot of the quality of the Department’s practice. To determine the distribution of the cases, the universe was broken down by area office assignment, and the resulting percentage was used to calculate each region’s portion of the 50 case sample. Additionally, 25 of the fifty cases were randomly selected for social worker interview to obtain information related to case practice that we would not be able to glean from the LINK case record. Table 6 below provides the details related to the distribution of the universe (N=6,940) and sample set (n=50). A 10% oversample was selected in the event that substitutions were required.

Table 6: Universe of all accepted reports at Hotline and resulting sample allocation for case review

Area Office	Total investigations	Percentage	Sample	Subsample
Bridgeport Office	649	9.35%	5	2
Danbury Office	254	3.66%	2	1
Gen'l Administration	6	0.09%	0	0
Greater New Haven	592	8.53%	4	2
Hartford Office	690	9.94%	5	3
Hotline	141	2.03%	1	0
Manchester Office	630	9.08%	5	2
Meriden Office	287	4.14%	2	1
Middletown Office	280	4.03%	2	1
New Britain Office	660	9.51%	5	3
New Haven Metro	520	7.49%	4	2
Norwalk Office	182	2.62%	1	1
Norwich Office	573	8.26%	4	2
Stamford Office	193	2.78%	1	1
Torrington Office	247	3.56%	2	1
Waterbury Office	622	8.96%	4	2
Willimantic Office	414	5.97%	3	1
Grand Total	6,940	100%	50	25

Discharge Measures Universe – Outcomes 20 and 21:

When it became apparent from early data analysis that data would not be included on the population of children discharged from care (Outcome Measures 20 and 21) the Monitor's Office determined a separate review would be required. Therefore, on July 18, 2005 our office requested the following data file from the Department's Information Systems Unit:

... the universe of all children discharged at age 18 or older during the period of February 15, 2005 through May 15, 2005. Per the Exit Measure parameters, exclusions from this universe would be any child that is committed delinquent or children exiting voluntary services placements.

The data file was then shared with the adolescent units statewide to verify the accuracy, as there is ongoing concern with the reliability of data files based on legal status and placement end dates. The resulting corrected file included a universe of 29 children. The full universe was studied using the questions developed for the larger tool for Outcome Measures 20 and 21.

Interviews:

To supplement the LINK record review, a random sub-sample of 100 Ongoing Service Social Workers were contacted and asked to participate in an interview. This component was included so that reviewers could gather Ongoing Service Social Worker insight that may not be available through a LINK record review process. Ninety-six of the 100 Ongoing Service Social Workers contacted for interview chose to participate in the process.

As with the interview component in the 569 ongoing service cases, there was also an interview component related to investigative practices. A subset of 25 Investigation Social Workers was randomly selected from the investigation sample (n=50) to participate in an interview. All 25 Investigation Social Workers participated in the process.

Interviews were held in June, July and early August 2005. Social Workers were contacted after the reviewer had completed the record review to set up an appointment for interview. The data from this process is reported only in aggregate form so as not to identify any individual worker.

A team of four reviewers conducted the interviews. Each of the four interviewers was assigned specific cases to review and interview so that they had read the LINK documentation, and could conduct the interviews with basic knowledge of the case specifics. The interviews were held at a location and time most convenient to the worker.

Outcome Measure 1: Commencement of Investigation

Court Monitor's Case Review Findings: 96.0% (Sample Size: 50)

DCF LINK Report for the period of April – June 2005: 95.1%

The *Juan F.* Exit Plan requires that at least 90% of all reports¹³ must be commenced on the same calendar day, within 24 hours, or 72 hours depending on the response time designation.

The Department's automated reports for the last three quarters indicate that the investigations requirement for the response time has been consistently exceeded. In fact, the Department's LINK reporting for the second quarter 2005 indicates that **95.1%** of all investigations met this measure.

In all **96.0%** of the sample set (n=50) met or exceeded the response time set at Hotline, or modified response time if changed by area office management. The details of the case review are provided below to provide information related to both the numeric requirements and quality of case practice as it relates to the sample data.

Sample Demographics (n=50):

As detailed in the Methodology section, our review included fifty reports accepted at Hotline during the first quarter 2005. All fifty cases were reviewed during the period of May 14, 2005 through May 19, 2005.

Reports selected included calls that were received at the Hotline from January 3, 2005 through March 30, 2005. The calls were most frequently received between 2:00 p.m. – 3:00 p.m. (7 calls). Forty-one of the reports (82.7%) were involving a report of abuse or neglect by the biological parent(s), adoptive parent(s) or legal guardian(s). Three reports (6.0%) involved foster family providers, two (4.0%) were school settings and four (8.0%) were "other" (Domestic Violence Shelter, Group Home, Hospital, non-custodial parent).

Of the 50 cases opened for investigation, the LINK person maintenance record indicated that of the named case participants, 36 spoke English as their primary language, six were primarily Spanish speaking, two spoke primarily Portuguese, two French, one Chinese, and one was identified as Bilingual (English/Spanish). In two cases there was no documentation in the person maintenance record related to language.

The Hotline documentation indicated a total of 66 allegations within the 50 case sample. Physical neglect was alleged most frequently. It was alleged in 29 of the 50 cases (58.0%). The table below provides the total number of allegations documented and the percentage of the sample that included each specific allegation.

¹³ Except Probate and Voluntary cases.

Table 7: Allegations as identified by Hotline

Allegations	Number	% of Cases
Physical Neglect	29	58%
Physical Abuse	16	32.0%
Emotional Neglect	14	28.0%
Emotional Abuse	3	6.0%
Medical Neglect	2	4.0%
Sexual Abuse	2	4%
Education Neglect	0	0%
Moral Neglect	0	0%
Total Allegations	66	-----

In one case, the report was accepted at Hotline and then determined not to be appropriate for investigation. The family's case was open in Ongoing Services with a child out of control and neglect petitions recently filed.

At the time of acceptance of the report at Hotline, 11 of the 50 cases (22.0%) were already open in Ongoing Services, of which five cases had a substantiation within the 12 months prior to the referral included in our sample. Three cases (6.0%) were open in investigations at the point of acceptance of the report included in our sample. Eighteen (36.0%) were newly opened, with no prior CPS history. The remaining 18 reports (36.0%) included alleged perpetrators with a DCF history, but with no open case at the point of acceptance at the Hotline.

Alleged Perpetrators:

There were 63 identified alleged perpetrators in the reports transmitted from Hotline. Alleged perpetrators were more frequently female, as there were 36 female and 27 male perpetrators included in the sample.

There were 13 cases in which two perpetrators were identified. Thirty-seven cases identified one perpetrator. Perpetrators ranged from age 16 to age 53 with an average age of 33.5.

Race of perpetrators was predominately white, with 39 alleged perpetrators identified as white (61.9%), and nine identified as African American/Black (14.3%). One perpetrator was identified as unknown, 14 were identified as UTD (22.2%) as there was no race information located in the LINK record. 16 alleged perpetrators were identified as Hispanics, 43 Non-Hispanics and four unknown.

Identified Victims:

A total of 107 victims were identified in the protocol documentation¹⁴. The population was almost equally split, with 53 males and 54 females identified. Ages ranged from newborn to 17, with the most frequently reported age being one (10 children) and the average (mean) age being 7.5 years old.

¹⁴ Our tool allowed for up to five identified victims per case. In a few instances, the number exceeded the maximum allowed. Therefore the number of identified victims may be slightly underreported.

Table 8: Age of identified victims within the 50 reports of abuse/neglect accepted at Hotline during the first quarter 2005

Age (years)	Number of Children
0-2	22
3-5	17
6-8	24
9-11	14
12-14	16
15-17	14

Each case designates a reference child at the point of acceptance. This is generally the youngest child, but may be otherwise if the abuse is not directed at the youngest household member.

In the 50 cases reviewed, the relationship between that referenced child and the alleged perpetrator(s) of the abuse or neglect was most frequently a parent/child relationship.

Table 9: Relationship between identified victims to the 63 identified perpetrator(s)

Alleged perpetrator's relationship to victim	Number of children having this relationship
Custodial Parent	44
Caretaker	8
Step Parent	4
School Personnel	2
Other Relatives	2
Guardian	1
Group Home Staff	1
Paramour	1

Outcome Measure One Issues:

Supervisory conferences at the point of Social Worker assignment were documented in 41 investigations (82.0%) of the sample. The response time designated by Hotline was most frequently 72 hours (52.0%), followed by 24 hours (38.0%) and finally, same day response (10.0%). Modification of the response time was documented in seven cases (14.0%).

The required response time was met in 96.0% of the sample. Eight of the 50 cases had one or more additional reports accepted during the quarter. Three were accepted within seven days of the first report. One was appropriately merged with the prior accepted report.

The interviews with the 25 Investigation Social Workers provided some insight into the challenges faced by Investigation Units in attempting to meet the requirement of Outcome Measure 1. At the beginning of our interview, the reviewers asked the

Investigation Social Worker “Do you feel the Hotline’s system for establishing the response time is valid?”

- 64.0% indicated that they did indeed feel the response time designation¹⁵ was valid.
- 36.0% indicated that they did not feel it was valid, as there seemed to be some issues with reliability/consistency in the process for assigning response designation among Hotline workers.

Using a Likert Scale¹⁶ the interview asked the investigators “How would you rate the general quality of information that was received upon transfer of the referral to investigation services, and then “Specific to the identified case, how would you rate the quality of information provided”. The investigators overwhelmingly indicated the quality to be good or higher for both questions (92.0%), but the ranking scores for the general question were consistently lower than the ranking assigned to the specific case responses. In the general question, three cases ranked as superior and one case ranked as outstanding, while in the specific case ranking question ten workers indicated superior quality and five outstanding. See the crosstabulation below for details.

Table 10: Crosstabulation: Specific to this case, how would you rate the quality of information provided to you from Hotline with in general, how do you rate the quality of information that you receive from the Hotline

<i>Count</i>		Specific to this case, how would you rate the quality of information provided to you from Hotline				
		Poor	Good	Superior	Outstanding	Total
In general, how do you rate the quality of information that you receive from the Hotline	Poor	0	1	1	0	2
	Good	2	7	7	3	19
	Superior	0	0	2	1	3
	Outstanding	0	0	0	1	1
Total		2	8	10	5	25

The interviewer went on to ask, “Is there any information that is consistently lacking in the reports that you receive, or are there quality issues in the work produced at Hotline that negatively impacts your ability to perform your job?” Of the 25 investigators, 21 or 84.0% indicated that there are some issues related to the quality of information they receive. When asked to identify or elaborate on those areas, the following list of issues was collected (please note that this was an open ended question with no restriction on the number of issues to be identified).

¹⁵ The Department has policy that establishes a protocol for assigning response time.

¹⁶ Tools provided in appendix for reference.

Table 11: Issues identified by the Investigation Social Worker related to the Hotline

Issue Identified	# of times identified	% of cases in which this issue was identified
Incorrect or missing address information	11	44.0%
Inaccurate or missing Case Participant information	11	44.0%
LINK searches improperly conducted resulting in poor historical perspective, duplication of participants in the system, and data merges later in the process	4	16.0%
Hotline Worker misrepresents/incorrectly captures reporters comments	4	16.0%
No issues identified	4	16.0%
Language/Ethnicity information is not provided	2	8.0%
Allegations are not clear	1	4.0%
Basic questions are not asked of the reporter	1	4.0%
Safety issues are not documented	1	4.0%
Spelling and grammar are so poor that the report is hard to understand	1	4.0%
Hotline response after hours/weekends is not adequately documented and leads to gaps in information or duplication of efforts	1	4.0%

Some investigators did indicate that they could not be certain if the inaccuracies were the result of the work at Hotline or the reporter’s accuracy.

When asked how frequently the investigator met the required response time¹⁷ for their assigned cases, 14 (56.0%) indicated that they met the designated response time 100% of the time, while the remaining 11 workers indicated that they met the response time between 75.0%-99.9% of the time.

Our interview captured information relative to the barriers/obstacles that Investigation Social Workers faced in meeting the designated response time. Investigation Social Workers could identify up to three barriers. In 14 of the cases (56.0%) the worker indicated the reason for failing to meet the designated response time was the result of demands of other cases. Table 12 provides the full list of barriers/obstacles identified by the Investigation Social Worker.

¹⁷ Response time is met upon the SW attempt to make physical contact with the parent or person responsible for the child’s care, and or the child(ren). DCF Policy 34-4.

Table 12: Barriers to meeting response time as identified by Investigation Social Work interview

Barrier/Obstacle	# of Times Identified	% of workers citing this issue
Other case emergencies/caseload demands	14	56.0%
Incorrect address or case participant information	8	32.0%
Delays in assignment (Hotline or SWS)	7	28.0%
Inability to interview/family not home	6	24.0%
Coordination with Police or DPH required	5	20.0%
Car availability	4	16.0%
No barriers to meeting response time	2	8.0%
Court	2	8.0%
Worker illness	1	4.0%

Outcome Measure 2: Completion of the Investigation

*Court Monitor’s Case Review Findings: 94.0% (Sample Size: 50)
DCF LINK Report for the period of April – June 2005: 92.3%*

The *Juan F.* Exit Plan requires that at least 85% of all reports shall have their investigation completed within 45 calendar days of acceptance by Hotline.

The Department’s automated reports for the last three quarters indicate that the requirement for response time has been consistently exceeded. In fact, the Department’s LINK reporting for the second quarter 2005 indicates that **92.3%** of all investigations met this measure. In all, **94.0%** of the 50 cases selected for review were completed with the 45-day requirement.

The range of days to completed investigation was four days to 55 days. In all, 47 of the 50 reports were completed within 45 days. See Table 13 below for more details:

Table 13: Length of investigation (acceptance at Hotline to Social Work Supervisor approval)

Days	Number of Cases
1-5	1
6-10	2
11-15	4
16-20	2
21-25	5
26-30	4
31-35	12
36-40	8
41-45	9
46-50	1
51+	2

For each interview with the Investigation Social Worker, the interviewer captured the barriers to closing a case within the 45-day Consent Decree mandate. Table 14 below provides the list in order of the frequency of response by the Investigation Social Worker. Please note that the workers were not limited to one response.

Table 14: Barriers to achieving Outcome Measure 2

Barriers	Percentage of Investigation Social Workers Identifying Barrier
Caseload/other case emergencies	64.0%
Resistant client	36.0%
Families schedules (work/school)	28.0%
ABH evaluations delays	24.0%
Court	24.0%
LINK issues	16.0%
Wait Lists	16.0%
Supervision	16.0%
Placement	12.0%
Police collaboration	12.0%
Cannot locate family	8.0%
Forensic evaluations	8.0%
Transfer conference	4.0%
Cars	4.0%
Illness	4.0%

The documentation within LINK indicates that the Investigation Social Worker contacted the Ongoing Service Social Worker in all cases in which an open ongoing services case was under investigation. In 18 cases (36.0%) this was the first involvement with DCF. Findings indicate that 32 of the cases involved allegations on families with a known CPS history (64.0%). Of these 32 cases with a history of DCF involvement, 87.5% of the investigations had documentation of a record review prior to disposition.

In the 14 cases in which the history included DCF involvement in the 12-month period preceding the report selected for our sample only eight cases (57.1%) had documented contact with the prior DCF worker. Five of the alleged perpetrators had a substantiated report in the 12-months preceding the report included in this review.

In 48 cases the primary caretakers were interviewed prior to establishing the disposition of the report (96.0%). Of the 48 documented interviews with primary caretakers, 93.6% were interviewed in their primary language. Secondary caretakers were interviewed in 89.7% of the cases in which such an individual was identified.

The 63 alleged perpetrators identified within our 50 case sample were interviewed prior to the disposition of the case in 88.9% of the sample. Documentation indicates that three of the 56 interviews held were not conducted in the primary language of the alleged perpetrator.

All identified victims were seen face-to-face at least once during the course of the investigation in 90.6% of the sample cases. However, only 88.0% of the cases had documentation of the required interview with the identified victim.

While there is no requirement in current DCF policy regarding a required number of visits during an investigation of a report of abuse or neglect, this was an area of case

practice for which data was collected during our review. When asked during the interview process, "How often do you visit a home during an investigation?" All 25 workers indicated that they visit two to four times during an investigation. When looking at the actual visits on the identified cases, only 64.0% of the workers recorded a minimum of two visits. 28.0% had one recorded visit and 8.0% had no visits to the home.

Ten workers (40.0%) interviewed felt that there was often a shift in purpose during later visits, when the focus became more concentrated on assessment of service needs rather than the informational gathering process that is the focus during the initial visit. Table 15 below provides the frequency of contact with the 107 identified child victims within the case sample.

Table 15: Frequency of visitation during investigation

Frequency of face to face contacts	Number of children having the indicated frequency of visits
0	10
1	52
2	38
3	5
4	2
Total	107

Documentation also indicates an additional 22 adults and 30 other (non-victim) children living in the homes in which the alleged abuse/neglect took place were interviewed by the assigned Investigation Social Worker.

Reviewers searched for documentation of interview or assessment of the case participants identified within each case. In 34 cases (68.0%), all identified participants were interviewed and/or visually assessed. Fifteen cases (30.0%) had some record of interviews, but did not document all needed interviews, and one case did not include any interviews.

While Outcome Measure One measures the commencement of the investigation, our tool also captured the time frame from acceptance of the case at Hotline to the time the identified reference child victim was seen/interviewed. The data indicates that:

- The range of time documented from assignment to successful contact was “same day” to 32 days from assignment (0...32).
- Three cases did not have successful contact documented.
- The most frequently documented time frame to contact (mode) is same day of assignment (11 cases).
- The average length of time to successful contact (excluding the three cases with no contact) is 4.64 days.

Removals:

Eleven children (10.3%) that were participants in six investigations were removed from their home at some point during the investigations within this sample. Six children were removed at the onset, four at the first face-to-face meeting with the investigator, and one at some point later in the investigation. Three of the children remained in placement with commitment pending at the time of review. Of the 11 children with placement activity, only one had more than one placement during the placement episode. In one case, the child was able to remain in the home as the perpetrator was asked to leave. The documentation in the investigation protocols indicates that the investigators documented a search for relative placement resource in three of the six cases with removals.

Two sibling groups were impacted by placement. One group was maintained together in placement, the other group was separated.

In reply to questions regarding interaction with FASU during the placement process, 72.0% of Investigation Social Workers report that they work closely or very closely with their Foster and Adoptive Service Unit during the matching process.

Services During Investigations:

In 24 cases, the Investigation Social Worker offered the family/child a service referral to help address conditions in the home and avoid placement. In 19 of the 24 cases with a referral (79.2%), the documentation indicates that family engaged in at least one of the referred services.

The needs identified by the documentation in these 50 cases was collected, as was the number of cases in which the needs identified had corresponding referrals made. Data indicates that 76.5% of the needs identified during investigation result in a referral to service. The protocol used did not provide additional data regarding whether the referral may not have been made, as services were sought by the family or through a provider active with the family. This may be an issue to be considered in future reviews.

In the interview with the 25 Investigation Social Workers, we asked, "With whom did you share your assessment of needs?" Only 52.0% of the Investigation Social Workers indicated that a family member was provided with the information.

Table 16: Needs identified during investigation

Services	# of cases in which need was identified	# of cases in which referral was made	Percentage of Referrals to Need
Substance abuse treatment	14	11	78.6%
Mental health – child	11	8	72.7%
Mental health – adult	9	6	66.7%
Domestic Violence	5	4	80.0%
Foster care placement	4	4	100.0%
Parent education	4	3	75.0%
Family support center	3	2	66.7%
Financial Assistance/Concrete Needs	3	3	100.0%
Shelter/Housing	2	1	50.0%
Early childhood (Birth to 3)	2	1	50.0%
FAST (Foster & Adoptive Support Team)	1	1	100.0%
Parent aide	1	1	100.0%
Extended day treatment	1	1	100.0%
EMPS	1	1	100.0%
Other needs	<u>7</u>	<u>5</u>	<u>71.4%</u>
Total	68	52	76.5%

Our interview also included a general question: “In general, what service(s) do you most often identify for families during an investigation?” The following table identifies the Investigation Social Workers response:

Table 17: Investigation Social Workers most frequently identified needs during investigation process

Need	# of times need was cited	% of workers identifying
Substance Abuse Treatment	15	60.0%
Individual Counseling	14	56.0%
Parent Aide	13	52.0%
Domestic Violence	10	40.0%
Parent Education	9	36.0%
ABH/Substance Abuse Evaluation	7	28.0%
Intensive Family Preservation	6	24.0%
Anger Management	3	12.0%
Financial Assistance/Concrete Needs	3	12.0%
Mentor	2	8.0%
Placement	2	8.0%
Family Counseling	2	8.0%
Couples Therapy	2	8.0%
Respite, Systems of Care, Adolescent Shelters, Birth to 3, CJR, Hartford Street Youth Project, Behavior Therapy, Info Line, Group Counseling, Juvenile Court, Transportation, EMPS, Housing (<i>each reported once</i>)	1	4.0%

Investigators identified substance abuse treatment as a need in 60.0% of the interviews. This is followed by individual counseling (56.0%), parent aide service (52.0%) and domestic violence service (40.0%).

When asked if “the area office had sufficient services to meet identified needs?” 80.0% of the investigators replied "no".

Ninety-two percent of investigators interviewed indicated that the Area Resource Group could be helpful during the investigation process. However, utilization rates (as identified by the investigators) differed dramatically. One investigator indicated use in only 5.0% of his cases while another investigator indicated 100% utilization. The average (mean) utilization rate is calculated at 43.0%.

Table 18: What percentage of time do you use the Area Resource Group on investigations either in accompanying you on a home visit or in consultation?

ISW Utilization of ARG	Frequency	Percent	Cumulative Percent
5.0%	1	4.0%	4.0%
10.0%	2	8.0%	12.0%
15.0%	1	4.0%	16.0%
20.0%	1	4.0%	20.0%
25.0%	2	8.0%	28.0%
30.0%	4	16.0%	44.0%
40.0%	2	8.0%	52.0%
50.0%	3	12.0%	64.0%
60.0%	4	16.0%	80.0%
65.0%	2	8.0%	88.0%
70.0%	1	4.0%	92.0%
75.0%	1	4.0%	96.0%
100.0%	1	4.0%	100.0%

Our tool asked the reviewers, "Were there service needs clearly warranted by the facts of the investigation, but for which there was no documented offer to provide service?" In 15 cases (30.0%) the reviewer answered "yes". All 15 of these cases had investigations completed within the 45-day mandate. The services they noted as not being addressed included:

- Mental Health/Counseling: 5
- Domestic Violence Services: 3
- Substance Abuse Evaluation/Treatment: 3
- Intensive Family Preservation: 2
- Parent Education: 2
- Anger Management: 1
- Family Coach (recommended by child's therapist during investigation): 1
- Court Intervention to change visitation: 1
- Sexual Abuse Treatment - victim: 1
- Teen support group: 1
- Birth to three: 1

- Board of Health: 1
- Parent Aide: 1
- DCF Case Management: 1
- Daycare: 1
- Educational Assessment/Program: 1

Table 19: Crosstabulation: What percentage of the time do you seek out and provide services to reduce immediate safety risks or prevent removal of children from families during investigation? * How often do you identify service needs for families investigated?

Count	How often do you identify service needs for families investigated?				Total	
	Sometimes (25% - 49%)	Usually (50%-74%)	Almost Always (75%-99%)	Always (100%)		
What percentage of the time do you seek out and provide services to reduce immediate safety risks or prevent removal of children from families during investigation?	0-15	0	0	3	0	3
	16-30	1	0	0	1	2
	31-45	1	0	2	0	3
	46-60	0	2	4	0	6
	61-75	0	0	1	0	1
	76-90	0	1	2	1	4
	91+	1	2	2	1	6
Total	3	5	14	3	25	

One hundred percent of transferred cases had an initial assessment completed prior to transfer. In the seven cases that were opened in Ongoing Services, three cases included documentation of an invitation to the Investigation Social Worker to participate in the treatment planning conference. The Investigation Social Worker participated in only one case.

Disposition:

Of the 50 reports, 13 resulted in substantiation (24.0%). The allegations included in those substantiated reports included:

- 3 counts of emotional neglect
- 1 count of physical abuse
- 9 counts of physical neglect
- 1 count of moral neglect
- 1 regulatory violation

Documentation:

The review found that 98.0% of the 50 case sample cases contained documentation that addressed the specific allegations outlined in the Hotline report. The review looked at several requirements of the investigation documentation to determine the level of compliance with practice standards. The review found that:

- 98.0% of all cases had completed the risk assessment
- 96.0% of all cases had a documented criminal check
- 80.0% of all cases had documentation of the domestic violence screen
- 76.0% of all cases had documentation of the substance abuse screen

- 75.6% of the cases requiring educational contacts documented the collateral contact.
 - 38.5% of the school age children identified in the report subsequently had the educational icon created in LINK
- 72.0% of the sample cases had the required medical collateral contact documented prior to disposition.
 - 42.0% of the sample cases had the medical icon created in LINK for all children identified as victim within the report.
- 48.0% of the alleged perpetrators were contacted with information related to the disposition of the case.

Interviewees cited several explanations or barriers to documentation of the medical collateral contact requirement. The top four reasons cited by the Investigation Social Workers are: 1) large clinics have poor response time; 2) medical provider response is received after we close the case; 3) parents refuse to sign a release of information; and, 4) contact with medical providers is not initiated if case is open in ongoing services.

During our 25 interviews, the Investigation Social Workers were asked their opinion on the effectiveness/usefulness of the tools available to them in conducting investigations. See Tables 20 and 21 below for their response.

Table 20: Investigation Social Workers’ ratings of investigation screening tools (n=25)

Screening Tool	Poor	Fair	Good
Substance Abuse Screen	9	5	11
Domestic Violence Screen	10	4	11
Risk Assessment	11	4	10

Table 21: Investigation Social Workers’ opinion of current DCF protocol

Comment	Number	Percentage
Redundant	10	40.0%
Good/thorough/useful	8	32.0%
Okay/fair	4	16.0%
Inconsistency in use among units is troublesome	2	8.0%
Don’t use format/not user friendly	1	4.0%
LINK issues/doesn’t retain all info entered	1	4.0%
Outdated	1	4.0%
Needs to link to other key documents	1	4.0%

In 11 cases (22.0%), reviewers identified a level of abuse/neglect allegation, which would have required contact/collaboration with law enforcement or the Assistant Attorney General. In eight of the cases, this documentation was found (72.7%). In three cases, the reviewer indicated there was no such documentation.

In 45 of the 50 reports (90.0%), the reporter was identified. In 33 of those 45 cases (73.3%) there was documented contact between the Investigation Social Worker and the reporter.

During interviews, 44% of the Investigation Social Workers indicated that they never or almost never (0%-24%) make joint visits to the home at the time of or following the transfer to Ongoing Services. We also collected data on the gap in visitation between Investigations Social Workers and the assigned Ongoing Services Social Worker. Two of the cases transferred (33.3%) had the visit within seven days of the last Investigation Social Worker visit. There was a range of 20 days that elapsed between contacts for the cases reviewed (days: 1,6,9,16,18,21).

Supervision:

The review captured several data elements related to supervision as well as the Investigation Social Worker's perception of the supervision that they received during the quarter. When asked, 60.0% of the 25 Investigation Social Workers interviewed indicated that they received supervision three or more times per month. In looking at the documentation in LINK narratives however, the majority (16) had two documented supervisory sessions (64.0%) within the case selected for our sample. Of the remaining workers, four had one supervisory session documented (16.0%), four had three supervisory sessions documented (16.0%) and one worker had four supervisory sessions documented (4.0%).

84.0% of the workers interviewed indicated that their Social Work Supervisor was helpful and enhanced their performance. The 16.0% who did not feel their supervisor was helpful indicated the following concerns:

- I get little to no input from the Social Work Supervisor – supervision is just my reporting out what I have done.
- Social Work Supervisor is not focused
- Social Work Supervisor sees every case as high risk
- Social Work Supervisor is too laid back and doesn't offer help.

When asked to rank the Social Work Supervisor on a scale of one to four with one being "unacceptable", two being "poor/fair", three being "good" and four being "superior". 60% of the Investigation Social Workers ranked their supervisors as "good"; 28% ranked their Social Work Supervisor as "superior, and 12% ranked their Social Work Supervisor as poor/fair. No Investigation Social Workers felt their supervision was "unacceptable."

When asked to identify the traits or characteristics that lead to effective and meaningful supervision, the workers identified clear direction as the most important factor in supervision, followed by the social worker's availability, knowledge of the cases, and Social Work Supervisor's support of the worker.

All 25 Investigation Social Workers felt their work was valued by the Ongoing Service units and community providers.

Reviewers Ranking:

Having read the record and holding the interview with the assigned investigator, the reviewer was asked to rank the overall performance of the investigative practices. The overall score for each case is based on the average of the 6 rankings assigned for each component identified in Table 22 below. Of the 25 investigations reviewed in this manner, reviewers scored 22 investigations as “good” or “superior”, and three as “poor”. On a percentage basis:

- 8% of investigations as “Superior”
- 80% of investigations as “Good”
- 12% investigations as “Poor”

The components that were captured to determine the rankings above are shown with their individual rankings in Table 22 below:

Table 22: Reviewers rankings for investigation subsample components

	Poor	Good	Superior	N/A to Case
Completeness of Investigation Data	0	22	3	----
Assessment of Safety Risk	2	18	5	----
Assessment of Needs	3	17	5	----
Provision of Services to Meet Needs	5	14	6	----
Communication of Findings to Case Participants	8	14	3	----
Communication with Ongoing Services or Providers as warranted	2	9	6	8

Outcome Measure 3: Treatment Plans

Court Monitor's Case Review Findings: 6.9% (Sample Size: 569)

The *Juan F.* Exit Plan requires at least 90% of cases shall have treatment plans that are clinically appropriate, individualized, developed in conjunction with family and community members and approved within 60 days of opening in treatment, or a child's placement out of home.

The Department does not provide LINK data related to the elements of Outcome Measure 3, and has previously conducted case reviews on small samples of treatment plans to determine their compliance with this measure. The latest review in the fourth quarter 2004 indicated that **17.0%** of the plans were in compliance with all requirements.

The Monitor's Office conducted the statewide statistically valid review of 569 cases open during the period of February 15, 2005 – May 15, 2005. Data has been captured on all of the elements as outlined in the Exit Plan. In all, **6.9%** (39 plans) met all criteria. This means that the plans were written in the language of the client; and were “clinically appropriate per the definition on page nine of the Revised Exit Plan (elements “a-o”)¹⁸; were developed in conjunction with at least one of the active family case participants (mother, father or child age 12 or older); were approved by the Social Work Supervisor; and were less than seven months old on May 15, 2005 (or the date of case closure if prior to May 15, 2005).

The Department is aware of the deficits in practice in this area and is in the process of revising the treatment planning format and re-training staff over the next few months. The training will re-emphasize the importance of family engagement in developing appropriate treatment plans, focusing on the family conferencing model.

The performance of the Department in treatment planning requires much improvement. However, in looking at each element as identified within the Exit Plan, the performance on individual elements (a-o) does show some improvement since the last review. Reviewers' indicated that despite the low level of overall compliance, the quality and completeness of treatment plans had improved since the last comprehensive review of treatment plans two years ago. In previous reviews there were often no treatment plans less than seven months old, and those that were less than seven months old were many times of such poor quality that they did not reflect the circumstances in the case. Our results show that clear articulation of the timelines for the action steps and goals is the weakest component of the treatment plans reviewed.

¹⁸ Individual elements are found in Table 23 on the following page.

Table 23: Department’s compliance with identified elements of treatment plans for cases reviewed in the Court Monitor’s sample (n=569)

Background Information	February 15, 2005 to May 15, 2005
a. A clear description of household members and each identified member’s status	43.4%
b. Prior relevant case history	78.4%
c. Reason for most recent case opening	88.0%
Assessment Information	
d. Presenting issues and problem areas as identified by DCF or provider assessment	82.2%
e. Family issues as perceived by the parent/caretaker/child (if over 12)	57.5%
f. Family or child’s strengths	86.1%
g. Family or child’s needs (medical, dental, mental health, educational, other service needs – housing, childcare, employment, transportation, etc.)	69.4%
Treatment	
h. Reasonable efforts as determined by the court, to prevent out-of-home placement and/or reunify documented (where applicable)	87.7%
j. Clearly stated case goal/permanency plan goal	78.4%
m. Proposed services and identified responsible parties	65.0%
o. Parental visitation schedules	80.1%
o. Sibling visitation schedules	50.8%
Progress Toward Case Goals	
i. Responsibilities of children, parents, caretakers, service providers and DCF for reaching the identified case goals (tasks required during the planning period)	68.5%
k. Identification of the measurement of participants’ progress toward and achievement of stated goal (for those adolescents where applicable, this includes the attachment of a completed Independent Living Plan DCF-2091)	52.2%
l. Timelines for completing tasks/expectations related to the case goal	41.1%
j. Legal activity and status during the preceding treatment planning period.	81.4%
Other	
Plan approved by the SWS	83.0%
Plan written/translated to the primary language of the client ¹⁹	83.7%
Plan developed in conjunction with mother (where applicable)	57.9%
Plan developed in conjunction with father (where applicable)	37.1%
Plan developed in conjunction with child over 12 (where applicable)	46.6%
Plan less than 7 months old on May 15, 2005 (or date closing if earlier)	73.3%

Administrative Case Reviews/Treatment Planning Conference (ACR/TPC)

569 sample cases were reviewed to establish documentation of an Administrative Case Review/Treatment Planning Conference (ACR/TPC). Of the sample, 513 cases (90.2%) had documentation of an ACR/TPC from November 15, 2004 through May 15, 2005.

Of the 569 cases, compliance with the primary language requirement could not be determined in 19 cases as they lacked appropriate documentation. Further, 56 cases had no recorded date of an ACR/TPC from November 15, 2004 through May 15, 2005. In

¹⁹ Denominator excludes plans for children with TPR legal status under 12.

reviewing the compliance with the requirement to hold the ACR/TPC in the primary language of the client, the Department achieved 83.8% compliance (466 of 556 cases)²⁰. In all, 10 conferences were documented in a language other than English.

The case reviewers utilized case maintenance information as well as narratives to establish active case participants and measure the frequency with which those participants are invited to and participate in ACR/TPC. Table 24 below provides an overview of that information:

Table 24: Per the reviewers reading of the LINK narratives, and case maintenance information, were all appropriate parties officially invited to participate in the most recent ACR/TPC via the DCF-556 letter.

Invitations documented	Frequency	Percent
Yes	203	35.7%
No	300	52.7%
UTD or No TPC/ACR documented	66	11.6%
All	569	100.0%

In 18 of the cases in which participants were not invited via invitation letters, there is documentation that a verbal invitation was extended, bringing the invitation rate of active participants to 38.8%.

Of the ACR/TPC meetings held:

- 88.8% of the mothers were issued invitations to participate and 43.1% attended in person or teleconferenced.
- 64.5% of the fathers were issued invitations to participate and 21.0% attended in person or teleconferenced.
- 54.4% of the children aged 12 or older were issued invitations to participate and 14.9% attended in person or teleconferenced.
- 84.2% of the current caretakers (out-of-home placement) were issued invitations to participate and 35.1% attended in person or teleconferenced.
- 60.7% of the cases had invitations issued to active provider agency participants and 15.2% attended in person or teleconferenced.
- 76.4% of the child’s attorneys were issued invitations to participate.
- 36.7% of the father’s attorneys were issued invitations to participate.
- 47.2% of the mother’s attorneys were issued invitations to participate.
- 5.1% of all attorneys identified attended in person or teleconferenced.

In 94 cases, there was documentation that the Department was notified by the family or child at least 24 hours in advance of a scheduled ACR/TPC and indicated that they could not attend. In 14 cases (14.9%), there is documentation that the meeting was rescheduled.

²⁰ Denominator excludes case conferences for children under the age of 12 with TPR status.

Due to educational programming, many children cannot attend their ACR/TPC. The review protocol asked the question, “If the ACR/TPC was held for a child in placement age 12 or older, was the conference scheduled at a time that accommodated the educational program so that he/she could participate in person or via phone conference?” Of the 113 cases that included a child 12 or older that could participate, 31.0% were held at a time that would allow for participation.

According to the facilitators’ DCF-553 documentation, 252 of the plans developed at the ACR/TPC required some change/amendment as a result of the meeting. Of that total, 101 of those requiring change (40.1%) incorporated the facilitator’s recommendations at the point of our review.

Table 25: Permanency goals as identified on the most recent treatment plan reviewed

Permanency Goal	Frequency	Percent
In-home Goals	236	41.5%
Reunification	102	17.9%
Adoption	71	12.5%
Other Permanent Living Arrangement: LTFC	64	11.2%
Other Permanent Living Arrangement: Independent Living	40	7.0%
UTD – No plan during this period	28	4.9%
Transfer of Guardianship	22	3.9%
Other	6	1.1%

Interviews with 96 Ongoing Service Social Workers provided insight and information related to treatment planning efforts. Findings include:

- While 96.9% of the Ongoing Service Social Workers indicated that they allow the family/child to have a role in the decision making process related to goal development, when asked, “*How do you arrive at the determination of the treatment goal for an assigned case?*” Only 46.9% of the Ongoing Service Social Workers described a process that included soliciting input from the family or child.
- 79.2% of the Ongoing Service Social Workers interviewed indicated that the family agreed with the stated treatment plan goal in the case identified for review. In each of these cases, the Ongoing Service Social Worker indicated that they knew of the family position as a result of a conversation with the identified case participants.
- In 66.7% of the cases the goal had been in effect for more than six months. In 12.5% of the cases the goal had been in effect longer than two years.
- 85.0% of the Ongoing Service Social Workers interviewed felt that the time frame to achieve the goal as established at the most recent ACR/TPC was realistic, and that 88.5% of the goals were appropriate for the clients given the current state of progress/needs. Reviewers concurred with the Ongoing Service Social Worker assessment on these two areas.

- 84.4% of the Ongoing Service Social Workers interviewed indicated that they felt that their families/children had made some progress toward goal achievement in the prior six months.
- When asked if they update the treatment plan if significant events occur in the case that impact or change the direction of treatment or goal, the majority of the Ongoing Service Social Workers (61.5%) indicated that they do not change the plan document until the ACR/TPC cycle requires the change.
- In looking at issues of permanency, the reviewers asked the Ongoing Service Social Workers, “Do you always wait a specific time to file TPR?” Of the 96 workers interviewed 20.8% indicated that they do have a set timeframe that they follow, 49.0% indicated that they base each TPR on the individual circumstances in the case, and 30.2% had never filed a TPR and could not comment.

Workers were asked to identify the barriers they face in achieving the permanency goals for the children in placement on their caseloads. The following chart provides the top three barriers for each approved permanency goal and the percentage of the 96 Ongoing Service Social Workers identifying such a barrier:

Table 26: Workers identification of the top three barriers to achieving permanency goals

<u>Adoption</u>	<u>Transfer of Guardianship</u>	<u>Reunification</u>	<u>Independent Living</u>	<u>LTEC</u>
Finding the Resource (22.9%)	Non-cooperative parents (26.0%)	Parents’ lack of consistency/follow through (52%)	Don’t know (do not have experience with these cases) (43.8%)	Foster Parents not willing to be long term resource (22.9%)
Court/Appeals Process (18.8%)	Identifying appropriate family resource (21.9%)	Lack of services to meet identified needs and/or wait lists (37.5%)	Level of maturity and adolescents not taking necessary steps (both 19.8%)	Child’s Behaviors (19.8%)
Determination of Subsidy (5.2%)	Court delays, documentation process and identified relative indecision (each 5.2%)	Housing (22.9%)	Not enough CHAPS/group homes/foster homes (12.5%)	Don’t know (do not have experience with these cases) (17.7%)

Specific service needs will be identified in the reporting for Outcome Measure 15.

Outcome Measure 4: Search for Relatives

Court Monitor's Case Review Findings: 88.3% (Sample Size: 27)

The *Juan F.* Exit Plan requires that for at least 85% of children in placement, DCF shall document a search for relatives, extended or informal networks, friends, family, former foster parents or other significant persons known to the child to identify possible placement and visiting resources. This Measure excludes Voluntary Service cases.

The Department's last reporting on this measure was for the second quarter of 2004 when it was reported that the Department had **82.0%** compliance with this measure.

Per the Exit Plan methodology, the case review determined compliance utilizing the data from the most recent time period (for those 27 children that came into care on or after January 1, 2005). The percentage of the cases documenting search for relatives for this sample is **88.3%**.

Due to the sample size of children coming into care during this period, the Monitor's review analyzed data for the pool of 132 children entering care on or after January 1, 2004 (the begin date for the measure). Those findings indicate that 77.3% of the 132 cases had searches conducted and documented in LINK during the first six months of placement.

There was documentation of the relative search beginning in the investigatory phase for 78.8% of the 132 children, or there is verification that the search had already taken place by an assigned Ongoing Services worker if the case was already active in Ongoing Services at the time of placement.

None of the 132 cases had documentation that the worker used the Locate Plus technology in the search process. This is a newly available software package. In interviews with the 96 Ongoing Service Social Workers, in June and July 2005 where the question was posed, "*Is the new relative search technology (Locate Plus) helpful?*" 46.9% of workers had never heard of the software, 36.5% had used the software and indicated it was useful. In all, 16.7% of Ongoing Service Social Workers interviewed had used it and thought it was not useful.

Of the 132 children in the sample who entered DCF out-of-home care on or after January 1, 2004, 31.1% of the children were placed with a relative (n=38) or in a special study home (n=3) on May 15, 2005. Fourteen of the children or 10.6% were reunified by May 15, 2005. Two of the located relative caretakers had backgrounds that did not meet the licensing standards. Both workers requested waivers from Central Office. These were appropriately granted to allow the placement to proceed.

The reviewers reported that 82.6% of the cases with children who entered DCF out-of-home care on or after January 1, 2004 contained documentation that the Department considered all appropriate family or other persons known to the child to secure a placement. In 23 (17.4%) instances the reviewer felt that persons known to the family or child were not given appropriate consideration, where to be a resource to the child.

When looking at the pool of 27 children entering after January 1, 2005 the number of times in which the reviewer indicated that all appropriate resources had not been considered was six (22.2%). However, for each of these six children, the 6 month requirement mark had not been completed (dates of entry from February 6, 2005 through April 2, 2005), and there could have been additional documentation added since our record review, and still within the six month requirement.

The 96 Ongoing Service Social Workers described various methods of searching for relatives during interviews. In response to “How do you search for relatives?” Workers indicated:

- 100% of the 96 Ongoing Service Social Workers interviewed specified that they ask the parent(s) if there are any family or friends that could step in to be a resource for the child.
- 97.9% of the Ongoing Service Social Workers interviewed indicated that they research both sides of the family even if there is a non-custodial parent who is not in favor of the custodial parent.
- 63.5% of Ongoing Service Social Workers interviewed included other family members in their description of who they hold discussions with related to possible placement resources.
- 49.0% of Ongoing Service Social Workers interviewed specified that they ask the child/adolescent for their input on relatives or other resources.
- 20.8% of Ongoing Service Social Workers interviewed review the LINK record for clues as to possible resources.
- 20.8% of Ongoing Service Social Workers interviewed use some form of Internet search in their attempts to locate possible resources.
- 9.4% of Ongoing Service Social Workers interviewed use Department of Social Services and/or Department of Correction databases.
- 7.3% of Ongoing Service Social Workers interviewed include friends of the family in the discussion of possible placement resources.
- 5.2% of Ongoing Service Social Workers interviewed speak with school personnel and/or providers to get leads on possible placement resources.
- 3.1% of Ongoing Service Social Workers interviewed contact Life Long Family Ties for assistance.
- 2.1% of Ongoing Service Social Workers interviewed use a genogram or family tree to create a visual picture for the family and gather more information.
- 1.0% of Ongoing Service Social Workers interviewed talk to the prior worker regarding possible resources.

Outcome Measure 5: Repeat Maltreatment

*Court Monitor’s Case Review Findings: 6.6% (Sample Size: 211)
DCF LINK Report for the period of April – June 2005: 8.5%*

The *Juan F.* Exit Plan requires that no more than 7% of children who are victims of substantiated maltreatment during a six-month period shall be the substantiated victims of additional maltreatment within six months.

The Department’s automated LINK reporting for the second quarter 2005 indicates that the current rate of repeat maltreatment is **8.5%**.

The Monitor’s Office case review included 211 cases with 684 identified victims of substantiated abuse or neglect during the 12 months ending May 15, 2005 to determine if more than one substantiation occurred within a six month period. The review asked, “Has this child been identified as a victim of substantiated maltreatment in the twelve months ending May 15, 2005?” It then captured the total number of substantiations, and queried, “Were any of the instances of maltreatment (date of incident or acceptance date at Hotline if date is not recorded) separated by less than a six month time frame?” Forty-five of the 684 victims, or **6.6%**, were the subject of additional substantiated abuse or neglect within six months of the initial substantiation.

In 149 (70.6%) of the 211 cases reviewed, the family was offered services by the Investigation Social Worker. In 21 cases, services had already been put in place by the Ongoing Service Social Worker assigned to the family at the time of the report to Hotline. In 85.2% of the cases in which the investigator offered the family services, there is documentation that there was a referral made to the identified service provider.

Participation rates for services identified by the Investigation Social Worker for the 211 families with substantiations during the year ending May 15, 2005 are provided below:

Table 27: Participation in referred services by family members in the initial substantiation during the period of May 15, 2004 – May 15, 2005

Participation	Frequency	Percent
N/A - No services needs identified/required	17	8.1%
All members participated in all referred services	48	22.7%
All members participated in at least one of the referred services	44	20.9%
Some members participated in at least one service	62	29.4%
No members participated in referred services	26	12.3%
No services were referred for identified needs	14	6.6%
Total	211	100.0%

Of the 211 families in our sample with one or more substantiation during the year ending May 15, 2005, 33 were already open in Ongoing Services at the time of the substantiation. A total of 175 cases were transferred to the Ongoing Services Unit. Three cases were not transferred.

In 94.2% of the cases open in ongoing services, there is documentation of an ongoing risk assessment during the face-to-face visits with the family in the six months following the substantiation. Reviewers felt that this risk assessment activity was adequate in 95.4% of the cases reviewed.

Of the 96 Ongoing Service Social Workers interviewed, our protocol asked the interviewer, related to the identified case, “*Do you feel that the social worker adequately conveyed their concerns related to the safety risks to all active participants and collaterals?*” Reviewers felt that 85 of the Ongoing Service Case Workers (88.6%) did in fact convey necessary information and concerns to all necessary case participants and collaterals in their cases as it related to escalation of safety issues or issues related to client well-being.

Outcome Measure 6: Maltreatment of Children in Out-of-home Care

*Court Monitor's Case Review Findings: 0% (Sample Size: 313)
DCF LINK Report for the period of April – June 2005: 0.7%*

The *Juan F.* Exit Plan requires that no more than 2% of children in out-of-home care shall be the victims of substantiated maltreatment by a substitute caregiver while in out-of-home care.

The Department's automated LINK reporting²¹ found that **0.7%** of the children in the out- of- home population was subjected to repeat maltreatment at the hands of a substitute caretaker during the second calendar quarter of 2005.

The Monitor's Office sample of children in placement during the period of February 15, 2005 through May 15, 2005 included 313 children. None of the 313 children (**0%**) had a substantiated report of abuse or neglect at the hands of a substitute caretaker.

There were 14 occasions (4.5%) that a worker documented conversations with the Foster and Adoptive Support Unit or Program Review and Evaluation Unit related to concerns with a child's placement. These concerns did not result in a referral to the Hotline. The data collection tool did not include questions related to the appropriateness of the worker's determination to refer the matter to FASU or Hotline.

Social Workers comments were very consistent with this level of performance in that 97.7% of the workers with children in placement felt that the foster homes housing children on their caseloads were of a good or superior level as it relates to safety.

²¹ LINK methodology for capturing data on this measure has recently been improved so that the system can recognize the relationship of the perpetrator to the child in placement and screen out any substantiation at the hands of biological, adoptive parents or guardians during visits while they are in care. This will be effective in the third quarter 2005.

Outcome Measure 7: Reunification

Court Monitor's Case Review Findings: 66.7% (Sample Size: 9)

The *Juan F.* Exit Plan requires that at least 60% of children who are reunified with parents/guardians shall be reunified within 12 months of their most recent removal from home. This measure excludes children placed via Voluntary Services.

The Department has been unable to report on Outcome Measure 7 due to the reliability of legal status, and removal and discharge data. Removal and discharge dates as well as the correct legal status are necessary to calculate reunification. Currently approximately 6.0% of the children in placement do not have removal dates entered in LINK. The legal status must also be current to properly determine when a child has been discharged from custody. The Department has recently completed a clean up of legal status data but errors still persist. A child also cannot be considered reunified if the discharge indicator is not selected as “discharge from all placements”.

The Court Monitor's review included nine cases in which reunification occurred during the period of February 15, 2005 through May 15, 2005. Of the nine cases, six children or (66.7%) were reunified within 12 months of removal from their home.

The range of the lengths of stay for the nine children was one month to 54 months. Reunifications were accomplished within six months of removal in 55.6% of the sample. Delays in reunification were noted in several cases. Reviewers identified the following causes for delays in those cases with a reunification during the period (note: more than one barrier could be identified in a given case):

- Other (3) – birth of baby delayed services, employment, lack of service
- Parent's treatment needs (2)
- Child's therapeutic needs (1)
- Failure to rehabilitate (1)
- DCF case management (1)
- Incarceration (1)

Due to the low number of reunifications during the quarter, we also examined those cases with the identified goal of reunification on the most recent approved treatment plan during the period of February 15, 2005 through May 15, 2005. This included 102 children in placement of the following racial and ethnic background.

Table 28: Racial/Ethnic background of children in placement with goal of reunification

	Hispanic	Non-Hispanic	All
Black/African American	5	16	21
White	17	39	56
UTD	20	0	20
Multi-Racial	2	3	5
All	44	58	102

The most recent case open date for these cases ranged from March 15, 1993 to March 2, 2005. 62.7% of the children had been in care at least six months as of May 15, 2005. Dates of removal within our sample ranged from November 1, 2000 to April 6, 2005.

While nine children (8.8% of children with goal of reunification) were reunified with their parent(s) during the review period, the majority of the children (64.7%) remained in DCF foster care on the date of review. Other placements in order of frequency are found in Table 29 below:

Table 29: Residence of children with stated goal of reunification on the most recent treatment plan in place February 15, 2005 through May 15, 2005 as of the date of review

Residence	Frequency	Percent
Biological or Adoptive Parent/Legal Guardian ²²	14	13.7%
DCF Foster Care	66	64.7%
Detention	1	1.0%
Group Home	1	1.0%
Out of State Foster Care Placement	2	2.0%
Pre-Adoptive Placement	1	1.0%
Private Provider Foster Care	8	7.8%
Residential (in State)	2	2.0%
Residential (Out of State)	4	3.9%
Safe Home	1	1.0%
Shelter	2	2.0%
All	102	100.0%

Concurrent plans were identified in 93 of the 102 cases reviewed. In cases of court involvement, 94.9% of the plans coincided with the court-approved goal. A total of 9.8% of the 102 plans had a change in goal from the prior approved plan. TPR had been filed in 5.9% of the cases with a stated goal of reunification. Table 30 below provides the frequencies with which alternate plans to reunification were cited.

Table 30: Concurrent plans to reunification as stated in the most current treatment plan in place February 15, 2005 through May 15, 2005

Concurrent Plan	Frequency	Percent
Adoption	33	32.4%
Independent Living	9	8.8%
Long Term Foster Care	18	17.6%
Other Permanent Living Arrangement	2	2.0%
Transfer of Guardianship	31	30.4%
No Concurrent Plan	9	8.8%
All	102	100.0%

²² This includes the nine individuals officially reunified, and five other children who remained committed to DCF but were in the care of their parent/guardian at the time of review.

In response to the question, “Did the Ongoing Service Social Worker actively manage the case so that both goals were concurrently being pursued?” the reviewers found 69 of the 93 Ongoing Service Social Workers (74.2%) did have documentation of efforts toward each plan. In 24.7% of the cases, it did not appear that concurrent planning efforts were being pursued.

In reviewing the population of 102 children with a primary goal of reunification, there were 25 cases in which the reviewers indicated that a filing of TPR could be appropriate given the stated goal/concurrent goal in the case. In 6 of those 25 cases, the TPR had already been filed at the point of our review. No child had a legal status of TPR on May 15, 2005. The most frequently occurring legal status of the group of 102 children was Committed (63.7%) followed by OTC (25.5%) and then Not Committed or Voluntary Services (10.8%). Those included in the Not Committed category would include children reunified prior to May 15, 2005 and for which legal status had been changed in LINK.

In looking at the supervision of cases with a goal of reunification, the review data indicates that 77.5% of the 102 cases had supervisory conferences that were reflective of the events documented in LINK in the period leading up to the date of the review. A total of 21.6% of the 102 cases did not reflect a discussion of the risk factors documented, and one case (1.0%) had no supervisory conferences. The rank score assigned by the reviewer after reviewing the record was most frequently “good” with 54.9% of the cases having what the reviewer considered to be good or adequate supervision. This was followed by 28.4% being assigned a “poor” ranking, 11.8% having an “excellent” ranking and 4.9% being ranked “negligible”.

Of those children in care with a goal of reunification on May 15, 2005 the largest percentage were in care less than 6 months (44.1%) and were most likely to fall into the age range of one to three years old (20.6%). Seven of the 102 children had already exceeded the 24-month mark.

Table 31: Crosstabulation of Age of Children (on 5/15/2005) having a goal of reunification * Length of stay in out of home placement

Count		Length of Stay in Placement as of May 15, 2005							All
		≤ 6 months	7-12 months	13-18 months	19-24 months	25-30 months	31-36 months	≥ 37 months	
Age of Child on May 15, 2005.	< 1 Year	8	2	2	0	0	0	0	12
	1-3	8	4	4	2	2	1	0	21
	4-6	7	2	2	1	0	0	0	12
	7-9	6	7	4	2	0	1	0	20
	10-12	8	4	3	1	1	0	1	18
	13-15	7	3	4	2	0	0	1	17
	16-18	1	0	1	0	0	0	0	2
	19+	0	0	0	0	0	0	0	0
	All	45	22	20	8	3	2	2	102

In all, 99.0% of the group of 102 children with a goal of reunification had an approved treatment plan. In only 30.4% of the cases, however, did the reviewer document that all appropriate parties were invited to participate at the most recent ACR/TPC prior to May 15, 2005. In examining the individual elements of the Treatment Plan that are detailed in the Exit Plan document, the group of 102 children with a goal of reunification fared as follows:

Table 32: Department’s compliance with identified elements of treatment plans for cases reviewed in the Court Monitor’s sample for those cases with a stated goal of Reunification (n=102)

Background Information	February 15, 2005 to May 15, 2005
a. A clear description of household members and each identified member’s status	50.0%
b. Prior relevant case history	80.4%
c. Reason for most recent case opening	92.2%
Assessment Information	
d. Presenting issues and problem areas as identified by DCF or provider assessment	88.2%
e. Family issues as perceived by the parent/caretaker/child (if over 12)	42.2%
f. Family or child’s strengths	93.1%
g. Family or child’s needs (medical, dental, mental health, educational, other service needs – housing, childcare, employment, transportation, etc.)	78.4%
Treatment	
h. Reasonable efforts as determined by the court, to prevent out of home placement and/or reunify documented (where applicable)	83.3%
j. Clearly stated case goal/permanency plan goal	85.3%
m. Proposed services and identified responsible parties	69.6%
o. Parental visitation schedules (where applicable)	92.1%
o. Sibling visitation schedules (where applicable)	63.0%
Progress Toward Case Goals	
i. Responsibilities of children, parents, caretakers, service providers and DCF for reaching the identified case goals (tasks required during the planning period)	75.5%
k. Identification of the measurement of participants’ progress toward and achievement of stated goal (for those adolescents where applicable, this includes the attachment of a completed Independent Living Plan DCF-2091)	55.9%
l. Timelines for completing tasks/expectations related to the case goal	36.3%
j. Legal activity and status during the preceding treatment planning period.	91.2%
Other	
Plan approved by the SWS	99.0%
Plan written/translated to the primary language of the client	87.3%
Plan developed in conjunction with mother (where applicable)	67.3%
Plan developed in conjunction with father (where applicable)	43.5%
Plan developed in conjunction with child over 12 (where applicable)	64.0%

Nine of the treatment plans (8.8%) had all elements listed above. Of the 102 cases, 62 (60.8%) required changes or amendments as noted by the ACR Coordinator on the DCF-

553 documentation. Of the 62 requiring changes, 18 plans (29.0%) reflected the required changes as of the date of the review.

The data also shows that reviewers felt there were clearly documented needs not incorporated into the treatment plan in 17.7% of the 102 cases.

The review was able to capture the identified needs for this population (n=102), and whether those needs were in fact met. Table 33 below provides that information. The final column in the table provides the full population percentage to give perspective of this group to the whole population of DCF cases reviewed (n=569)

Table 33: Needs Identified and whether or not those needs were met in the time frame specified on the current treatment plan for those children with a goal of reunification.

Service Category	# Met	# Not Met	# TBD	Total Needs	% Met in population with reunification goal	% Met in the full population
Mental Health	111	26	17	154	72.1%	70.6%
Out of Home Placement	97	2	2	101	96.0%	93.2%
Substance Abuse Treatment	46	16	3	65	70.8%	72.2%
Support Services – Out of Home	45	10	3	58	77.6%	75.5%
Medical	36	4	4	44	81.8%	84.5%
Education	26	7	5	38	68.4%	76.4%
Domestic Violence Treatment	12	8	4	24	50.0%	43.8%
Support Services – In Home	10	3	0	13	76.9%	71.7%
Housing	9	12	0	21	42.9%	46.7%
Child Care	7	0	0	7	100.0%	74.2%
Training	5	3	1	9	55.5%	58.8%
Dental	4	6	3	13	30.8%	28.1%
Employment	1	1	0	2	50.0%	37.0%
Combined Service Needs	409	98	42	549	74.5%	73.5%

Outcome Measure 8: Adoption

Court Monitor's Case Review Findings: 50.0% (Sample Size: 8) DCF Report for the period of April – June 2005: 25.2%

The *Juan F.* Exit Plan requires that at least 32% of children who are adopted shall have their adoptions finalized within 24 months of their most recent removal from home. This measure excludes children in care via Voluntary Services.

The Department's automated LINK reports for the second quarter 2005 indicate that **25.2%** of all adoptions completed during the quarter were finalized within 24 months of the most recent removal from home²³.

The Court Monitor's review included eight cases in which there was a completed adoption during the period of February 15, 2005 through May 15, 2005. Of the eight cases, four (**50%**) occurred within 24 months of initial placement. Table 34 provides the information related to all eight cases successfully achieving adoption during the quarter.

Table 34: Time frame to adoption finalization for the eight cases successfully achieving adoption

Months to Adoption	Frequency	% of Cases	Cumulative %
18	1	12.5%	12.5%
22	1	12.5%	25.0%
23	1	12.5%	37.5%
24	1	12.5%	50.0%
32	1	12.5%	62.5%
33	1	12.5%	75.0%
36	1	12.5%	87.5%
46	1	12.5%	100.0%

Three of the adoptions in the sample were finalized utilizing a legal risk home. In the eight cases, the finalization of adoption occurred within three to nine months of the Termination of Parental Rights. Seven of the eight children had one pre-adoptive placement prior to adoption; one child had two pre-adoptive placements. All eight adoptions were subsidized adoptions. One of the cases had post adoption services identified in LINK, and one had documentation that the adoptive parents declined post adoptive services. Six cases (75.0%) did not document the issue of post-adoptive services.

Delays in the adoptive process for the eight cases were identified as follows:

- ICPC process
- Pre-adoptive parent indecision

²³ Department's findings are based on 33 of the 141 finalized adoptions occurring within 24 months. However, the universe includes 10 children for whom there is no removal date. The actual number may vary upward if the Department conducts further review. At this time, we are assuming all 10 individuals did not meet the measure.

- Determination of subsidy rate

Due to the low number of adoptions in our sample that were finalized during the quarter, we also examined the population of children with the goal of adoption on the most current treatment plan in place during the quarter of February 15, 2005 through May 15, 2005. A total of 71 children in the sample were in out-of-home care during that period with the goal of adoption. Ages, race and ethnicity of this population is provided in the Tables 35 and 36 below:

Table 35: Age of children in placement within the sample set with the goal of adoption

Age of Child	Frequency	Percentage
< 1	2	2.8%
1-3	16	22.5%
4-6	19	26.8%
7-9	16	22.5%
10-12	11	15.5%
13+	6	8.5%

Table 36: Racial/Ethnic background of children in placement with goal of adoption

	Hispanic	Non-Hispanic	Total
Black/African American	0	24	24
White	9	24	33
Unknown	1	0	1
UTD	10	0	10
Multi-Racial	0	3	3
Total	20	51	71

Of the 71 children in care with a goal of adoption, 40 children (56.3%) had been in care less than 24 months on May 15, 2005. Therefore, 43.6% of this population had already exceeded the 24-month requirement at the time of the review. The range of the length of time in care for this population was five months to eight years eight months.

While not required by DCF Policy, four of the 71 children had a clearly stated concurrent plan on the most recently approved treatment plan. These concurrent plans included: long term foster care (2), reunification (1), and transfer of guardianship (1). In all four cases, the reviewer found evidence that both plans were being pursued. Termination of Parental Rights had been filed for 85.9% of the 71 children and had been granted for 62.0% of the children with the goal of adoption. Forty-seven of the children (66.2%) had an identified adoptive resource. 45 of the children (63.4%) were in placement with that identified resource on May 15, 2005.

As a point of comparison, prior reports on the Adoption Cohort in March 2002 (n=155) had 49% of the cohort in their identified adoptive placement, and an additional 7.1% had

a resource identified, but were not in that placement. A total of 43.9% had no resource identified.

In 15 of the cases (21.1%), the plan had been changed to adoption within the last Administrative Case Review cycle (with the most recent treatment plan approved during the period). Eight of the DCF plans identifying the goal of adoption (11.3%) were not in agreement with the current court approved permanency goal.

In 85.9% of the cases, the TPR had been filed prior to our review. Dates of filing ranged from June 1998 to June 2005. Forty-four of the children had TPR granted at the point of review, with dates of TPR ranging from August of 1998 to March of 2005. Of the children with TPR status, during the period, only 30% had evidence that a Life Book was created/initiated for the child as of the date of the review.

Of the 71 cases of children with the most recent treatment goal of adoption, the legal status identified on May 15, 2005 was most frequently still TPR (52.1%). This legal status was next followed by: Committed (36.6%), Not Committed (8.5%) and OTC (2.8%). Those children with a status of not committed would include children that were adopted as of May 15, 2005 and for which the worker had changed the legal status.

In looking at the supervision of cases with a goal of adoption, the review data indicates that 33.8% of the cases did not reflect a supervisory conference reflective of the risks and issues identified in the workers LINK narratives leading up to the date of the supervisory conference. Of the 71 cases with the goal of adoption, the supervision rating assigned by the reviewer was considered to be good or excellent in 57.7% of the cases, poor in 36.6% of the cases and Negligible in 5.6% of the cases.

In looking at the treatment plans of the cases with goal of adoption, the data shows that the social work supervisor approved 94.4% of the plans developed. In 56.3% of the cases, there was evidence that all appropriate parties were invited to participate in the treatment planning conference/administrative case review.

Of those children in care with a goal of adoption on May 15, 2005 the largest percentage were in care 37 or more months (28.2%) and were most likely to fall into the age of one to three years old (33.8%). 54.9% of the 71 children with the goal of adoption in our sample had already exceeded the 24-month mark. One child was in care less than six months (1.4%).

Table 37: Crosstabulation of Age of Children (on 5/15/2005) having a goal of adoption * Length of stay in out of home placement

Count		Length of Stay in Placement as of May 15, 2005							All
		≤ 6 months	7-12 months	13-18 months	19-24 months	25-30 months	31-36 months	≥ 37 months	
Age of Child on May 15, 2005.	< 1 Year	0	3	0	1	0	0	0	4
	1-3	1	1	4	5	4	6	3	24
	4-6	0	1	3	3	2	0	4	13
	7-9	0	4	1	2	0	5	2	14
	10-12	0	0	0	3	0	1	7	11
	13-15	0	0	0	0	0	0	3	3
	16-18	0	0	0	0	0	1	1	2
	19+	0	0	0	0	0	0	0	0
	All	1	9	8	14	6	13	20	71

Table 38 below indicates the level of compliance that the Department had for those children with the goal of adoption for each of the individual elements.

Table 38: Department’s compliance with identified elements of treatment plans for cases reviewed in the Court Monitor’s sample for those cases with a stated goal of adoption (n=71)

Background Information	February 15, 2005 to May 15, 2005
a. A clear description of household members and each identified member’s status	63.4%
b. Prior relevant case history	85.9%
c. Reason for most recent case opening	95.8%
Assessment Information	
d. Presenting issues and problem areas as identified by DCF or provider assessment	85.9%
e. Family issues as perceived by the parent/caretaker/child (if over 12)	49.3%
f. Family or child’s strengths	93.0%
g. Family or child’s needs (medical, dental, mental health, educational, other service needs – housing, childcare, employment, transportation, etc.)	85.9%
Treatment	
h. Reasonable efforts as determined by the court, to prevent out of home placement and/or reunify documented (where applicable)	77.5%
j. Clearly stated case goal/permanency plan goal	90.1%
m. Proposed services and identified responsible parties	67.6%
o. Parental visitation schedules (where applicable)	85.3%
o. Sibling visitation schedules (where applicable)	40.5%
Progress Toward Case Goals	
i. Responsibilities of children, parents, caretakers, service providers and DCF for reaching the identified case goals (tasks required during the planning period)	73.2%
k. Identification of the measurement of participants’ progress toward and achievement of stated goal (for those adolescents where applicable, this includes the attachment of a completed Independent Living Plan DCF-2091)	69.0%
l. Timelines for completing tasks/expectations related to the case goal	66.2%
j. Legal activity and status during the preceding treatment planning period.	90.1%
Other	
Plan approved by the SWS	94.4%
Plan written/translated to the primary language of the client ²⁴	95.2%
Plan developed in conjunction with mother (where applicable)	37.9%
Plan developed in conjunction with father (where applicable)	21.7%
Plan developed in conjunction with child over 12 (where applicable)	75.0%

Of the 71 cases, 15.5% had a treatment plan inclusive of all of the elements listed above. Of the 70 plans found within LINK documentation, 44 plans (62.0%) required changes or amendments as noted by the ACR Coordinator on the DCF-553 documentation. Of the 44 requiring changes, 18 plans (40.9%) reflected the required changes as of the date of the review.

²⁴ Denominator excludes 8 plans for children with TPR legal status under 12.

The data also indicates that 8 of the 71 cases (11.3%) had needs that the reviewers felt were clearly documented within the case record but that were not incorporated into the treatment plan.

The review was able to capture the identified needs for this population (n=71), and whether those needs were in fact met. Table 39 below provides that information. The final column in the table provides the full population percentage to give perspective of this group to the whole population of DCF cases reviewed (n=569).

Table 39: Needs Identified and whether or not those needs were met in the time frame specified on the current treatment plan for those children with a goal of adoption.

Service Category	# Met	# Not Met	# TBD	Total Needs	% Met in population with adoption goal (n=71)	% Met in the full population (n=569)
Out of Home Placement	73	5	3	81	90.1%	93.2%
Mental Health	48	1	7	56	85.7%	70.6%
Medical	27	2	1	30	90.0%	84.5%
Support Services – Out of Home	25	0	1	26	96.2%	75.5%
Education	22	2	1	25	88.0%	76.4%
Support Services – In Home	7	0	0	7	100.0%	71.7%
Child Care	3	0	2	5	60.0%	74.2%
Domestic Violence Treatment	1	0	0	1	100.0%	43.8%
Employment	1	0	0	1	100.0%	37.0%
Housing	1	1	0	2	50.0%	46.7%
Substance Abuse Treatment	1	1	1	3	33.3%	72.2%
Dental	0	2	1	3	0%	28.1%
Training	0	0	0	0	N/A	58.8%
Combined Service Needs	209	14	17	240	87.1%	73.5%

Outcome Measure 9: Transfer of Guardianship

***Court Monitor’s Case Review Findings: 42.9% (Sample Size: 7)
DCF LINK Report for the period of April – June 2005: 72.8%***

The *Juan F.* Exit Plan requires that at least 70% of all children whose custody is legally transferred shall have their guardianship transferred within 24 months of their most recent removal from home. This measure excludes Voluntary Service cases.

The Department’s quarterly LINK report for the second quarter 2005 indicates that **72.8%** of all transfers of guardianship were completed within the 24-month period outlined in the Exit Plan²⁵. However, a review of the LINK data indicates that an additional 31 children with no removal date had a transfer of guardianship during this period. These individuals were excluded from the LINK quarterly reports submitted. Given this missing data, the performance is adjusted to 50% (63 of 126 children with transfer of guardianship during the quarter). The Monitor cannot confirm compliance with this measure.

Our sample included only seven cases in which a transfer of guardianship occurred during the period of February 15, 2005 through May 15, 2005. Of the seven cases, three (**42.9%**) occurred within 24 months. The range of length of stay in custody of DCF was less than one month to 75 months. The average length of time in custody of DCF for the sample was 31.3 months.

Race and ethnicity of the children for whom guardianship was transferred is shown in crosstabulation table below:

Table 40: Crosstabulation: Racial/Ethnic background of children with successful transfer of guardianship

		Ethnicity		
		Hispanic	Non-Hispanic	Total
Race	Black/African American	0	2	2
	White	1	2	3
	UTD	2	0	2
Total		3	4	7

Five of the seven transfers of guardianships were subsidized. One of the seven cases had documentation that services were being provided via community collaboratives at the time of the transfer of guardianship. When asked to identify barriers to completion of the transfer within the required 24-month period, the reviewers noted the following barriers within the four cases that were not transferred in the time frame:

- Approval Process (2)

²⁵ Department’s findings are based on 63 of the 126 children with a transfer of guardianship during the quarter that occurred within 24 months. However, this universe of 126 includes 31 children with no removal date. Therefore the actual number may vary upward if the Department conducts further review on these 31 cases. At this time we are assuming all 31 cases did not meet the measure.

- Court delays (1)
- Disruption due to abuse/neglect (1)
- Guardian indecision (1)
- Identification of the family resource (1)

When looking at the number of placements that the child had prior to placement with the family to which guardianship was transferred, the review found that for four of the children (57.7%), the placement with the guardian was the only placement that the child experienced during the period of DCF custody. One child (14.3%) had one prior placement, and two children (28.6%) had two placements prior to placement with the guardian.

Due to the low number of cases of guardianship transfers in the sample during the period of February 15, 2005 through May 15, 2005, our review also looked at information related to all children for which transfer of guardianship was the goal on the most recent treatment plan in place during that period. This was the permanency plan for 22 children. Cases involving these 22 children were open from a range of one year three months to eight years three months. Children’s length of stay in placement was anywhere from six months to just over five years.

Of the 22 cases with a goal of transfer of guardianship, 21 children (95.5%) had an identified resource for transfer of guardianship, and 18 of the children (81.8%) were in placement with that resource as of May 15, 2005 (including the seven children who had successful transfer of guardianship).

The range of ages for this group of children was seven months old to 17 years. More details related to age can be found in Table 41 below.

Table 41: Age of child on May 15, 2005 with goal of transfer of guardianship

Age of Child	Frequency	Percentage
<1	1	4.5%
1-3	2	9.0%
4-6	3	13.6%
7-9	4	18.2%
10-12	2	9.0%
13+	10	45.5%

Racial and ethnic information collected on this sample indicates that 50% of the children in the sample with a goal of transfer of guardianship are Black/Non-Hispanic. This is a slightly higher proportion than for adoption (33.8%) or reunification (15.7%).

Table 42: Racial/Ethnic background of children in placement with goal of transfer of guardianship

	Hispanic	Non-Hispanic	All
Black/African American	0	11	11
White	1	7	8
Unknown	0	1	1
UTD	1	0	1
Multi-Racial	0	1	1
All	2	20	22

While not required by DCF Policy, four of the 22 children had a concurrent plan indicated on the most recent treatment plan during the period. Two plans indicated adoption as the concurrent plan, one indicated reunification and one independent living. All four of these cases had documentation that the Ongoing Service Social Worker was pursuing both plans during the period of review. Three of the 22 children had a change in plan goal at the time of the most recent ACR. All 22 cases had goals that coincided with the court approved treatment goal. None of the child had a legal status of Termination of Parental Rights.

Of those children in care with a goal of transfer of guardianship on May 15, 2005 the largest percentage (22.7%) were in care 13 to 18 months, and were most likely to fall into the age of 13-15 years old (36.4%). 50.0% of the 22 children had already surpassed the 24-month mark on May 15, 2005. See the crosstabulation table below for details.

Table 43: Crosstabulation of Age of Children (on 5/15/2005) having a goal of transfer of guardianship * Length of stay in out of home placement

Count		Length of Stay in Placement as of May 15, 2005							All
		≤ 6 months	7-12 months	13-18 months	19-24 months	25-30 months	31-36 months	≥ 37 months	
Age of Child on May 15, 2005.	< 1 Year	1	0	0	0	0	0	0	1
	1-3	0	0	0	0	1	1	1	3
	4-6	0	0	0	1	1	0	0	2
	7-9	0	0	1	1	1	1	0	4
	10-12	0	0	1	1	0	1	0	3
	13-15	0	1	3	0	0	1	3	8
	16-18	0	0	0	1	0	0	0	1
	19+	0	0	0	0	0	0	0	0
	All	1	1	5	4	3	4	4	22

In reviewing the population of 22 children with a primary goal of transfer of guardianship, there were two cases in which the reviewers indicated that a filing of TPR could be appropriate given the stated goal/concurrent goal in the case. In neither of those two cases, was the TPR filed at the point of our review. No child had a legal status of TPR on May 15, 2005. The most frequently occurring legal status of the group of 22 children was Committed (81.8%) followed by Not Committed (18.2%). Those included in the Not Committed category would include children with transfer of guardianship prior to May 15, 2005 and for which legal status had been changed in LINK.

In looking at the supervision of cases with a goal of transfer of guardianship, the review data indicates that 68.2% of the 22 cases had supervisory conferences that were reflective of the events documented in LINK in the period leading up to the date of the review. A total of 31.8% of the 22 cases did not reflect a discussion of the risk factors documented. The rank score assigned by the reviewer after reviewing the record was most frequently “good” with 50.0% of the cases having what the reviewer considered to be good or adequate supervision. This was followed by 45.5% being assigned a “poor” ranking, 4.5% having an “excellent” ranking. No supervision was ranked “negligible”.

In all, 90.9% of the group of 22 children with a goal of transfer of guardianship had an approved treatment plan. In only 27.3% of the cases, however, did the reviewer document that all appropriate parties were invited to participate at the most recent ACR/TPC prior to May 15, 2005. In looking at the individual elements of the Treatment Plan that are detailed in the Exit Plan document, the group of 22 children with a goal of reunification fared as follows:

Table 44: Department’s compliance with identified elements of treatment plans for cases reviewed in the Court Monitor’s sample for those cases with a stated goal of Transfer of Guardianship (n=22)

Background Information	February 15, 2005 to May 15, 2005
a. A clear description of household members and each identified member’s status	54.5%
b. Prior relevant case history	90.9%
c. Reason for most recent case opening	95.5%
Assessment Information	
d. Presenting issues and problem areas as identified by DCF or provider assessment	90.9%
e. Family issues as perceived by the parent/caretaker/child (if over 12)	54.5%
f. Family or child’s strengths	90.9%
g. Family or child’s needs (medical, dental, mental health, educational, other service needs – housing, childcare, employment, transportation, etc.)	72.7%
Treatment	
h. Reasonable efforts as determined by the court, to prevent out of home placement and/or reunify documented (where applicable)	81.8%
j. Clearly stated case goal/permanency plan goal	86.4%
m. Proposed services and identified responsible parties	59.1%
o. Parental visitation schedules (where applicable)	61.9%
o. Sibling visitation schedules (where applicable)	50.0%
Progress Toward Case Goals	
i. Responsibilities of children, parents, caretakers, service providers and DCF for reaching the identified case goals (tasks required during the planning period)	72.7%
k. Identification of the measurement of participants’ progress toward and achievement of stated goal (for those adolescents where applicable, this includes the attachment of a completed Independent Living Plan DCF-2091)	63.6%
l. Timelines for completing tasks/expectations related to the case goal	40.9%
j. Legal activity and status during the preceding treatment planning period.	95.5%
Other	
Plan approved by the SWS	90.9%
Plan written/translated to the primary language of the client	90.9%
Plan developed in conjunction with mother (where applicable)	50.0%
Plan developed in conjunction with father (where applicable)	37.5%
Plan developed in conjunction with child over 12 (where applicable)	22.2%

None of the treatment plans in these 22 cases had all elements listed above (0.0%). Of the 22 cases, 13 (59.0%) required changes or amendments as noted by the ACR Coordinator on the DCF-553 documentation. Of the 13 requiring changes, seven plans (53.9%) reflected the required changes as of the date of the review.

The data also shows that reviewers felt there were clearly documented needs not incorporated into the treatment plan in 18.2% of the 102 cases.

The review was able to capture the identified needs for this population (n=22), and whether those needs were in fact met. Table 45 below provides that information. The final column in the table provides the full population percentage to give perspective of this group to the whole population of DCF cases reviewed (n=569)

Table 45: Needs Identified and whether or not those needs were met in the time frame specified on the current treatment plan for those children with a goal of reunification.

Service Category	# Met	# Not Met	# TBD	Total Needs	% Met in population with reunification goal (n=22)	% Met in the full population (n=569)
Out of Home Placement	23	1	0	24	95.8%	93.2%
Mental Health	13	2	2	19	76.5%	70.6%
Support Services – Out of Home	11	2	1	14	78.6%	75.5%
Medical	5	1	1	7	71.4%	84.5%
Substance Abuse Treatment	3	0	1	4	75.0%	72.2%
Education	2	-	1	3	66.7%	76.4%
Child Care	1	1	0	2	50.0%	74.2%
Dental	1	0	1	2	50.0%	28.1%
Housing	1	0	0	1	100.0%	46.7%
Domestic Violence Treatment	0	0	0	0	N/A	43.8%
Employment	0	0	0	0	N/A	37.0%
Support Services – In Home	0	0	0	0	N/A	71.7%
Training	0	1	0	1	0.0%	58.8%
Combined Service Needs	60	7	7	77	77.9%	73.5%

Outcome Measure 10: Sibling Placement

Court Monitor's Case Review Findings: 65.6% (Sample Size: 61)

The *Juan F.* Exit Plan requires that at least 95% of siblings currently in or entering out-of-home placement shall be placed together unless there are documented clinical reasons for separate placements. This measure excludes Voluntary Service cases and children for whom Termination of Parental Rights has been granted.

The Department is unable to provide automated data on Outcome Measure 10 at this time. They have indicated that reporting will be available for Outcome Measure 10 beginning November 15, 2005. The last case review conducted on placements of siblings during the second quarter of 2004 by the Quality Improvement Division reported that **53.0%** of all siblings were maintained upon initial placement.

Our sample included 130 cases in which a child's placement episode occurred on or after January 1, 2004. Sibling groups were present in 98 of the cases requiring placement. Of the 98 cases with the existence of a sibling group, 29 cases involved a placement episode in which only one member of the sibling group was removed from the home. Further, eight of the 69 cases included a separation of siblings based on clinical/therapeutic reasons. Therefore the final pool upon which to base compliance for Outcome Measure 10 is the 61 children entering placement as part of a sibling group on or after January 1, 2004. Of that total,

- 40 initial placements (**65.6%**) maintained the sibling group at the point of entry.
- 21 initial placements (34.4%) separated the sibling group at the point of entry.

In analyzing the data for the cohort of 21 children that were separated at the time of initial placement the review found that as of May 15, 2005 the Department had reunited five sibling groups (23.8%) or had, in nine others, subsequently documented therapeutic reasons for the continued separation of the siblings (42.9%). On May 15, 2005 this left seven (33.3%) of those 21 children not initially placed together separated for reasons other than allowed by the clinical/therapeutic exception.

While the requirement for this measure is based on the initial placement of siblings, our review also examined point-in-time data (the date of the record review) to determine the status of siblings in care regardless of date of entry. The review asked the question, "*As of the date of this review, is the sibling group placed together?*" See Table 46 below for the details on the 130 children entering care on or after January 1, 2004.

Table 46: As of the date of this review, is the child that entered care on or after January 1, 2004 in placement with his sibling group

	Frequency	Percent
Yes	37	28.5%
N/A –clinical/therapeutic reasons documented	25	19.2%
N/A – only one child of the sibling group remains in care	18	13.8%
N/A – no siblings or TPR	34	26.2%
No	16	12.3%

Fifty-five cases should have had documentation related to sibling visitation during the quarter ending May 15, 2005. Forty of those 55 cases (72.7%) had a sibling visitation plan documented. The data indicates that 37 cases (67.3%) had evidence that sibling visitation was consistently occurring.

Our interviews with the 96 Ongoing Service Social Workers captured data related to barriers to sibling and parental visitation. Workers were not limited to one response. Table 47 below provides the frequency with which workers identified a given barrier. Please note that this was a question that focused on all supervised visitation (both sibling and parental).

Table 47: Barriers to familial visitation as identified by ongoing services social workers during interview

Barrier to Visitation	Number of Times Identified
Parents do not show up for visit	55
Coverage for Supervision	36
Transportation	26
More case aides needed	24
Family's schedule (school/ work/sports/recreation)	23
Other caseload demands	17
Parent/Child does not want the visits as scheduled	16
Inappropriate behaviors displayed	13
Geographical distance or traffic/logistics	8
Foster parents	7
Substance abuse	6
Mental health	5
Availability of cars	4
Illness	4
Therapist recommendation	4
No visiting rooms available for supervised visit	4
Therapy/services	3
Miscommunication or Inability to contact by phone	3
Hours of availability	3
Changes in family situation	3
No barriers	3
Incarceration/police involvement/court orders	3
Weather	2
Resistance to DCF involvement	2
Placement changes	1
Childcare	1
Lack of money	1

Outcome Measure 11: Re-Entry into DCF Custody

Court Monitor’s Case Review Findings: 15.8% (Sample Size: 19)

The *Juan F.* Exit Plan requires that no more than 7% of all children entering DCF custody shall re-enter care within 12 months of a prior out-of-home placement. This measure excludes Voluntary Service cases.

The Department has been unable to report on Outcome Measure 11 due to the reliability of legal status, and removal and discharge data. Removal and discharge dates as well as the correct legal status are necessary to calculate re-entry data. Currently approximately 6.0% of the children in placement do not have removal dates entered in LINK. The legal status must also be current to properly determine when a child has been discharged from custody. The Department has recently completed a clean up of legal status data but errors still persist. Re-entry cannot be calculated if the entry date is blank, or prior discharge indicator was not selected as “discharge from all placements”.

Our review included 19 children with a date of removal between February 15, 2005 and May 15, 2005. Of this total, four of the children had re-entered care during the period. Three of the four had a prior placement episode in the 12 months preceding placement during the period (re-entering care at three, four and seven months from reunification). Therefore, the Department’s rate of performance for this measure based on the small sample available is **15.8%**.

All four of the children placed were involved in an active in-home Ongoing Service case at the time of re-entry, and the reason(s) for re-entry were similar in nature to the prior placement episode. Two were open cases with protective supervision in place at the time of re-entry. In three of the four cases, the reviewer indicated that there were support services involved in the home at the time of the re-entry.

Reasons identified by reviewer based on record review of those cases in which re-entry occurred during the period of February 15, 2005 through May 15, 2005 are shown by case below:

Table 48: Cases in which re-entry occurred during the period of February 15, 2002 through May 15, 2005

	Period of time from reunification to re-entry to care	Parent’s substance abuse	Child’s needs beyond parent’s ability	Other
Case 1	4 months	No	Yes	No
Case 2	7 months	Yes	No	Parent’s Homelessness
Case 3	20 months	Yes	No	No
Case 4	3 months	No	Yes	No

During interviews with the 96 Ongoing Services Social Workers, the question was posed, “*From your own experience in general, what events lead to additional entries into*

care?” Workers were allowed up to five responses. Table 49 below charts the responses in order of frequency of response.

Table 49: Social Workers responses to the question, “From your own experience, in general, what events lead to additional entries into care?”

Response	Frequency of Workers Identifying Issue	Percentage of Workers Identifying Issue
Substance abuse relapse	52	54.2%
Parent overwhelmed and unable to meet/maintain child’s needs	26	27.1%
Repetition of abuse/neglect	26	27.1%
Domestic violence	16	16.7%
Mental health issues resurfacing	15	15.6%
Lack of community supports/services	14	14.6%
Poor decision making skills of parents	14	14.6%
Service not meeting the needs/quality of providers	13	13.5%
Housing	10	10.4%
Economic factors	9	9.4%
Services end at close of DCF involvement	8	8.3%
Child’s behaviors	7	7.3%
Refusal of services	7	7.3%
Parent’s inability to apply training to real life	6	6.3%
Parents attitude/level of motivation	6	6.3%
Poor DCF or provider assessment	6	6.3%
Change in family composition/birth, death or divorce	6	6.3%
Failure to rehabilitate	5	5.2%
No aftercare plan/services referred	5	5.2%
Unsafe adults in the home	5	5.2%
Lack of family supports	4	4.2%
Premature reunification	4	4.2%
Child’s delinquent/criminal activity	3	3.1%
Incarceration	3	3.1%
Abandonment	3	3.1%
Unemployment	3	3.1%
Age of Parents (young)	2	2.1%
Child does not want to be home	2	2.1%
Court ordered return against DCF advice	1	1.0%
Cultural beliefs	1	1.0%
Don’t Know/No Comment	1	1.0%
Family dysfunction	1	1.0%
Fear of asking for help after reunification	1	1.0%

Outcome Measure 12: Multiple Placements

Court Monitor's Case Review Findings: 96.0% (Sample Size: 332)
DCF LINK Report for the period of April – June 2005: 95.7%

The *Juan F.* Exit Plan requires that at least 85% of children in DCF custody shall experience no more than three placements during any 12-month period, excluding respite, hospitalizations lasting less than seven days, runaways, home visits, and CJTS. This measure also excludes Voluntary Service cases.

The Department's automated LINK reporting²⁶ for the second quarter 2005 found that **95.7%** of children did not experience more than three placements in the previous 12-month period.

332 children in this sample were in DCF custody in the 12 month period ending May 15, 2005. Of that number, 319 children or **96.0%** did not experience more than three placements during the 12-month period. Thirteen children (3.91%) experienced more than three disruptions in placement.

Of the 332 children, 202 (60.8%) children remained stable in their placements and did not experience any movements during the 12 month period. 92 (27.7%) children experienced one change in placement, 25 (7.5%) children had two changes in placement, seven (2.1%) children had three changes in placement and six children (1.8%) had four placements during the twelve-month period ending May 15, 2005.

Table 50: How many placements has this child experienced in the 12 month period ending May 15, 2005

# Of Placements	# Of Children	% Of Children
1	202	60.8%
2	92	27.7%
3	25	7.5%
4	7	2.1%
5	6	1.8%
Total	332	100%

Per the DCF Policy 36-55-20 (Placement Disruption Conferences), when a child experiences two or more foster home disruptions during an 18 month period for reasons related to the child's behavior, a disruption conference shall be convened. Of the 332 children in custody during the 12 month period, 323 (97.3%) did not require a case conference. Of the nine that did, three conferences (33.3%) were held and six conferences (66.7%) were not held.

²⁶ Approximately 6.0% of the placements do not have a removal date and therefore the LINK reported performance is subject to some level of error. This is under review by the Department's IS Division and the Department has been notified by the Court Monitor's office that this reporting issue must be resolved. This issue also impacts the Department's automation of reporting for Outcome Measures 4, 7, 8, 9, 10, 11, 12, 20, 21, and 22 to varying degrees, as indicated prior.

The results of the three disruption conferences held indicated that two children required temporary placement or hospitalization and an evaluation of the child to determine if a higher level of care was necessary. One child required respite and in-home supports.

There were a number of additional supports that workers identified to preserve placements. The services identified most frequently are as follows:

- Referrals for or an increase in therapeutic sessions.
- Partial Hospitalization Program
- Medication Management
- Home Schooling
- Referral to Job Corps
- Additional DCF case management
- Exploration of Placement Options
- Implementation of the IICAPS Program
- Implementation of the FAST Program

The sample also looked at those children who required one or more placement changes during the eighteen months for reasons other than the child’s behavior or condition. The four most often identified reasons for a change in placement were: planned move to a higher or lower level of care: moved from a temporary placement: foster family life circumstances: or placement with a relative. The list in its entirety is outlined in Table 51.

Table 51: If moves were not the result of disruption for reasons related to child’s behavior or condition, what was the reason for the child’s multiple placements: (N/A was selected if there were no moves for causes other than child’s behaviors).

Applicable Reasons	# Of Yes	% Of Yes	# Of No	% Of No	# Of N/A	% Of N/A
Planned move to higher/lower level of care	32	9.6%	54	16.3%	246	74.1%
Temporary Placement	31	9.3%	55	16.6%	246	74.1%
Foster family life circumstances	21	6.3%	64	19.3%	247	74.4%
Relative placement	17	5.1%	68	20.5%	247	74.4%
Reunited with siblings	7	2.1%	78	23.5%	247	74.4%
Moved to pre-adoptive home	6	1.8%	79	23.8%	247	74.4%
Placement in closer proximity to home	4	1.2%	81	24.4%	247	74.4%
Special study home	4	1.2%	81	24.4%	247	74.4%
Overcapacity/Lack of resources	2	0.6%	83	25.0%	247	74.4%
Substantiated Abuse/Neglect	2	0.6%	83	25.0%	247	74.4%

Additional reasons for identified placement changes were:

- Three children were reunited with their parents.
- Child made an allegation towards another child in the home.
- Child moved to a different residential placement.
- Better placement match found for three children.
- Child committed a crime and was placed in detention.
- Child removed from home due to inadequate supervision.
- Siblings separated for therapeutic reasons.

Outcome Measure 13: Foster Parent Training

***Court Monitor’s Case Review Findings: 100.0% (Sample Size: 195)
DCF LINK Report for the period of April – June 2005: 100.0%***

The *Juan F.* Exit Plan requires that foster parents shall be offered 45 hours of post-licensing training within 18 months of initial licensure and at least nine hours each subsequent year. Relative, special study and independently licensed foster parents require only nine hours pre-service.

The Department indicates that there have been training opportunities available statewide to allow foster parents to meet the training requirements for licensure/relicensure as detailed in the paragraph above, and they are at **100%** compliance with the requirement to offer training opportunities.

While our review of the Connecticut Association of Foster and Adoptive Parents (CAFAP) documentation submitted to the Department confirms that this measure has been met (**100%**), our data analysis reveals deficits in relation to the actual foster parent support and training utilized by the DCF foster parents.

In all, 195 cases in the sample included DCF foster parent involvement during the period of February 15, 2005 through May 15, 2005. The pool includes a range of foster parenting experience from less than one month to 30 years. The mode of experience is nine years (16 foster parents). The average length of experience (mean) is 3.5 years.

The review asked, “Has this provider attended ANY foster parent trainings in the year of May 15, 2004 through May 15, 2005?” 76.9% of the sample had no documentation of training in the last year. For the 45 foster parents that did have documented training, the tool asked, “How many hours of training are documented for this foster parent in the period of May 15, 2004 – May 15, 2005?” The results are found in Table 52 below:

Table 52: Hours of Training²⁷ documented for DCF foster parents in the 12 month period ending May 15, 2005

Hours of Training	Frequency	Percent	Cumulative Percent
0	153	78.5%	78.5%
1-5	4	2.1%	80.5%
6-10	24	12.3%	92.8%
11-15	3	1.5%	94.4%
16-20	0	0.0%	94.4%
21-25	1	0.5%	94.9%
26-30	5	2.6%	97.4%
31-35	1	0.5%	97.9%
36-40	3	1.5%	99.5%
41-45	1	0.5%	100%
All	195	100%	-----

²⁷ This could include both pre and post licensing training activities depending upon the length of time the foster parents had been licensed.

In reviewing the provider record for documentation of barriers to attendance at training offered, the reviewers found 18 cases in which the Foster and Adoptive Service Unit Support Worker documented a reason for a foster parent's failure to attend training.

These were:

- Work schedules: 5
- Language (needed Spanish speaking module): 3
- Foster Parent refusing: 3
- Withdrew application/no license: 3
- Relinquishing License: 3
- Daycare: 2
- Transportation/Distance: 2

In response to the question, "Was this provider re-licensed during the period of February 15, 2005 through May 15, 2005 without documentation that they completed the required number of foster parent training hours?" The review found that 54 of the 93 foster homes relicensed during the period had been relicensed without having documentation of the required training in their record. This is 58.1% of the homes relicensed.

In looking at the Foster and Adoptive Service Unit support documented in the provider records, the review found that 33.8% of the 195 homes had evidence that a support plan was developed with the family during the twelve-month period ending May 15, 2005.

In the 96 interviews with the Ongoing Service Social Workers, several questions were posed regarding the Foster and Adoptive Service Unit support in the foster homes.

Briefly here are some of the key findings:

- 97.7% of Ongoing Service Social Workers with children in placement felt that the foster homes housing children on their caseloads were of a good or superior level as it relates to safety.
- 74.7% of Ongoing Service Social Workers with children in placement felt that the Foster and Adoptive Service Unit adequately supported the DCF foster parents. Comments throughout the interview sample did indicate, however, that some foster parents do not know who their support workers are due to changes in staffing and lack of contact.
- 89.1% of Ongoing Service Social Workers with children in placement felt that the Foster and Adoptive Service Unit workers adequately address concerns raised to them, with the following caveats:
 - Inconsistency in response depending on support worker assigned
 - Timeliness of response can be an issue
 - Ongoing Services Social Workers felt that Foster and Adoptive Service Unit workers "hands are tied" in resolving issues due to shortage of foster parent resources

Outcome Measure 14: Placement Within Licensed Capacity

Court Monitor’s Case Review Findings: 87.8% (Sample Size: 255)
DCF LINK Report for the period of April – June 2005: 95.9%

The *Juan F.* Exit Plan requires that at least 96% of all children placed in foster homes shall be in foster homes operating within their licensed capacity, except when necessary to accommodate siblings.

The Department’s automated LINK reporting indicates that **95.9%** of all licensed foster homes were within licensed capacity with the exception of those placements made to accommodate sibling groups.

Our review found that 255 of the 569 cases had a placement episode in a foster home during the period of February 15, 2005 through May 15, 2005 (both DCF and private provider homes). Of this number, 50 children (19.6%) were at some point of time in an overcapacity placement situation. 19 of the 50-overcapacity situations were a result of sibling placement. Therefore, with the sibling exception factored in, our review found that **87.8%** (224 of the 255 children) were in foster homes within licensed capacity throughout the quarter.

Table 53: Crosstabulation: During the quarter of February 15, 2005 through May 15, 2005 was the identified child in placement in an overcapacity home? *Was this overcapacity the result of sibling placement?

<i>Count</i>		Was this overcapacity the result of a sibling group placement?			
During the quarter of February 15, 2005 – May 15, 2005 was the identified child in placement in an overcapacity home?		Yes	No	N/A ²⁸	Total
	Yes	19	31	0	50
	No	0	0	205	205
	Total	19	31	205	255

We believe the discrepancy in performance reported between the automated reports and our case review may be due to the case review methodology. The review examined the three-month period of time and asked whether the home was overcapacity at any point over the period. LINK reporting is a point-in-time report. As such, our numbers would be subject to some level of discrepancy.

Reviewers did note several homes with zero capacity as a result of a lapsed license or unlicensed placement. The issue of lapsed license/unlicensed placement is a matter that will need to be reviewed by the Department.

In 12% of the cases with overcapacity recorded, there was evidence of FASU efforts to reduce the overcapacity in the provider record. Eighteen percent of the provider records for these 50 children in overcapacity situations had documented changes in the support plan related to the overcapacity status in the foster home. In none of the situations of

²⁸ No placements in overcapacity.

overcapacity did the Ongoing Services Social worker or FASU indicate there was a risk of disruption as a result of the overcapacity situation.

The length of time recorded for the overcapacity in the foster home varied, with the majority being greater than 28 days (88.0%). See Table 54 below for full details:

Table 54: Length of time recorded for overcapacity in the foster home

Length of placement	Frequency	Percent
< 7 days	1	2%
7-14 days	3	6%
22-28 days	2	4%
>28 days	44	88%
All	50	100%

Outcome Measure 15: Needs Met

Court Monitor's Case Review Findings: 55.8% (Sample Size: 569)

The *Juan F.* Exit Plan requires that at least 80% of all families and children shall have their medical, dental, mental health and other service needs provided as specified in the most recently approved, clinically appropriate treatment plan.

The Department does not provide LINK data related to the elements of Outcome Measure 15, and has previously conducted case reviews on small samples of treatment plans to determine their compliance with this measure. The latest review in the fourth quarter 2004 indicated **56.0%** of children's and families' needs (as specified in the most recent treatment plan) were met.

The Monitor's Office conducted the statewide statistically valid review of 569 cases open during the period of February 15, 2005 through May 15, 2005. Data has been captured on all of the elements as outlined in the Exit Plan. Of the total number of cases reviewed, 39 plans met the requirement for Outcome Measure 3. Of those 39 plans, 21 cases (53.9%) had all identified needs met.

However, early in the Exit Plan implementation, there was agreement between DCF and D. Ray Sirry that until DCF asserts compliance with all 22 outcome measures, the Monitor's Office would review Outcome Measure 15 utilizing the most recent treatment plan (less than seven months old) due to the methodological issues that would require unrealistic oversampling to provide a statistically valid sample of treatment plans meeting the requirements as detailed in Outcome Measure 3. When the Department asserts compliance with all Outcome Measures, the Monitor will use the strict requirements as outlined in the Exit Plan (plan must first meet the requirements of Outcome Measure 3) when calculating performance for this measure.

Therefore, in looking at the 539 cases in which there was a current plan present, our review found that in 301 cases (**55.8%**) children and families had all service needs as identified on that plan met within the time frame specified or six months of approval when no time frame was indicated. The 30 cases in which we were unable to determine needs due to lack of a treatment planning document could impact this performance by plus or minus three percentage points depending on the circumstances within those cases.

The record found that 538 cases (94.6%) of the sample had a current treatment plan with clearly indicated needs identified. In 30 cases (5.3%), there was no plan less than seven months old to review. In one case (0.2%), the plan had no identified service needs. In all, 494 cases (86.8%) had a planning process that included an ACR/TPC held from November 15, 2004 through May 15, 2005.

Reviewers found that in 79.6% of the plans reviewed (n=539) they concurred with the needs as identified by the Ongoing Service Social Worker on the treatment plan document. In 15.1% of the cases, the reviewers felt that there was a need clearly identifiable within the case record documentation but that was not incorporated into the plan. (This percentage was considerably improved to 2.6% in the 39 cases that met the

requirement for Outcome Measure 3.) In 5.3% of the cases, there was no plan less than seven months old to review. Further, in 48 instances in which there was a plan and an ACR/TPC documented, the ACR Coordinator documented a service need on the DCF-553 that was not incorporated into the plan document (9.8%).

While the measure focuses on needs met per family (55.8%), the Monitor’s review also examined all identified needs involving all sample cases to determine the Department performance in each of the service categories and across all identified needs. In all, 2,366 needs were identified in the 539 cases with LINK treatment plans. Of that number, 1,739 of the identified needs were met (73.5%) and 157 (6.6%) were “to be determined”, as the time frame for provision of service had not expired at the point of our review. The following table provides the frequency with which service needs were identified, and the percentage of time each need was met.

Table 55: Needs identified and whether or not those needs were met in the time frame specified on the current treatment plan

Service Category	# Met	# Not Met	# TBD	Total Needs	% Met
Mental Health	475	147	51	673	70.6%
Out-of-home Placement	315	12	11	338	93.2%
Medical	191	23	12	226	84.5%
Support Services – In-home	175	57	12	244	71.7%
Substance Abuse Treatment	169	54	11	234	72.2%
Support Services – Out-of-home	142	35	11	188	75.5%
Education	133	28	13	174	76.4%
Housing	35	32	8	75	46.7%
Domestic violence treatment	32	34	7	73	43.8%
Training	30	14	7	51	58.8%
Child Care	23	7	1	31	74.2%
Employment	10	14	3	27	37.0%
Dental	9	13	10	32	28.1%
Combined Service Needs	1739	470	157	2366	73.5%

As shown in Table 55 above, the Department is most successful in achieving timely provision of service when providing out-of-home placement (93.2%), medical treatment (84.5%), and education (76.4%). The largest challenges seem to be in the provision of timely dental services (28.1%), employment (37.0%) and domestic violence treatment (43.8%).

In looking at the barriers that were identified by the reviewers, the data shows that the most frequently cited barrier is client refusal, followed by the collective category of “other”, and then wait lists. See Table 56 below for full breakdown:

Table 56: Barriers to service provision as noted by the reviewers in the case record review

Barrier	Frequency	% of all Barriers
Client refusal	239	35.1%
Other	138	20.3%
Wait lists	78	11.5%
UTD	55	8.1%
Delay in referral by worker	38	5.6%
No service identified	32	4.7%
Service deferred pending completion of another	31	4.6%
No slots available	17	2.5%
Provider unwilling to accept client	17	2.5%
Insurance	11	1.6%
Approval process	8	1.2%
Hours of operation	4	0.6%
Transportation	3	0.4%
No service for age group	3	0.4%
Language	3	0.4%
Financing unavailable	2	0.3%
Provider does not exist for service	1	0.1%
Child hospitalized	1	0.1%
	681	100.0%

In interviews with 96 Ongoing Service Social Workers, the interviewer asked:

“Are there adequate services in the area office to address the safety and well being needs of the families and clients that you serve?”

59.4% of the workers responded, “no”. 40.6% indicated that “yes” they did feel there were adequate services in the area office community.

In looking at the quality of service, the review asked, *“Are there service providers that go unused in your area due to poor quality of service?”* The majority of Ongoing Service Social Workers (60.4%) responded “no”. However, 13 of that 58 who responded “no” followed up with a statement indicating that they refer families to poor quality services due to the immediate needs of the clients. Therefore, 53.1% of Ongoing Service Social Workers did indicate some awareness of lesser quality service providers in their provider community that they would prefer not to use, if other options were available.

In response to the question, “Do you ever find that you need to substitute an alternate services for one that you initially determined to be the most appropriate?” Eighty Ongoing Service Social Workers (83.3%) indicated that they have had this happen on at least one occasion. The frequency of this substitution process is detailed below:

Table 57: Frequency with which Ongoing Services Social Workers use a substitute service for one initially deemed most appropriate.

Substitution Required	Frequency	Percent
0% of my cases	16	16.7%
< 20% of my cases	43	44.8%
21-40% of my cases	20	20.8%
41-60% of my cases	13	13.5%
61-80% of my cases	3	3.1%
81-100% of my cases	1	1.0%

Twenty-six Ongoing Service Social Workers indicated that substitution was most frequently used when the service need is identified as Intensive Family Preservation (IFP). This was indicated by 26 (32.5%) of the 80 Ongoing Service Social Workers who indicated that substitutions had been made. Individual counseling was indicated next, with 20 of the 80 workers (25.0%) having made a substitution for this service.

Workers were asked to identify up to three reasons for failed interventions as they related to the safety and well being of the children and families that they serve. The five most frequently cited reasons for failure of interventions attempted are:

- 45.8% of Ongoing Service Social Workers interviewed identified resistant/non-compliant clients
- 24.0% of Ongoing Service Social Workers interviewed identified inconsistency in family/child participation in services.
- 24.0% of Ongoing Service Social Worker interviewed indicated wait lists for services referred
- 14.6% of Ongoing Service Social Workers interviewed identified the family or child’s ability (or lack thereof) to understand the risk factors that were present
- 12.5% of Ongoing Service Social Workers interviewed identified the quality of providers
- 12.5% of Ongoing Service Social Workers identified poor communication.

Specific to the case reviewed, the interviewer asked, “*Were there services that you would have preferred to use that were not available?*” 66.7% of workers indicated that there were no other services that they would have used. 33.3% indicated that they could identify at least one service that they would have preferred to use, but that was not available. These are in order of frequency of response: residential placement (noted by six workers); housing and substance abuse treatment (each noted three times); individual counseling, Intensive In-home-Child Adolescent Psychiatric Service (IICAPS), evaluations, parent education, therapeutic mentor (each noted two times); and group home, locked psychiatric facility, daycare, Department of Mental Retardation, Headstart, parent support for single fathers, therapeutic foster care, visiting nurse, mediation, maternity home, youth services, adolescent services, and transportation for visitation center (all noted once).

Social workers were asked, specific to the case we reviewed, “*How successful were the identified services and interventions in meeting the clients stated needs?*” Workers responses are found in Table 58 below:

Table 58: Ongoing Services Social Workers rate the success of interventions provided in the identified cases of the record review (n=96)

Rate of Success	Frequency	Percent
Successful	44	45.8%
Partially Successful	42	43.8%
Not Successful	9	9.4%
No Needs Identified	1	1.0%

Outcome Measure 16: Worker-Child Visitation (Out-of-Home)

***Court Monitor's Case Review Findings: (Sample Size: 319) Quarterly 99.1%
Monthly: 89.5%***

DCF LINK Report for the period of April – June 2005: Monthly 86.7%

The *Juan F.* Exit Plan requires that a DCF Social Worker must see all children quarterly. At least 85% of children in out-of-home care shall be visited at least once monthly. Private agency social worker visits may count for monthly visits if the content of the visit is documented in LINK.

The Department's automated LINK reports indicate that the Department met the requirement and achieved **86.7%** compliance with the monthly visitation requirement. Quarterly visitation was not reported.

The Monitor's case review includes 319 children in care during the period of February 15, 2005 through May 15, 2005. Of that total, there were five children in placement via Voluntary Services and 19 children placed out-of-state. Of the 319 children, **99.1%** were seen on a quarterly basis.

To determine compliance with the monthly visitation requirement, the Monitor's review captured all visits documented from February 1, 2005 through May 31, 2005. This was necessary as the designated period of February 15, 2005 through May 15, 2005 truncated months and could have resulted in an underreporting of the Department's efforts. Looking at those children placed in-state due to child protection issues, there was a total of 285 children upon which to calculate the monthly visitation requirement. As with Outcome Measure 17, our review looked at the four full months, portion of which are included in the quarter of February 15, 2005 through May 15, 2005 to avoid an overrepresentation of negative responses that may fall outside of the range dates, but within the months of February and May.

The average rate of documented monthly visitation for the sample during the four months reviewed is **89.5%** (Visits were documented by the assigned Ongoing Service Social Worker, Social Work Supervisor or other DCF personnel, or Other Provider²⁹). Looking across the individual months, the Department had the following rate of performance for meeting the monthly standard:

- February: 89.5%
- March: 90.2%
- April: 90.2%
- May: 88.1%

All 285 children had a least one recorded visit in the period of February 1, 2005 through May 31, 2005. There were, however 89 children that did not have one visit per month during each month reviewed.

²⁹ Interstate Compact on the Placement of Children (ICPC) excluded as the out of state population is not included in the 285 children subject to this measure.

- 64 children (22.5 %) had one month in which there was no documented visit.
- 19 children (6.7%) had two months in which there was no documented visit.
- 6 children (2.1%) had three months in which there was no documented visit

In February there were a total of 513 documented visits. In March there were a total of 634 visits. In April there were a total of 603 visits, and in May a total of 648 visits. The frequency of each type of visit for the full population of 319 children in placement is shown in Tables 59 through 62 below:

Table 59: February visits with children in placement

Visits Documented	With Assigned DCF social worker	With other DCF personnel	With ICPC	With Private Provider
0	48	----	3	43
1	183	30	4	7
2	46	15	----	1
3	17	3	----	2
4	10	3	----	----
5	1	----	----	----
6	1	----	----	----
7	1	----	----	----
8	----	----	----	----
9	1	----	----	1
10	----	----	----	----
11	1	----	----	----

Table 60: March visits with children in placement

Visits Documented	With Assigned DCF social worker	With Other DCF personnel	With ICPC	With Private Provider
0	38	----	6	----
1	157	35	2	11
2	64	6	----	----
3	25	6	----	4
4	13	3	----	1
5	7	2	----	----
6	3	----	----	----
7	1	1	----	----
8	1	----	----	----
9	----	----	----	1
10	----	----	----	----
11	----	----	----	----
22	1	----	----	----

Table 61: April visits with children in placement

Visits Documented	With Assigned DCF social worker	With Other DCF personnel	With ICPC	With Private Provider
0	39	----	6	----
1	160	43	3	10
2	61	10	----	4
3	22	5	----	1
4	12	4	----	1
5	5	2	----	----
6	2	1	----	----
7	1	----	----	----
8	----	----	----	----
9	1	----	----	----
10	----	----	----	----
11	----	----	----	----
16	1	----	----	----

Table 62: May visits with children in placement

Visits Documented	With Assigned DCF social worker	With Other DCF personnel	With ICPC	With Private Provider
0	47	----	6	42
1	154	26	2	10
2	57	57	----	----
3	22	4	----	2
4	7	3	----	2
5	4	----	----	----
6	4	1	----	----
7	1	----	----	----
8	1	----	----	----
9	----	1	----	----
10	----	----	----	----
11	----	----	----	----
22	1	----	----	----

In 53 cases, (16.9%) the narratives related to the visit identified a possible risk to the safety or well-being of the child placed. In 37 of the 53 cases (69.8%), the worker raised the issue with the Social Work Supervisor in the subsequent supervisory conference or other informal contact documented in the LINK record. Of the 37 cases documented in the supervisory session, 23 cases (62.2%) went on to further document the worker's follow through on directives that were identified by the Social Work Supervisor.

In 82 cases, the child or provider asked the worker for some form of assistance or service to support the placement or provide needed items or services for the child. In 66 of the 82 cases (80.5%) the LINK documentation reflected the workers efforts to follow up on the request.

Visitation is also required with the parents or guardian to whom the child is to be reunified. Of the 112 children in the custody of the Department and having a goal of reunification, the Department had monthly visitation with that parent or guardian a minimum of once per month in 69 cases (61.6%). Ninety-eight cases (87.5%) had a quarterly contact with the parent or guardian.

Outcome Measure 17: Worker-Child Visitation (In-Home)

Court Monitor's Case Review Findings: 73.2% (Sample Size: 267)

DCF LINK Report for the period of April – June 2005: 78.0%

The *Juan F.* Exit Plan requires that at least 85% of all in-home cases shall have a DCF Social Worker visit at least twice a month.³⁰ All visits must be documented in LINK.

The LINK report for the second calendar quarter of 2005 indicated that the Department had achieved **78.0%** compliance for this outcome measure.

The Monitor's review looked at the four months of February through May 2005. Using the designated period (February 15, 2005 through May 15, 2005) truncated months, and could have resulted in an underreporting of the Department's efforts. The number of cases open for a full month during the period fluctuated, ranging from 197 applicable cases in May to 227 applicable cases in February. The range of visits during the four months was zero to 12 visits. The average number of visits during February through May was 1.99 visits. The resulting score achieved in the cases reviewed during this period is **73.2%**. On a monthly basis the Department's percentage of compliance with achieving successful visitation (as newly defined) at least twice per month was:

- February: 60.8%
- March: 81.0%
- April: 77.7%
- May: 74.4%

The full breakdown per month is shown below in Tables 63 through 65 below. Each month contains only those cases that were open as child protective service cases for the full month so as to avoid underreporting of the visitation efforts.

³⁰ D. Ray Sirry had agreed to a definitional change in what constitutes "successful" which deviates from the definitions within the Exit Plan document. "Successful" is a home visit in which the worker gains entry into the home and meets with at least one family member. Our methodology captured both this definition of "successful" and data regarding whether all child participants (under age 18) in the home were seen twice per month (per the Exit Plan document). The compliance score reported above is based upon the new definition of successful.

Table 63: Number of successful visits the DCF social worker made with the in-home family³¹ during February 2005

# Of Visits	Frequency	Percentage	Cumulative Percentage
5	2	0.9%	0.9%
4	6	2.6%	3.5%
3	34	15.0%	18.5%
2	96	42.3%	60.8%
1	70	30.8%	91.6%
0	19	8.4%	100.0%
Total	227	100.0%	100.0%

During the February visits with the in-home family sample population, the Ongoing Service Social Workers met with each active child participant a minimum of two times in 51.4% of the cases open during the full month.

Table 64: Number of visits the DCF Social Worker made with the in-home family³² during March 2005

# Of Visits	Frequency	Percentage	Cumulative Percentage
8	1	0.5%	0.5%
7	1	0.5%	0.9%
6	1	0.5%	1.4%
5	1	0.5%	1.9%
4	15	6.9%	8.8%
3	46	21.3%	30.1%
2	110	50.9%	81.0%
1	29	13.4%	94.4%
0	12	5.6%	100.0%
Total	216	100%	100%

During the March visits with the in-home family sample population, the Ongoing Service Social Workers met with each active child participant a minimum of two times in 66.4% of the cases open during the full month.

³¹ There were 255 in-home cases during February. Findings exclude 28 cases open as Voluntary Service cases, which are excluded from the measure. The average number of visits for Voluntary Services cases during the period is 0.5 visits, as 17 cases had no visits during the month, nine cases had one visit during the month and two cases had three visits during the month.

³² There were 244 in-home cases during the month of March. Findings exclude 28 cases open as Voluntary Service Cases, which are outside of the measure. The average number of visits for Voluntary Services cases during the period is 0.9 visits, as eight cases had no visits during the month, 15 cases had one visit during the month and five cases had two visits during the month.

Table 65: Number of visits the DCF Social Worker made with the in-home family³³ during April 2005

# Of Visits	Frequency	Percentage	Cumulative Percentage
12	1	0.5%	0.5%
5	2	1.0%	1.5%
4	8	4.1%	5.6%
3	32	16.2%	21.8%
2	110	55.8%	77.7%
1	38	19.3%	97.0%
0	6	3.1%	100.0%
Total	197	100%	100%

During the April visits with the in-home family sample population, the Ongoing Service Social Workers met with each active child participant a minimum of two times in 63.2% of the cases open during the full month.

Table 66: Number of visits the DCF Social Worker made with the in-home family³⁴ during May 2005

# Of Visits	Frequency	Percentage	Cumulative Percentage
5	1	0.6%	0.6%
4	6	3.3%	3.9%
3	21	11.7%	15.6%
2	106	58.9%	74.4%
1	29	16.1%	90.6%
0	17	9.4%	100.0%
Total	180	100.0%	100.0%

During the May visits with the in-home family sample population, the Ongoing Service Social Workers met with each active child participant a minimum of two times in 59.7% of the cases open during the full month.

239 cases were open as an in-home child protective service case at some point during the period of February 15, 2005 through May 15, 2005. Table 67 below provides an accounting of the total number of successful visits to the home³⁵ during this three-month period of February 15, 2005 through May 15, 2005.

³³ There were 223 in-home cases during the month of April. Findings exclude 26 cases open as Voluntary Service Cases, which are excluded from the measure. The average number of visits for Voluntary Services cases during the period is 1.0 visits, as six cases had no visits during the month, 16 cases had one visit during the month and three cases had two visits and one case had six visits during the month.

³⁴ There were 206 in-home cases during the month of May. Findings exclude 26 cases open as Voluntary Service Cases, which are excluded from the measure. The average number of visits for Voluntary Services cases during the period is 0.9 visits, as nine cases had no visits during the month, 12 cases had one visit during the month and four cases had two visits, and one case had four visits during the month.

³⁵ Successful indicating the worker actually met face to face with one or more of the identified case participants living in the home.

Table 67: How many successful visits were recorded by a DCF Ongoing Services Social Worker or Social Work Supervisor with this in-home family³⁶ during the period of February 15, 2005 through May 15, 2005

# of Visits	Frequency	Percent	Cumulative Percent
12 - 13	7	2.9%	2.9%
10 - 11	10	4.2%	7.1%
8 - 9	45	18.8%	25.9%
6 - 7	76	31.8%	45.2%
4 - 5	56	23.4%	81.2%
2 - 3	28	11.7%	92.9%
0 - 1	17	7.1%	100.0%
Total	239	100.0%	100.0%

In addition to the successful visits reported prior, 134 (56.1%) of the 239 cases had documentation of the social worker unsuccessfully attempting a visit to the home. Unsuccessful attempts ranged from one and fourteen visits for the cases in this sample.

The data also provides an option for analysis of successful visits for those identified in-home cases where any of the children were under an Order of Protective Supervision. The findings show that 42 of the 239 cases were currently under an Order of Protective Supervision on May 15, 2005. Of those cases under protective supervision, 78.6% had 6 or more visits during the period of February 15, 2005 through May 15, 2005.

Table 68: Crosstabulation: How many successful visits were recorded in LINK during February 15, 2005 through May 15, 2005. On May 15, 2005 were any children in this in-home case under protective supervision?

<i>Count</i>		On May 15, 2005 were any children in this case under protective supervision?			
		Yes	No	No longer an In-home Case ³⁷	Total
How many successful visits were recorded by a DCF social worker or supervisor during 2/15-5/15/05?	0	0	6	2	8
	1	0	7	2	9
	2	0	11	1	12
	3	2	14	0	16
	4	2	26	0	28
	5	5	20	3	28
	6	11	33	2	46
	7	9	20	1	30
	8	6	23	0	29
	9	3	13	0	16
	10	0	7	0	7
	11	0	3	0	3
	12	1	1	0	2
	13	3	2	0	5
Total	42	186	11	239	

³⁶ Excludes 28 Voluntary Services families.

³⁷ Child placed in out-of-home care or case closed on May 15, 2005.

Table 69: Unsuccessful home visit attempts for families with child protective service cases as documented in LINK during the period of February 15, 2005 through May 15, 2005

# Of Unsuccessful Visits Documented	Frequency	% of Cases
0	105	43.9%
1	43	18.0%
2	39	16.3%
3	22	9.2%
4	11	4.6%
5	6	2.5%
6	3	1.3%
7	4	1.7%
8	3	1.3%
9	1	0.4%
10	1	0.4%
14	1	0.4%
Total	239	100.0%

There were 267 cases open for part or all of the period as an in-home family case within our sample. Of that total:

- 45 cases had a lapse in visits for a period of one month (16.9%)
- 19 cases had a period of two months with no recorded visitation (7.1%)
- 10 cases had a period of three months with no recorded visitation (3.8%)
- Two cases had no visitation documented during any month of the four months reviewed (0.8%)

The majority of cases (64.0%) had no barriers identified related to visitation. However in 36.0% of the cases there were barriers documented in the LINK narratives that identified issues that prevented either DCF Social Workers or Supervisors from achieving the visitation requirement during February 15, 2005 through May 15, 2005. The lists of barriers noted in the review are provided below in order of the frequency of documentation.

Table 70: Barriers to achieving the visitation standard as documented in the case review

Barrier	Frequency	Percentage
No Barriers Identified	171	64.0%
Other ³⁸	47	17.6%
Families Not Cooperative	18	6.7%
Sport/Recreational Activity	11	4.1%
Work Schedule(s)	11	4.1%
Academic Activity	8	3.0%
Medical Appointments	4	1.5%
Court/Incarceration	3	1.1%
Religious Activities	2	0.8%
SW Workload/Emergency	1	0.4%

The review also collected data related to a change in social worker assignment between February 15, 2005 and May 15, 2005. This looked at all cases regardless of protective service or voluntary status. Twenty-two cases (8.2%) included one or more reassignments. Of those 22, one (4.5%) had a lapse in visitation, in part due to the case transfer.

Table 71: Did this change in primary social worker result in a lapse in visitation, so that the benchmark was not met during February 15, 2005 through May 15, 2005?

	Did this change in primary social worker result in a lapse in visitation, so that the benchmark was not met during 2/15-5/15/05?						
		N/A	Yes	No	Case Open less than a full month	No Change in Worker	Total
Was there a change in primary social worker assignment during 2/15-5/15/05?	Yes	0	1	20	0	1	22
	No	0	0	1	2	242	245
	Total	1	1	21	2	243	267

³⁸ The significant “other” reasons that were listed as barriers were: Family unavailable for unannounced visits; Illness of one or more family members; Illness of social worker; Voluntary requirements for in-home cases are monthly visits; Weather (especially during February, 2005); Parents daily schedules; Location of home required the presence of two social workers; Difficult to coordinate; Families transient or evicted and difficult to locate; Family Emergency

Outcome Measure 18: Caseload Standards

Court Monitor's Case Review Findings: 100.0 (Sample Size: 569)
DCF LINK Report for the period of April – June 2005: 100.0%

By July 1, 2004 the caseload of no DCF social worker shall exceed the following caseload standards, with exceptions for emergency reasons on caseloads, lasting no more than 30 days:

- A. Investigators shall have no more than 17 investigative cases at any time.
- B. In-home treatment workers shall have no more than 15 cases at any time.
- C. Out-of-home treatment workers shall have no more than 20 individual children assigned to them at any time. This includes voluntary placements.
- D. Adoption and adolescent specialty workers shall have no more than 20 cases at any time.
- E. Probate workers shall have no more than 35 cases at any time. When the probate or interstate worker is also assigned to provide services to the family, those families shall be counted as in-home treatment cases with a ratio of 1:20 cases.
- F. Social workers with in-home voluntary and interstate compact cases shall have no more than 49 cases at any time.
- G. A worker with a mixed caseload shall not exceed the maximum weighted caseload derived from the caseload standards in A through F above.
- H. These standards supercede those of Order No. 441 dated July 29, 2003.

The LINK report for the second quarter 2005 found the Department to be at **100%** compliance with this requirement. The Court Monitor's review confirmed the Department's report in that there were 18 Social Workers over 100%, but none for a period greater than 30 days (**100%**).

At the point each selected case was reviewed, the reviewer determined through LINK what the caseload percentage was for the social worker assigned to the case on May 15, 2005. The caseload percentages documented by the review ranged from 13% to 112%. The average (mean) caseload percentage was 88.9%. See Table 72 below for the full accounting of caseload percentages on the 569 workers identified.

Table 72: What caseload percentage did the social worker assigned to this case on May 15, 2005 have at the point of review?

Range of Caseload %'s	# of Workers	% of Workers
0 - 49	9	1.6 %
50 - 75	80	14.0 %
76 - 99	408	72.0 %
100	53	9.3 %
Over 100	18	3.1 %

Data indicates that 535 Ongoing Service Social Workers (94.0 %) were assigned a mixed caseload. 34 Ongoing Service Social Workers (6.0%) were assigned specific caseloads.

Of the cases reviewed, 345 (60.6%) families had one Ongoing Service Social Worker assigned to their case in the twelve months ending May 15, 2005. 169 (29.7%) had two assigned; 41 (7.2%) had three assigned; 11 (1.9%) had four assigned and three (0.5%) had five social workers assigned.

Table 73: How many Ongoing Services Social Workers were assigned to this case in the 12 months ending May 15, 2005?

# Of primary social workers assigned	#of Cases	% of workers
1	345	60.6%
2	169	29.7%
3	41	7.2%
4	11	1.9%
5	3	.5%
Total	569	100.0%

A number of reasons were documented for case reassignments.

- 62 cases (10.9%) were transferred to a specialized unit.
- 56 Ongoing Service Social Workers (9.8%) transferred out of the unit, were promoted, or were on agency-sanctioned leave.
- 23 Ongoing Service Social Workers (4.0%) left the agency.
- 15 cases (2.6%) were transferred for the identified purpose of caseload equalization.
- Two cases (0.4%) were reassigned due to worker safety issues. Reviewers were unable to determine the reason for reassignment in 66 cases (11.6%). A total of 345 cases (60.6%) had no worker reassignment during the year.

Table 74: What was the most recent reassignment related to?

Reason for Case Reassignment	# of Cases	% of Cases
No Change in Worker	345	60.6%
Case Transferred to a Specialized Unit	62	10.9%
Worker Transferred, Promoted or on Leave	56	9.8%
Worker Left the Agency	23	4.0%
Caseload Equalization	15	2.6%
Worker Safety	2	.4%
Unable to Determine	66	11.6%

Of those cases requiring reassignment, 558 (98.1%) families did not experience a gap in assignment of a primary Social Worker for more than five days.

Case Practice Issues Related to Outcome Measure 18:

Of the 96 interviews, 82 Ongoing Service Social Workers (85.4%) indicated they have never been asked to close a case they felt maintained a level of risk, still requiring DCF services. Fourteen Ongoing Service Social Workers (14.6%) stated they had been asked to close a case with heightened risk factors. Of the 14 that responded yes to this question the Ongoing Service Social Worker's had the following comments:

- Domestic Violence issues were the focus of the investigation and we addressed those issues, but did not address mother’s substance abuse – closed case too early.
- DCF is more focused on numbers than on families – In-home families need to stay open a bit longer even when there is no court involvement to ensure stability can be maintained.
- There was one protective supervision case that I was told to close. I objected and talked with Social Work Supervisor about my concerns. This resulted in an extension of six months protective supervision.
- Family did not want services so we had to close.
- Child with severe mental health needs and sexually perpetrating behaviors remains in the home with other children.
- Case with mental health needs – no longer had CPS issues, but should be open as voluntary services case.
- Case closed by Social Work Supervisor without discussion.
- After discussion with Social Work Supervisor, in which I detailed my concerns and case needs – it stayed open.
- Sometimes we need to back off and respect families’ rights even though we may feel otherwise about risks they do not see.
- 19 year old was in school out of state and dropped out – policy does not allow Social Worker to pursue issue as child is 19. Social Worker feels child still needs DCF support.
- Called in referral to New Jersey Department of Youth and Family Services as some family members had left the state.
- Cases are appropriately closed per policy, but with some personal discomfort.
- There was a point a short while ago when case closings were a priority and some cases were closed that seemed like they shouldn’t have been, but this is not a current issue.

Ongoing Service Social Workers were asked, “If they had gone over 100% utilization and if so, for how long and how was the caseload reduced?” Thirty-seven (38.5%) workers indicated that cases were transferred to other unit members or new trainees and eighteen (19.0%) indicated cases were closed. Ten (10.0%) stated that they had not been over 100% or it was for less than 48 hours.

Ten of those interviewed stated that when their caseloads reached 100%, they were removed from the assignment rotation, given 30 days to process cases ready for closure or if a case transfer was necessary, the Social Work Supervisor asked for input prior to any decision making.

A third of the Ongoing Service Social Workers interviewed (32.2%) expressed concerns regarding a perceived manipulation of caseload data. Concerns included:

- Cases are removed from the Ongoing Service Social Workers assignment to decrease caseload percentage, but the Ongoing Service Social Worker still retains responsibility for case management.
- Part-time Ongoing Service Social Workers frequently maintain full caseloads that sometimes exceed 100%.

- Cases are temporarily transferred among unit members in order to maintain caseloads under 100%, which impacts the quality of work.
- When caseloads exceed 100%, cases are quickly transferred to other unit members without using the 30-day timeframe to appropriately plan. They are transferred without Ongoing Service Social Worker input or consideration of case issues and without transitional planning with clients.
- Assigned cases do not always appear on Ongoing Service Social Workers assignment tab or are assigned as N/A's. The caseload percentage can be higher than what is recorded in LINK.

Supervision:

The number of documented supervisory sessions from February 15, 2005 through May 15, 2005 for the Ongoing Service Social Workers interviews ranged from no documented sessions to 10 sessions during the quarter. The mode of supervision frequency for those 96 Ongoing Service Social Workers interviewed was three Social Work Supervisory conferences documented during the period (31.3%). See Table 75 below for full details.

Table 75: Frequency of documented supervision

# Of Supervisory Sessions Between February 15, 2005 through May 15, 2005	# Of Workers	% Of Workers
10	1	1.0%
9	3	3.1%
8	0	0.0%
7	1	1.0%
6	3	3.1%
5	9	9.4%
4	15	15.6%
3	30	31.3%
2	16	16.7%
1	15	15.6%
0	3	3.1%
Total	96	100%

When Ongoing Service Social Workers were asked, “How often do you normally have scheduled supervision during a month?” 48 Ongoing Service Social Workers (50.0%) stated they meet with their supervisors four times during the month, which would be a total of 12 for a quarter. Six (6.3%) Ongoing Service Social Workers indicated they met three times, seventeen (17.7%) met twice a month, twenty-four (25.0 %) met once a month and one worker indicated they did not meet with their supervisor each month.

Ongoing Service Social Workers were asked to describe the supervision process and what a typical supervisory session entailed. A total of 65 Ongoing Service Social Workers (67.7%) indicated that their entire caseload is reviewed, including prior directives, case requirements, needs to be met, and the worker’s “to do” list. Fifteen Ongoing Service Social Workers (15.6%) indicated that the above process is followed with three to six cases on their caseload and four (4.2%) review one to three cases per meeting. One (1%) Ongoing Service Social Worker indicated that half of caseload reviewed. Five (5.2%)

Ongoing Service Social Workers felt that they merely update the Social Work Supervisor and discussion does not take place. Four (4.2%) Ongoing Service Social Workers indicated their supervisors had too many workers assigned and little formal supervision took place. Two (2.1%) Ongoing Service Social Workers felt the process was repetitive and that there was no follow through or a consistent supervisory schedule.

Using a Likert scale, Ongoing Service Social Workers were asked to rate the level of supervision they had received during the quarter, forty-six (47.9%) Ongoing Service Social Workers indicated their supervision was superior, forty-one (42.7%) felt their level of supervision was good/average, seven (7.3%) felt their supervision was poor and two (2.1%) felt their level of supervision was unacceptable.

Table 76: Ongoing Service Social Workers ratings of the level of supervision they received during the period of February 15, 2005 through May 15, 2005 (n=96)

Scale	# Of workers	% Of workers
Superior	46	47.9%
Good/Average	41	42.7%
Poor	7	7.3%
Unacceptable	2	2.1%
Total	96	100.0%

The 96 Ongoing Service Social Workers were asked to identify what factors they felt were necessary for meaningful supervision. Up to three factors could be identified. The top seven factors cited are included below in order of frequency of identification.

- Respect/Support and Good Communication
- Knowledge of Cases and Policy; Experience
- Active Discussion and Collaboration
- Clear Direction and Feedback
- Consistent Supervision and Leadership
- Availability and Assistance
- Creative Case Planning, Assessment & Decision Making

When asked to suggest additional steps improve their current supervision, Ongoing Service Social Workers had the following thoughts:

- Increase formal supervision
- Decrease distractions during supervision
- Improve Social Work Supervisor knowledge of available resources
- Decrease Social Work Supervisor reassignments to improve cohesiveness of units.
- Additional role modeling/mentoring by supervisors in a field setting.
- Improve communication in the chain of command
- Record informal supervisory sessions in LINK
- Improve active listening
- Improve the support of Social Work Supervisor by Management
- Better case knowledge is needed by the Social Work Supervisor

Social workers were asked if the work environment in their offices was conducive to good case practice. 62 (64.6%) responded that it was and gave the following reasons:

- Colleagues share knowledge and are supportive of one another.
- Assigned unit is a cohesive group who are team oriented.
- Office is quiet and has a family environment due to its size.
- Supervisor goes above and beyond and provides hands-on assistance.
- Monthly unit meetings are helpful and allow the Social Workers the opportunity to vent.
- Caseloads are more manageable when under 100%.
- Unit members share cars, work cooperatively and are respectful of one another.
- Office morale has improved and there is less tension.
- Improvement seen because the agency is focusing on strength based practice that is still a compliance-based atmosphere.

34 Ongoing Service Social Workers (35.4%) responded that the atmosphere was not conducive to good case practice, and gave the following reasons:

- Noise level intense and there are many distractions
- Office is too small and the work area is overcrowded.
- Ongoing Service Social Workers have experienced many supervisors, unit members and workspace changes in the past year.
- Cubicles afford no privacy for professional conversations.
- Buildings are unhealthy. The air quality is poor, heat uncontrollable during winter and air conditioning broken during summer.
- Offices do not have enough equipment or the equipment has broken and is not repaired.
- Parking is very limited at some offices.
- Additional support staff such as case aides, certain ARG staff and office assistants are needed.
- Morale is poor among the workers.

Ongoing Service Social Workers were then asked, “What is the biggest obstacle that you as a DCF social worker has to overcome to attain the level of practice required by the outcome measures?” Obstacles documented were:

- Time Management
- Ability to assimilate all of the changes and meet agency expectations, including documentation
- Lack of provider resources (placements, wrap around services)
- Court Delays which impact permanency
- Visitation mandates
- Bureaucratic delays in decision making
- Lack of Agency Resources
- Emotion – stress/anxiety/cynicism/fear

Reviewers were asked to rank the level of supervision for the 569 cases reviewed using the scale detailed in the directional guide³⁹. The reviewers found 53.3% of the supervision to be good or excellent. See Table 77 for details.

Table 77: Reviewer’s Ranking of Supervision Documented in 569 Cases Reviewed

Rank	Frequency	Percentage	Cumulative Percentage
Excellent	31	5.4%	5.4%
Good	272	47.8%	53.3%
Poor	222	47.8%	92.3%
Negligible	44	7.7%	100.0%

Training:

Ongoing Service Social Workers were asked if they felt they had received adequate training in certain areas, as well as identifying additional areas of training and supervision that would assist them in improving their work performance.

Table 78: Ongoing Service Social Workers identified if they received adequate training on specific categories as identified during interviews

Type of Training Received	# Of Yes	% Of Yes	# Of No	% Of No
Case Management	87	90.6%	9	9.4%
Treatment Planning	87	90.6%	9	9.3%
LINK	82	85.4%	14	14.6%
Legal Matters	75	78.1%	21	21.9%
On-site Assessment	75	78.1%	21	21.9%
Service Availability	73	76.0%	23	24.0%
Policy	67	69.8%	29	30.2%

Ongoing Service Social Workers indicated a need for the following additional trainings:

- Ongoing Modeling/Mentoring (in the field when possible)
- General legal and the adoption process
- Medical & Mental Health Disorders/Diagnosis/DSM IV
- Community Resources/Service Directory
- Time & Case Management
- DCF Policy & Child Welfare Regulations
- Substance Abuse & Domestic Violence
- Assessment
- Treatment Planning
- Competent/Consistent Supervision

³⁹ The following scale was utilized to determine the rank scores:

- Negligible – no entries or cut and paste entries with no relevance to case events
- Poor/Fair – sporadic Social Work Supervisor entries with little substance or direction
- Good – monthly entry reflecting understanding of case events and appropriate direction
- Excellent – monthly (or more frequent) Social Work Supervisor notes with in-depth understanding of case events. Creative direction to improve case practice – follow up and discussion of prior directives.

- Adolescent Services
- Sexual Abuse Training
- Special Education/IEP's

Outcome Measure 19: Residential Reduction
Court Monitor’s Case Review Findings: 11.9% (Sample Size: 286)
DCF LINK Report for the period of April – June 2005: 12.6%

The *Juan F.* Exit Plan requires that no more than 11% of the total number of children in out-of-home care shall be in residential placements. This measure includes Voluntary Service cases.

The LINK report for the second quarter indicated that the Department had achieved **12.6%** compliance with this requirement.

Case Review data indicates that 321 children in the sample were in out-of-home care, at some point during the period of February 15, 2005 through May 15, 2005. At the point of review, 31 children had been returned to the home of their biological or adoptive parent or legal guardian and four were placed in detention. These children were removed from the overall sample universe bringing the total to 286 children in out-of-home care both within and outside of Connecticut. Of those 286 children, 34 (**11.9%**) were in residential care, with 22 children were placed in an in-state residential setting, and twelve children placed in an out-of-state residential setting.

Table 79: Type of placement on date of record review (n=286)

Type of Placement	# Of Cases	% Of Cases
In-state hospital setting	2	0.6%
Group Home	17	5.9%
In-state DCF foster care	156	54.5%
In-state private provider	49	17.1%
Out-of-state foster care	7	2.4%
Pre-adoptive placement	14	4.9%
Safe Home	1	0.3%
Shelter	4	1.4%
TLAP/CHAPS	2	0.6%
In-state Residential setting	22	7.7%
Out-of-state residential setting	12	4.2%
Total	286	99.6%

The review also examined the children who were newly placed in residential care at any point during the six-month period of time ending May 15, 2005. During the period, there were 46 children (16.0%) in residential placement at some point from November 15, 2004 through May 15, 2005.

Of those 46 children, 30 cases (65.2%) had been reviewed during a residential case conference in the six months prior to May 15, 2005 to determine if their needs could be met in a less restrictive setting and 16 children (34.8%) did not have their cases reviewed. The review collected data on who was involved in the review process for the 30 cases having a documented review. They are as follows:

Table 80: Who was involved in the review process for those thirty cases with documented residential case conference(s)

Type of Participant	Frequency of Participation	% of Participation
DCF Social Worker	30	100%
Residential Therapist or Physician	23	76.7%
DCF Supervisor	19	63.3%
Area Resource Group Member	14	4.7%
Other Participants	13	43.3%
Parent(s)	8	26.7%
DCF Manager	7	23.3%
Managed Service System (MSS)	6	20.0%
Lawyer/GAL	5	16.7%
Court Personnel	4	13.3%
Community Collaborative	1	3.3%

Some of the participants who fell under the “other” category included residential case managers, Department of Mental Retardation Staff, Department of Mental Health and Addictive Service Staff, juvenile justice staff, private clinicians and foster parents.

Nineteen of the 46 children (41.3%), who were in a residential setting during the six-months ending May 15, 2005, were approved for discharge. Of the 19 children, ten (52.6%) were discharged to a less restrictive setting during that six-month time period. Nine children (47.3%) remained in placement. Of those nine children, two had no placement resource available, two had an identified placement resource and were having transitional visits and two children had a newly identified placement resource. Two children remained in placement due to delays by social workers in completing the CPT packet. One child’s reason for delay in discharge was unable to be determined from documentation available in the LINK record.

Of the 46 identified children, ten (21.7%) will require residential care until they transition to adult programs. Five children (10.9%) will transition to DMR and five children will transition to DMHAS. Four children are in a placement at the request of their families via Voluntary Services (8.7%).

In all, 40 of the 46 cases (87.0%) were reviewed at an ACR/TPC during the period of November 15, 2004 to May 15, 2005. In 32 of the cases (69.6%) Administrative Case Coordinators documented that children were placed in the least restrictive setting. Administrative Case Review Coordinators indicated that eight children (17.4%) were not in the least restrictive placement setting. Of those eight cases, two children required step-down programs. One child required a less restrictive setting until transition to Department of Mental Retardation. Two placement settings did not meet the children’s needs. Three cases had reasons that were unable to be determined from the DCF-553 documentation. Six of the 46 cases did not have ACR/TPC’s during that time period.

During the interview process, 96 Ongoing Service Social Workers were asked, “When you have a child in residential placement, when do you begin planning for their discharge?” 52 Ongoing Service Social Workers (54.2%) indicated they begin discharge planning at the point of admission. Ten Ongoing Service Social Workers (10.4%) indicated that the discharge plan is based on the residential assessment and provider reports (timing determined by the provider). Nine (9.4%) Ongoing Service Social Workers stated that you begin planning for the child’s discharge one to three months prior to discharge and eight (8.3%) begin planning after the first six months in the residential setting. Five (5.2%) Ongoing Service Social Workers indicated that once the child has shown progress, they begin to plan for discharge. Two (2.1%) Ongoing Service Social Workers indicated that each case is unique and there is no set time, and two (2.1%) indicated that they begin planning prior to the child’s admission to the facility. Of the 96 Ongoing Service Social Workers, eight (8.3%) had not been assigned a case of a child in residential placement.

Table 81: If you have a child in residential, when do you begin planning for their discharge?

Discharge Planning Timetable	# Of Workers	% Of Workers
At the time of admission	52	54.2%
Decision based on residential assessment/provider reports	10	10.4%
Several months prior to discharge	9	9.4%
After first six months	8	8.3%
No children in residential	8	8.3%
Once progress is shown	5	5.2%
Prior to admission	2	2.1%
No set time to plan	2	2.1%
Total	96	100%

Ongoing Service Social Workers were asked, “What are the biggest barriers to timely discharge from residential?” More than 50.0% of the workers identified the lack of step-down placements. Other responses included:

- Lack of community resources to support child at home or in the subsequent placement setting.
- Difficulty in collaboration/communication with providers
- Child’s lack of progress in the program
- Parent’s ability/motivation to comply with expectations
- Educational programming needs
- Short notice of intended discharge

Of the 96 Ongoing Service Social Workers, three stated they felt that there were no barriers.

Outcome Measure 20: Discharge Measures

Court Monitor's Case Review Findings: 61.5% (Universe: 29)

The *Juan F.* Exit Plan requires that at least 85% of all children age 18 or older shall have achieved one or more of the following prior to discharge from DCF custody:

- A. Graduation from High School
- B. Acquisition of a GED
- C. Enrollment in or completion of college or other post secondary training program full-time.
- D. Enrollment in college or other post secondary training program part-time with part-time employment.
- E. Full-time Employment
- F. Enlistment full-time member of the military

There is no LINK automated data available for this measure. The Quality Improvement Division's last review completed during the fourth quarter 2004 found **83%** compliance with this measure.

Upon request, the DCF Information System Unit supplied the Court Monitor's Office with the universe of all youth, age 18 or older that were discharged from DCF custody between February 15, 2005 and May 15, 2005. The Court Monitor's Office confirmed the status of the identified youth with DCF's Program Supervisor of Adolescent Services. This process resulted in a total population of 29 cases⁴⁰. Our review includes this full universe.

Of the 29 cases reviewed where a child was discharged, one youth (3.8%) was too impaired to participate in school or be employed. One youth was successfully transitioned to Department of Mental Retardation. Two youth (7.6%) who did not meet the measure, had refused services upon reaching age 18. As described in the Exit Plan document, these three youth (11.5%) were removed from the overall universe.

Of the 26 youth discharged between February 15, 2005 through May 15, 2005, 16 youth **61.5%** achieved one or more of the outcomes for the discharge measure. Fourteen youth (53.8%) had graduated from high school and 11 youth (42.3%) were employed full-time. Of the 26 youth, nine (34.6%) had graduated from high school and were employed full-time. It should be noted that the timeframe of our sample would lend itself to a higher negative outcome, as it does not incorporate the end of a school year or semester.

⁴⁰ Universe data may be impacted by the reliability of legal status and discharge data.

Table 82: Crosstabulation: At the time of discharge, was the youth employed? What was the youth’s educational status at the time of discharge?

	Yes/Full-time ⁴¹	Yes/Part-time ⁴²	No	UTD	Total
Attended High School	0	0	1	1	2
Graduated High School	9	4	0	1	14
Dropped out	0	0	10	0	10
Total	9	4	11	2	26

Additionally, three youth (11.5%) were attending high school or working toward their GED at the point of discharge; four (15.2%) were employed part-time; two (7.6%) were incarcerated. Adolescent Discharge Plans (DCF2092) were completed in 11 cases (42.3%). Four cases (15.3%) had Independent Living Plans (DCF2091) completed. These plans are required by DCF Policies 42-10-1 and 42-10-2.

Independent Living Services were provided to 13 of the adolescents (50%). In the remaining 13 cases, there was no documentation of such service provision. Nine youth (34.6%) participated in a Community Housing Program Services (CHAP) program. Five of the nine had successfully completed the program prior to discharge.

A number of general needs were identified at the time of discharge. However, this review found that a large percentage of needs were “unable to be determined” due to lack of documentation in the LINK record. See Table 83 below for details.

Table 83: Needs identified for youth discharged from care February 15, 2005 through May 15, 2005 (n=26)

	% of Yes	% of No	% of UTD
Mental Health	34.6%	57.6%	7.6%
Psychiatric Disorder	26.9%	57.6%	15.3%
Substance Abuse	15.3%	61.5%	23.0%
Special Education	11.5%	76.9%	11.5%
Medically Complex	7.6%	92.3%	0%
Psychiatric Medication	7.6%	50%	42.3%

⁴¹ Full-time is defined as more than 35 hours per week.

⁴² Part-time is defined as less than 35 hours per week.

Outcome Measure 21: Discharge of Mentally Ill or Retarded Children

Court Monitor's Case Review Findings: 50.0% (Universe: 29)

The *Juan F.* Exit Plan requires that DCF submit a written discharge plan to the Department of Mental Health and Addictive Services or the Department of Mental Retardation for all committed or dually committed children⁴³ who are mentally ill or retarded and require adult services, within 180 days prior to anticipated discharge date.

There is no automated LINK reporting on Outcome Measure 21. The last Quality Improvement Division review completed during the fourth quarter 2004 found **60.0%** compliance with this outcome measure.

Our review found that in ten of the 29 cases (34.5%) where a youth was discharged, the submittal of a discharge plan for adult services upon discharge from DCF was required. Of those ten cases, five (**50.0%**) had documentation of a written discharge plans submitted to either Department of Mental Health and Addictive Services or Department of Mental Health.

Of the ten youth needing adult services, two youth were provided service by the adult system at the point of discharge without a lapse of service. One youth was transitioned to a DMR group home; a second youth was transitioned to a Department of Mental Health and Addictive Services apartment. A third youth was accepted but refused Department of Mental Health and Addictive Services. Of the remaining seven referred, none were receiving adult services at the time of discharge.

Table 84: Crosstabulation: Was youth picked up by the referred adult system at the point of discharge so that there was no lapse in services to the youth? Was the youth in need of continuing services due to severe or persistent major mental illness, or other developmental disorders?

<i>Count</i>		Was youth picked up by the referred adult system at the point of discharge so that there was no lapse in services to the youth?				
Child is in need of continuing clinical services due to severe or persistent major mental illness, or other developmental disorders		Yes	No	N/A- did not qualify	Referral accepted client refused	Total
	Yes	2	7	0	1	10
	No	0	0	19	0	19
Total		2	7	19	1	29

At the point of discharge, one youth (3.4%) had a mental retardation diagnosis. Two youth (6.9%) had an IQ under 70. Nine youth (31.0%) had an identified psychiatric disorder. Four youth's diagnosis (13.8%) could not be determined from the LINK documentation. No youth had been hospitalized for psychiatric reasons during the prior twelve months. Four youth (13.8%) were being administered psychiatric medication. The

⁴³ Except Probate, Interstate and Voluntary cases

issue of medication management could not be determined due to lack of documentation in 11 cases (37.9%).

Table 85: Was child referred to Department of Mental Retardation?

<i>Count</i>		Was child referred to DMR?		
Child is in need of continuing clinical services due to severe or persistent major mental illness, or other developmental disorders		Yes	N/A- did not qualify	Total
	Yes	2	8	10
	No	0	19	19
Total		2	27	29

Ten youth required Department of Mental Health and Addictive Services. Seven youth were referred. Of the three remaining youth, one packet was completed but the referral was not made, one youth did not qualify for Department of Mental Retardation and the third youth refused services from Department of Mental Health and Addictive Services, so the referral was not made.

Table 86: Was child referred to Department of Mental Health and Addiction Services?

<i>Count</i>		Was child referred to DMHAS?			
Child is in need of continuing clinical services due to severe or persistent major mental illness, or other developmental disorders		Yes	No	N/A- did not qualify	Total
	Yes	7	2	1	10
	No	0	0	19	19
Total		7	2	20	29

Issues Relating to Outcome Measures 20 & 21:

A separate universe was utilized for Outcome Measures 20 & 21. Therefore, the case practice issues are specific to this universe. Reviews ranked⁴⁴ the quality of Social Work Supervisor Conference narratives and directives for these 26 cases. Supervision was ranked as follows:

- Supervision was “excellent” in 3.8%
- Supervision was “good” in 23.0%
- Supervision was ranked “poor” in 46.1%
- Supervision was ranked “negligible” in 26.9%

⁴⁴ The following scale was utilized to determine the rank scores:
 Negligible – no entries or cut and paste entries with no relevance to case events
 Poor/Fair – sporadic Social Work Supervisor entries with little substance or direction
 Good – monthly entry reflecting understanding of case events and appropriate direction
 Excellent – monthly (or more frequent) Social Work Supervisor notes with in-depth understanding of case events. Creative direction to improve case practice – follow up and discussion of prior directives.

Social Work Supervisors documented risk factors in five of the conferences (19.2%). Five Social Work Supervisors (18.2%) did not have a documented supervisory conference with the social worker between February 15, 2005 and May 15, 2005. Our review found 15 cases (57.6%) where the Social Work Supervisor did not document any risks or issues regarding the youth at supervisory conferences documented during the period. In 11 of the 15 cases, the reviewer found that the LINK narrative entries leading up to the conference contained clearly identified risks that remained unaddressed.

Of the 21 Social Work Supervisors (80.7%) who had documented supervisory conferences with their social workers during the period of February 15, 2005 through May 15, 2005, 42.3% documented three conferences, 23% documented two and 15.3% documented one conference during the quarter.

Outcome Measure 22: Multi-disciplinary Exams (MDE)

Court Monitor's Case Review Findings: 57.7% (Sample Size: 84)
DCF LINK Report for the period of April – June 2005: 55.4%

The *Juan F.* Exit Plan requires that at least 85% of the children entering the custody of DCF for the first time shall have an MDE conducted within 30 days of placement. All cases should have a MDE even if one cannot be done within 30 days.

The Department reports that **55.4%** of the children that came into care in the quarter ending June 30, 2005 received a timely MDE.

The Monitor's sample included 84 children who entered placement in the year ending May 15, 2005 and who had been in care for a period of more than 60 days. Thirteen of the 84 children were exempt⁴⁵ from this measure; as 11 children were placed directly from a hospital setting and two had prior placement episodes.

In all, 71 children required MDE's. The MDE was documented for 66 children (93.0%). 41 children received the MDE within the 30-day requirement (**57.7%**). 25 received the MDE later than 30 days in placement. Five children did not receive an MDE (5.9%).

The primary barriers to meeting the measure were: five cases (16.6%) noted delays by social workers in making referrals; one child was placed on a waiting list (3.3%); two children (6.6%) had the initial appointments cancelled and rescheduled outside of the timeframe, two cases (6.6%) had no barriers documented; and in 19 of the cases (63.3%) reviewed, the lack of documentation in LINK precluded the identification of barriers. The nine additional MDE sites recently opened will assist in the Department's efforts to meet this outcome measure.

The reviewers found LINK documentation of the MDE results for 56 children (78.8%) of the 66 cases with completed MDE's. Of the 56, workers documented their implementation of the recommendations in 36 cases, either in LINK and/or the treatment plans. Seven of the MDE's (12.5%) required no service referrals following the exam. One MDE (1.8%) required additional monitoring. Three cases (5.3%) had no documentation that reflected follow through with MDE recommendations and nine (16%) either had no treatment plan developed or no narratives documented in LINK following the completion of the MDE upon which to base our conclusions.

⁴⁵ Exemption agreed upon and documented within the development of the Exit Plan. Includes all children entering care from hospital settings of greater than seven days, children having prior placement episodes, or children in placement for less than 30 days.

Table 87: Was the necessary follow up on the MDE recommendations documented in LINK narratives or in the treatment plan resulting from the TPC? (n=56)

Follow through on recommendations	# of Cases	% of Cases
N/A - No Recommendations Made	7	12.5%
Yes – Follow Through of Recommendations Documented	36	64.3%
No Documentation of Follow Through with Recommendations	3	5.3%
To be Determined – Ongoing Monitoring	1	1.8%
No Treatment Plan/Narratives in LINK post MDE	9	16.0%
Total	56	100%

Therefore in looking at the 71 children who required a MDE, 43 children (60.6%) had a MDE completed (whether within 30 days or not) and documentation existed that there was follow up or service provision as specified in the MDE report.

The Ongoing Service Social Worker interviews provided insight as to the value and importance line staff place on Multi-Disciplinary Exams in the Department’s treatment planning process. Of the 96 Ongoing Service Social Workers interviewed, 47 placed major importance on the results of the Multi-Disciplinary Exams (49%). Thirty Ongoing Service Social Workers (31.3%) placed moderate importance on the Multi-Disciplinary Exams and Ongoing Service Social Workers (10.4%) placed minimal importance on the results of the Multi-Disciplinary Exams. Nine Ongoing Service Social Workers (9.4%) were in specialized units and did not comment. They do not have cases of initially placed children that require the examinations.

Table 88: What level of importance do you place on the MDE in influencing the early stages of treatment planning?

Level of Importance	Number	Percentage
Major	47	49%
Moderate	30	31.3%
Minimal	10	10.4%
Not Applicable	9	9.4%
Total	96	100%

The Ongoing Service Social Workers interviewed were asked to elaborate about the importance of MDE’s; responses are categorized as follows:

- 48 Ongoing Service Social Workers (50%) feel MDE’s provide a baseline for needs and recommendations and give an overall sense of the child.
- 24 Ongoing Service Social Workers (25%) indicated that MDE’s were often completed prior to their being assigned.
- 15 Ongoing Service Social Workers (15.6%) felt that MDE results were too often general and not very helpful.
- 4 Ongoing Service Social Workers (4.1%) indicated that results were not received in a timely manner, which diminished importance as the initial plans were already developed prior to receipt.

- 3 Ongoing Service Social Workers (3.1%) stated that exams were completed because they were an expectation or requirement of the Department.
- 2 Ongoing Service Social Workers (2%) indicated the exams were helpful, as prior to placement some children had not received medical care in a long time, and there was no information available.

When the Ongoing Service Social Workers were asked what they did with the information they received, 65 or (68%) indicated that they discussed results with foster parents or residential caretakers and providers and then followed through with the MDE recommendations. Sixteen Ongoing Service Social Workers (17%) indicated that they discussed the results with Social Work Supervisor, Area Resource Group as well as the providers and/or caretakers. Seven workers (7.2%) indicated that they only documented the results in LINK and the treatment plan (no discussion noted).