Juan F. v. Rell Exit Plan
Quarterly Report
July 1, 2008 - September 30, 2008
Civil Action No. H-89-859 (AHN)
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Highlights

- The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of July 1, 2008 through September 30, 2008 indicates the Department has achieved 17 of the 22 Outcome Measures.

- Based on the Monitor's review of a 53-case sample, the Department attained a level of "Appropriate Treatment Plan" in 33 of the 53-case sample or 62.3% and attained the designation of "Needs Met" in 28 of the 53-case sample or 52.8%. The performance on Treatment Plans is the best recorded in the 10 quarters that the Court Monitor has been utilizing the current methodology.

  Specific and time-limited action steps and goals remain the key problem areas for the Department and the level of provider input, family engagement and participation of key stakeholders (youths, mothers, fathers, providers, and attorneys) in both the development of the treatment plan and attendance at the Administrative Case Review (ACR) must improve.

  The predominant issues impacting children's needs being addressed involve the lack of appropriate foster and adoptive homes, wait-lists for community based services, discharge delays from the continuum of treatment/placement programs, lack of appropriate in-state residential services for specialized populations of children, delays in referrals to needed services, and the refusal of services by parents and/or children. Gridlock within the continuum of treatment/placement services remains a constant obstacle to fully addressing the needs of children. Some improvement in the area of discharge delays form hospital emergency departments was noted.

- The Department's performance on Outcome Measure 19 (Residential Reduction) improved from 10.4% to 9.9% this quarter. As of November 5, 2008, there were 529 *Juan F.* children placed in residential facilities. This is a reduction of 49 children in comparison to the 578 children in residential facilities reported last quarter. The number of children residing and receiving treatment in out-of-state residential facilities decreased by two children to 282 *Juan F.* children. The number of *Juan F.* children receiving service at in-state residential facilities decreased by 47 children compared with last quarter.

- The Department has instituted a number of changes and new efforts during the past quarter to implement the Foster Care Recruitment and Retention Plan. It is still too early to tell whether these actions will have the intended impact on the quantity and quality of foster homes. In spite of the efforts to date, the number of DCF regular foster homes decreased by 61 homes to 1,119. The combined total number of licensed foster homes, all types, decreased by 113 homes from the 2,355 homes reported in June to 2,242 homes referenced within September 2008 report. The number of private agency foster homes increased by 52 this quarter.

One of the new efforts involves the provision of additional support and recruitment/retention activity by the Department and the Connecticut Association of Foster and Adoptive Parents (CAFAP) that began in September. Re-allocation within the CAFAP contract has allowed CAFAP to utilize staff to contact prospective foster families after their attendance at an open house, but prior to the beginning of training. CAFAP will also contact active foster parents prior to the requirement to re-license (two years after their initial license is issued). The recent analysis of the recruitment and retention process conducted by a consultant indicated that these are two of the critical junctures where foster parents are more likely to discontinue foster parenting.

- The Department improved on last quarter's effort to conduct an initial search for relatives. The percentage of cases reflecting an initial search was 96.3% which eclipsed the percentage recorded the previous quarter. The percentage represents 491 cases where relative searches were documented. Appropriate use of relative care is essential to promoting on-going family connections and reducing placement trauma for children. Given the continued decrease in the number of licensed non-relative foster homes, relative care must be thoroughly and continuously explored for each child entering the Department's care.

- On November 25, 2008, the Department in conjunction with the Technical Advisory Committee (TAC) issued a report, "An Analysis of Connecticut Treatment Planning and Recommendations for Improvement". The development of this report included focus-group work, surveys, a policy review, data analysis and attendance at Administrative Case Reviews. The recommendations focus on family-centered treatment planning and include changes to the treatment plan document to clarify and simplify the plan for use by families, expanding the hours of the ACR schedule to accommodate families and youth, holding case conference meetings on a quarterly basis, designing a training and coaching system to support engagement of families, developing a stronger link from the Training Academy with the Area Offices to support a teaming approach, developing a Quality Improvement mechanism for a teaming and planning process, integrating the work to improve treatment planning with other initiatives underway in the Department and aligning the Court Monitor review tools and the ACR 553 summary to ensure that they support the recommended planning process and documents. A work group has commenced, that includes the Court Monitor's participation, to proceed with implementation of the recommendations set forth in the report. A full version of the report is provided as an addendum to this report (Addendum 1).

- The initial implementation of the Service Needs Review process encompassed 110 cases. The cases were reviewed by the Area Office Social Workers, Social Work Supervisors, Program Supervisors, Behavioral Health Program Directors, and CPS Program Directors. The Quality Improvement Program Supervisor and Court Monitor Reviewers independently reviewed a sample of the cases. Additional cases were independently reviewed by Court Monitor staff.

Of the 110 cases reviewed; 66 were determined to need a Case Conference within 45 days to further develop action plans to address the needs of the child and/or family, 25 required a 90 day review and/or case conference, and 16 were determined to not require further review.

Case conferences are being scheduled and some have been held for these cases. The Case Conferences are attended and facilitated by Area Office managers (Program Directors and Program Supervisors). Court Monitor staff are attending selected conferences.

Overall the Department's implementation efforts were of good quality. In cases where feedback was provided by the Monitor's Office, there was considerable informed dialogue and where indicated, revisions to both the review instruments and action plans resulted where indicated. The Department's early efforts in conducting Service Needs Reviews are consistent with the strengths and deficits noted in prior Court Monitor review activities. A majority of the cases reflect solid casework efforts by Social Workers, Social Work Supervisors (SWS) and managers but clear and documented supervision and communication was lacking in a number of the cases reviewed. The need for additional and appropriate treatment and/or placement options was noted in a number of cases. While some of the initial action plans developed for the cases reviewed were not concise, complete or connected with necessary or realistic timeframes, many more of the cases reflected the required review and input of SWS, Program Supervisors, and Program Directors and incorporated specific action steps and definitive timeframes for completion of action steps to remove barriers impacting permanency and well-being. Utilization of the Service Needs Review methodology is impacting the typical pattern of associating permanency and placement decisions with the date of the subsequent court appearance or the date of the subsequent Treatment Plan/Administrative Case Review and instead is driving a thorough review of action step timeframes.

An additional 199 cases are now being reviewed utilizing the Service Needs methodology.

The barriers identified in these cases are similar to the findings regularly reported in the Court Monitor's Quarterly Review of Outcome Measure 15. These include: the lack of appropriate foster homes and adoptive homes, wait-lists for critical services such as Life Skills training, mentoring, mental health counseling, intensive in-home service, substance abuse treatment, domestic violence service, specialized service provision, and the lack of timely and planful decisions by the Department, families, providers and the Court system regarding the permanency and treatment needs of children and families.

- The Department identified a population of 1,077 children in out-of-home placement on July 17, 2008 that had outstanding Early Periodic Screening Diagnosis and Treatment (EPSDT) screens as part of the reporting requirement of the Stipulation Regarding Outcome Measures 3 and 15. Subsequently, a follow-

up report was produced citing the progress in timeliness of EPSDT efforts as of November 21, 2008. During this period, the Department has reduced the number of children without timely medical and dental screens from 21.5% of the children in placement to 4.5 % of the children in placement. The report indicates that the Area Office staff had resolved 829 of the 1,077 cases where children did not have documented medical or dental screens. The report indicated that the remaining 248 children, or 23.0% of the original 1077 identified, had screens outstanding as of the November date.

The Court Monitor conducted two reviews of this issue during the quarter. A statistically valid sample of 240 cases was reviewed each time. The sample cases included children identified by the Department as overdue for medical and dental screens and cases the Department deemed to be in compliance with receiving screening services. Overall, the findings were consistent with that reported by the Area Offices in that 32 of the 122 cases that were initially identified as having an outstanding EPSDT (26.2%)[1] remained outstanding when reviewed as of October 24, 2008.

- The number of children in SAFE homes decreased markedly this quarter. The number of children as of November 5, 2008 was 102 compared with the 175 children reported in SAFE Homes in August 2008. The number of children in SAFE homes greater than 60 days also declined significantly. In all, 50 children were in this overstay status in November compared with the 95 children reported in August 2008.

  The change in these totals is attributed to the significant efforts by the Department staff to place children in family-based settings (foster care) and increased efforts to discharge children in a timely manner.

- The number of children in STAR placements remained relatively unchanged from the previous quarter (76 children in August 2008, 73 children in November 2008) and the number of children in overstay status (> 60 days) decreased from 39 children in August 2008 to 30 children in November 2008.

- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased from 1,183 in August 2008 to 1,126 as of November 2008. The Department has instituted the practice whereby for every child deemed appropriate for an APPLA, the Area Office must forward the rationale including the findings of the Permanency Planning Team to the Bureau Chief of Child Welfare for approval.

- The number of children 12 years old and under in congregate care decreased from the 312 children reported in August 2008 to 248 children reported in November 2008. Most of this change is accounted for in the reduction of children 12 years

[1] 4 children received the appointment required just outside of the October 24th window. The rate of compliance with these children factored in is reflected as 22.9%.

old and under in SAFE homes; 164 in August 2008 compared with 96 reported as of November 5, 2008.

- The Monitor's quarterly review of the Department for the period of July 1, 2008 through September 30, 2008 indicates that the Department did not achieve compliance with five (5) measures:
    - Treatment Plans (62.3%)
    - Reunification (57.1%)
    - Sibling Placements (82.6%)
    - Children's Needs Met (52.8%)
    - Discharge to DMHAS and DMR (95%)

- The Monitor's quarterly review of the Department for the period of July 1, 2008 through September 30, 2008 indicates the Department has achieved compliance with the following 17 Outcome Measures:
    - Commencement of Investigations (97.4%)
    - Completion of Investigations (89.9%)
    - Search for Relatives (96.3%)
    - Repeat Maltreatment (5.7%)
    - Maltreatment of Children in Out-of-Home Care (0.3%)
    - Adoption (32.3%)
    - Transfer of Guardianship (71.7%)
    - Re-entry into care (6.7%)
    - Multiple Placements (95.9%)
    - Foster Parent Training (100.0%)
    - Placement within Licensed Capacity (97.0%)
    - Worker-Child Visitation Out-of-Home Cases (95.4% Monthly/98.6% Quarterly)
    - Worker-Child Visitation In-Home Cases (90.3%)
    - Caseload Standards (100.0%)
    - Residential Reduction (9.9%)
    - Discharge Measures (95%)
    - Multi-disciplinary Exams (94.0%)

- The Department has maintained compliance for at least two (2) consecutive quarters[2] with all 17 of the Outcome Measures reported as achieved this quarter. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
    - Commencement of Investigations (sixteenth consecutive quarter)
    - Completion of Investigations (sixteenth consecutive quarter)
    - Search for Relatives (twelfth consecutive quarter)
    - Repeat Maltreatment (sixth consecutive quarter)
    - Maltreatment of Children in Out-of-Home Care (nineteenth consecutive quarter)
    - Adoption (eighth consecutive quarter)
    - Transfer of Guardianship (ninth consecutive quarter)
    - Re-entry (second consecutive quarter)
    - Multiple Placements (eighteenth consecutive quarter)
    - Foster Parent Training (eighteenth consecutive quarter)
    - Placement within Licensed Capacity (ninth consecutive quarter)
    - Visitation Out-of-Home (twelfth consecutive quarter)
    - Visitation In-Home (twelfth consecutive quarter)
    - Caseload Standards (seventeenth consecutive quarter)
    - Residential Reduction (tenth consecutive quarter)
    - Discharge Measures (thirteenth consecutive quarter)
    - Multi-disciplinary Exams (eleventh consecutive quarter)

  A full reporting of the Stipulation Regarding Outcome Measure 3 and 15 and the DCF Action Plan can be found on pages 18 and 21 respectively.

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

Juan F. Exit Plan Report Outcome Measure Overview
3Q 2008 (July 1, 2008 - September 30, 2008)

Measure		2004 Percentages				2005 Percentages				2006 Percentages				2007 Percentages				2008 Percentages		
		1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q
1: Investigation Commencement	>=90%	X	X	X	91.2	92.5	95.1	96.2	96.1	96.2	96.4	98.7	95.5	96.5	97.1	97	97.4	97.8	97.5	97.4
2: Investigation Completion	>=85%	64.2	68.8	83.5	91.7	92.6	92.3	93.1	94.2	94.2	93.1	94.2	93.7	93	93.7	94.2	92.9	91.5	93.7	89.9
3: Treatment Plans	>=90%	X	X	10	17	X	X	X	X	X	X	54	41.1	41.3	30.3	30	51	58.8	54.7	62.3
4: Search for Relatives*	>=85%	X	X	93	82	44.6	49.2	65.1	89.6	89.9	93.9	93.1	91.4	92	93.8	91.4	93.6	95.3	95.8	96.3
5: Repeat Maltreatment	<=7%	9.4	8.9	9.4	8.9	8.2	8.5	9.1	7.4	6.3	7	7.9	7.9	7.4	6.3	6.1	5.4	5.7	5.9	5.7
6: Maltreatment OOH Care	<=2%	0.5	0.8	0.9	0.6	0.8	0.7	0.8	0.6	0.4	0.7	0.7	0.2	0.2	0.0	0.3	0.2	0.2	0.3	0.3
7: Reunification*	>=60%	X	X	X	X	X	X	64.2	61	66.4	64.4	62.5	61.3	70.5	67.9	65.5	58	56.5	59.4	57.1
8: Adoption	>=32%	10.7	11.1	29.6	16.7	33	25.2	34.4	30.7	40.0	36.9	27	33.6	34.5	40.6	36.2	35.5	41.5	33	32.3
9: Transfer of Guardianship	>=70%	62.8	52.4	64.6	63.3	64	72.8	64.3	72.4	60.7	63.1	70.2	76.4	78	88	76.8	80.8	70.4	70	71.7
10: Sibling Placement*	>=95%	65	53	X	X	X	X	96	94	75	77	83	85.5	84.9	79.1	83.3	85.2	86.7	86.8	82.6
11: Re-Entry	<=7%	X	X	X	X	X	X	7.2	7.6	6.7	7.5	4.3	8.2	7.5	8.5	9	7.8	11	6.7	6.7
12: Multiple Placements	>=85%	X	95.8	95.2	95.5	96.2	95.7	95.8	96	96.2	96.6	95.6	95	96.3	96	94.4	92.7	91.2	96.3	95.9
13: Foster Parent Training	100%	X	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
14: Placement Within Licensed Capacity	>=96%	88.3	92	93	95.7	97	95.9	94.8	96.2	95.2	94.5	96.7	96.4	96.8	97.1	96.9	96.8	96.4	96.8	97.0
15: Needs Met**	>=80%	53	57	53	56	X	X	X	X	X	X	62	52.1	45.3	51.3	64	47.1	58.8	54.7	52.8
16: Worker-Child Visitation (OOH)*	>=85% 100%	72 87	86 98	73 93	81 91	77.9 93.3	86.7 95.7	83.3 92.8	85.6 93.1	86.8 93.1	86.5 90.9	92.5 91.5	94.7 99.0	95.1 99.1	94.6 98.7	94.8 98.7	94.6 98.5	95.9 99.1	94.9 98.7	95.4 98.6
17: Worker-Child Visitation (IH)*	>=85%	39	40	46	33	71.2	81.9	78.3	85.6	86.2	87.6	85.7	89.2	89	90.9	89.4	89.9	90.8	91.4	90.3
18: Caseload Standards+	100%	73.1	100	100	100	100	100	99.8	100	100	100	100	100	100	100	100	100	100	100	100
19: Residential Reduction	<=11%	13.9	14.3	14.7	13.9	13.7	12.6	11.8	11.6	11.3	10.8	10.9	11	10.9	11.0	10.8	10.9	10.5	10.4	9.9
20: Discharge Measures	>=85%	74	52	93	83	X	X	95	92	85	91	100	100	98	100	95	96	92	92	93
21: Discharge to DMHAS and DMR	100%	43	64	56	60	X	X	7%	70	95	97	100	97	90	83	95	96	97	98	95
22: MDE	>=85%	19	24.5	48.9	44.7	55.4	52.1	58.1	72.1	91.1	89.9	86	94.2	91.1	96.8	95.2	96.4	98.7	93.6	94.0

Stipulation Regarding Outcome Measures 3 and 15

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

A. Recruitment and Retention Plan

During the past quarter, the Department began implementation of the approved Family Foster Care Action Plan. The following is a description of the significant efforts:

- The Department has proceeded with the re-procurement of Foster and Adoptive Support Teams (FAST). This in-home service has been redesigned to ensure standardized services and to enhance the quality of services by ensuring service providers are licensed and credentialed by ABH. The focus of the redesigned service has expanded to provide outreach and service to foster families when disruption appears to be imminent. All sibling group placements in foster homes will also be offered FAST services. The application deadline was November 21, 2008 and the new contracts are expected to be in place early in 2009.

- Denise Goodman, a consultant with the Center for the Study of Social Policy, conducted a needs assessment of the Office of Foster Care Services recruitment and retention efforts. Ms. Goodman produced a report on her findings. A key finding highlighted the need for increased and flexible PRIDE training.

- A business process analysis resulted in a realignment and reallocation of resources to support prospective families waiting for a PRIDE training class or those who have been invited but haven't attended an Open House. Through a reallocation of their existing contract CAFAP has designated staff to coordinate with the Department and provide regular contact with the above-described families. In addition, licensed foster families approaching their two year relicensing date are being contacted and offered support, resources, and referrals where needed. The Connecticut Association of Foster and Adoptive Parents (CAFAP) staff are also discussing the foster parents' experiences, soliciting suggestions and encouraging license renewal during these contacts.

- The Department has indentified a number of staff from various Bureaus who are certified PRIDE trainers and willing to assist with providing additional training opportunities. The intent is to offer flexible training options that will allow prospective foster parents to be trained on a faster or slower schedule including weekend classes.

- The Community Collaborative contracts were amended to provide increased hours dedicated to recruitment as well as additional part-time staff. The Collaboratives' focus will be on targeted recruitment and the implementation of Area Office goals.

- Foster care units in each office now have access to flex funds to support the needs of foster parents including licensed relative homes.

- The implementation of Phase I of the redesigned Emergency Mobile Contracts in the Hartford and Eastern Connecticut area will provide priority service to foster children, including therapeutic foster care programs. Phase II of this rollout is proceeding.

- The Parent Encouragement Program (PEP) now provides current licensed foster homes $500.00 for referring a family who ultimately is trained and licensed by the Department.

- An RFP to reprocure, redesign, and enhance Therapeutic Foster Care Services has been developed. The RFP was scheduled to be released in early December but has been delayed due to current State fiscal considerations. It is slated to be released later in January 2009. Previously, a Request for Information (RFI) solicited 22 responses that were reviewed and incorporated into the proposed redesign of the TFC service system.

- A new initiative, Support Through Relationships Ongoing and Nurturing Growth (STRONG), allows foster parents to maintain their relationship with a child who requires a more intense level of care (i.e. hospital, sub acute, etc.). Foster parents will receive a board rate to continue their connection with the child and support associated costs.

B. Recruitment and Retention Goals

The Department's goal as outlined in the Stipulation is a "statewide net gain of 350 foster families by June 30, 2008".

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

DCF licensed foster homes:	2,355
Private Foster Care homes:	1,033
	3,388

According to the September 2008 report, the number of foster homes is:

DCF licensed foster homes:	2,242
Private Foster Care homes:	1,085
	3,327

Therefore, the number of DCF licensed homes decreased by 113 homes this quarter. The number of private agency foster homes increased by 52 this quarter.

Stipulation §II. Automation of Administrative Case Reviews and Treatment Planning Conferences

Considerable work has occurred this quarter on revising the Administrative Case Review summary document, the DCF-553. A number of drafts have been forwarded for review to the Court Monitor. The Department has had some indecision on whether to utilize a temporary short-term approach to the automation that would allow them to meet the established Stipulation timeline or to produce a

permanent application in LINK which will add a number of months to the timeline. The release of the Treatment Plan Report on December 1, 2008 also brings into question whether proceeding with finalization of the DCF-553 prior to completing the revisions of the Treatment Plan is appropriate.

The Court Monitor will advocate creating a permanent change in LINK that will incorporate the automation of the DCF-553. This will also serve to allow the revision of the DCF-553 to be better timed and informed by the proposed changes to Treatment Plan. The change in the due date will require agreement of the parties and will be taken up as part of the December 2008 meeting of the *Juan F.* parties.

Stipulation §III. Independent Expert Review of the Utilization of Congregate Care Facilities
During the previous quarter a preliminary proposal for conducting a review of the utilization of congregate care facilities was developed by the Department in conjunction with the Technical Advisory Committee. This proposal sets out the tasks and components to be accomplished and includes timeframes for completion that conclude with production of a report containing recommendations and action steps.

The Court Monitor took part in two of the meetings that have been held thus far. The Department's team working on this effort includes the Bureau Chief of Behavioral Health, a number of his senior managers and a manager from both the Bureau of Child Welfare and Bureau of Quality Improvement.

Current activities involve a review and analysis of policies and procedures including: data reports from multiple systems, previous reports and action plans, the level of care standards (ASO), processes for determining need (Area Office), and a detailed review of the full continuum of out-of-home placements including Connecticut Children's Place and High Meadows. A report including recommendations for improvement and/or modifications of existing policies, procedures and models, as well as suggestions related to the phasing out of any types or categories of congregate care is expected in April 2009.

Stipulation §IV. Practice Model
On October 14, 2008, the Department entered into a contract with the Center for the Support of Families (CSF) to assist DCF in developing a practice model and a plan for implementing that model.

A preliminary strategy, including a timeframe for developing individual components of the plan, has been produced and a variety of activities concerning surveying, policy review, data review, training review, and focus groups have commenced.

The strategy outlines the assumptions on which the model will be based. These include:

- The practice model will provide a framework for all casework activities with children and families. It will provide both a conceptual and a practical framework that guides staff in the field in all interventions with children and families, and will not be limited to unique circumstances or populations;

- The practice model will be based upon and clearly reflect the DCF Mission Statement and Guiding Principles, as posted on the Connecticut DCF website. Specifically, the practice model will be intended to operationalize the fundamental values, principles, and commitments embodied in the DCF Mission Statement and Guiding Principles;

- The practice model will comprise an integrated approach to serving children and families by encompassing practices and activities that address safety, permanence, and well-being, and by providing a consistent approach to child welfare interventions across programs that serve children and families;

- The practice model will provide a basis for DCF to engage stakeholders whose functions affect populations of children and families served by DCF in an active coordination and alignment of activities, so that the broader system of child welfare in Connecticut may have a common foundation and perspective in its work with children and families;

- The practice model will provide for a set of predictable and consistent activities in the treatment of children and families across DCF's geographic and programmatic divisions;

- The practice model will be strongly linked to the DCF processes for assuring accountability in child welfare practice and outcomes for children and families, by aligning monitoring and practice reinforcement procedures;

- The practice model will provide a guide for strengthening and maintaining capacity within the child welfare infrastructure by linking systemic needs, such as training, service array and delivery, information and reporting, supervision, and other supports directly to the implementation and maintenance of the practice model in the field; and

- The practice model will provide a clear framework for the field's understanding of how the child welfare system in Connecticut serves children and families that require its services and interventions.

Stipulation §I.A. - §I.C Service Needs Reviews
Implementation of the Court Monitor Service Needs Review Methodology began in earnest during the quarter. Utilizing the Quality Improvement Program Supervisors (QIPS) as a point of contact, the Court Monitor communicated instructions, released four different protocols, and provided feedback to questions and updates to Department staff as needed. During this initial period Initial Cohort Screens were completed for 110 cases.

The Court Monitor examined each of these 110 protocols to assist the Department in establishing expectations for the thoroughness, accuracy and the quality of the review activity. In addition, the Court Monitor reviewed every case that the Department deemed did not require a case conference or

further review activity in more depth, and provided approval or non-approval to the Area Office staff. DCF Quality Assurance and Court Monitor Reviews were conducted for 59 of the 110 cases. Case Conferences are in the process of being scheduled and held at this writing.

Of the 110 cases initially reviewed, 65 required a 45-day case conference, 29 did not require a 45-day case conference but required a 90-day review and/or case conference, and 16 did not require a case conference or further Service Need review activity and would be reviewed through the normal ACR process going forward.

Overall the Department's implementation efforts were of good quality. In cases where feedback was provided by the Monitor's Office, there was considerable informed dialogue and revision to the review instruments and activities resulted where indicated. The Department's early efforts in conducting Service Needs Reviews appear to be consistent with the strengths and needs noted in prior Court Monitor review activities. A majority of the cases reflect solid casework efforts by Social Workers, Social Work Supervisors and managers but clear documented direction and communication was sometimes lacking. The lack of appropriate treatment and/or placement options was noted in a number of cases. While some of the initial action plans developed for the reviewed cases were not concise, complete or connected with necessary or realistic timeframes, many more of the cases reflected the input of Social Work Supervisors, Program Supervisors, and Program Directors and incorporated specific action steps and definitive timeframes for completion of action steps to remove barriers to reducing barriers impacting permanency and well being. Utilization of this methodology is impacting the typical pattern of associating permanency and placement decisions with the date of the subsequent court appearance or the date of the subsequent Treatment Plan/Administrative Case Review.

Upon completion of the initial review of cases, 199 additional cases were identified from the cohort populations and are currently in the process of initial cohort screening by the Department, QIPS staff and Court Monitor review staff.

The pace of implementing this process has been purposely deliberate, at the Court Monitor's request, to allow the development of automated protocols. The cases that have been reviewed thus far, have been done in hard copy which is often fraught with inefficiency and significant challenges including data entry issues. The Department has assertively pursued automation of the Court Monitor's review protocols to offer efficiency, and increased data analysis potential to the process. Introduction of the automated tools is scheduled for late December 2008. Data entry of the initial 110 cases is scheduled to begin during the middle of December.

Thus far, efforts to integrate the Service Needs Review process with the Administrative Case Review process are in early implementation with mixed results. Additional work is required by the Department to ensure a seamless effort to review and discuss the permanency, placement and treatment needs of families as identified by the initial cohort screen when the ACR meeting is the forum for the required 45-day or subsequent Service Needs case conference.

The Court Monitor has instituted discussions with the Department and Plaintiffs aimed at opening this Service Needs Review activity to an ongoing dynamic review (entry and exit lists) of children in the cohorts rather than the point-in-time approach now being conducted.

There has been a clear impact on reducing children in overstay status in temporary placements, adjustments to both the activities and timeframes in action plans, improved coordination of service identification and implementation, increased supervision and oversight, and the identification of unavailable resources that can be traced to the efforts of Department staff connected with the utilizing the Service Needs Review methodology and the additional Stipulation requirements.

Stipulation §VI. Prospective Placement Restrictions

The Department has implemented each of the required placement restrictions with the exception of subsection A. which is not required until December 17, 2008. Automated reports to assist the tracking of placement restrictions activity are currently being produced. A draft version of the APPLA report for subsection F. was shared with the Court Monitor in late November. The automated reports will greatly assist senior managers' ability to efficiently grant and track approvals detailed in these sections.

A series of conversations have taken place among the Court Monitor, DCF staff, plaintiff attorneys, and private providers concerning the need to thoughtfully and appropriately implement these restrictions. While many of these sub-sections include specific restrictions, the Court Monitor has emphasized the distinction between the intent of the agreement versus a strict adherence of the language within the agreement. Even in cases where the Stipulation does not recognize the availability of an exception process, it is imperative that the clinical needs and the best interest of the child are paramount as part of the decision-making process. The Department has been encouraged to document and share case circumstances where decisions in the best interest of the child have been made, but run contrary to the Stipulation.

Beginning in March 2009, the Court Monitor will undertake a review of the Department's progress in implementing placement restrictions.

Stipulation §VII.A. HealthCare

The Stipulation requires the following related to the identification and monitoring of Health Care:

A. DCF is required to identify all children within six agreed upon categories of need. These were to be identified by each Area Office from the population of children in care (which was identified by report to be 5,427 children) as:

- Children who have not received a required initial or periodic dental screen under the Federal EPSDT statutory program, state law, and DCF policy and for whom the required screen is more than 60 days overdue.

- Children who have not received a required initial or periodic medical screen under the federal EPSDT statutory program, state law and DCF policy and for who the required screen is more than 60 days overdue.

- Children who have not received a required initial or periodic mental health screen under the federal EPSDT statutory program, state law and DCF policy and for who the required screen is more than 60 days overdue.

- Children who have not received a required initial or periodic vision screen under the federal EPSDT statutory program, state law and DCF policy and for who the required screen is more than 60 days overdue.

- Children who have not received a required initial or periodic hearing screen under the federal EPSDT statutory program, state law and DCF policy and for who the required screen is more than 60 days overdue.

- Children who have not received a required initial or periodic developmental screen under the federal EPSDT statutory program, state law and DCF policy and for who the required screen is more than 60 days overdue.

The Department identified 1,077 children that were in need of one or more of the EPSDT components and who were therefore included in the cohort population.

Upon identifying such cohorts, the DCF was to ensure the provision of these required services within 90 days of the date of the Stipulation (July 17, 2008). Findings from the Court Monitor's review of a sample of this population are reported beginning on page 18.

Stipulation §VII.B Health Care Treatment
Under Stipulation §VII.B, the Department is responsible for the health care treatment needs of all children in care for any medically necessary treatment that is identified by not only the EPSDT screen, but any needs identified in between such screens.

The Department's performance in meeting this requirement is routinely captured in the Court Monitor's Quarterly Review of Outcome Measure 15 (Children's Needs Met). In the Third Quarter, Mental Health and Substance Abuse Treatment Needs were not substantially addressed in 32.7% of the cases, Dental Needs were not addressed in 15.1% of the cases, and Medical Needs were not substantially addressed in 5.7% of the cases. The details regarding Outcome Measure 15 needs and barriers can be found beginning on page 61 of this report.

Stipulation §VII Treatment Planning
On November 25, 2008 the Department in conjunction with the Technical Advisory Committee (TAC) forwarded their completed report on the Department's Treatment Planning Process that includes a number of recommendations. The development of this report included efforts by the Department and TAC staff such as: focus groups, surveys, data analysis, policy review, and attendance at Administrative Case Reviews. The report sheds light on the strengths and weaknesses of the current process and format and outlines action steps to assist the Department in its commitment to continue improvement of treatment planning. The recommendations call for:

- Modification of the current document in order to clarify and simplify it for use with families and to have the document reflect the intentions of interventions with the children and families
- Holding full team meetings on a quarterly basis for the purpose of plan development and updates,

- Designing a coaching system to support the engagement of families, providers and other team members in the development of plans,
- Developing a stronger link from the Training Academy to the Area Offices to support a teaming approach,
- Policy review and revisions,
- Aligning management and monitoring protocols including both the DCF 553 process and the Court Monitor's Quarterly Review tools to assure that they reflect the recommended treatment planning process,
- Developing a Quality Improvement mechanism for a teaming and planning process, and
- Integration of the improved treatment planning process with other initiatives underway within the Department

A Treatment Plan implementation group has been formed to proceed with the implementation of recommendations within the report. that includes a cross-section of Department staff from various Bureaus including Quality Improvement, Training Academy, Child Welfare, and Information Services as well as Court Monitor staff.

A complete version of the Treatment Planning Report is attached as an Addendum 1.

Stipulation §IX.D Interim Performance - Goals for Increasing Family-Based Placements
The Court Monitor has determined that the baseline percentage of children in DCF custody who are placed in family-based settings (non-congregate care) as of August 3, 2008 was 75.0%. The target for the fiscal year ending June 30, 2009 is to increase the baseline by 7% so that family based placements account for 82.0% of the population in care.

Findings of the DCF Court Monitor's Review of Stipulation §VII.A
Health Care Treatment EPSDT Screens

In July and again in October 2008, the Court Monitor's Review staff in conjunction with the Department's Bureau of Quality Improvement conducted a review of the Department's ability to identify and meet the needs for timely EPSDT care. The initial review sought to validate the Department's identification of children lacking timely EPSDT screens, and the second was to establish if the Department subsequently met those needs within 90 days. The first review looked at the EPSDT Status of children on July 17, 2008. The second review looked at the status of the sample set on October 24, 2008 to allow for data entry of efforts through October 17, 2008.

The Department identified 1,077 children that were in need of one or more of the EPSDT components and, therefore, were included in the cohort population of children with unmet need. The initial sample set selected 126 children from the total number of children identified with unmet needs from the Department's reporting, and randomly selected an additional group of 128 children that were not identified as needing screens so that we could verify the accuracy of the process utilized by the area offices.

Table 1: Population Distribution and Sample for Children in Care for the Stipulation §VII.A.-B. Health Care Treatment EPSDT Screens/Health Care Treatment Review

Area Office	# of Children in Care	Sample Identified	Sample Not Identified	Total Sample
Bridgeport	355	9	8	17
Danbury	139	3	4	7
Greater New Haven	313	8	8	16
Hartford	821	19	18	37
Manchester	539	12	13	25
Meriden	231	5	6	11
Metro New Haven	547	12	13	25
Middletown	139	3	4	7
New Britain	589	14	13	27
Norwalk/Stamford	175	4	4	8
Norwich	448	10	11	21
Torrington	214	5	5	10
Waterbury	601	14	14	28
Willimantic	316	8	7	15
Statewide	5,427	126	128	254

Upon initial review of the 254 cases within the sample, 14 cases were eliminated as the child or youth was not in the custody of DCF on July 17, 2008 or the child was over 18 years of age. This resulted in a population of 116 cases in which the Department identified the cohort, and 124 randomly selected cases in which the child or youth was not identified by the Department as having an overdue medical or dental screen.

The initial review conducted found that 72.4% of the cases identified by the area offices were likewise identified as having an unmet medical (15), dental (49) or both EPSDT (20) by the review team. The 27.6% of cases that were in disagreement were largely due to:

1. An over inclusiveness of the Department in identifying children who were not actually 60 days overdue, or who had had the screens with additional follow up required, that had not yet occurred.
2. Poor documentation of the appointments that had actually occurred.
3. Several cases that had a medical or a dental screen identified as overdue, but actually had both overdue at the point of review.

Of those cases randomly selected for review that the Department did not identify as having an unmet medical or dental EPSDT screen, 30.7% had an identifiable need. Eight children were overdue for medical, 23 were overdue for dental, and 7 were overdue for both EPSDT screens.

Crosstabulation 1: Is child overdue for EPSDT Well Care Visit/Screen as of July 17, 2008? * Is child overdue for EPSDT Dental Care Visit/Screen as of July 17, 2008? * Did area office identify need for EPSDT?

Did area office identify need for EPSDT?			Is child overdue for EPSDT Dental Care Visit/Screen as of July 17, 2008?		
			Yes	No	Total
Yes	Is child overdue for EPSDT Well Care Visit/Screen as of July 17, 2008?	***Yes***	20	15	35
		No	49	32	81
	Total		69	47	116
No	Is child overdue for EPSDT Well Care Visit/Screen as of July 17, 2008?	***Yes***	7	8	15
		No	23	86	109
	Total		30	94	124

The findings within the randomly selected group of children that the Department did not indicate had delayed screens compelled the Department to require immediate action on the cases identified, as well as a full review of each area office process for ensuring that all children in placement receive timely EPSDT screens.

As of November 21, 2008 the Department submitted an updated view of the 1,077 children in the initial cohort to the Court Monitor. The report indicated that 829 of the 1,077 children had received the required screens in the 3 month period subsequent to identification. Of the original list, 248 children still did not have the required screen. This represents unmet needs for 23.0% of the 1,077 identified children and 4.5% of the 5,427 children in placement.

The Court Monitor's second review of the 240 children in the sample on October 24, 2008 closely mirrors the Department's findings, in that 32 of the children with unmet EPSDT on July 17, 2008 still had not had the requisite screen(s) during the subsequent three month period (26.2%)[3].

At the Department's request, the Court Monitor in conjunction with the Quality Improvement Division will conduct an additional randomly selected review of children in placement in March or April 2009 to ensure that the changes made to the Area Office processes related to tracking and documenting EPSDT screens are effective.

[3] Four children of this group did have appointments scheduled and attended in later October and early November just outside of the review window. The rate of compliance with these factored in is more accurately reflected at 22.9%.

Juan F. **Action Plan**

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

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

Juan F. **Action Plan Third Quarter 2008 Updates**

- The point-in-time data submitted by the Department and verified by the Court Monitor indicates that the number of children in SAFE Homes greater than 60 days, decreased to 50 as of November 2008 in comparison with 95 children who were in overstay status as of August 2008. The same report indicates that 30 children were in placement longer than 60 days in a STAR/Shelter program as of November 2008; a decrease from the 39 reported in August 2008. These point-in-time views are one view of this issue. In an effort to better understand the needs, treatment and outcomes for these children, a targeted review was completed and disseminated by the Court Monitor on March 18, 2008 ***"Juan F.*** Court Monitor's Review of Children in Overstay Status (>60Days) within Temporary Congregate Care Placement Settings and ***Juan F.*** Court Monitor's Review of Adolescents in Temporary Placement- Old Shelter Model Facilities".

- DCF has continued to exercise a focused review of children ages 12 and under who are being considered for congregate care placement. The number of children ages 12 and under in congregate care was 248 as of November 2008. This is a decrease from the 312 reported in August 2008. The decline in utilization of SAFE Home placements is directly tied to the reduction in children ages 12 years old and under in congregate care.

- As of the date of this report, 52 therapeutic group homes are open with 2 additional homes anticipated to be opened (total of approximately 272 beds for the 54 homes). The last two homes are in the process of being licensed by DCF. The process should be completed by December 2008. The Public Consulting Group of Boston (PCG)

produced a draft best practices report with recommendations. Their finding regarding the evaluation of therapeutic group homes will be finalized in the next month. PCG conducted visits to therapeutic group homes as well as meetings with management and staff. They also completed a survey that was distributed to all of the homes and the results are interwoven in the best practices report.

- Another Planned Permanent Living Arrangement (APPLA) is not a preferred permanency goal and far too many children currently have this permanency goal. The Department has been far more vigorous in the consideration of selecting APPLA as a goal, (pre-TPR and post-TPR). Approval for using the APPLA permanency goal must now be granted by the Bureau Chief of Child Welfare. The November 2008 point-in-time data indicates that a total of 1,126 children had an APPLA permanency goal compared with 1,183 as of August 2008; a decrease of 57 children. Ongoing reviews regarding children's needs being met indicate that those with APPLA goals often do not have their needs met. Children with APPLA permanency goals are part of the cohort groups being reviewed as part of Service Needs Review process.

- The Division of Foster Care monthly report for September 2008 indicates that there are 2,242 licensed foster homes with a 2,285 bed capacity. This is a decrease over the totals reported in the June 2008 report in which there were a total of 2,355 licensed foster homes and 2,465 beds available. Additional foster care and adoptive resources are an essential component to address the well-documented needs and gridlock conditions that exist in the child welfare system. A new Foster and Adoptive Recruitment and Retention Plan has been approved as part of the July 2008 stipulation and seeks to focus and improve the Department's efforts with respect to recruitment and retention of licensed homes. Sustainable improvements to placement and treatment needs of children will require the increased availability of foster and adoptive homes. Area Offices routinely struggle to locate foster care placement options that are appropriate matches for the children requiring this level of care. There are a significant number of children that are discharge-delayed and languish in higher levels of care then clinically necessary waiting for foster/adoptive placement resources.

- The Residential Care Teams (RCT) has added two new Care Managers and implemented mobile operation in August 2008. Specific staff are assigned to specific area offices to encourage accountability in monitoring progress of the referral once a provider match has been made. The RCT staff is responsible for faxing all clinical information to the facilities and ensuring that the clinical information is appropriate to determine that the child meets admission criteria. Facilities that experience high volume have specific staff from the Administrative Service Organization (ASO) assigned to them to address initial authorization and concurrent reviews. All children in residential treatment beyond two years have been identified and are being reviewed to determine the continued need for Residential treatment care and to facilitate discharge whenever appropriate. Clinical staff in the Bureau of Behavioral Health have been assigned the responsibility of working directly with residential providers. The ASO staff have

conducted joint site visits to facilitate better communication, treatment planning, and discharge outcomes.

- Area Office Directors have developed plans to monitor children in residential treatment care with the intent of working toward a nine-month course of treatment. Meetings with in-state residential providers concerning this program adjustment and expectation have been ongoing. Value Options is working with DCF to assist the Area Offices in meeting the nine-month discharge target. In addition, these meetings are addressing the disconnect between the services offered by in-state providers and the specific needs of children. The number of children placed and continuing to be placed in out-of-state residential programs remains a priority concern.

- Residential Treatment Center discharge delays are being tracked and beginning August 2008 payments are now tied to authorizations.

- Electronic Connecticut Behavioral Health reports on all children in Emergency Departments are issued four times daily to DCF and Value Options staff to track and monitor progress. Intensive Care Managers continue to have daily contact with Emergency Departments. The number of children served has increased and while the CARES unit continues to divert children, there are limited resources for those who require in-patient care. Children with Mental Retardation (MR)/Pervasive Developmental Delays (PDD) or those that are extremely assaultive and violent stay longer in the emergency departments and are less likely to be admitted to in-patient units. Out-of-state providers, specialty in-patient units, and Riverview Hospital have been utilized for these children. On-site Intensive Care Managers' assistance with discharge and diversionary planning is ongoing. However, the utilization of Emergency Mobile Services (EMPS) in emergency departments is inconsistent across the state and is not allowed at some emergency department sites.

- Child and Adolescent Needs and Strengths (CANS) certification training will be offered on-line in September and October. Thirteen Area Offices are now using the electronic CANS. One remaining office and the facilities have still to implement the electronic process. They are expected to complete implementation by December 2008. We note that there has been considerable concern expressed by the Area Office staff regarding this electronic process.

- Clinical rounds are held bi-weekly. In addition to the Residential Care Team, staff members from all four DCF facilities and selected program staff attend this review to track the wait-list for care against the immediate vacancy list. Identification of facilities in which vacancies consistently exist has been a focus of this process. Value Options is designing additional reports that will allow better tracking of the time between matching, facility acceptance of the child, and date of placement.

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

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

   In August 2008 there were 21 children. As of November 2008 there are 39 children.

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

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

   As of August 2008 there were 5 cases with no reason for not filing (blank).

   As of November 2008 there are 47 cases with no reason for not filing (blank). A review of the cases with compelling reasons is needed to assess the accuracy and appropriateness of the designated compelling reasons.

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

   As of August 2008 there were 40 children where the permanency barrier titled "no resource" was identified, 116 children with the permanency barrier of "no barrier identified", and 104 that were blank. In addition, 18 had "ICPC" as a barrier, 36 cite a "pending appeal", 2 had "pending investigations, 70 indicated a special needs barrier, 16 were subsidy negotiation, 193 indicated that support was needed and 27 had foster parent indecision indicated.

   As of November 2008 there are 40 children where the permanency barrier titled "no resource" is identified, 77 children with the permanency barrier of "no barrier identified", and 159 that are blank. In addition, 13 have "ICPC" as a barrier, 34 cite a "pending appeal", 2 have "pending investigations", 73 indicate a "special needs barrier", 22 are "subsidy negotiation", 167 indicate that "support is needed" and 23 have "foster parent indecision" indicated.

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

   As of August 2008 there were 155 children.

   As of November 2008 there are 196 children in this cohort

5. Child post-TPR + goal other than adoption (N=357) as of November 2006.
   In August 2008 there were 286 children in the cohort.

   As of November 2008 there are 272 children in this cohort.
6. Child pre-TPR + no TPR filed + in care < 6 months + goal of adoption. (N=18) as of November 2006.
   In August 2008 there were 15 children in this cohort.

   As of November 2008 there are 16 children in this cohort.
7. Child pre-TPR + goal of reunification + in care > 12 months (N=550) as of November 2006.
   In August 2008 there were 497 children in this population.

   As of November 2008 there are 468 children in this population.
8. Child pre-TPR + goal other than adoption or reunification + in care > 12 months transfer of guardianship cases (N=133) as of November 2006.
   In August 2008 there were 147 children in this population.

   As of November 2008 there are 123 children in this population.
9. Child pre-TPR + goal other than adoption or reunification + in care > 12 months -other than transfer of guardianship cases (N=939) as of November 2006.
   In August 2008 there were 882 children in this population (114 were placed with a relative in a long term foster home arrangement).

   As of November 2008 there are 820 children in this population (102 are placed with a relative in a long term foster home arrangement).

- Providers for Phase I of the EMPS re-procurement covering the Greater Hartford and Eastern Connecticut Service Areas have been selected. Wheeler Clinic was selected for the Greater Hartford Area and United Community and Family Services was selected for the Eastern Service Area. Both providers are in startup and are scheduled to go live with the new service on 12/22/08 at 9:00 AM.

  Providers for Phase II of the EMPS re-procurement covering the Greater New Haven and Western Connecticut Service Areas have been selected. Clifford Beers was selected for the Greater New Haven Area and Wellpath was selected for the Western Service Area. Both providers will be negotiating contracts and begin startup in January for a March, 09 go live.

  The RFP for Phase III of the procurement covering the Southwestern and Central Service Areas was issued on 11/21/09. Following the selection of contractors, startup will begin in March for a May 2009 implementation date.

  The contract for the Statewide Call Center was awarded to United Way 211 and they are set to go live with call center operations for Phase I of the implementation on 12/22/09 at 9:00 AM.

- The family conferencing model supports the principles behind the Treatment Plan and has been in use since late 2005. The strength-based practice creates an important framework for engagement that improves families and sets the stage for collaborative problem-solving. For this reason, family conferencing is an essential adjunct to the implementation of Structural Decision Making (SDM). The importance of an accurate needs assessment is a foundation of SDM and family conferencing/family engagement provide the appropriate collaborative framework for developing the assessment and formulation treatment plan goals and objectives with parents and parent identified kin.

  Utilization of family conferencing varies greatly among the Area Offices. The consultant who has been working with the Department for two years has ended his contract effective June 30, 2008. The Department chose not to renew this contract.

  Social Work Trainees receive pre-service training in family conference principles. The need to address SWS training and support of supervision in this area is ongoing and to date has not been addressed in supervisory pre-service training. There is a need to enforce office-based coaching and support family conferencing and kinship casework. A dedicated resource to assist social workers in coordinating and facilitating family conferences for specific, complex case scenarios must be considered.

  Finally, family conferencing principles provide a perfect context for implementing Differential Response where needs assessment and timely service delivery are primary goals.

- The implementation of Structured Decision Making (SDM) continued through the previous quarter. Case readings to assess the progress and quality of the SDM data/information are ongoing and transitioning to each of the Area Offices. Contracted resources have been freed up to allow additional cases readings to occur. An ongoing challenge in the quality of SDM use is adherence and focus to definitional and documentation issues and completion rates. Case readings for ongoing services were completed by July 2008. Case reading trainings are concluded for all investigation staff and Hotline staff. In August 2008, information regarding trends/issues with the use of the reunification tool was shared with Area Office Staff. The feedback was produced after case readings by the CRC staff and a Central Office manager. This feedback and discussion provided refresher training to the staff. Subsequently, On-going Service Social Workers and managers conducted case readings on the reunification tool and process. The offices that have completed the case reading are Greater New Haven, Metro New Haven, Manchester, Hartford, Willimantic, Norwich, and Middletown. Changes have been made to the ongoing case reading expectations for SWS and managers. Two case readings per worker, per year are now required and the case selected should have treatment plans that were updated. While the recent and ongoing reviews conducted by the Court Monitor's office have not focused solely on SDM utilization or accuracy, the benefits and challenges have been noted by reviewers on numerous occasions, as SDM documentation is reviewed in conjunction with both the

review of Outcome Measure 3 and 15, as well as, targeted reviews. Reviewers noted discrepancies between SDM scores and factual documentation within cases.

- Three providers were selected as a result of an RFP to provide supportive apartment placements and services, Supportive Work, Education and Transition Program (SWETP). The Bridgeport and Norwich sites are currently admitting youth. Klingberg has identified a potential site in Cromwell for their SWETP. The fourth planned SWETP has targeted the Portland area to site a program, but will not move forward at this time due to current budget issues.

- There are eleven group homes that converted to the PASS model, which includes a greater emphasis on education and vocational skill development. Monthly meetings between the Adolescent Bureau and providers provide a forum for sharing information and ensuring the fidelity of the programs. During the past quarter, there has been a precipitous drop in the number of referrals for girls to this level of care. One PASS group home was temporarily closed this past quarter. The Department has been reviewing what population of children has the greatest demand in the Mystic area where the home was closed.

- The work-learn program began on November 1, 2006 in New Haven. There are 60 slots for foster care youth and 20 slots for youth in the Juvenile Justice system. The program includes the utilization of several youth businesses and the program has demonstrated an ability to keep youth engaged in the training process. An RFP for a work-learn program in Waterbury was released and the contract has been awarded to Marrakech.

JUAN F. ACTION PLAN MONITORING REPORT
November 2008

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

A. PERMANENCY ISSUES

Progress Towards Permanency:

The following table developed using the Chapin Hall database provides a longitudinal view of permanency for annual admission cohorts from 2002 through 2008.

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

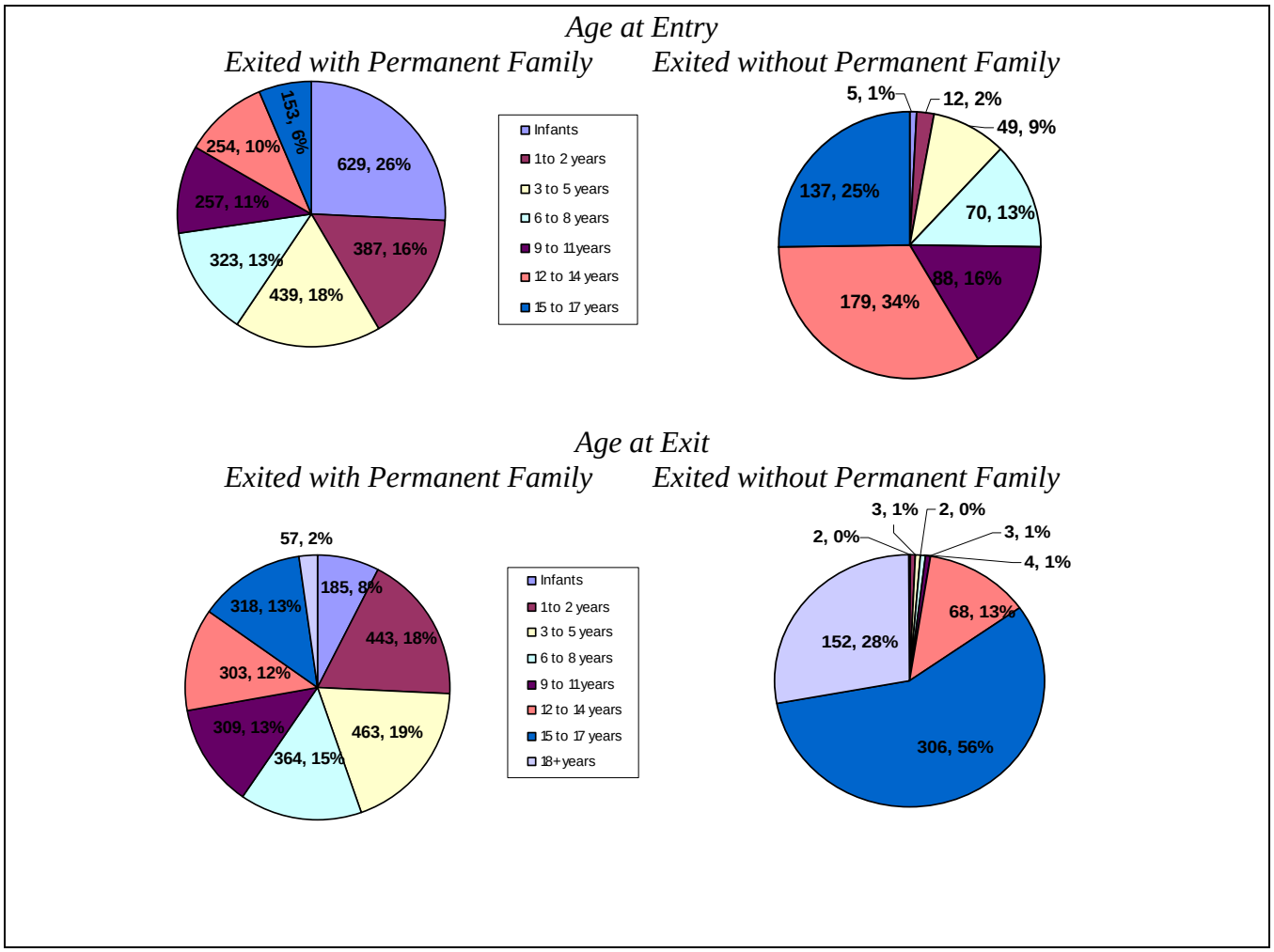
	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Entries	3108	3548	3205	3091	3409	2854	2171
Permanent Exits							
In 1 yr	1184 38.1%	1400 39.5%	1227 38.3%	1128 36.5%	1257 36.9%		
In 2 yrs	1644 52.9%	2071 58.4%	1801 56.2%	1737 56.2%			
In 3 yrs	1971 63.4%	2378 67.0%	2088 65.1%				
In 4 yrs	2142 68.9%	2533 71.4%					
To Date	2267 72.9%	2629 74.1%	2277 71.0%	2052 66.4%	2057 60.3%	1229 43.1%	379 17.5%

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Non-Permanent Exits							
In 1 yr	274 8.8%	250 7.0%	231 7.2%	289 9.3%	257 7.5%		
In 2 yrs	332 10.7%	321 9.0%	303 9.5%	372 12.0%			
In 3 yrs	365 11.7%	367 10.3%	366 11.4%				
In 4 yrs	406 13.1%	393 11.1%					
To Date	464 14.9%	421 11.9%	409 12.8%	438 14.2%	360 10.6%	275 9.6%	131 6.0%

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Unknown Exits							
In 1 yr	108	157	130	87	82		
	3.5%	4.4%	4.1%	2.8%	2.4%		
In 2 yrs	138	198	175	131			
	4.4%	5.6%	5.5%	4.2%			
In 3 yrs	163	225	216				
	5.2%	6.3%	6.7%				
In 4 yrs	181	250					
	5.8%	7.0%					
To Date	209	266	241	166	125	72	18
	6.7%	7.5%	7.5%	5.4%	3.7%	2.5%	.8%
Remain In Care							
In 1 yr	1542	1741	1617	1587	1813		
	49.6%	49.1%	50.5%	51.3%	53.2%		
In 2 yrs	994	958	926	851			
	32.0%	27.0%	28.9%	27.5%			
In 3 yrs	609	578	535				
	19.6%	16.3%	16.7%				
In 4 yrs	379	372					
	12.2%	10.5%					
To Date	168	232	278	435	867	1278	1643
	5.4%	6.5%	8.7%	14.1%	25.4%	44.8%	75.7%

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

FIGURE 2: CHARACTERISTICS OF CHILDREN EXITING WITH AND WITHOUT PERMANENCY (2007 EXIT COHORT)



Permanency Goals:

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

FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON NOVEMBER 5, 2008[4])

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

Yes
901
Goals of:
629 (69%) Adoption
252 (28%) APPLA
14 (2%) Relatives
5 (1%) Blank
1 (0%) Reunify

No
↓ 3,856

Has the child been in care more than 15 months?

No
2,030

Yes
↓ 1,826

Has a TPR proceeding been filed?

Yes
509
Goals of:
360 (71%) Adoption
90 (18%) APPLA
37 (7%) Reunify
11 (2%) Trans. of Guardian: Sub
9 (2%) Relatives
2 (0%) Blank

No
↓ 1,317

Is a reason documented not to file TPR?

Yes
1,122
Goals of:
643 (57%) APPLA
215 (19%) Reunify
84 (8%) Trans. of Guardian: Sub/Unsub
96 (9%) Relatives
83 (7%) Adoption
1 (0%) Blank

Documented Reasons:
75% Compelling Reason
14% Child is with relative
6% Petition in process
5% Service not provided

No
195
Goals of:
115 (59%) Reunify
45 (23%) APPLA
25 (13%) Trans. of Guardian: Sub/Unsub
4 (2%) Relatives
6 (3%) Adoption

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

Preferred Permanency Goals:

Reunification	Nov 2007	Feb 2008	May 2008	Aug 2008	Oct 2008	Nov 2008
Total number of children with Reunification goal, pre-TPR and post-TPR	1849	1747	1755	1737	1745	1710
Number of children with Reunification goal pre-TPR	1842	1743	1753	1734	1742	1709
• Number of children with Reunification goal, pre-TPR, >= 15 months in care	478	415	419	383	346	367
• Number of children with Reunification goal, pre-TPR, >= 36 months in care	67	50	55	51	46	54
Number of children with Reunification goal, post-TPR	7	4	2	3	3	1

Transfer of Guardianship (Subsidized and Non-Subsidized)	Nov 2007	Feb 2008	May 2008	Aug 2008	Oct 2008	Nov 2008
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	279	268	254	233	213	208
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	278	266	252	228	212	208
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months	88	85	73	75	73	78
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months	35	34	28	20	23	24
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	1	2	2	5	1	0

Adoption	Nov 2007	Feb 2008	May 2008	Aug 2008	Oct 2008	Nov 2008
Total number of children with Adoption goal, pre-TPR and post-TPR	1352	1346	1305	1338	1319	1340
Number of children with Adoption goal, pre-TPR	689	692	673	694	680	711
Number of children with Adoption goal, TPR not filed, >= 15 months in care	121	147	150	91	103	89
• Reason TPR not filed, Compelling Reason	19	24	25	26	31	28
• Reason TPR not filed, petitions in progress	71	79	65	48	55	40
• Reason TPR not filed , child is in placement with relative	20	24	16	10	9	11
• Reason TPR not filed, services needed not provided	2	8	18	7	4	4
• Reason TPR not filed, blank	9	12	26	0	4	6
Number of cases with Adoption goal post-TPR	663	654	632	644	639	629
• Number of children with Adoption goal, post-TPR, in care >= 15 months	618	620	592	607	606	593
• Number of children with Adoption goal, post-TPR, in care >= 22 months	513	515	508	540	539	523
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	67	73	74	103	74	72

Adoption	**Nov 2007**	**Feb 2008**	**May 2008**	**Aug 2008**	**Oct 2008**	**Nov 2008**
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	373	373	344	373	369	351
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	95	81	71	51	87	99

Progress Towards Permanency:	**Nov 2007**	**Feb 2008**	**May 2008**	**Aug 2008**	**Oct 2008**	**Nov 2008**
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	162	197	237	176	179	195

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	**Nov 2007**	**Feb 2008**	**May 2008**	**Aug 2008**	**Oct 2008**	**Nov 2008**
Total number of children with Long Term Foster Care Relative goal	172	165	146	146	135	133
Number of children with Long Term Foster Care Relative goal, pre-TPR	160	150	132	133	121	119
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR	29	26	20	15	14	10
Long Term Foster Care Rel. goal, post-TPR	12	15	14	13	14	14
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR	6	5	5	3	4	4

APPLA*	**Nov 2007**	**Feb 2008**	**May 2008**	**Aug 2008**	**Oct 2008**	**Nov 2008**
Total number of children with APPLA goal	1302	1281	1266	1183	1148	1126
Number of children with APPLA goal, pre-TPR	1027	1008	990	921	895	874
• Number of children with APPLA goal, 12 years old and under, pre-TPR	81	73	72	57	61	57
Number of children with APPLA goal, post-TPR	275	273	276	262	253	252
• Number of children with APPLA goal, 12 years old and under, post-TPR	38	36	38	28	25	24
* Columns prior to Aug 07 had previously been reported separately as APPLA: Foster Care Non-Relative and APPLA: Other. The values from each separate table were added to provide these figures. Currently there is only one APPLA goal.						

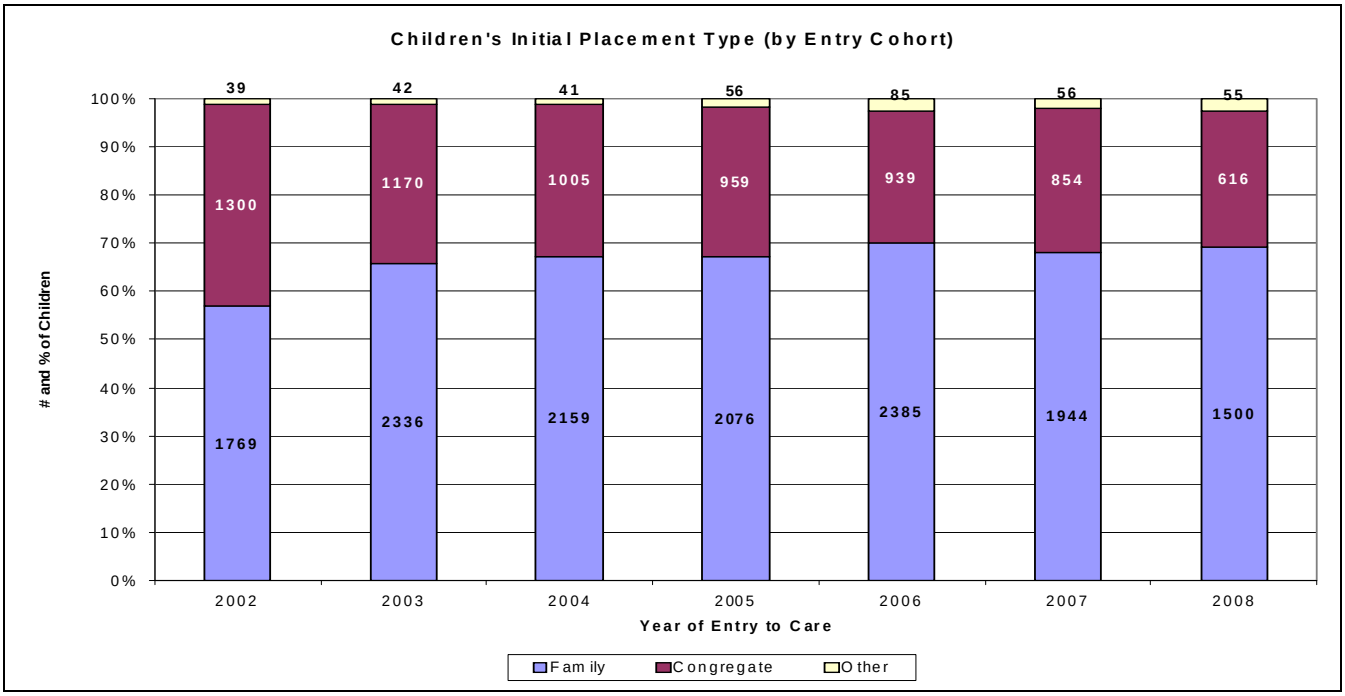
Missing Permanency Goals:

	Nov 2007	**Feb 2008**	**May 2008**	**Aug 2008**	**Oct 2008**	**Nov 2008**
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	27	47	51	41	56	66
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	11	13	21	15	6	10
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	11	12	13	6	4	3
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	5	6	11	1	3	0

B. PLACEMENT ISSUES

Placement Experiences of Children

The following chart shows the change in use of family and congregate care for admission cohorts between 2002 and 2008.

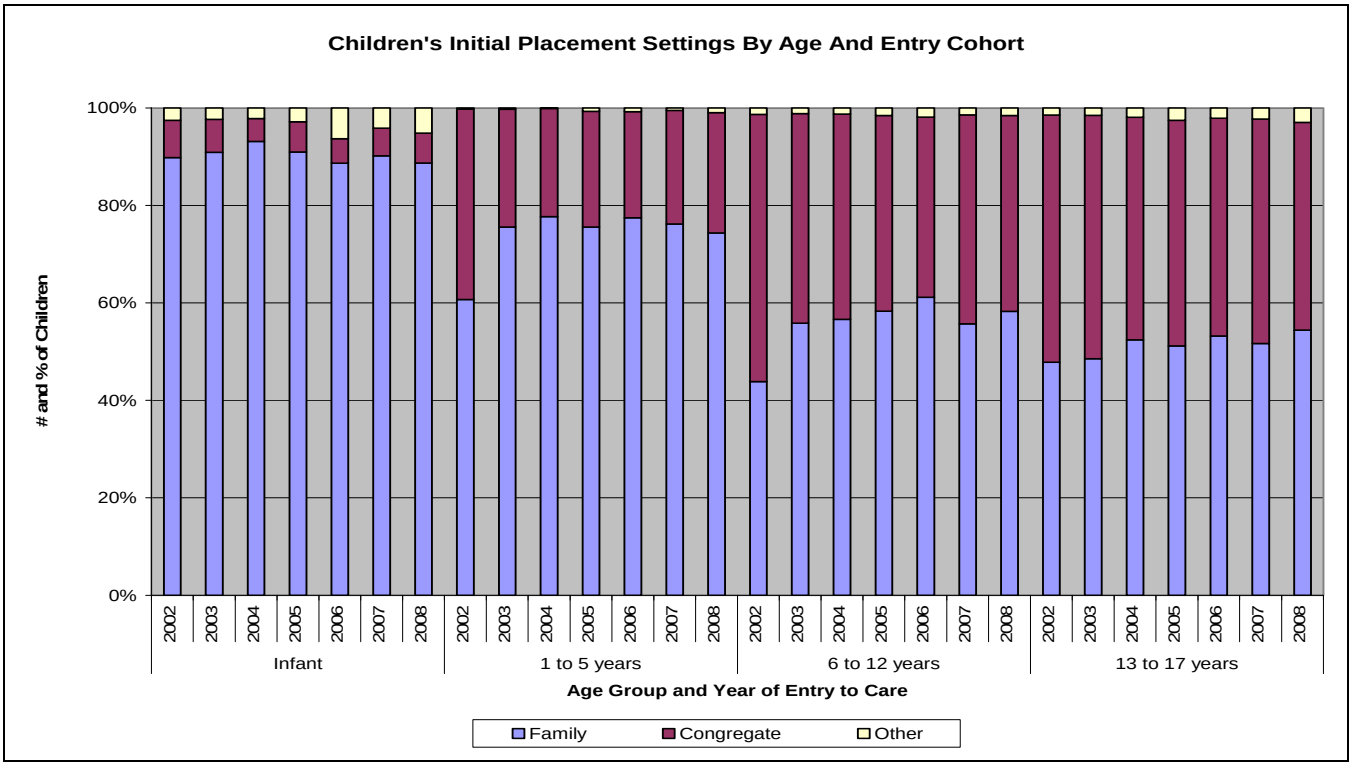


The next table shows specific care types used month-by-month for entries between October 2007 and September 2008.

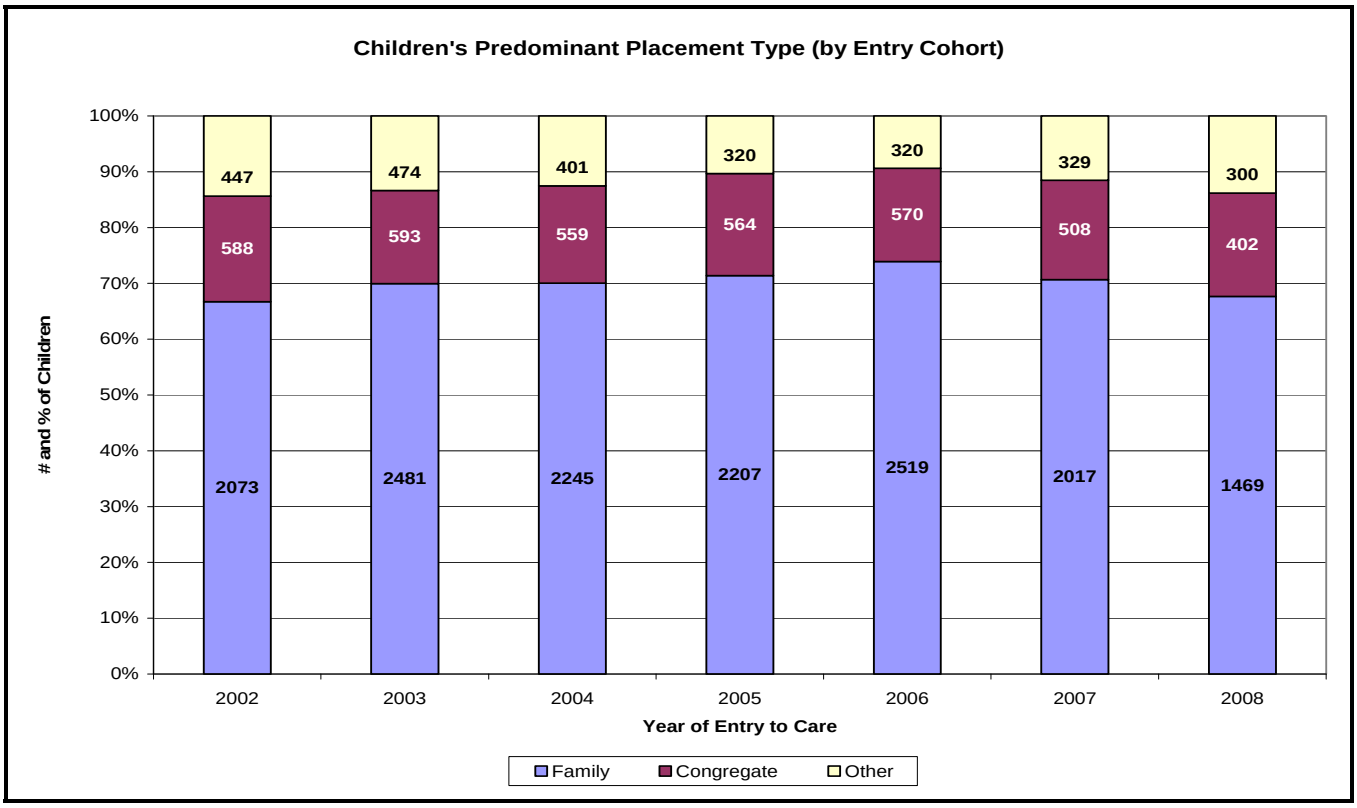
First placement type in care (Entries)

First placement type in care (Entries)		enter Oct07	enter Nov07	enter Dec07	enter Jan08	enter Feb08	enter Mar08	enter Apr08	enter May08	enter Jun08	enter Jul08	enter Aug08	enter Sep08
Residential	N	19	11	17	18	17	20	27	31	27	30	25	19
	%	7.7%	4.5%	10.0%	7.3%	7.6%	8.5%	9.8%	14.4%	12.3%	11.4%	9.3%	8.6%
DCF Facilities	N	5	7	5	1	6	4	2	3	3	2	6	2
	%	2.0%	2.8%	2.9%	.4%	2.7%	1.7%	.7%	1.4%	1.4%	.8%	2.2%	.9%
Foster Care	N	125	115	99	122	108	137	153	104	118	148	163	119
	%	50.8%	46.6%	58.2%	49.4%	48.2%	58.1%	55.6%	48.1%	53.9%	56.3%	60.6%	53.6%
Group Home	N	6	7	2	4	2	5	8	5	2	3	3	3
	%	2.4%	2.8%	1.2%	1.6%	.9%	2.1%	2.9%	2.3%	.9%	1.1%	1.1%	1.4%
Independent Living	N					1							
	%					.4%							
Relative Care	N	26	47	21	44	44	18	36	22	17	42	27	19
	%	10.6%	19.0%	12.4%	17.8%	19.6%	7.6%	13.1%	10.2%	7.8%	16.0%	10.0%	8.6%
Medical	N	8	4	1	5	4	5	10	10	6	5	6	3
	%	3.3%	1.6%	.6%	2.0%	1.8%	2.1%	3.6%	4.6%	2.7%	1.9%	2.2%	1.4%
Safe Home	N	38	36	18	27	18	23	23	31	32	24	19	39
	%	15.4%	14.6%	10.6%	10.9%	8.0%	9.7%	8.4%	14.4%	14.6%	9.1%	7.1%	17.6%
Shelter	N	14	11	3	15	11	17	10	4	12	5	16	12
	%	5.7%	4.5%	1.8%	6.1%	4.9%	7.2%	3.6%	1.9%	5.5%	1.9%	5.9%	5.4%
Special Study	N	5	9	4	11	13	7	6	6	2	4	4	6
	%	2.0%	3.6%	2.4%	4.5%	5.8%	3.0%	2.2%	2.8%	.9%	1.5%	1.5%	2.7%
Total	N	246	247	170	247	224	236	275	216	219	263	269	222
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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



It is also useful to look at where children spend most of their time in DCF care. The chart below shows this for admission the 2002 through 2008 admission cohorts.



The following chart shows monthly statistics of children who exited from DCF placements between October 2007 and September 2008, and the portion of those exits within each placement type from which they exited.

Last placement type (Exits)

lastplace		exit Oct07	exit Nov07	exit Dec07	exit Jan08	exit Feb08	exit Mar08	exit Apr08	exit May08	exit Jun08	exit Jul08	exit Aug08	exit Sep08
Residential	N	17	30	18	25	23	21	27	13	49	28	37	16
	%	7.7%	9.9%	6.6%	10.0%	10.1%	7.8%	11.1%	5.9%	17.8%	11.3%	13.5%	7.7%
DCF Facilities	N	4	4	3	1	4	7	3	1	7	4	2	1
	%	1.8%	1.3%	1.1%	.4%	1.8%	2.6%	1.2%	.5%	2.5%	1.6%	.7%	.5%
Foster Care	N	104	133	148	118	106	126	129	125	124	123	138	96
	%	47.3%	43.9%	54.4%	47.0%	46.5%	46.8%	52.9%	57.1%	45.1%	49.6%	50.4%	46.2%
Group Home	N	11	12	9	7	12	12	16	15	16	6	14	7
	%	5.0%	4.0%	3.3%	2.8%	5.3%	4.5%	6.6%	6.8%	5.8%	2.4%	5.1%	3.4%
Independent Living	N	4	10	1	4	3	7			3	5	5	2
	%	1.8%	3.3%	.4%	1.6%	1.3%	2.6%			1.1%	2.0%	1.8%	1.0%
Relative Care	N	46	68	57	64	48	56	37	44	34	63	42	47
	%	20.9%	22.4%	21.0%	25.5%	21.1%	20.8%	15.2%	20.1%	12.4%	25.4%	15.3%	22.6%
Medical	N	3	2	3		4	4	1	1		1		
	%	1.4%	.7%	1.1%		1.8%	1.5%	.4%	.5%		.4%		
Safe Home	N	12	21	11	9	8	14	8	7	21	5	9	17
	%	5.5%	6.9%	4.0%	3.6%	3.5%	5.2%	3.3%	3.2%	7.6%	2.0%	3.3%	8.2%
Shelter	N	6	14	12	15	10	9	10	8	11	7	12	8
	%	2.7%	4.6%	4.4%	6.0%	4.4%	3.3%	4.1%	3.7%	4.0%	2.8%	4.4%	3.8%
Special Study	N	11	9	8	7	8	10	12	2	9	5	14	14
	%	5.0%	3.0%	2.9%	2.8%	3.5%	3.7%	4.9%	.9%	3.3%	2.0%	5.1%	6.7%
Unknown	N	2		2	1	2	3	1	3	1	1	1	
	%	.9%		.7%	.4%	.9%	1.1%	.4%	1.4%	.4%	.4%	.4%	
Total	N	220	303	272	251	228	269	244	219	275	248	274	208
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The next chart shows the primary placement type for children who were in care on October 1, 2008 organized by length of time in care.

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

			Duration Category							
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095	more than 1095	Total
Primary type of spell (>50%)	Residential	Count	19	45	71	89	75	126	174	599
		% of Row	3.2%	7.5%	11.9%	14.9%	12.5%	21.0%	29.0%	100.0%
		% of Col	9.7%	10.6%	13.8%	10.0%	12.1%	9.9%	10.8%	10.8%
	DCF Facilities	Count	2	9	6	11	11	16	9	64
		% of Row	3.1%	14.1%	9.4%	17.2%	17.2%	25.0%	14.1%	100.0%
		% of Col	1.0%	2.1%	1.2%	1.2%	1.8%	1.3%	.6%	1.2%
	Foster Care	Count	92	194	232	376	270	670	902	2736
		% of Row	3.4%	7.1%	8.5%	13.7%	9.9%	24.5%	33.0%	100.0%
		% of Col	47.2%	45.8%	45.0%	42.3%	43.7%	52.5%	56.2%	49.5%
	Group Home	Count	3	4	9	14	13	44	72	159
		% of Row	1.9%	2.5%	5.7%	8.8%	8.2%	27.7%	45.3%	100.0%
		% of Col	1.5%	.9%	1.7%	1.6%	2.1%	3.4%	4.5%	2.9%
	Independent Living	Count	0	0	0	1	4	3	4	12
		% of Row	.0%	.0%	.0%	8.3%	33.3%	25.0%	33.3%	100.0%
		% of Col	.0%	.0%	.0%	.1%	.6%	.2%	.2%	.2%
	Relative Care	Count	26	92	95	216	153	235	141	958
		% of Row	2.7%	9.6%	9.9%	22.5%	16.0%	24.5%	14.7%	100.0%
		% of Col	13.3%	21.7%	18.4%	24.3%	24.8%	18.4%	8.8%	17.3%
	Medical	Count	2	3	6	6	1	6	2	26
		% of Row	7.7%	11.5%	23.1%	23.1%	3.8%	23.1%	7.7%	100.0%
		% of Col	1.0%	.7%	1.2%	.7%	.2%	.5%	.1%	.5%
	Mixed (none >50%)	Count	0	2	5	20	24	67	226	344
		% of Row	.0%	.6%	1.5%	5.8%	7.0%	19.5%	65.7%	100.0%
		% of Col	.0%	.5%	1.0%	2.3%	3.9%	5.3%	14.1%	6.2%
	Safe Home	Count	30	47	58	77	21	20	7	260
		% of Row	11.5%	18.1%	22.3%	29.6%	8.1%	7.7%	2.7%	100.0%
		% of Col	15.4%	11.1%	11.2%	8.7%	3.4%	1.6%	.4%	4.7%
	Shelter	Count	13	15	15	23	9	6	1	82
		% of Row	15.9%	18.3%	18.3%	28.0%	11.0%	7.3%	1.2%	100.0%
		% of Col	6.7%	3.5%	2.9%	2.6%	1.5%	.5%	.1%	1.5%
	Special Study	Count	6	8	13	48	35	76	56	242
		% of Row	2.5%	3.3%	5.4%	19.8%	14.5%	31.4%	23.1%	100.0%
		% of Col	3.1%	1.9%	2.5%	5.4%	5.7%	6.0%	3.5%	4.4%
	Unknown	Count	2	5	6	7	2	7	12	41
		% of Row	4.9%	12.2%	14.6%	17.1%	4.9%	17.1%	29.3%	100.0%
		% of Col	1.0%	1.2%	1.2%	.8%	.3%	.5%	.7%	.7%
Total		Count	195	424	516	888	618	1276	1606	5523
		% of Row	3.5%	7.7%	9.3%	16.1%	11.2%	23.1%	29.1%	100.0%
		% of Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Congregate Care Settings

Placement Issues	Nov 2007	Feb 2008	May 2008	Aug 2008	Oct 2008	Nov 2008
Total number of children 12 years old and under, in Congregate Care	290	299	290	312	278	248
• Number of children 12 years old and under, in DCF Facilities	16	14	11	13	16	14
• Number of children 12 years old and under, in Group Homes	53	54	51	54	53	56
• Number of children 12 years old and under, in Residential	59	53	58	56	63	60
• Number of children 12 years old and under, in SAFE Home	130	120	143	164	122	96
• Number of children 12 years old and under, in Permanency Diagnostic Center	19	21	15	16	14	15
• Number of children 12 years old and under in MH Shelter	9	11	10	6	7	4
Total number of children ages 13-17 in Congregate Placements	952	943	906	877	835	843

Use of SAFE Homes, Shelters and PDCs

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

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Entries	**3108**	**3548**	**3205**	**3091**	**3409**	**2854**	**2171**
SAFE Homes & PDCs	730	629	453	394	396	382	236
	23%	18%	14%	13%	12%	13%	11%
Shelters	166	135	147	178	114	136	102
	5%	4%	5%	6%	3%	5%	5%
Total	896	764	600	572	510	518	338
	29%	22%	19%	19%	15%	18%	16%

	Period of Entry to Care						
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
Total Initial Placements	**896**	**764**	**600**	**572**	**510**	**518**	**338**
<= 30 days	351	308	249	242	186	162	135
	0%	0%	0%	0%	0%	0%	0%
31 - 60	285	180	102	113	73	73	47
	0%	0%	0%	0%	0%	0%	0%
61 - 91	106	121	81	76	87	79	60
	0%	0%	0%	0%	0%	0%	0%
92 - 183	103	107	124	100	118	131	77
	0%	0%	0%	0%	0%	0%	0%
184+	51	48	44	41	46	73	19
	0%	0%	0%	0%	0%	0%	0%

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

Placement Issues	**Aug 2007**	**Nov 2007**	**Feb 2008**	**May 2008**	**Aug 2008**	**Oct 2008**	**Nov 2008**
Total number of children in SAFE Home	160	143	133	154	175	132	102
• Number of children in SAFE Home, > 60 days	100	81	59	88	95	84	50
• Number of children in SAFE Home, >= 6 months	34	18	21	26	19	14	9
Total number of children in STAR/Shelter Placement	77	95	93	71	76	72	73
• Number of children in STAR/Shelter Placement, > 60 days	39	50	36	45	39	32	30
• Number of children in STAR/Shelter Placement, >= 6 months	8	9	10	8	8	6	4
Total number of children in Permanency Planning Diagnostic Center	17	22	23	18	20	17	18
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	14	14	13	14	17	14	13
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	5	6	7	5	7	7	8
Total number of children in MH Shelter	12	12	15	12	8	7	5
• Total number of children in MH Shelter, > 60 days	12	11	11	11	6	6	5
• Total number of children in MH Shelter, >= 6 months	8	9	9	7	4	2	0

Time in Residential Care

Placement Issues	Aug 2007	Nov 2007	Feb 2008	May 2008	Aug 2008	Oct 2008	Nov 2008
Total number of children in Residential care	657	633	614	613	578	542	529
• Number of children in Residential care, >= 12 months in Residential placement	227	200	190	166	150	133	125
• Number of children in Residential care, >= 60 months in Residential placement	6	7	7	5	4	5	4

Foster /Adoption Recruitment and Retention

	Nov 2006	Feb 2007	April 2007	July 2007	Oct 2007	Jan 2008	June 2008	Sept 2008
Number of Inquires	113	170	132	203	162	193	164	148
Number of Open Houses	34	31	34	31	34	34	37	36
Number of families starting Pride/GAP training	51	55	57	52	45	49	32	60
Number of families completing Pride/GAP training	68	20	55	27	28	23	37	39
Number of applications filed	138	93	102	115	154	105	101	122
Number of applications that were licensed	72	77	83	108	89	77	66	59
Number of applications pending beyond time frames	140	175	177	93	64	66	65	83
Number of licensed Foster Homes at end of month	1281	1248	1237	1223	1218	1223	1180	1119
Number of licensed Adoptive Homes at end of month	388	354	326	346	331	335	316	291
Number of licensed Special Studies at end of month	236	221	221	210	212	211	227	217
Number of licensed Independents at end of month	131	105	92	73	71	71	64	64
Number of licensed Relatives at end of month	690	592	583	565	563	582	568	550
Number of homes overcapacity (not due to sibling placement)	21	30	27	25	27	31	49	45
Total DCF Licensed Foster Care Bed Capacity[5]	2551	2581	2555	2534	2487	2466	2465	2285
Total Number of Approved Foster Homes							1033	1085
Total number of Specialized Foster Care (non-DCF) Homes available for placements	261	271	173	229	201	245	205	142
Total number of Specialized Foster Care respite families						58	61	53

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

9 These agencies failed to submit data to the Department by the submission deadline and are excluded from the report

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

Background and Methodology:

The *Juan F*. v Rell Revised Exit Plan and the subsequent stipulated agreement reached by the parties and court ordered on July 11, 2006 requires the Monitor's Office to conduct a series of quarterly case reviews to monitor Outcome Measure 3 (Treatment Planning) and Outcome Measure 15 (Needs Met). The implementation of this review began with a pilot sample of 35 cases during the Third Quarter 2006. During the Third Quarter 2008, the Monitor's Office reviewed a total of 53 cases.

This quarter's 53-case sample was stratified based upon the distribution of area office caseload on June 1, 2008. Data was extracted for initial record review from June 20, 2008 through September 29, 2008. The sample incorporates both in-home and out-of-home cases based on the caseload percentages reflected on the date that the sample was determined.

Table 1: 3rd Quarter Sample Required Based on June 1, 2008 Ongoing Services Caseload

June 1, 2008 Caseload (Excluding ICO, Investigation, Probate)					
Area Office	**Total Caseload**	**% Identified as In-Home**	**In-Home Sample**	**CIP Sample**	**Total Sample**
Bridgeport	1,076	34.0%	1	3	4
Danbury	319	12.5%	1	1	2
Greater New Haven	866	28.8%	1	2	3
Hartford	1,880	22.1%	2	5	7
Manchester	1,273	27.5%	1	4	5
Meriden	603	34.7%	1	1	2
Middletown	414	31.6%	1	1	2
New Britain	1,466	37.6%	2	4	6
New Haven Metro	1,410	35.0%	2	3	5
Norwalk	239	45.6%	1	1	2
Norwich	1,050	34.3%	1	3	4
Stamford	270	40.0%	1	1	2
Torrington	424	13.9%	1	1	2
Waterbury	1,167	20.0%	1	3	4
Willimantic	737	31.9%	1	2	3
Grand Total	13,194	29.6%	18	35	53

This quarter, the methodology individually assigned one DCF staff or Monitor's Review staff to review each case[6]. Within the course of review, each case was subjected to the following methodology.

1. A review of the Case LINK Record documentation for each sample case concentrating on the most recent six months. This includes narratives, treatment

[6] As in the prior quarter, reviewers were paired to allow for training of newly contracted review staff. The training period will continue into the fourth quarter to support the development of review skills consistent with the core group now established for over one year.

planning documentation, investigation protocols, and the provider narratives for any foster care provider during the last six-month period.
2. Attendance/Observation at the Treatment Planning Conference (TPC)/Administrative Case Review (ACR) or Family Conference (FC)[7].
3. A subsequent review of the final approved plan conducted fourteen to twenty days following the date identified within the TPC/ACR/FC schedule from which the sample was drawn. The reviewer completed an individual assessment of the treatment plan and needs met outcome measures and filled out the scoring forms for each measure.

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

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

During this quarter, there were nine requests submitted by reviewers for consideration of an override. Included in these cases, were two requests for override on Outcome Measure 3, and seven requests for override on Outcome Measure 15 (in one instance a request for an override on both measures was submitted). All requests were reviewed and eight overrides were granted. Several examples of rationale for overrides included such items as:

- All needs met with the exception of dental which was a need unmet in the prior ACR planning period, and that was still unmet at the point of the current ACR. Appointment was secured on July 15, 2008 post ACR. ***Override Request Denied.*** Need remained unmet through two ACR planning cycles, and although situation has now been rectified, child had not had dental since coming into care in December 2005.

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

- Safety of child during the period was ranked marginal due to concerns related to the facility's failure to follow protocol regarding a critical incident. ***Override Request Granted***, as DCF took immediate and appropriate action to address this issue with the facility therapist, and child was moved to another placement in which he is assessed to be safe.
- Adolescent (age 17.5) had a four month delay in receipt of timely dental well care. Adolescent had no chronic or acute dental issues. Adolescent is involved in multiple appointments and activities. There was documentation that the area office had attempted to obtain an appointment months prior to the ACR that would not conflict with these. First available appointment was accepted. ***Override Request Granted.***
- Action Steps were not as clearly articulated for this voluntary services case plan document as were clearly stated at the ACR and on the DCF 553. Action steps were in progress at the time of the ACR and in the days immediately following the meeting that were discussed. As such, although the section was not as specific as it should have been, the work was in progress and there was a shared understanding between the parents, facility and DCF as to what needed to be done to successfully discharge this SED adolescent back home to his parents. Given the collaborative discussion and permanency plan in action, ***Override Request Granted.***
- Mental health services were not engaged for the parents in this CIP case. ***Override Request Granted***, as the parents whereabouts were unknown shortly into the period of review and remained so at the point of ACR. Referrals were made timely, and subsequently appropriate legal action was being prepared.
- Mother's high risk pregnancy resulted in delay in receipt of mental health services. Mother was referred and failed to show for appointment. Re-referred and per agency policy was placed on wait list. At the end of the period, mother had documented engagement with the mental health provider. Given the circumstance of the pregnancy and the documented appropriate referrals and follow up of the area office, ***Override Request Granted.***

Sample Demographics

The sample consisted of 53 cases distributed among the fifteen area offices. The work of 52 Social Workers and 49 Social Work Supervisors' work was incorporated into the record review. Reviewers attended an ACR or family conference where one was held. This resulted in observation of these processes in 41 of the 53 cases reviewed.

Cases were most recently opened across the range of time from as long ago as September 4, 1998 to one most recently re-opened on July 27, 2008. At the point of review, the data indicates that the majority of cases (94.3%) were open for child protective service reasons. In 41.9% cases, there was at least one prior investigation within their history at the time of the most recent case opening.

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

	What is the type of case assignment noted in LINK?			
Is there a history of prior investigations?	**CPS In-Home Family Case (IHF)**	**CPS Child in Placement Case (CIP)**	**Voluntary Services Child in Placement Case (VSCIP)**	**Total**
Yes	10	15	1	26
No	9	17	1	27
Total	19	32	2	53

Of the children in placement within the sample, 47.2% were male and 52.8% were female. Ages ranged from six months to18 years and one month of age on July 1, 2008. Legal status at the point of review was most frequently committed, with 62.1% of the cases identifying the child in placement with this legal status. Seven or 18.9% of the cases designated children-in-placement had a legal status of Termination of Parental Rights (TPR).

Ten of the 53 case sample (18.9%) were in-home cases that had no legal involvement, and six of the sample were in-home cases that had protective supervision in place (11.3%). The table below provides additional information related for the full sample of both In-Home and Child-in-Placement cases.

Table 2: Legal Status

Legal Status	Frequency	Percent
Committed (Abused/Neglect/Uncared For)	23	43.4%
In-Home CPS case with no legal involvement	10	18.9%
TPR/Statutory Parent	7	13.2%
Protective Supervision	6	11.3%
Not Committed	5	9.4%
Order of Temporary Custody	1	1.9%
Probate Court Guardianship/Custody	1	1.9%
Total	53	100.0%

In addition to the seven children with TPR status, DCF had filed for TPR in an additional two cases.

Of the 35 children in out of home placement two or 5.7% had documented involvement with the juvenile justice system during the period.

In looking at race alone, the most frequently identified race was White, which comprised 43.4% of the population. A total of 24.5% identified ethnicity as Hispanic.

Crosstabulation 2: Race (Child or Family Case Named Individual) * Ethnicity (Child or Family Case[8] Named Individual)

Race (Child or Family Case Named Individual)	Ethnicity (Child or Family Case Named Individual)		
	Hispanic	Non-Hispanic	Total
American Indian or Alaskan Native	1	0	1
Black/African American	2	18	20
White	5	18	23
UTD	5	0	5
Multiracial (more than one race selected)	0	4	4
Total	13	40	53

In establishing the reason for the most recent case open date identified, reviewers were asked to identify all allegations or voluntary service needs identified at the point of most recent case opening. This was a multiple response question which allowed the reviewers to select more than one response as situations warranted. In total, 159 allegations or CPS issues were identified at the time of the report to the Hotline[9]. The data indicates that physical neglect remains the most frequent identified reason for referral. Thirty-four of the 53 cases had physical neglect included in the concerns identified upon most recent referral to the Hotline. In 27 of these cases (50.9% of the sample), it was substantiated.

Parental Substance Abuse/ Mental Health, was identified in 43.4% of the cases (and substantiated in 28.3% of the sample). Emotional Neglect alleged in 37.7% of the cases sampled and substantiated in 22.6% of the sample case. The Hotline identified prior DCF involvement in 26 (49.1%) of the cases. One case included parents with a history including a prior TPR(s).

[8] Establishes the child's race in CIP cases, but the case named individual (primary parent/guardian) for those cases identified as in-home.
[9] Excludes those seven cases open under child's name post TPR.

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

Identified Issue/Concern	Number of Times Alleged/Identified	Number Substantiated
Abandonment	4	3
Child's Behaviors	8	n/a
Child's Legal Status Became TPR prompting new case opening	7	n/a
Domestic Violence	11	8
Educational Neglect	3	2
Emotional Abuse	5	3
Emotional Neglect	20	12
FWSN Referral	2	n/a
Medical Neglect	5	4
Parent's Mental Health or Substance Abuse	23	15
Physical Abuse	11	2
Physical Neglect	34	27
Prior History of Investigations	26	n/a
Prior History of TPR for parent	1	n/a
Sexual Abuse	5	2
Voluntary Services Referral (VSR)	3	n/a
	168	

The reviewers were asked to identify the primary reason for DCF involvement on the date of most recent case opening. "Substance Abuse or Mental Health (parent)" was the most frequently identified reason with 18.9% of the cases citing this primary cause. This was followed by "Domestic Violence" and "Physical Neglect" with each identified as the primary reason for eight of the cases sampled (15.1%).

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

Primary Reason Cited	Frequency	Percent
Substance Abuse/Mental Health (parent)	10	18.9%
Domestic Violence	8	15.1%
Physical Neglect	8	15.1%
Child's TPR prompted new case open under child's name	7	13.2%
Emotional Neglect	4	7.5%
Medical Neglect	4	7.5%
Physical Abuse	3	5.7%
Voluntary Services Request for medical/mental health/ substance abuse/behavioral health of child (No CPS Issues)	3	5.7%
Abandonment	2	3.8%
Educational Neglect	2	3.8%
FWSN Referral	1	1.9%
Sexual Abuse	1	1.9%
Total	53	100.0

SDM scores at investigation were documented upon case opening for 23 of the cases reviewed.[10] Of those completed, SDM overall risk scores were most frequently deemed moderate (56.5%) at the point of investigation. One case had a risk score in the high range (4.3%) and nine were considered low risk upon completion of the tool (39.1%). Discretionary supervisory override of eight of these cases raised the scores to moderate prior to transfer to Ongoing Services.

At the point of investigation finalization, seven situations were deemed "safe," an additional eleven were deemed "conditionally safe" and five were identified as "unsafe". In 13 cases, there was a documented safety plan resulting from the safety assessment. In 11 of these 13 cases there was evidence that services or interventions put into the home during the investigation mitigated observed/assessed safety factors in the home.

Crosstabulation 3: For cases with Investigations post May 1, 2007 what is the overall scored risk level * What is the safety decision documented prior to finalization of the investigation?

For cases with Investigations post May 1, 2007 what is the overall scored risk level?	For cases with investigations beginning May 1, 2007 what is the safety decision documented prior to finalization of the investigation?			
	Safe	Conditionally Safe	Unsafe	Total
Low	2	6	1	9
Moderate	5	5	3	13
High	0	0	1	1
Total	7	11	5	23

In nine of the 23 cases there was ongoing and timely SDM Risk Reassessments at 90 day intervals as required by case circumstances. At the point of the ACR or Family Conference, 21 cases had a current (less than 90 days old) SDM Risk Reassessment documented[11]. Of these one was indicted as "high" with a score of nine, five were "moderate" with scores of six to eight, seven were score ""low with scores of three to five and eight were "very low with score two or less.

[10] In 30 of the cases, the case opening date pre-dated the statewide implementation of the use of SDM.
[11] Numbers vary with changes to permanency goal, which impacts need to complete the risk reassessment.

DCF approved permanency/case goals were identified for all 53 cases reviewed. In the nine cases in which SDM Reunification Reassessments were documented, the Permanency Plan Recommendation derived from the tool agreed with the stated permanency goal in seven cases. In one additional case, the supervisory override was documented and was consistent with the stated goal.

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

Permanency Goal	Frequency	Percent
In-Home Goals - Safety/Well Being Issues	18	34.0%
APPLA	14	26.4%
Reunification	9	17.0%
Adoption	7	13.2%
LTFC with a Licensed Relative	4	7.5%
Transfer of Guardianship	1	1.9%
Total	53	100.0%

DCF policy requires concurrent planning when reunification or APPLA are the designated permanency goals. Of the nine treatment plans, in which "Reunification" was the permanency goal, eight identified a required concurrent plan.

Of the 14 cases with the goal of APPLA, nine (64.3%) identified a concurrent goal. Five of the concurrent goals for these 14 APPLA cases identified a preferred permanency goal as the concurrent goal (adoption, reunification or TOG). Three of these cases identified a second APPLA goal, and an additional one case identified Long Term Foster Care - Relative as the concurrent plan.

Children in placement had various lengths of stay at the point of our review. The date of recent out-of-home placement ranged from July 1992 through February 25, 2008. The average length of stay is 1083 days but is impacted by outliers at the upper range of the scale. To more accurately reflect the population the median length of stay was calculated and reported at 794 days. In looking at the length of stay in the current placement, dates ranged from four days to 2,384 days, with an average of 511 days in placement with the same provider. Factoring in the impact of the outliers, the median was calculated and is reported at 319 days.

The following crosstabulation is by length of stay as it relates to TPR filing and in relation to the ASFA requirement to file or identify an exception by no later than 15 months into the out of home episode.

Crosstabulation 4: How many consecutive months has this child been in out of home placement as of the date of this review or date of case closure during the period? * For child in placement, has TPR been filed?

How many consecutive months has this child been in out of home placement as of the date of this review or date of case closure during the period?	For child in placement, has TPR been filed?					
	yes	no	N/A - Exception noted in LINK	N/A - child's goal and length of time in care don't require	N/A - In-Home Case (CPS or Voluntary Services)	Total
1-6 months	0	0	0	2	0	2
7-12 months	0	1	1	4	0	6
13-18 months	0	1	3	3	0	7
19-24 months	0	0	0	1	0	1
Greater than 24 months	9	0	10	0	0	19
N/A - no child in placement (in-home case)	0	0	0	0	18	18
Total	9	2	14	10	18	53

In all but two cases in which the child's length of stay and permanency goal required the filing of TPR, it had been done or there was an exception filed and documented in LINK in accordance with ASFA timelines. In one of these cases, the goal was adoption (child in care 13-18 months) and in the other the goal was APPLA (child in care 7-12 months).

At the point of review, the children in placement were predominantly in foster care settings. Nine children were in DCF non-relative licensed foster homes, eight children were in relative foster homes in Connecticut and one was in relative foster homes outside of the state. Four children were living in private provider foster homes in Connecticut. One child was in an unlicensed family setting. Four children were in in-state residential facility settings. Three children were in group homes. One child was living out of state in a residential facility. At the time of review, one child was AWOL and four children were on a trial home visit.

Table 6: Current residence of child on date of LINK review

Residence/Placement	Frequency	Percent
N/A - In-home family case (no placement)	17	32.1%
In-State non-relative licensed DCF foster care	9	17.0%
In-State certified/licensed relative DCF foster care	8	15.1%
Home of biological parent (trial home visit)	4	7.5%
In-State private provider foster care	4	7.5%
In-State residential setting	4	7.5%
Group Home	3	5.7%
AWOL	1	1.9%
Out of State Relative foster care	1	1.9%
Out of state residential setting	1	1.9%
Unlicensed Family Placement	1	1.9%
Total	53	100.0

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

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

To date, the full sample of cases reviewed throughout the process indicates an overall compliance with Outcome Measure 3 of 45.9% The Third Quarter case review data indicates that the Department of Children and Families attained the level of "Appropriate Treatment Plan" in 33 of the 53-case sample or **62.3%.**

Table 7: Historical Findings on OM3 Compliance - Third Quarter 2006 to Third Quarter 2008

Quarter	Sample (n)	Percent Appropriate
3rd Quarter 2006	35	54.3%
4th Quarter 2006	73	41.1%
1st Quarter 2007	75	41.3%
2nd Quarter 2007	76	30.3%
3rd Quarter 2007	50	32.0%
4th Quarter 2007	51	51.0%
1st Quarter 2008	51	58.8%
2nd Quarter 2008	52	55.8%
3rd Quarter 2008	53	62.3%
Total to Date	516	45.9%

Of the 34 cases with children in placement at the point of review, 21 or 61.8% achieved an overall determination of "appropriate treatment plan" during this quarter. In-Home

cases also achieved this designation in 63.2% of the sample for this quarter. The following crosstabulation provides further breakdown to distinguish between voluntary and child protective services cases as well.

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

What is the type of case assignment noted in LINK?		Overall Score for OM3		
		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
CPS In-Home Family Case (IHF)	Count	12	7	19
	% within What is the type of case assignment noted in LINK?	63.2%	36.8%	100.0%
	% within Overall Score for OM3	36.4%	35.0%	35.8%
	% of Total	22.6%	13.2%	35.8%
CPS Child in Placement Case (CIP)	Count	19	13	32
	% within What is the type of case assignment noted in LINK?	59.4%	40.6%	100.0%
	% within Overall Score for OM3	57.6%	65.0%	60.4%
	% of Total	35.8%	24.5%	60.4%
Voluntary Services Child in Placement Case (VSCIP)	Count	2	0	2
	% within What is the type of case assignment noted in LINK?	100.0%	.0%	100.0%
	% within Overall Score for OM3	6.1%	.0%	3.8%
	% of Total	3.8%	.0%	3.8%
Total	Count	33	20	53
	% within What is the type of case assignment noted in LINK?	62.3%	37.7%	100.0%
	% within Overall Score for OM3	100.0%	100.0%	100.0%
	% of Total	62.3%	37.7%	100.0%

Fifty-one of the 53 plans were approved by the SWS and were less than seven months old at point of review. Language needs were met.

In relationship to the case goal, cases with a goal of LTFC - Relative, Reunification and In-Home cases had the highest rate of appropriateness with 75.0% (3 of 4) of LTFC -

Relative having appropriate treatment plans followed by Reunification and In-Home cases which each had 66.7% of cases achieving Outcome Measure 3.

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

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?		Overall Score for OM3		
		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
Reunification	Count	6	3	9
	% within stated goal	66.7%	33.3%	100.0%
	% within Overall Score for OM3	18.2%	15.0%	17.0%
	% of Total	11.3%	5.7%	17.0%
Adoption	Count	4	3	7
	% within stated goal	57.1%	42.9%	100.0%
	% within Overall Score for OM3	12.1%	15.0%	13.2%
	% of Total	7.5%	5.7%	13.2%
Transfer of Guardianship	Count	0	1	1
	% within stated goal	.0%	100.0%	100.0%
	% within Overall Score for OM3	.0%	5.0%	1.9%
	% of Total	.0%	1.9%	1.9%
Long Term Foster Care with a licensed relative	Count	3	1	4
	% within stated goal	75.0%	25.0%	100.0%
	% within Overall Score for OM3	9.1%	5.0%	7.5%
	% of Total	5.7%	1.9%	7.5%
In-Home Goals - Safety/Well Being Issues	Count	12	6	18
	% within stated goal	66.7%	33.3%	100.0%
	% within Overall Score for OM3	36.4%	30.0%	34.0%
	% of Total	22.6%	11.3%	34.0%
APPLA	Count	8	6	14
	% within stated goal	57.1%	42.9%	100.0%
	% within Overall Score for OM3	24.2%	30.0%	26.4%
	% of Total	15.1%	11.3%	26.4%
Total	Count	33	20	53
	% within stated goal	62.3%	37.7%	100.0%
	% within Overall Score for OM3	100.0%	100.0%	100.0%
	% of Total	62.3%	37.7%	100.0%

As with last quarter, the lowest rate of appropriate treatment plans had the goal Transfer of Guardianship. The one case with this designation failed to achieve an appropriate treatment plan designation.

In looking at Area Office performance in light of Outcome Measure 3: Danbury, Greater New Haven, Meriden, Norwich and Willimantic Offices achieved 100% compliance. See the following crosstabulation below to see the full statewide results for by quarter.

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

Area Office Assignment	Number and Percentage of Plans Deemed "Appropriate Treatment Plan"									
	3Q2006	4Q2006	1Q2007	2Q2007	3Q2007	4Q2007	1Q2008	2Q2008	3Q2008	All Quarters
Bridgeport	2 66.7%	0 0.0%	2 33.3%	3 50.0%	2 50.0%	2 50.0%	3 75.0%	1 25.0%	0 0.0%	15 36.6%
Danbury	0 0.0%	1 50.0%	3 100.0%	0 0.0%	2 100.0%	0 0.0%	1 50.0%	1 50.0%	***2*** ***100.0%***	10 52.6%
Greater New Haven	2 66.7%	2 40.0%	2 40.0%	0 0.0%	0 0.0%	1 33.3%	3 ***100.0%***	1 33.3%	***3*** ***100.0%***	14 42.4%
Hartford	2 50.0%	5 55.6%	2 22.2%	3 30.0%	0 0.0%	1 20.0%	2 33.3%	2 33.3%	3 42.9%	20 32.8%
Manchester	2 50.0%	4 57.1%	3 50.0%	3 50.0%	2 40.0%	***5*** ***100.0%***	4 80.0%	4 80.0%	2 40.0%	29 60.4%
Meriden	0 0.0%	2 66.7%	1 33.3%	1 33.3%	0 0.0%	***2*** ***100.0%***	1 50.0%	2 ***100.0%***	***2*** ***100.0%***	11 55.0%
Middletown	*1* *100.0%*	***3*** ***100.0%***	1 33.3%	1 33.3%	***2*** ***100.0%***	***2*** ***100.0%***	***2*** ***100.0%***	2 ***100.0%***	0 0.0%	14 70.0%
New Britain	1 33.3%	2 25.0%	4 50.0%	0 0.0%	1 20.0%	***5*** ***100.0%***	3 60.0%	2 40.0%	4 66.7%	22 41.5%
New Haven Metro	2 50.0%	1 14.3%	3 37.5%	3 37.5%	1 20.0%	2 40.0%	1 20.0%	1 20.0%	4 80.0%	18 34.6%
Norwalk	***1*** ***100.0%***	0 0.0%	1 50.0%	0 0.0%	***2*** ***100.0%***	1 50.0%	***2*** ***100.0%***	1 50.0%	1 50.0%	9 52.9%
Norwich	2 66.7%	5 83.3%	3 50.0%	3 50.0%	1 25.0%	1 33.3%	2 50.0%	3 75.0%	***4*** ***100.0%***	24 60.0%
Stamford	***1*** ***100.0%***	0 0.0%	0 0.0%	1 50.0%	0 0.0%	0 0.0%	0 0.0%	1 50.0%	1 50.0%	4 23.5%
Torrington	***1*** ***100.0%***	2 66.7%	2 66.7%	2 66.7%	***2*** ***100.0%***	1 50.0%	0 0.0%	2 ***100.0%***	***1*** ***50.0%***	13 65.0%
Waterbury	1 33.3%	0 0.0%	2 28.6%	1 14.3%	0 0.0%	1 16.7%	3 75.0%	3 60.0%	3 75.0%	14 30.4%
Willimantic	1 50.0%	3 75.0%	2 50.0%	2 50.0%	1 33.3%	2 66.7%	***3*** ***100.0%***	3 ***100.0%***	***3*** ***100.0%***	20 69.0%
State Total	19 54.3%	30 41.1%	31 41.3%	23 30.3%	16 32.0%	26 51.0%	30 58.8%	29 55.8%	33 62.3%	237 45.9%

One final snapshot of the overall scoring for OM 3 is a look at the rate of compliance by crosstabulating Race (Child or Family Case Named Individual) * Overall Score for OM3 and gender of the child. The highest rate of compliance with Outcome Measure 3 was higher for females and in-home cases which both had compliance rates of 66.7%. The lowest rate of compliance is achieved for males designated as multiracial or UTD which had 0.0% compliance with the measure.

Crosstabulation 8: Overall Score for OM3 3rd Quarter 2008 * Race (Child or Family Case Named Individual) * gender of child (n=53)

Sex of Child in Placement (CIP)			Overall Score for OM3		
			Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
Male CIP	**Race**	Black/African American	4	2	6
		White	5	3	8
		UTD	0	1	1
		Multiracial (more than one race selected)	0	2	2
		Total	9	8	17
Female CIP	**Race**	Black/African American	6	3	9
		White	4	2	6
		UTD	1	1	2
		Multiracial (more than one race selected)	1	0	1
		Total	12	6	18
In-Home Family Case	**Race (Case Named Individual)**	American Indian or Alaskan Native	1	0	1
		Black/African American	4	1	5
		White	5	4	9
		UTD	1	1	2
		Multiracial (more than one race selected)	1	0	1
		Total	12	6	18

During the quarter 53.9% of the 13 cases identified with Hispanic ethnicity had "appropriate" treatment plans, while 65.0% (26 of 40) Non-Hispanic children and families were identified as "appropriate."

Each case had a unique pool of active participants for DCF to collaborate with in the process. The chart below indicates the degree to which identifiable/active case participants were engaged by the social worker and the extent to which active participants attended the TPC/ACR/FC. Percentages reflect the level or degree to which a valid participant was part of the treatment planning efforts across all the cases reviewed. This review found a very high rate of documented conversation with the adolescent population regarding their

treatment planning. While attendance at the ACR itself was only 37.0% for this group, the rate of documented discussion/engagement was 92.6%, the highest rate achieved for this group since we have been tracking these statistics. With the implementation of the Adolescent Planning Conference (APC) at the ACR we are hopeful that attendance rates will increase given the requirement to have the child present at the APC.

Table 8: Participation and Attendance Rates for Active Case Participants

Identified Case Participant	Percentage with documented Participation/Engagement in Treatment Planning Discussion	Percentage Attending the TPC/ACR or Family Conference (when held)
Child	92.6%	37.0%
Foster Parent	73.9%	60.9%
Other Participants	70.0%	63.3%
Mother	61.4%	54.1%
Other DCF Staff	57.1%	56.0%
Active Service Providers	48.8%	43.2%
Father	37.8%	26.7%
Attorney/GAL (Child)	14.7%	6.3%
Parents' Attorney	7.4%	4.0%

Participation of children and parents' attorneys continues to be dismal, but a slight increase was noted in engagement of the GAL as the rate rose from 6.3% last quarter to 14.7% this quarter. Participation of fathers continues to be poor with only 48.8% participating in planning and 26.7% attending or teleconferencing into the ACR.

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

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

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

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

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

Absent/Adverse Score – 1
The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no treatment plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts. "Reason for Involvement" and "Present Situation to Date" were most frequently ranked with an Optimal Score. Deficits were most frequently noted in two of the eight categories: "Determination of Goals/Objectives" and "Action Steps to Achieve Goals". The following table provides the scoring for each category for the sample set and the corresponding percentage of cases within the sample that achieved that ranking.

The following set of three tables provide at a glance, the scores for each of the eight categories of measurement within Outcome Measure 3. The first is the full sample (n=53), the second is the children in out of home placement (CIP) cases (n=34) and the third is the in-home family cases (n=19). For a complete listing of rank scores for Outcome Measure 3 by case, see Appendix 1.

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

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	43 81.1%	10 18.9%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	15 28.3%	37 69.3%	1 1.9%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	12 22.6%	37 69.8%	3 5.7%	1 1.9%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	20 37.7%	27 50.9%	5 9.4%	1 1.9%	0 0.0%
II.1 Determining the Goals/Objectives	7 13.2%	36 37.9%	9 17.0%	1 1.9%	0 0.0%
II.2. Progress	17 32.1%	34 64.2%	1 1.9%	1 1.9%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	5 9.4%	27 50.9%	20 37.7%	1 1.9%	0 0.0%
II.4 Planning for Permanency	21 39.6%	28 52.8%	4 7.5%	0 0.0%	0 0.0%

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

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	27 79.4%	7 20.6%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	7 20.6%	26 76.5%	1 2.9%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	8 23.5%	24 70.6%	1 2.9%	1 2.9%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	13 38.2%	17 50.0%	3 8.8%	1 2.9%	0 0.0%
II.1 Determining the Goals/Objectives	4 11.8%	24 70.6%	5 14.7%	1 2.9%	0 0.0%
II.2. Progress	11 32.4%	21 61.8%	1 2.9%	1 2.9%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	4 11.8%	17 50.0%	12 35.3%	1 2.9%	0 0.0%
II.4 Planning for Permanency	11 32.4%	19 55.9%	4 11.8%	0 0.0%	0 0.0%

Table 11: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for In-Home Family Cases Across All Categories of OM3

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	16 84.2%	3 15.8%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	8 42.1%	11 57.9%	0 0.0%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	4 21.1%	13 68.4%	2 10.5%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	7 36.8%	10 52.6%	2 10.5%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	3 15.8%	12 63.2%	4 21.1%	0 0.0%	0 0.0%
II.2. Progress	6 31.6%	13 68.4%	0 0.0%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	1 5.3%	10 52.6%	8 42.1%	0 0.0%	0 0.0%
II.4 Planning for Permanency	10 52.6%	9 47.4%	0 0.0%	0 0.0%	0 0.0%

While making progress in relation to identifying goals and objectives for the coming six month period (II.1), as in prior quarters DCF continues to struggle with assignment of action steps for the case participants in relation to those goals and objectives (II.3).

The chart of mean averages below is provided as a way to show the trends, not compliance with Outcome Measure 3. While the requirement is for 90% to have an overall passing score, not achieve a statewide average within the passing range, this quarter, six of the eight categories had average scores at or above the "very good" rank of 4. This indicates a slight upward trend, as last quarter there were five categories within the "very good range" and the mean scores for most categories are slightly higher as well.

Table 12: Mean Averages for Outcome Measure 3 - Treatment Planning (3rd Quarter 2006 - 3rd Quarter 2008)

Mean Scores for Categories within Treatment Planning Over Time									
	3Q2006	**4Q2006**	**1Q2007**	**2Q2007**	**3Q2007**	**4Q2007**	**1Q2008**	**2Q2008**	**3Q2008**
Reason For Involvement	4.46	4.27	4.63	4.50	4.66	4.71	4.82	4.73	4.81
Identifying Information	3.94	3.89	3.96	3.82	3.92	4.16	4.18	4.15	4.26
Strengths, Needs, Other Issues	4.09	4.04	4.07	3.93	4.16	4.25	4.41	4.04	4.13
Present Situation And Assessment to Date of Review	4.14	3.97	3.96	3.93	4.02	4.29	4.45	3.98	4.25
Determining Goals/Objectives	3.80	3.48	3.68	3.66	3.70	3.82	4.00	3.91	3.92
Progress	4.00	3.91	3.87	3.86	3.82	4.31	4.35	4.27	4.26
Action Steps for Upcoming 6 Months	3.71	3.44	3.19	3.30	3.40	3.55	3.61	3.52	3.68
Planning for Permanency	4.03	4.04	4.13	4.01	4.08	4.24	4.43	4.31	4.32

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

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

The case review data indicates that the Department of Children and Families attained the designation of "Needs Met" in 52.8% of the 53-case sample. The highest rate of compliance with OM 15 for the Third Quarter 2008 is 100% which was achieved by Danbury, Greater New Haven, Torrington and Willimantic The lowest rate of compliance is within the Norwich Office which uncharacteristically had 0% rate of compliance within the four cases reviewed.

Crosstabulation 9: What is the social worker's area office assignment? * Overall Score for Outcome Measure 15 during the Third Quarter 2008

What is the social worker's area office assignment?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Bridgeport	Count	1	3	4
	% within Area Office	25.0%	75.0%	100.0%
Danbury	Count	2	0	2
	% within Area Office	100.0%	.0%	100.0%
Greater New Haven	Count	3	0	3
	% within Area Office	100.0%	.0%	100.0%
Hartford	Count	2	5	7
	% within Area Office	28.6%	71.4%	100.0%
Manchester	Count	2	3	5
	% within Area Office	40.0%	60.0%	100.0%
Meriden	Count	0	2	2
	% within Area Office	.0%	100.0%	100.0%
Middletown	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
New Britain	Count	5	1	6
	% within Area Office	83.3%	16.7%	100.0%
New Haven Metro	Count	3	2	5
	% within Area Office	60.0%	40.0%	100.0%
Norwalk	Count	0	2	2
	% within Area Office	.0%	100.0%	100.0%
Norwich	Count	0	4	4
	% within Area Office	.0%	100.0%	100.0%
Stamford	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Torrington	Count	2	0	2
	% within Area Office	100.0%	.0%	100.0%
Waterbury	Count	3	1	4
	% within Area Office	75.0%	25.0%	100.0%
Willimantic	Count	3	0	3
	% within Area Office	100.0%	.0%	100.0%
Total	Count	28	25	53
	% within Area Office	52.8%	47.2%	100.0%

The cumulative score to date is shown in the table below, followed by an additional table representing the scores from each of the quarters since the inception of this review process. In this view, the Torrington, Norwich and Manchester offices fare best with compliance rates of 75.0%, 69.0% and 68.8%. Meriden has the lowest cumulative rate of compliance with 30.0% compliance with Outcome Measure 15.

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

Overall Score for Outcome Measure 15		What is the social worker's area office assignment?															
		Bpt	Dnbry	GNH	Htfd	Man	Mrdn	Mdtwn	NB	NHM	Nwlk	Norw	Stfd	Torr	Wtby	Willi	State
Needs Met	Count	21	11	21	26	33	6	13	32	18	8	25	6	15	21	20	276
	% Area Office	51.2%	57.9%	63.6%	42.6%	68.8%	30.0%	65.0%	60.4%	34.6%	47.1%	62.5%	35.3%	75.0%	45.7%	69.0%	53.5%
Needs Not Met	Count	20	8	12	35	15	14	7	21	34	9	15	11	5	25	9	240
	% Area Office	48.8%	42.1%	36.4%	57.4%	31.3%	70.0%	35.0%	39.6%	65.4%	52.9%	37.5%	64.7%	25.0%	54.3%	31.0%	46.5%
Total	Count	41	19	33	61	48	20	20	53	52	17	40	17	20	46	29	516
	% Area Office	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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

Crosstabulation 11: Overall Score for Outcome Measure 15 * What is the social worker's area office assignment? * Quarter of Review

Quarter of Review			What is the social worker's area office assignment?														
			Bpt	Dnbry	GNH	Htfd	Man	Mrdn	Mdtwn	NB	NHM	Nwlk	Norw	Stfd	Torr	Wtby	Willi	State
3 Q 2006	Needs Met	Count	1	1	3	3	3	0	1	1	1	1	3	1	1	1	1	22
		%	33.3%	100.0%	100.0%	75.0%	75.0%	.0%	100.0%	33.3%	25.0%	100.0%	100.0%	100.0%	100.0%	33.3%	50.0%	62.9%
	Needs Not Met	Count	2	0	0	1	1	1	0	2	3	0	0	0	0	2	1	13
		%	66.7%	.0%	.0%	25.0%	25.0%	100.0%	.0%	66.7%	75.0%	.0%	.0%	.0%	.0%	66.7%	50.0%	37.1%
4 Q 2006	Needs Met	Count	1	2	2	6	7	0	2	4	1	1	4	1	2	2	3	38
		%	16.7%	100.0%	40.0%	66.7%	100.0%	.0%	66.7%	50.0%	14.3%	50.0%	66.7%	50.0%	66.7%	33.3%	75.0%	52.1%
	Needs Not Met	Count	5	0	3	3	0	3	1	4	6	1	2	1	1	4	1	35
		%	83.3%	.0%	60.0%	33.3%	.0%	100.0%	33.3%	50.0%	85.7%	50.0%	33.3%	50.0%	33.3%	66.7%	25.0%	47.9%
1 Q 2007	Needs Met	Count	2	2	3	3	3	1	2	4	4	1	2	1	3	3	0	34
		%	33.3%	66.7%	60.0%	33.3%	50.0%	33.3%	66.7%	50.0%	50.0%	50.0%	33.3%	50.0%	100.0%	42.9%	.0%	45.3%
	Needs Not Met	Count	4	1	2	6	3	2	1	4	4	1	4	1	0	4	4	41
		%	66.7%	33.3%	40.0%	66.7%	50.0%	66.7%	33.3%	50.0%	50.0%	50.0%	66.7%	50.0%	.0%	57.1%	100.0%	54.7%
2 Q 2007	Needs Met	Count	5	0	3	5	3	1	1	4	4	0	5	0	2	3	3	39
		%	83.3%	.0%	60.0%	50.0%	50.0%	33.3%	33.3%	50.0%	50.0%	.0%	83.3%	.0%	66.7%	42.9%	75.0%	51.3%
	Needs Not Met	Count	1	3	2	5	3	2	2	4	4	2	1	2	1	4	1	37
		%	16.7%	100.0%	40.0%	50.0%	50.0%	66.7%	66.7%	50.0%	50.0%	100.0%	16.7%	100.0%	33.3%	57.1%	25.0%	48.7%
3 Q 2007	Needs Met	Count	4	2	2	2	4	1	1	3	2	1	2	1	2	3	2	32
		%	100.0%	100.0%	66.7%	40.0%	80.0%	50.0%	50.0%	60.0%	40.0%	50.0%	50.0%	50.0%	100.0%	75.0%	66.7%	64.0%
	Needs Not Met	Count	0	0	1	3	1	1	1	2	3	1	2	1	0	1	1	18
		%	.0%	.0%	33.3%	60.0%	20.0%	50.0%	50.0%	40.0%	60.0%	50.0%	50.0%	50.0%	.0%	25.0%	33.3%	36.0%

Quarter of Review			What is the social worker's area office assignment?														
			Bpt	Dnbry	GNH	Htfd	Man	Mrdn	Mdtwn	NB	NHM	Nwlk	Norw	Stfd	Torr	Wtby	Willi	State
4 Q 2007	Needs Met	Count	2	0	2	1	5	1	2	5	0	0	1	0	1	1	3	24
		%	50.0%	.0%	66.7%	20.0%	100.0%	50.0%	100.0%	100.0%	.0%	.0%	33.3%	.0%	50.0%	16.7%	100.0%	47.1%
	Needs Not Met	Count	2	2	1	4	0	1	0	0	5	2	2	2	1	5	0	27
		%	50.0%	100.0%	33.3%	80.0%	.0%	50.0%	.0%	.0%	100.0%	100.0%	66.7%	100.0%	50.0%	83.3%	.0%	52.9%
1 Q 2008	Needs Met	Count	4	1	2	1	3	1	1	3	2	2	4	0	0	4	2	30
		%	100.0%	50.0%	66.7%	16.7%	60.0%	50.0%	50.0%	60.0%	40.0%	100.0%	100.0%	.0%	.0%	100.0%	66.7%	58.8%
	Needs Not Met	Count	0	1	1	5	2	1	1	2	3	0	0	2	2	0	1	21
		%	.0%	50.0%	33.3%	83.3%	40.0%	50.0%	50.0%	40.0%	60.0%	.0%	.0%	100.0%	100.0%	.0%	33.3%	41.2%
2 Q 2008	Needs Met	Count	1	1	1	3	3	1	2	3	1	2	4	1	2	1	3	29
		%	25.0%	50.0%	33.3%	50.0%	60.0%	50.0%	100.0%	60.0%	20.0%	100.0%	100.0%	50.0%	100.0%	20.0%	100.0%	55.8%
	Needs Not Met	Count	3	1	2	3	2	1	0	2	4	0	0	1	0	4	0	23
		%	75.0%	50.0%	66.7%	50.0%	40.0%	50.0%	.0%	40.0%	80.0%	.0%	.0%	50.0%	.0%	80.0%	.0%	44.2%
3Q 2008	Needs Met	Count	1	2	3	2	2	0	1	5	3	0	0	1	2	3	3	28
		%	25.0%	100.0%	100.0%	28.6%	40.0%	0.0%	50.0%	83.3%	60.0%	0.0%	0.0%	50.0%	100.0%	75.0%	100.0%	52.8%
	Needs Not Met	Count	3	0	0	5	3	2	1	1	2	2	4	1	0	1	0	25
		%	75.0%	0.0%	0.0%	71.4%	60.0%	100.0%	50.0%	16.7%	40.0%	100.0%	100.0%	50.0%	0.0%	25.0%	0.0%	47.2%

For a complete listing of rank scores for Outcome Measure 15 by case, see Appendix 1.

There is greater variation in relation to needs met across various case types. Of the 17 cases selected as in-home family cases, 7 or 41.2% achieved "needs met" status. Twenty-two of the 32 cases with children in placement (68.8%) achieved "needs met" status. This quarter, there were two Voluntary Service children in out-of-home placement. One achieved the measure and one failed to achieve "needs met" status.

Crosstabulation 12: Overall Score for Outcome Measure 15 * What is the type of case assignment noted in LINK?

Overall Score for Outcome Measure 15		What is the type of case assignment noted in LINK?			
		CPS In-Home Family Case (IHF)	CPS Child in Placement Case (CIP)	Voluntary Services Child in Placement Case (VSCIP)	Total
Needs Met	Count	10	16	2	28
	% within OM 15	35.7%	57.1%	7.1%	100.0%
	% within assignment type	52.6%	50.0%	100.0%	52.8%
	% of Total	18.9%	30.2%	3.8%	52.8%
Needs Not Met	Count	9	16	0	25
	% within OM 15	36.0%	64.0%	.0%	100.0%
	% within assignment type	47.4%	50.0%	.0%	47.2%
	% of Total	17.0%	30.2%	.0%	47.2%
Total	Count	19	32	2	53
	% within OM 15	35.8%	60.4%	3.8%	100.0%
	% within assignment type	100.0%	100.0%	100.0%	100.0%
	% of Total	35.8%	60.4%	3.8%	100.0%

The overall score was also looked at through the filter of the stated permanency goal. Case goals of Transfer of Guardianship (100.0%) and Adoption (57.1%) had the best rates of compliance with Outcome Measure 15. Reunification cases had the lowest rate of achieving needs met, with 44.4% achieving the measure.

The full breakdown is shown in Crosstabulation 13 below:

Crosstabulation 13: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? * Overall Score for Outcome Measure 15

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Reunification	Count	4	5	9
	% within Goal	44.4%	55.6%	100.0%
	% within OM 15	14.3%	20.0%	17.0%
	% of Total	7.5%	9.4%	17.0%
Adoption	Count	4	3	7
	% within Goal	57.1%	42.9%	100.0%
	% within OM 15	14.3%	12.0%	13.2%
	% of Total	7.5%	5.7%	13.2%
Transfer of Guardianship	Count	1	0	1
	% within Goal	100.0%	.0%	100.0%
	% within OM 15	3.6%	.0%	1.9%
	% of Total	1.9%	.0%	1.9%
Long Term Foster Care with a licensed relative	Count	2	2	4
	% within Goal	50.0%	50.0%	100.0%
	% within OM 15	7.1%	8.0%	7.5%
	% of Total	3.8%	3.8%	7.5%
In-Home Goals - Safety/Well Being Issues	Count	10	8	18
	% within Goal	55.6%	44.4%	100.0%
	% within OM 15	35.7%	32.0%	34.0%
	% of Total	18.9%	15.1%	34.0%
APPLA	Count	7	7	14
	% within Goal	50.0%	50.0%	100.0%
	% within OM 15	25.0%	28.0%	26.4%
	% of Total	13.2%	13.2%	26.4%
Total	Count	28	25	53
	% within Goal	52.8%	47.2%	100.0%
	% within OM 15	100.0%	100.0%	100.0%
	% of Total	52.8%	47.2%	100.0%

In total, Outcome Measure 15 looks at eleven categories of measurement to determine the level with which the Department was able to meet the needs of families and children. When looking at a break between passing scores (5 or 4) and those not passing (3 or less) there is a range in performance among these categories ranging from 96.1% to 67.3%. Please note that percentages are based on applicable cases within that category.

- There were no adverse scores assessed related to risks/safety in either in-home or placement cases during this review. Three cases identified safety risks that

indicated a "poor" score. All of these were identified to the area office assigned to address reviewers concerns.

- Mental health, behavioral health, and substance abuse services continue to pose the greatest challenges to meeting the needs of families and children, in that only 67.3% of the cases achieved a passing score related to this category of needs.

Table 13: Treatment Plan Categories Achieving Passing Status for 3Q 2008

Category	# Passing (Scores 4 or 5)	# Not Passing (Scores 3 or Less)
DCF Case Management – **Legal Action** to Achieve the Permanency Goal During the Prior Six Months (II.2)	49 96.1%	2 3.9%
Securing the Permanent Placement – Action Plan for the Next Six Months (II.1)	37 94.9%	2 5.1%
Medical Needs (III.1)	50 94.3%	3 5.7%
Safety – Children in Placement (I.2)	33 89.2%	4 10.8%
DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months (II.3)	30 88.2%	4 11.8%
Child's **Current Placement** (IV.1)	28 87.5%	4 12.5%
Educational Needs (IV. 2)	38 86.4%	4 13.6%
Safety – In Home (I.1)	18 85.7%	3 14.3%
Dental Needs (III.2)	45 84.9%	8 15.1%
DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal **during the Prior Six Months** (II.4)	38 71.7%	15 28.3%
Mental Health, Behavioral and Substance Abuse Services (III.3)	35 67.3%	17 32.7%

Table 14 below provides the complete scoring for all cases by each category.

Table 14: Measurements of Treatment Plan OM 15 – Percentage of Rank Scores Attained Across All Categories[12]

Category	# Ranked Optimal "5"	# Ranked Very Good "4"	# Ranked Marginal "3"	# Ranked Poor "2"	# Ranked Adverse/Absent "1"	N/A To Case
I.1 Safety – In Home	1 4.8%	17 81.0%	2 9.5%	1 4.8%	0 0.0%	32
I.2. Safety – Children in Placement	13 35.1%	20 54.1%	2 5.4%	2 5.4%	0 0.0%	16
II.1 Securing the Permanent Placement – Action Plan for the Next Six Months	22 56.4%	15 38.5%	2 5.1%	0 0.0%	0 0.0%	14
II.2. DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months	41 80.4%	8 15.7%	2 3.9%	0 0.0%	0 0.0%	2
II.3 DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal in Prior Six Months	20 58.8%	10 29.4%	3 8.8%	1 2.9%	0 0.0%	19
II.4. DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal in Prior Six Months	21 39.6%	17 32.1%	15 28.3%	0 0.0%	0 0.0%	0
III.1 Medical Needs	34 64.2%	16 30.2%	2 3.8%	1 1.9%	0 0.0%	0
III.2 Dental Needs	24 45.3%	21 39.6%	5 9.4%	3 5.7%	0 0.0%	0
III.3 Mental Health, Behavioral and Substance Abuse Services	10 19.2%	25 48.1%	14 26.9%	3 5.8%	0 0.0%	0
IV.1 Child's Current Placement	12 37.5%	16 50.0%	3 9.4%	1 3.1%	0 0.0%	21
IV. 2 Educational Needs	13 29.5%	25 56.8%	4 9.1%	2 4.5%	0 0.0%	9

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

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

Table 15: Mean Averages for Outcome Measure 15 - Needs Met (3rd Quarter 2006 - 3rd Quarter 2008)

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

In 45 of the 53 cases (84.9%), reviewers found evidence of one or more unmet needs during the prior six month period. In some cases these needs were primary to goal achievement and in others, they were less significant, but still established at the point or the prior treatment plan development or throughout the case narratives. 152 discrete needs were identified across those cases. The largest category of unmet needs is once again in the area of mental health.

In looking at the barriers identified:

- The client was the identified barrier for 45 instances identified,
- DCF case management issues were identified in 43 of the instances cited (31 delayed referrals, 2 internal processes, 9 cases in which there was a lack of communication with providers and DCF, and one case in which no service was identified to meet an assessed need).
- Lack of resources (wait lists, no service available, no slots, etc.) is identified in 15 instances.
- In five instances the reviewer could not establish the barrier (UTD).
- In seven instances, the DCF determined it appropriate to delay a service pending completion of another.
- In one instance, the barrier was identified as insurance.
- In one instance language was the barrier.

Table 16 below provides a complete breakdown of the needs and identified barriers for the sample set.

Table 16: Unmet Service Needs and Identified Barriers for Cases Identified with an Unmet Need

Service Need	Barrier	Frequency
Adoption Recruitment	Delay in Referral	1
Adoption Supports (PPSP)	Delay in Referral	1
Anger Management - Parent	Client Refusal	2
Basic Foster Care	Client Refusal	1
Case Management/Support/Advocacy	Delay in Referral	8
Case Management/Support/Advocacy	Other: ARG Consult warranted, LINK very out of date, Supervision issue, Multiple SW assigned (3 in last 6 month period), Need to work on concurrent plan of adoption, SDM not being utilized	6
Delinquency Prevention	Service Does Not Exist in Community	1
Dental or Orthodontic Services	Delay in Referral	2
Dental Screenings/Evaluations	Client Refusal	1
Dental Screenings/Evaluations	Delay in Referral	2
Dental Screenings/Evaluations	Insurance Issues	1
Dental Screenings/Evaluations	Lack of Communication	1
Dental Screenings/Evaluations	Other: In Home Case where dental was never discussed; In-Home Case where mother failed to schedule appointments timely in spite of reminders; CIP - appointment achieved within period, but several months late due to scheduling issues.	3
Dental Screenings/Evaluations	UTD	1
Domestic Violence Services - Perpetrator	Client Refused	1

Service Need	Barrier	Frequency
Domestic Violence Services - Perpetrator	Placed on wait list	2
Domestic Violence Services - Victim	Placed on wait list	2
Drug and Alcohol Education - Child	Delay in Referral	1
Drug and Alcohol Testing - Parent	Client Refusal	1
Educational Screening/Evaluation	Client Refusal	1
Educational Screening/Evaluation	Delay in Referral	1
Educational Screening/Evaluation	Lack of Communication	3
Educational Screening/Evaluation	Service Deferred pending completion of another service	1
Family Preservation Services	Delay in Referral	1
Family Preservation Services	Placed on wait list	1
Family Stabilization Services	Client Refusal	1
Family/Marital Counseling	Client Refusal	1
Family/Marital Counseling	No service identified to meet this need	1
Family/Marital Counseling	Placed on wait list	1
Group Home	Client Refusal	1
Heath/Medical Screening	Client Refusal	1
Housing Assistance (Section 8)	Client Refusal	1
Housing Assistance (Section 8)	Lack of Communication	1
Housing Assistance (Section 8)	Placed on wait list	1
IEP Programming	Client Refusal	1
Individual Counseling - Child	Client Refusal	4
Individual Counseling - Child	Delay in Referral	1
Individual Counseling - Child	Still awaiting assessment - newly opened case.	1
Individual Counseling - Parent	Client Refusal	4
Individual Counseling - Parent	Placed on wait list	2
In-Home Parent Education Services	Other: Housing unstable. Parent Aide referred after delay to provide support in interim	1
In-Home Treatment	Client Refusal	1
In-Home Treatment	Delay in Referral	1
Inpatient Substance Abuse Treatment - Parent	Client Refusal	2
Job Coaching/Placement	Delay in Referral	1
Job Coaching/Placement	Other: Father was reluctant to complete necessary forms/provide information - delayed referral process	1
Life Skills Training	Contract Negotiation	1
Life Skills Training	Service Deferred pending completion of another	1
Life Skills Training	Service Does Not Exist in the Community	1
Maintaining Family Ties	Delay in Referral	1
Maintaining Family Ties	Life Book work needed, not addressed	1
Matching/Placement/Processing	Approval Process	1
Matching/Placement/Processing	Client Refusal	1
Medication Management - Child	Client Refusal	1
Medication Management - Parent	Client Refusal	1
Medication Management - Parent	Other: Pregnancy delayed introduction of medication	1
Medication Management - Parent	Service Deferred pending completion of another	1
Mental Health Screening or Evaluation - Child	Client Refusal	1
Mental Health Screening or Evaluation - Parent	Client Refusal	3
Mentoring	Client Refusal	1

Service Need	Barrier	Frequency
Mentoring	Delay in Referral	2
Mentoring	Lack of Communication	1
Mentoring	Placed on wait list	3
Mentoring	Service Deferred Pending completion of another	2
Mentoring	UTD	1
Other In-Home Services	UTD	1
Other Medical Intervention	Child Hospitalized - pending release	1
Other Medical Intervention	Delay in Referral	1
Other Medical Intervention	Other: Neurological appointment missed due to placement change. Rescheduled to later date.	1
Other Medical Intervention	Service Deferred pending completion of another	1
Other Out of Home Services	Delay in Referral	1
Other Out of Home Services	Service not available in primary language	1
Other Out of Home Services	UTD	1
Other State Agency Program	Client Refusal	1
Outpatient Substance Abuse Treatment - Parent	Client Refusal	3
Parenting Classes	Client Refusal	1
Problem Sexual Behavior Evaluation	Client Refusal	1
Problem Sexual Behavior Therapy	Client Refusal	1
Provider Contacts	Delay in Referral	4
Provider Contacts	Lack of Communication	2
Psychiatric Evaluation - Parent	Client Refusal	1
Psychological or Psychosocial Evaluation - Parent	Client Refusal	1
Relative Foster Care	Approval Process	1
Substance Abuse Screening - Parent	Client Refusal	4
SW/Child Visitation	Other: Worker has not made any unannounced home visits	1
SW/Child Visitation	UTD	1
SW/Parent Visitation	Lack of Communication	1
Tuition for private school/college	Delay in Referral	1
		132

SDM Family Strength and Needs Assessment tools were identified for 22 cases. Of those 22, 13 cases identified and prioritized the needs identified by our review process on the SDM tool in place at the time of the prior plan development and incorporated those into the development of the prior treatment plan goals and action steps. In nine cases, the identified needs were not incorporated.

When looking forward at the current approved treatment planning document for the upcoming six-month period, 33 cases (62.3%) had evidenced service needs that were clearly identified at the ACR/TPC or within LINK documentation and incorporated into the current treatment plan document. In 20 cases there were 38 service needs identified that were not incorporated into the plan. This is an improvement over the prior period treatment plans in which 40.4% of the sample was identified as lacking inclusion of known service needs going forward. Table 17 below provides the list of those service areas that were not included in the treatment plan, but

that were identified by the reviewers as services that were needed going forward. They are listed with the barrier where one was determined:

Table 17: Services/Barriers Not Incorporated into Current Approved Treatment Plan

Service	Barrier	Frequency
Adoption supports (PPSP)	Delay in Referral	1
Adoption supports (PPSP)	UTD	1
Afterschool programs	Delay in Referral	1
Case management/support/advocacy	Delayed Referrals	5
Case management/support/advocacy	Supervisory Conferences	2
Dental or orthodontic services	Placed on Wait List	1
Dental or orthodontic services	Delay in Referral	1
Dental screenings or evaluations	Parent Delayed Appointment	1
Dental screenings or evaluations	UTD	1
Domestic violence services for victims	Service Deferred Pending Completion of Another	1
Drug/alcohol education - child	No service identified to meet need	1
Educational screening or evaluation	Delay in Referral	1
Educational screening or evaluation	Did not make correction to plan as discussed at ACR	1
Family preservation services	Delay in Referral	1
Individual counseling-parent	Delay in Referral	1
Life Skills Training	Service Deferred Pending Completion of another	1
Life Skills Training	Not added as contract not finalized	1
Maintaining family ties	Delay in Referral	1
Mental health screening or evaluation-parent	Delay in Referral	1
Mentoring	UTD	2
Mentoring	Delay in Referral	1
Mentoring	Approval Process	1
Mentoring	Service Deferred Pending Completion of another	1
Other medical intervention	Delay in Referral to ARG	1
"Other OOH Services"	Discharge Planning Needed	1
"Other OOH Services"	UTD	1
Parental medication management	Insurance Issue	1
Provider contacts	Lack of Communication	1
Psychiatric evaluation - parent	Insurance Issue	1
Substance abuse screening/evaluation - child	Delay in Referral	1
SW/Child visitation	Needs set expectation for unannounced home visits that had not been done during prior period	1
Young parents program	Delay in Referral	1
		38

The failure to include these services directly on treatment plan action steps to achieve stated goals for the current cycle leads to subsequent failure to address the engagement and progress of these items on future treatment planning documents as well as misrepresenting the level of expectation for clients, providers and DCF during the period to follow.

Appendix 1

Rank Scores for Outcome Measure 3
And
Outcome Measure 15

Outcome Measure 3 Third Quarter 2008 Case Summaries by Area Office

What is the social worker's area office assignment?		Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Bridgeport	**1**	yes	Optimal	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal	Not an Appropriate Treatment Plan
	2	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan
	3	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan
	4	no	Optimal	Very Good	Poor	Poor	Poor	Poor	Poor	Marginal	Not an Appropriate Treatment Plan
Danbury	**1**	yes	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	2	yes	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Appropriate Treatment Plan
Greater New Haven	**1**	yes	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Appropriate Treatment Plan
	2	yes	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	3	yes	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
Hartford	**1**	yes	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Not an Appropriate Treatment Plan
	2	yes	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Marginal	Very Good	Not an Appropriate Treatment Plan
	3	yes	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	4	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	5	yes	Optimal	Very Good	Optimal	Optimal	Marginal	Optimal	Marginal	Optimal	Not an Appropriate Treatment Plan
	6	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Appropriate Treatment Plan
	7	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan

What is the social worker's area office assignment?		Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Manchester	**1**	yes	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan
	2	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Marginal	Optimal	Not an Appropriate Treatment Plan
	3	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	4	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Marginal	Very Good	Not an Appropriate Treatment Plan
	5	yes	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
Meriden	**1**	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
Middletown	**1**	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Optimal	Marginal	Optimal	Not an Appropriate Treatment Plan
	2	yes	Optimal	Optimal	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan

What is the social worker's area office assignment?		Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
New Britain	**1**	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	3	yes	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	4	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan
	5	no	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	6	yes	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Marginal	Optimal	Not an Appropriate Treatment Plan
New Haven Metro	**1**	yes	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Not an Appropriate Treatment Plan
	3	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	4	yes	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	5	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Appropriate Treatment Plan
Norwalk	**1**	yes	Optimal	Marginal	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Treatment Plan
	2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
Norwich	**1**	yes	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	2	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	3	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	4	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan

What is the social worker's area office assignment?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Stamford **1**	yes	Optimal	Optimal	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate
2	yes	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
Torrington **1**	yes	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Optimal	Not an Appropriate
2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Appropriate Treatment Plan
Waterbury **1**	yes	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Appropriate Treatment Plan
2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Not an Appropriate
3	yes	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Appropriate Treatment Plan
4	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
Willimantic **1**	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
2	yes	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Marginal	Optimal	Appropriate Treatment Plan
3	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan

Outcome Measure 15 Third Quarter 2008 Categorical Scores by Area Office

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

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

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

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

Appendix 2:
Commissioner's Highlights from
Department of Children & Families
Third Quarter 2008 Exit Plan Report
November 2008

Commissioner's Highlights
Department of Children & Families
Third Quarter 2008 Exit Plan Report
November 2008

This Third Quarter 2008 Report marks a particularly important phase in our Exit Plan implementation. At this juncture, we are both maintaining significant improvements -- demonstrated by our staff achieving or nearly achieving 20 of the 22 outcomes -- while also conducting intensive work focusing on the children who require specialized efforts to support permanency, appropriate placement and needed services.

For the second consecutive quarter, seventeen of the 22 outcome measures were met outright, and two outcomes came within 5 percentage points of meeting the goal. Two outcome measures that reached the goal also achieved the best level of performance to date, including reducing reliance on residential programs. Treatment planning, an outcome measure that has remained one of the greatest challenges, also reached its highest level of performance this quarter. Of the 17 outcomes met outright, 15 outcomes have been met for eight or more consecutive quarters.

Two outcomes in particular -- repeat maltreatment and re-entry into care -- show that practice improvements have consolidated into significant and positive outcomes for children. Staff have met goals for reducing repeat maltreatment for six consecutive quarters and are keeping this measure below 6 percent for the first time under the Exit Plan for four consecutive quarters. This important measure of child welfare intervention is now below the national median. The outcome for reducing re-entry into care also has been met for two consecutive quarters. Both outcomes demonstrate that our interventions with families whose children have been victims of maltreatment are making a positive difference on families' subsequent ability to properly care for their children.

I am pleased that we are achieving and maintaining the quality of our work even as we are striving to raise the level of our practice with identified cohorts of children whose situations merit special focus. While this will present challenges, our staff have shown repeatedly that they possess the skills and commitment to rise to the occasion for the benefit of the children and families we serve. For that, I want to thank everyone who works at the Department. I remain confident that through continued and improved collaboration with families, communities, service providers, advocates and other stakeholders, we will be successful in reaching the quality outcomes for children which drive our work.

Below is a summary of our accomplishments and remaining challenges:

ACCOMPLISHMENTS

Department staff met the following 17 outcomes in the third quarter of 2008:

- Commencement of Investigations: The goal of 90 percent was exceeded for the sixteenth quarter in a row with a current achievement of 97.4 percent.
- Completion of Investigations: Workers completed investigations in a timely manner in 89.9 percent of cases, also exceeding the goal of 85 percent for the sixteenth consecutive quarter.
- Search for Relatives: For the twelfth consecutive quarter, staff achieved the 85 percent goal for relative searches and met this requirement for 96.3 percent of children. This is the second consecutive quarter in which we reached ***our best performance since the beginning of the Exit Plan***.
- Repeat Maltreatment: For the sixth consecutive quarter, staff exceeded the goal of 7 percent by achieving 5.7 percent**.**
- Maltreatment of Children in Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the nineteenth consecutive quarter with an actual measure of 0.3 percent.
- Timely Adoption: For the eighth consecutive quarter, staff exceeded the 32 percent goal for finalizing adoptions within two years of a child's entering care by meeting the goal in 32.3 percent of adoptions in the quarter.
- Timely Transfer of Guardianship: For the nineteenth consecutive quarter, staff met the 70 percent goal for achieving a transfer within two years of a child's removal with a performance of 71.7 percent.
- Re-entry into care: For the second consecutive quarter since last meeting the goal in 2006, the Department met the goal of keeping re-entry into care below 7 percent with an actual performance of 6.7 percent.
- Multiple Placements: For the eighteenth consecutive quarter, the Department exceeded the 85 percent goal with a rate of 95.9 percent.
- Foster Parent Training: For the eighteenth consecutive quarter, the Department met the 100 percent goal.
- Placement within Licensed Capacity: For the ninth consecutive quarter, staff met the 96 percent goal with an actual rate of 97 percent.
- Worker-To-Child Visitation In Out Of Home Cases: For the twelfth consecutive quarter staff exceeded the 85 percent goal for monthly visitation of children in out-of-home cases by hitting the mark in 95.4 percent of applicable cases.
- Worker to Child Visitation in In-Home Cases: For the twelfth consecutive quarter, workers met required visitation frequency in 90.3 percent of cases, thereby exceeding the 85 percent standard.
- Caseload Standards: For the eighteenth quarter, no Department social worker carried more cases than the Exit Plan standard.
- Reduction in Residential Care: For the tenth consecutive quarter, staff met the requirement that no more than 11 percent of children in DCF care are in a residential placement by reaching 10

percent. This is the second consecutive quarter in which we reached ***our best performance since the beginning of the Exit Plan***.

- Discharge Measures: For the thirteenth consecutive quarter, staff met the 85 percent goal for ensuring children discharged at age 18 from state care had attained either educational and/or employment goals by achieving an appropriate discharge in 93 percent of applicable cases.
- Multi-disciplinary Exams: For the eleventh consecutive quarter, staff met the 85 percent goal by ensuring that 94 percent of children entering care received a timely multi-disciplinary exam.

CHALLENGES

While the Department has much to be proud of, we also clearly see what work remains before us to attain the consistent quality outcomes all our children deserve and which elude too many children who are in the most difficult circumstances. All children deserve permanency and the right services in the right setting at the right time. The stipulation reached with Children's Rights, Inc. this summer promises to yield the improvements needed to realize that goal.

As this is written and in accordance with the stipulation, service reviews are underway for children in the eight cohort groups identified as facing special challenges. These initial reviews will lead to case conferences 45 days after the initial review and then, if necessary, a second review at the 90 day mark to determine progress in meeting the service needs of the child and in removing any presenting barriers to permanency and appropriate placement. While this is a comprehensive and time-consuming process given the number of children in the cohort groups, the Department is working closely with the Court Monitor to establish automated protocols to make this process as efficient and productive as possible.

The reviews will support a focus on the children whose needs have been most challenging to meet, and we expect that the accelerated process for the reviews and case conferences will facilitate more timely provision of services. As one example of the work to focus on the cohort groups, increased monitoring and tracking of children served in Safe Homes and Permanency Diagnostic Centers as well as improved protocols are being implemented to reduce discharge delays. As this heightened level of review and planning is implemented for all children in the identified cohorts, I am confident that the outcome measures for treatment planning and meeting the needs of children will markedly improve.

Already during the 3rd Quarter, the outcome for treatment planning has attained its best performance to date at 62.3 percent. This marks the first time under the Exit Plan that this outcome exceeded 60 percent and represents a two-fold improvement compared to only one year ago. Family conferencing training, efforts to facilitate family participation, and enhanced use of the Administrative Case Review process are continuing to support improvements in this outcome.

Among the issues related to improving performance in the outcome measure for needs met that must and will be addressed in the service reviews include the provision of medical and dental care as well as the timely achievement of permanency. Work is also continuing to ensure children are served in placement settings that are appropriate to their needs. Outcome measure 19, reduction in residential reliance, is only one indicator, but has shown strong improvement. This outcome has met the goal for 10 consecutive quarters and stood at 10 percent for the 3rd Quarter-- at its lowest level on record.

Despite this trend, considerable improvements are still required, especially for children on discharge delay.

Efforts to move youth on discharge delay to more appropriate settings include linking residential authorization to claims payments. Authorization of care and the payment of claims now require completion of a treatment review focused in part on progress toward meeting identified goals and discharge planning. Full implementation began in August 2008. On-site treatment reviews at residential treatment centers are now established, and plans are underway for reviews to occur at facilities in states bordering Connecticut where the vast majority of children in out of state programs receive treatment.

Reducing any unnecessary utilization of the most restrictive and intense levels of care is another focus of work to ensure appropriate placement. Promulgated level of care criteria subject referrals to greater rigor and conformity to accepted clinical standards. Intensive care management for children who most frequently access the highest levels of care are continuing to support appropriate placements and is being instituted in hospital emergency departments to support diversion from in-patient settings or assist in transitions. Finally, the expansion and redesign of emergency mobile psychiatric services is expected to be fully operational by June 2009 and also will improve our capacity to support children in family settings.

In addition, intensive work is underway to increase foster family resources. This entails a special focus on individuals in the "pre-licensing" stage, including increased communication with families waiting for PRIDE training and the creation of a full-time position focusing on families who have been invited to but have not yet attended an Open House as well as families with questions about the process. Another key focus is on retaining existing foster families. The latter effort includes plans for a customer satisfaction survey, foster care flex funding, a post-licensing retention specialist who will focus on families whose license is coming due for renewal, increased PRIDE training, and specialized post-licensing training to help foster families meet the needs of individual children. Procurement is also underway for teams of community partners, foster and adoptive parents and youth advisory groups to improve specialized child specific recruitment and to provide appropriate support services. A Request for Proposals will be posted during the first quarter of 2009.

These and other activities will continue the strong trajectory of reform and improvement that has been accomplished over the last several years. The data clearly shows broad areas where our staff has demonstrated success in improving outcomes for children. I am extremely proud of our staff and our partners, including families, providers, and others, for their dedicated work and accomplishments. However, we still have considerable work before us. Based upon the progress we have already made and the future directions we have set, I have every confidence that we will achieve the continued improvements necessary to attain the outcomes that each and every child and family deserves.

Addendum 1: Joint Report by DCF and the Technical Advisory Committee: "An Analysis of Connecticut Treatment Planning and Recommendations for Improvement"