Juan F. **v. Malloy Exit Plan**
Quarterly Report
October 1, 2010-December 31, 2010
Civil Action No. 2:89 CV 859 (CFD)

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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 October 1, 2010 through December 31, 2010 indicates the Department achieved 18 of the 22 Outcome Measures. The four measures not met include; Treatment Plans, Sibling Placements, Needs Met, and Discharge to the Department of Mental Health and Addiction Services (DMHAS) and the Department of Developmental Services (DDS).

- On April 12, 2010, pursuant to Section III.B of the Revised Monitoring Order dated October 12, 2005, the *Juan F.* Plaintiffs provided notification of the Defendants' actual or likely non-compliance and contempt of Outcome Measure 3 (Treatment Plans), Outcome Measure 15 (Needs Met) of the Revised Exit Plan of July 1, 2004 (as modified July 2006, the "2006 Revised Exit Plan") and the Stipulation Regarding Outcome Measures 3 and 15 dated July 17, 2008. On February 18, 2011, the Court Monitor convened the parties to discuss a number of topics including the assertion of actual or likely non-compliance and contempt. The result of these discussions led to the decision by Plaintiffs to withdraw their assertion of non-compliance and contempt without prejudice. On March 14, 2011, the Plaintiffs formally notified the Court Monitor of the withdrawal. Formal notification to the court by the Court Monitor was made on March 17, 2011.

- On November 24, 2009, Governor Rell issued a Deficit Mitigation Plan for Fiscal Year 2010 that called for suspension of all new intakes to both the DCF Voluntary Services Program (VSP) and the DDS Voluntary Services Program (VSP). On December 8, 2009, the plaintiffs filed a Motion and Memo of Law seeking a temporary restraining order and preliminary and permanent injunction to prevent implementation of the budget rescissions. A hearing was held before the Honorable Christopher F. Droney regarding this matter on December 16, 2009. During the course of this hearing, the defendants indicated that the planned rescission to the DCF-VSP had been rescinded and that the DDS-VSP would continue to conduct intake and processing of applications. It was also agreed that the Court Monitor would be provided with notice of any change in the DDS intake process. Supplemental briefs were submitted, and on January 28, 2010 a hearing was held and oral arguments were presented.

  The Court's decision on this matter was rendered on August 17, 2010. The summary of the Court's Ruling and Order Interpreting Consent Decree states:

  > *"This ruling arises from a 1989 class action lawsuit brought by the plaintiffs, on behalf of numerous children against the Governor of Connecticut, the Connecticut Department of Children and Families ("DCF" or "Department") and the Commissioner of DCF ("Commissioner"), which is now the subject of a settlement supervised by this Court. The plaintiffs brought a motion for a temporary restraining*

order and preliminary injunction to prevent the defendants from suspending new intakes of children into the Voluntary Services Program operated through DCF and the Connecticut Department of Developmental Services ("DDS"). In response, the defendants have argued that the children receiving treatment or assistance in those programs are not members of the class. For the foregoing reasons, this Court finds that those children are members of the class, as described below."

On August 31, 2010, a Motion for Reconsideration was filed with the Court by the Defendants. On December 22, 2010, Judge Christopher F. Droney filed a ruling denying the Defendants' Motion for Reconsideration of ruling #636.

- Based on the Court Monitor's review of a sample of 53 cases, the Department attained a level of "Appropriate Treatment Plan" for Outcome Measure 3 (Treatment Plans) in 36 of the 53 cases sampled or 67.9%. This is a slight increase from the 66.0% reported in the Third Quarter 2010. It must be noted that the finding of 67.9% does not mean that 32.1% of the sample did not have case plans. Rather, the Court Monitor's review found that in 32.1% of these cases one or more significant elements were missing or deemed deficient.

  The deficiencies noted have not changed from previous quarters in that the consistency and sufficiency of assessments, accurate description of strengths and needs, and appropriate action steps and goals were most often cited. The quality of the case planning efforts is in part dependent on the quality of the Department's Structured Decision Making (SDM) efforts, as the SDM protocol prefills sections of the case plan. Consistency and quality issues are regularly noted regarding the SDM efforts and negatively impact the quality of case planning. Additionally, Court Monitor reviewers continue to point to a lack of utilization of the required elements on the grid/table section of the case plan as the primary reason for many of the marginal scores for action steps. As indicated in the prior report, the failure to utilize the grid hinders communication to the parents and other key stakeholders of identified objectives, goals and expected timeframes. Finally, engagement with case participants and key stakeholders continues to need improvement. Attendance rates at Administrative Case Reviews (ACR) for children's attorneys, parent's attorneys, fathers, providers and children remain very low. One encouraging note was the slight increase in attendance by children (adolescents), fathers, and attorneys for the 53 cases sampled this quarter.

  As outlined in previous reports, the current methodology includes attendance by the Court Monitor reviewers at the Administrative Case Review (ACR) and thus alerts the Department to the inclusion of a case in the review sample. This influences the degree of oversight and the intensity of efforts related to the identified sample cases. During the Fourth Quarter 2010, a blind sample of Outcome Measure 3 (Treatment Plans) was conducted in addition to the Outcome Measure 3 and Outcome Measure 15 sample to determine whether improvements in performance are being generalized to the full population of case plans in the course of normal practice. The blind sample of 22 cases found that just under 30.0% of the case plans blind sample were deemed appropriate. This finding and the specific strengths and deficiencies noted are very similar to the

findings within the data produced by the Department's internal Administrative Case Review Unit.

The Department's five regions continue to pursue plans to further improve case planning. The Department has undertaken additional efforts to expand the "transfer of knowledge" in a more systemic manner. Rather than solely relying on a person or persons per region to oversee and redirect staff regarding the quality of the case plans, they have implemented plans whereby managers and Social Work Supervisors (SWS) are reviewing small numbers of blind (unannounced) cases each month to assess, inform and improve the system-wide quality of case planning. A person-dependent approach to quality assurance may succeed with the Court Monitor's announced review of 53 cases, but will not effectively promote system-wide improvement. At a recent meeting of the *Juan F.* parties, there was an agreement with the Court Monitor's plan to implement "blind" sample reviews only for Outcome Measure 3 and 15 beginning in the Second Quarter 2011.

- The three permanency measures are Outcome Measure 7 (Reunification), Outcome Measure 8 (Adoption), and Outcome Measure 9 (Transfer of Guardianship) and all three were met for the Fourth Quarter 2010. The finding for Outcome Measure 9 (Transfer of Guardianship) was one of the highest recorded since 2005. Outcome Measure 9 determines the percentage of children whose custody is legally transferred within 24 months of the child's most recent removal from home.

- Based on the Court Monitor's review of a sample of 53 cases, the Department achieved Outcome Measure 15 (Needs Met) in 56.6% or 30 of the 53 cases. This is a slight decrease from the finding of 58.5% in the Third Quarter 2010. The finding should not be construed as 43.4% of the sample children not having any of their needs met. Rather, in these cases deemed deficient, there were one or more significant needs identified that were not adequately addressed; while other aspects of the child and family's array of needs may have been addressed adequately in these cases.

  The ability of the Department to appropriately address the treatment/placement needs of children remains compromised by a number of issues. One obvious concern is the lack of a sufficient number of foster and adoptive resources that is detailed again in this report (a net loss of 116 foster homes since 2008, including the loss of 130 foster homes compared with the previous quarter) which negatively impacts the Department's ability to maintain children in family settings. Also, the continued closing of units/cottages at Riverview Hospital and Connecticut Children's Place due to fiscal/staffing/program considerations, the recent reduction of 46 SAFE Home beds and 12 Permanency Diagnostic Center beds, the continued lack of appropriate in-state residential services and lack of openings in specialized group homes results in fewer options being available to meet children's treatment and placement needs. In addition, wait-lists, some extensive, exist for in-home services, specialized foster care, life skills, transition services, domestic violence, and substance abuse services. These and other issues lead to delays in placement, discharge delays, children being placed in poorly matched and often more restrictive levels of care, multiple disruptions in treatment and placement, and significant delays in implementing essential services that might maintain children in their home or enable a timely reunification.

Other key findings this past quarter include:

- The largest categories of unmet needs involved mental health, behavioral health and substance abuse services, case management deficiencies (timely referrals, timely assessments, and lack of follow-up), dental, and medical well-being, (Table 7, see page 48).
- Analysis of the data was conducted to review unmet needs on the combined selection of the following categories: medical, dental and educational needs. This quarter, no cases had unmet needs in all three categories as was the case in the third quarter 2010 for five of the sample cases. In all, 16 of the 53 cases or 30.2% had one or more identified medical, dental or educational unmet need (or combination of these needs). Six cases had unmet needs in two categories, and eleven cases had unmet needs in one of the categories.
- Utilization of safety plans was noted in the LINK record for only 70.6% of the cases that required one. Of the 12 cases, documented safety plans, 10 cases had additional documentation that indicated that the implemented services had mitigated the safety concerns in the home.
- Only 30.6% of the cases requiring the 90-day Structured Decision Making (SDM) Risk Reassessment or Reunification Assessment/Reassessment had one documented at regular 90-day intervals. This is an important component that must be improved to ensure timely and appropriate case management action on individual cases.
- There were 217 discreet unmet needs identified by the reviewers. Within the full sample of the 36 cases in which there was a SDM conducted for the prior case plan developed, 21 cases or 58.3% had a similar or identical priority need identified by the Court Monitor at this review. This indicates that the needs had not been addressed timely, were partially addressed, or remained unmet at the time of the review six months later.
- Client refusal and case management issues again were the most frequently noted barriers, but provider issues involving and wait-lists increased in comparison to prior review periods.
- Reviewers noted 52 instances within 21 cases where there was a need noted during the period under review and/or discussed at the time of the ACR that was not addressed in the objectives and action steps of the newly approved case plan.

- Outcome Measure 21 (Discharge of Mentally Ill or Developmentally Disabled Youth) was not met in the Fourth Quarter 2010. This measure requires 100% compliance with the requirement that DCF "shall submit a written discharge plan to either DMHAS or DDS for all children who are mentally ill or developmentally disabled and require adult services". Two of 51 youth requiring adult services did not have the required written discharge plans submitted. The Department's review of the 51 youth indicated that 35% had criminal involvement, 37% had substance abuse issues, 20% had complex medical needs and 10% were a parent or expectant parent at the time of discharge. In addition, of the 49 (96.1%) youth referred to DMHAS/DDS: 18 of the youth were found ineligible for services by DMHAS/DDS, 47% of the youth refused services from DMHAS/DDS, and 4% of the youth did not follow through with DMHAS/DDS after the referral was made by the Department.

- Over the last two quarters, the Department has documented a significant reduction to the number of licensed DCF foster homes. In examining this trend, the Court Monitor has determined that large number of the homes that were closed involved homes licensed for a specific child. Apparently, the Department was keeping homes open after an adoption, reunification, transfer of guardianship or when an alternate placement was facilitated, even though the family was indicating that they were not going to continue to foster new youth. Whereas, there is a huge benefit to not closing homes immediately while exploring, encouraging, and supporting the possible return to active status with these families, this cannot linger until the next two year re-licensing episode or longer. The Department has closed foster homes over the last two quarters that have clearly indicated that they do not want to remain active. The Department is now making decisions whether to offer continued support of inactive homes or closing the homes within a few months depending on the individual situation. The Division of Foster Care monthly report for January 2011 indicates that there are 2,345 licensed DCF foster homes. This is a decrease of 130 homes compared with the Third Quarter 2010 report. The number of approved private foster care homes is 927. This is a decrease of 14 homes from the 955 reported in October 2010. The number of private foster homes available for placement is 75. The Department's goal as outlined in the Stipulation Regarding Outcome Measures 3 and 15 required (1) a statewide gain of 350 foster homes by June 30, 2009; and (2) an additional statewide gain of 500 foster homes by June 30, 2010. The baseline set in June 2008 was a total of 3,388. The Department's status as of January 2011 is 3,272 homes, a net loss of 116 homes compared with the baseline set in June 2008. Additional foster care and adoptive resources are an essential component required to address the needs of children, reduce discharge delays, avoid overcapacity placements, and ensure placement in the most appropriate and least restrictive setting.

- As of February 2011, there were 477 children placed in residential facilities. This is an increase of 15 children in comparison to the 462 reported last quarter. The number of children residing and receiving treatment in out-of-state residential facilities increased by 6 to 307 compared to the 301 reported last quarter. The number of children residing in residential care for greater than 12 months was 129, which is the same number of children (129), reported in August 2010.

- The number of children utilizing SAFE Home temporary placements decreased to 90 as of February 2011 compared with the 99 reported as of November 2010. The number of children in SAFE Home in overstay status (>60 days), decreased by three children to 56 children compared with the 59 reported last quarter. It is important to note that in the Third Quarter 2010, 59.6% (59 of 99) of the children in SAFE Homes were on overstay status while the Fourth Quarter 2010 data indicates that 62.2% (56 of 90) of the children are on overstay status. There were 12 children with lengths of stay in excess of six-months as of February 2011. The lack of sufficient foster/adoptive resources is the most significant barrier to timely discharge. It also should be noted that a number of children on overstay status are parts of sibling groups which makes matching a more difficult task given the lack of foster care resources.

- The number of youth in overstay status (>60 days) in STAR placements decreased to 41 from the 44 reported for the previous quarter. More than half of the youth (41 of 75 or 54.7%) in placement at STAR programs were in overstay status as of February 2011. There were six children with lengths-of-stays longer than six months as of November 2010. The lack of sufficient foster home resources, therapeutic group homes, and specialized residential services along with the loss of available resources due to program closings, hampers the efforts to further reduce the utilization of STAR services and better manage the resident's length of stay.
- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased from 814 in November 2010 to 806 in February 2011. The Department's continued efforts to appropriately pursue APPLA goals for youth and the continued age-out of older youth is contributing to the ongoing reduction. There has been a reduction of almost 300 children with APPLA goals since November 2008.

- The number of children age 12 years old or younger in congregate care decreased from 190 in August 2010 to 171 in November 2010. As of February 2011, there were 21 children aged 1-5 years old residing in SAFE Home placement.

- During the past Fourth Quarter 2010, Waterbury was scheduled to be the last office reviewed in the first round utilizing the Connecticut Comprehensive Outcome Review (CCOR) process. This process is modeled on the Federal Child and Family Services Review (CFSR) which evaluates permanency, safety, and well-being. The review was postponed and will occur in May. By agreement of the Department and the Court Monitor, future reviews will again be resourced with Court Monitor staff along with a larger contingent of DCF staff. In addition, revisions to the methodology to incorporate external non-DCF staff and improve the depth and quality of review elements and data/information collection are being undertaken. A summary of the findings for the first round of reviews during 2009-2010 (minus Waterbury) has been completed and shared with DCF managers.

- The Monitor's quarterly review of the Department for the period of October 1, 2010 through December 31, 2010 indicates that the Department did not achieve compliance with four (4) measures:

  - Treatment Plans (67.9%)
  - Sibling Placements (83.3%)
  - Needs Met (56.6%)
  - Discharge to DMHAS and DMR (96.1%)

- The Monitor's quarterly review of the Department for the period of October 1, 2010 through December 31, 2010 indicates the Department has achieved compliance with the following 18 Outcome Measures:

  - Commencement of Investigations (96.8%)
  - Completion of Investigations (90.0%)
  - Search for Relatives (88.8%)
  - Repeat Maltreatment (6.2%)
  - Maltreatment of Children in Out-of Home Cases (0.4%)
  - Reunification (64.9%)
  - Adoption (38.5%)
  - Transfer of Guardianship (87.3%)
  - Re-Entry (6.3%)
  - Multiple Placements (96.1%)
  - Foster Parent Training (100.0%)
  - Placement within Licensed Capacity (96.8%)
  - Worker-Child Visitation Out-of Home Cases (95.3% Monthly/98.9% Quarterly)
  - Worker-Child Visitation In-Home Cases (89.7%)
  - Caseload Standards (100.0%)
  - Residential Reduction (9.9%)
  - Discharge Measures (87.2%)
  - Multi-disciplinary Exams (97.5%)

- The Department has maintained compliance for at least two (2) consecutive quarters[1] with 14 of the Outcome Measures reported as achieved this quarter. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
  - Commencement of Investigations (twenty-fifth consecutive quarter)
  - Completion of Investigations (twenty-fifth consecutive quarter)
  - Search for Relatives (twenty-first consecutive quarter)
  - Repeat Maltreatment (fifteenth consecutive quarter)
  - Maltreatment of Children in Out-of-Home Care (twenty-eighth consecutive quarter)
  - Reunification (fifth consecutive quarter)
  - Transfer of Guardianship (eighth consecutive quarter)
  - Multiple Placements (twenty-seventh consecutive quarter)
  - Foster Parent Training (twenty-seventh consecutive quarter)
  - Visitation Out-of-Home (twenty-first consecutive quarter)
  - Visitation In-Home (twenty-first consecutive quarter)
  - Residential Reduction (nineteenth consecutive quarter)
  - Discharge Measures (fifth consecutive quarter)
  - Multi-disciplinary Exams (twentieth consecutive quarter)

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

A full copy of the Department's Fourth Quarter 2010 submission including the Commissioner's Highlights may be found on page 73.

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

***Juan F.* Exit Plan Report Outcome Measure Overview**																							
		2005 Percentages				**2006 Percentages**				**2007 Percentages**				**2008 Percentages**				**2009 Percentages**				**2010 Percentages**			
		1Q	**2Q**	**3Q**	**4Q**	**1Q**	**2Q**	**3Q**	**4Q**	**1Q**	**2Q**	**3Q**	**4Q**	**1Q**	**2Q**	**3Q**	**4Q**	**1Q**	**2Q**	**3Q**	**4Q**	**1Q**	**2Q**	**3Q**	**4Q**
1: Investigation Commencement	>=90%	92.5	95.1	96.2	96.1	96.2	96.4	98.7	95.5	96.5	97.1	97.0	97.4	97.8	97.5	97.4	97.9	97.6	97.7	97.6	97.8	97.4	97.6	97.4	96.8
2: Investigation Completion	>=85%	92.6	92.3	93.1	94.2	94.2	93.1	94.2	93.7	93.0	93.7	94.2	92.9	91.5	93.7	89.9	91.4	91.3	91.8	94.0	94.3	93.7	92.9	91.5	90.0
3: Treatment Plans	>=90%	X	X	X	X	X	X	54.3	41.1	41.3	30.3	32.0	51.0	58.8	55.8	62.3	81.1	67.3	73.1	53.8	47.2	86.5	75.5	66.0	67.9
4: Search for Relatives*	>=85%	44.6	49.2	65.1	89.6	89.9	93.9	93.1	91.4	92.0	93.8	91.4	93.6	95.3	95.8	96.3	94.3	94.3	91.2	91.0	90.0	92.0	91.2	90.9	88.8
5: Repeat Maltreatment	<=7%	8.2	8.5	9.1	7.4	6.3	7.0	7.9	7.9	7.4	6.3	6.1	5.4	5.7	5.9	5.7	6.1	5.8	4.8	5.4	6.0	5.8	6.5	6.5	6.2
6: Maltreatment OOH Care	<=2%	0.8	0.7	0.8	0.6	0.4	0.7	0.7	0.2	0.2	0.0	0.3	0.2	0.2	0.3	0.3	0.2	0.3	0.1	0.4	0.3	0.2	0.1	0.2	0.4
7: Reunification*	>=60%	X	X	64.2	61.0	66.4	64.4	62.5	61.3	70.5	67.9	65.5	58.0	56.5	59.4	57.1	69.6	68.1	71.9	56.0	71.4	61.2	67.1	68.3	64.9
8: Adoption	>=32%	33.0	25.2	34.4	30.7	40.0	36.9	27.0	33.6	34.5	40.6	36.2	35.5	41.5	33.0	32.3	27.2	44.7	33.2	36.7	35.2	34.7	36.0	25.8	38.5
9: Transfer of Guardianship	>=70%	64.0	72.8	64.3	72.4	60.7	63.1	70.2	76.4	78.0	88.0	76.8	80.8	70.4	70.0	71.7	64.9	75.3	75.7	81.8	76.3	82.3	74.6	78.6	87.3
10: Sibling Placement*	>=95%	X	X	96.0	94.0	75.0	77.0	83.0	85.5	84.9	79.1	83.3	85.2	86.7	86.8	82.6	82.1	83.4	83.1	84.7	83.4	85.6	84.8	81.9	83.3
11: Re-Entry	<=7%	X	X	7.2	7.6	6.7	7.5	4.3	8.2	7.5	8.5	9.0	7.8	11.0	6.7	6.7	7.4	8.2	8.8	9.9	7.8	8.4	6.7	7.3	6.3
12: Multiple Placements	>=85%	96.2	95.7	95.8	96.0	96.2	96.6	95.6	95.0	96.3	96.0	94.4	92.7	91.2	96.3	95.9	95.8	96.0	95.8	95.7	95.4	95.9	95.8	95.7	96.1
13: Foster Parent Training	100%	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
14: Placement Within Licensed Capacity	>=96%	97.0	95.9	94.8	96.2	95.2	94.5	96.7	96.4	96.8	97.1	96.9	96.8	96.4	96.8	97.0	96.6	96.6	96.6	96.3	96.9	96.9	95.1	95.4	96.8
15: Needs Met**	>=80%	X	X	X	X	X	X	62.9	52.1	45.3	51.3	64.0	47.1	58.8	55.8	52.8	58.5	61.5	63.5	55.8	45.3	67.3	52.8	58.5	56.6
16: Worker-Child Visitation (OOH)*	>=85% 100%	77.9 93.3	86.7 95.7	83.3 92.8	85.6 93.1	86.8 93.1	86.5 90.9	92.5 91.5	94.7 99.0	95.1 99.1	94.6 98.7	94.8 98.7	94.6 98.5	95.9 99.1	94.9 98.7	95.4 98.6	95.0 98.9	95.7 99.2	95.7 99.3	95.1 99.0	95.8 99.7	96.2 99.6	95.7 99.3	95.3 98.9	95.3 98.9
17: Worker-Child Visitation (IH)*	>=85%	71.2	81.9	78.3	85.6	86.2	87.6	85.7	89.2	89.0	90.9	89.4	89.9	90.8	91.4	90.3	89.7	90.5	89.6	88.8	88.5	89.6	89.7	89.4	89.7
18: Caseload Standards+	100%	100	100	99.8	100	100	100	100	100	100	100	100	100	100	100	100	100	100	99.6	99.6	99.9	100	100	99.9	100
19: Residential Reduction	<=11%	13.7	12.6	11.8	11.6	11.3	10.8	10.9	11.0	10.9	11.0	10.8	10.9	10.5	10.4	10.0	10.1	10.0	9.7	9.6	9.9	10.0	10.1	9.4	9.9
20: Discharge Measures	>=85%	X	X	95.0	92.0	85.0	91.0	100	100	98.0	100	95.0	96.0	92.0	92.0	93.0	92.2	85.3	92.2	80.0	86.9	86.3	87.9	88.5	87.2
21: Discharge to DMHAS and DMR	100%	X	X	78.0	70.0	95.0	97.0	100	97.0	90.0	83.0	95.0	96.0	97.0	98.0	95.0	95.2	96.7	97.2	100	97.6	100	98.1	97.3	96.1
22: MDE	>=85%	55.4	52.1	58.1	72.1	91.1	89.9	86.0	94.2	91.1	96.8	95.2	96.4	98.7	93.6	94.0	90.1	93.6	94.5	91.4	95.7	95.7	96.4	96.1	97.5

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 Fourth Quarter 2010 (October-December 2010), the Department licensed 225 new DCF homes and added 52 Private Foster Care Homes. The number of homes closed during this three month period included 319 DCF homes and 79 Private Foster Care Homes.

The Kid Hero line, operated by the Connecticut Association of Foster and Adoptive Parents (CAFAP), reports that 1,336 contacts were received and that 455 resulted in an inquiry moving forward. This is a 34.1% capture rate. Of the 455 inquiring families, 294 or 64.6% attended open houses and 26 families were screened out. Once again, the major recruitment source noted by the inquiring families was the internet followed by a recommendation from a current foster parent.

During the Fourth Quarter 2010, 154 families began the required PRIDE Training and 73 completed the training. There remains concern regarding the scheduling of the trainings, in that, they are rarely offered on weekends. Additional attention to ensure training options for prospective parents appears warranted.

B. Recruitment and Retention Goals

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

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

DCF Licensed Foster Homes	2,355
Private Foster Homes	1,033[2]
	3,388

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

DCF Licensed Foster Homes	2,345
Private Foster Care Homes	927
	3,272

The Department has a net loss of 116 homes since June 2008.

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

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

Planning and development of the automated ACR data continues. The implementation timeframe has been delayed due to the Department's resources being directed to the Differential Response initiative.

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

On February 16, 2010, the Department forwarded their final revised copy of the Review of the Utilization of Congregate Care to the Court Monitor and the Technical Advisory Committee (TAC).

The Stipulation identifies that, "If DCF and the TAC are unable to agree on any aspect of this report, including recommendations for improvement or modification; the TAC shall provide an Addendum setting the TAC's recommendations and any areas of disagreement with DCF."

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

- DCF to continue to work with the Annie E. Casey Foundation Child Welfare Strategy Group to set reasonable and achievable targets and timelines for reducing congregate care and prioritizing and making actionable a core set of recommendations for moving forward, and

- DCF to work with the Monitor to have him track the reductions in congregate care and report regularly on the progress being made through the implementation of the strategies mentioned above.

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

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

During this quarter, the Court Monitor was advised that the Department has continued efforts with the Strategy Group to focus on utilization of relatives and efforts related to the large number of children with APPLA goals. Analysis of the system work that is involved with all aspects of relative care has been undertaken including identification, communication, and utilization. The intent is to

maximize these efforts and specific plans are being developed. The review of APPLA work has continued that including attendance by Strategy Group staff at ACR's where APPLA is involved, as well as, attendance at permanency planning focus or MAP meetings.

Stipulation §IV. Practice Model

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

During the Fourth Quarter 2010, initial training continued with staff from Region 1 and Region 3. This initial training "Partners in Change" has been well received based on comments received from staff to the Court Monitor. This training is being done by trainees hired from Appalachian State, which is where the training was purchased. The trainees are experienced child welfare practitioners who work in a system that has successfully implemented a Differential Response system. Techniques for engaging families are stressed in the training and there will be an informal coaching component provided by the trainers upon implementation.

On February 11, 2011, the annual meeting with the Federal Children's Bureau was held to review the Department's Performance Improvement Plan (PIP). An agreement was reached that the Practice Model and Differential Response System (DRS) initiatives should be combined for implementation conjointly in Regions 1 and 3. Training logistics and redundancies combined with benefits of a blended approach were factors that were considered. The staging and timelines for full implementation of these activities are under review and revisions will be made to accommodate a joint implementation plan. Whereas, the original plan had Region 1implementing the Practice Model and Region 3 implementing DRS, under the new plan they now will each implement both initiatives together in a blended approach.

Training and coaching plans are being revised to reflect the changes. The revised plans, including timelines, are expected to be communicated with the Children's Bureau by mid-March with implementation in 2011.

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

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

The continued improvements in the ACR process are essential to realizing systemic improvements in the Department's provision of timely and appropriate treatment and permanency services to children. The findings of the Fourth Quarter 2010 continue to track closely with the Court Monitor's findings with respect to Outcome Measure 3 (Case Planning). The Case Planning areas of Goals/Objectives and Action Steps are those most often identified by ACR staff in this initial data

as being problematic. Development of additional reporting from the database is needed to more effectively identify strengths and areas needing improvement.

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

A.-F. Prospective Placement Restrictions
There has been no change since last quarter to the Department's efforts to implement these requirements. Tracking and approvals continue to occur. The Court Monitor has not undertaken formal review of the efforts but has confirmed that reports and some approvals are taking place. Our reviews of cases for Outcome Measure 3 and 15 does find that on occasion some prospective placement restrictions and approvals are not apparently adhered to.

B. Health Care Treatment
Under Stipulation § VII.B, the Department is responsible for the health care treatment needs of all children in care and for any medically necessary treatment identified not only by the EPSDT screens but also through the various assessments completed by DCF and its providers. The Department's performance in meeting this requirement is routinely captured in the Court Monitor's Quarterly Review of Outcome Measure 15 (Needs Met). In the Fourth Quarter 2010, unmet Mental Health and Substance Abuse Treatment Needs for Children in the sample were present in 19 cases or 36.5% of the applicable sample (n=52), impacting the children's overall progress toward achievement of case goals. During this same period, dental needs were not timely or adequately addressed in 13 of the 53 cases or 24.5% of the sample and medical needs were not timely or adequately addressed in 9 of the 53 cases or 17.0% of the sample.

Stipulation §VIII. Treatment Planning

In all, of the 53 case plans sampled this quarter 67.9% were deemed appropriate case plans during the Fourth Quarter 2010.

It remains to be seen if this performance can be generalized to the full population of case plans in the course of normal practice. The current methodology includes notification of attendance by Court Monitor reviewers at the Administrative Case Review and thus alerts the Department to the inclusion of the case in the review sample.

Findings of our second blind sample of 22 cases resulted in similar findings as last quarter, with 27.3% appropriate case plans. This is once again consistent with the review of draft case plans conducted by the Department's Administrative Case Reviewers for the same period. As expected, the findings for the blind sample indicated a much lower rate of compliance than the methodology that includes notification to the Department. Despite these findings, there is evidence that re-training, coaching and improvements in the ACR process can be effective in improving performance.

Beginning in the Second Quarter 2011, with agreement of the *Juan F.* parties, the Court Monitor will conduct "blind samples" only with respect to Outcome Measures 3 and 15. It is expected that the outcomes for the "blind" reviews will reflect a lower rate of compliance, but it is agreed that the findings will reflect a more accurate status on the quality of treatment planning and identify specific areas of needing improvement. Efforts by Area Office management teams to continue their own

internal "blind" sampling, "learning forums", coaching and training are imperative to achieve improvements.

Stipulation §IX. Interim Performance

A. Baseline Reductions

B. Health Care

1. Dental Service Needs

As of December 31, 2010, Section III.2 Dental Service Needs within Outcome Measure 15 Methodology was determined appropriately met in 75.5% of the cases reviewed. (Target goal is 85.0 %.)

2. Mental Health Service Needs

As of December 31, 2010, Section III.3 Mental Health Service Needs within Outcome Measure 15 Methodology was determined to be appropriately met within 63.5% of the cases reviewed. (Target goal is 85.0 %.)

C. Contracting or Providing Services to Meet the Permanency Goal

As of December 31, 2010, the "DCF Case Management-Contracting or Providing Services to Achieve the Permanency Goal" component of the Outcome Measure 15 Methodology was determined to be appropriately met in 66.0% of the cases reviewed. (Target goal is 73 %.)

D. Goals for Increasing Family Based Placements

The baseline established utilizing the August 3, 2008 data indicated that 75.0% of children in DCF custody were in family-based settings (non-congregate care). The target/goal for the fiscal year ending June 2009 was to increase this baseline by 7% with an additional target/goal of an additional annual 3% increase each fiscal year for the duration of the stipulation. As of February 2011 data indicates that 74.0% of children in DCF custody were in family-based settings.

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

1. Action Steps to Achieving Goals Identified

As of December 31, 2010, the "Action Steps to Achieving Goals Identified" case planning component of the Outcome Measure 3 Methodology for all cases was determined to be met in 77.4% of the cases reviewed. (Target Goal 85.0%)

2. Determining Goals and Objectives

As of December 31, 2010, the "Determining Goals/Objectives" case planning component of the Outcome Measure 3 Methodology was determined to be met in 84.9% of all the cases reviewed. (Target Goal is 85.0%)

3. Planning for Permanency

As of December 31, 2010, the "Planning for Permanency" case planning component of the Outcome Measure 3 Methodology was determined to be met in 90.6% of the cases reviewed. (Target Goal is 85.0%)

4. Engagement of Child and Family *(Formerly identified as Strengths/Needs/Other Issues)*
As of December 31, 2010, the "Strengths /Need/Other Issues" case planning component of the Outcome Measure 3 Methodology was determined to be met in 75.5% of the cases reviewed. (Target Goal is 85.0%)

5. Progress
As of December 31, 2010, the "Progress" case planning component of the Outcome Measure 3 Methodology was determined to be met in 88.7% of the cases reviewed. (Target Goal is 85.0%)

JUAN F. ACTION PLAN MONITORING REPORT

FEBRUARY 2011

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

A. PERMANENCY ISSUES

Progress Towards Permanency:

The following table developed using the Chapin Hall database provides a longitudinal view of permanency for annual admission cohorts from 2002 through 2010.

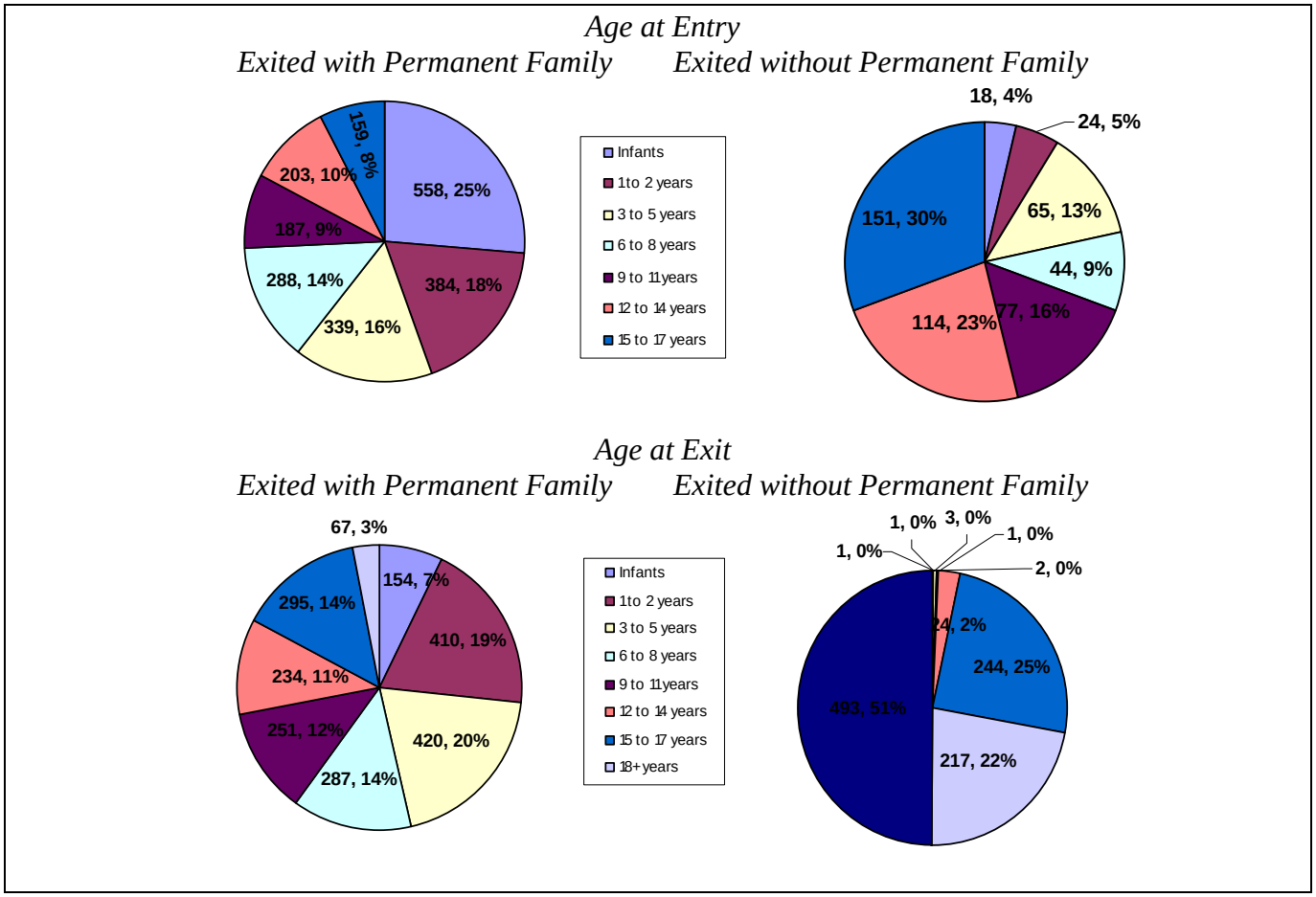
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care								
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Total Entries	3105	3547	3204	3093	3408	2853	2826	2629	2681
Permanent Exits									
In 1 yr	1182 38.1%	1405 39.6%	1229 38.4%	1132 36.6%	1263 37.1%	1095 38.4%	1098 38.9%	1091 41.5%	
In 2 yrs	1642 52.9%	2077 58.6%	1805 56.3%	1744 56.4%	1973 57.9%	1675 58.7%	1674 59.2%		
In 3 yrs	1969 63.4%	2384 67.2%	2092 65.3%	2017 65.2%	2324 68.2%	1973 69.2%			
In 4 yrs	2140 68.9%	2539 71.6%	2262 70.6%	2162 69.9%	2500 73.4%				
To Date	2298 74.0%	2694 76.0%	2348 73.3%	2228 72.0%	2549 74.8%	2037 71.4%	1847 65.4%	1380 52.5%	697 26.0%
Non-Permanent Exits									
In 1 yr	274 8.8%	249 7.0%	231 7.2%	289 9.3%	259 7.6%	263 9.2%	250 8.8%	208 7.9%	
In 2 yrs	332 10.7%	320 9.0%	301 9.4%	371 12.0%	345 10.1%	318 11.1%	320 11.3%		
In 3 yrs	365 11.8%	366 10.3%	366 11.4%	431 13.9%	401 11.8%	354 12.4%			
In 4 yrs	406 13.1%	392 11.1%	403 12.6%	461 14.9%	449 13.2%				
To Date	478 15.4%	464 13.1%	469 14.6%	508 16.4%	466 13.7%	373 13.1%	342 12.1%	235 8.9%	128 4.8%

	Period of Entry to Care								
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Unknown Exits									
In 1 yr	106 3.4%	154 4.3%	129 4.0%	83 2.7%	76 2.2%	62 2.2%	60 2.1%	78 3.0%	
In 2 yrs	136 4.4%	194 5.5%	172 5.4%	124 4.0%	117 3.4%	98 3.4%	89 3.1%		
In 3 yrs	161 5.2%	221 6.2%	209 6.5%	163 5.3%	141 4.1%	124 4.3%			
In 4 yrs	179 5.8%	245 6.9%	235 7.3%	181 5.9%	162 4.8%				
To Date	234 7.5%	302 8.5%	270 8.4%	202 6.5%	163 4.8%	131 4.6%	98 3.5%	91 3.5%	15 .6%
Remain In Care									
In 1 yr	1543 49.7%	1739 49.0%	1615 50.4%	1589 51.4%	1810 53.1%	1433 50.2%	1418 50.2%	1252 47.6%	
In 2 yrs	995 32.0%	956 27.0%	926 28.9%	854 27.6%	973 28.6%	762 26.7%	743 26.3%		
In 3 yrs	610 19.6%	576 16.2%	537 16.8%	482 15.6%	542 15.9%	402 14.1%			
In 4 yrs	380 12.2%	371 10.5%	304 9.5%	289 9.3%	297 8.7%				
To Date	95 3.1%	87 2.5%	117 3.7%	155 5.0%	230 6.7%	312 10.9%	539 19.1%	923 35.1%	1841 68.7%

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 (2010 EXIT COHORT)



Permanency Goals:

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

FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON JANUARY 31, 2011[3])

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

Yes
700
Goals of:
512 (73%) Adoption
168 (24%) APPLA
12 (2%) Relatives
5 (1%) Blank
3 (<1%) Trans. of Guardian: Sub/Unsub
0 (0%) Reunify

No
↓ 3245

Has the child been in care more than 15 months?

No
1,877

Yes
↓ 1,368

Has a TPR proceeding been filed?

Yes
403
Goals of:
259 (64%) Adoption
100 (25%) APPLA
24 (6%) Reunify
12 (3%) Trans. of Guardian: Sub/Unsub
7 (2%) Relatives
1 (<1%) Blank

No
↓ 965

Is a reason documented not to file TPR?

Yes
678
Goals of:
408 (60%) APPLA
123 (18%) Reunify
53 (8%) Adoption
53 (8%) Trans. of Guardian: Sub/Unsub
37 (5%) Relatives
4 (1%) Blank

Documented Reasons:
77% Compelling Reason
12% Child is with relative
8% Petition in process
3% Service not provided

No
287
Goals of:
128 (45%) Reunify
67 (23%) Adoption
59 (21%) APPLA
20 (7%) Trans. of Guardian: Sub/Unsub
11 (4%) Relatives
2 (<1%) Blank

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

Preferred Permanency Goals:

Reunification	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011
Total number of children with Reunification goal, pre-TPR and post-TPR	1545	1534	1581	1596	1606	1615
Number of children with Reunification goal pre-TPR	1538	1533	1577	1593	1605	1615
• Number of children with Reunification goal, pre-TPR, >= 15 months in care	359	315	313	310	288	275
• Number of children with Reunification goal, pre-TPR, >= 36 months in care	48	39	42	36	39	36
Number of children with Reunification goal, post-TPR	7	1	4	3	1	0

Transfer of Guardianship (Subsidized and Non-Subsidized)	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	212	178	196	169	168	166
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	212	178	194	166	166	163
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months	59	63	62	54	48	47
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months	26	27	25	18	19	26
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	0	0	2	3	2	3

Adoption	**Nov 2009**	**Feb 2010**	**May 2010**	**Aug 2010**	**Nov 2010**	**Feb 2011**
Total number of children with Adoption goal, pre-TPR and post-TPR	1177	1162	1138	1083	1112	1136
Number of children with Adoption goal, pre-TPR	583	590	603	549	587	624
Number of children with Adoption goal, TPR not filed, >= 15 months in care	91	97	114	97	103	126
• Reason TPR not filed, Compelling Reason	20	14	14	18	15	15
• Reason TPR not filed, petitions in progress	27	41	48	40	38	37
• Reason TPR not filed , child is in placement with relative	7	7	13	11	2	1
• Reason TPR not filed, services needed not provided	4	3	1	5	6	3
• Reason TPR not filed, blank	33	32	39	23	42	70
Number of cases with Adoption goal post-TPR	594	572	535	534	525	512
• Number of children with Adoption goal, post-TPR, in care >= 15 months	563	547	508	501	501	481
• Number of children with Adoption goal, post-TPR, in care >= 22 months	475	481	448	439	420	418
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	44	33	29	21	34	33
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	266	243	221	200	192	162
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	176	187	189	196	198	216

Progress Towards Permanency:	**Nov 2009**	**Feb 2010**	**May 2010**	**Aug 2010**	**Nov 2010**	**Feb 2011**
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	257	233	259	241	245	287

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011
Total number of children with Long Term Foster Care Relative goal	102	94	104	93	91	74
Number of children with Long Term Foster Care Relative goal, pre-TPR	92	85	90	83	82	62
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR	4	5	8	9	8	6
Long Term Foster Care Rel. goal, post-TPR	10	9	14	10	9	12
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR	2	2	3	2	1	0

APPLA*	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011
Total number of children with APPLA goal	928	922	893	853	814	806
Number of children with APPLA goal, pre-TPR	712	714	688	669	640	638
• Number of children with APPLA goal, 12 years old and under, pre-TPR	40	36	26	34	29	28
Number of children with APPLA goal, post-TPR	216	208	205	184	174	168
• Number of children with APPLA goal, 12 years old and under, post-TPR	16	14	16	13	13	11
* 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.						

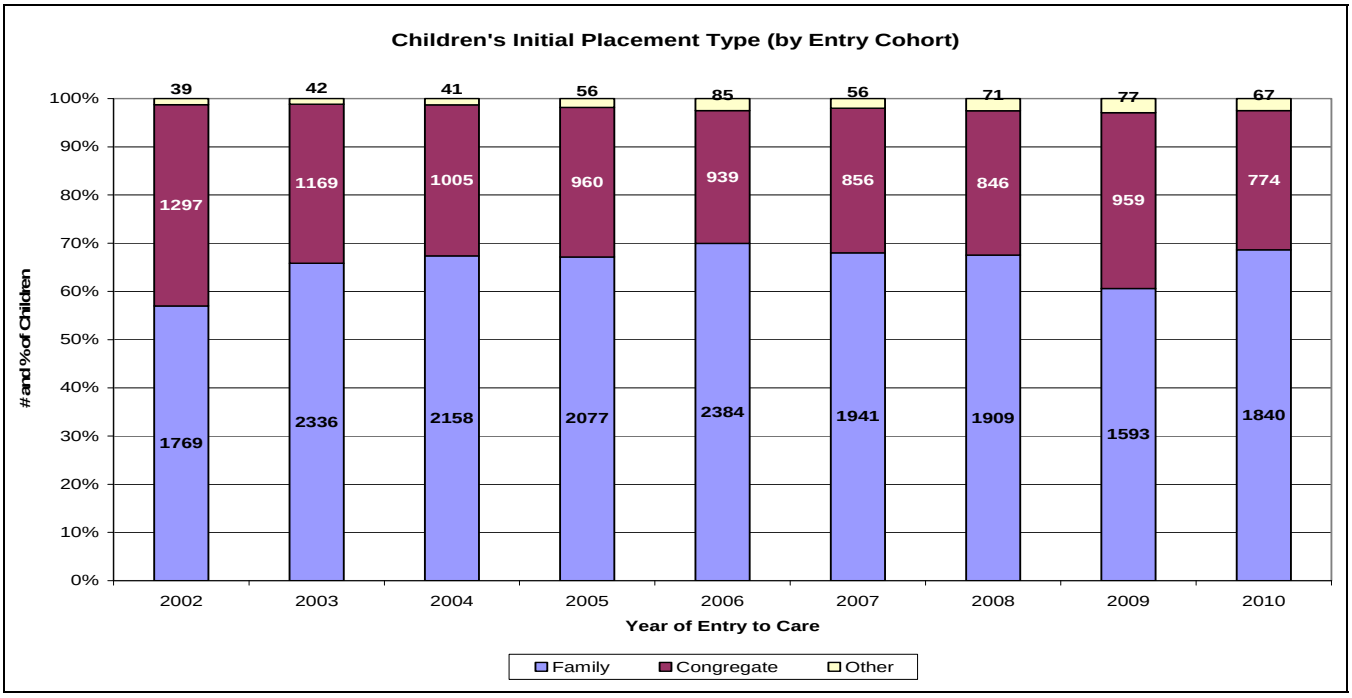
Missing Permanency Goals:

	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	83	33	21	32	32	23
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	24	21	14	20	17	13
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	4	3	6	12	10	7
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	1	3	6	11	5	3

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 2010.

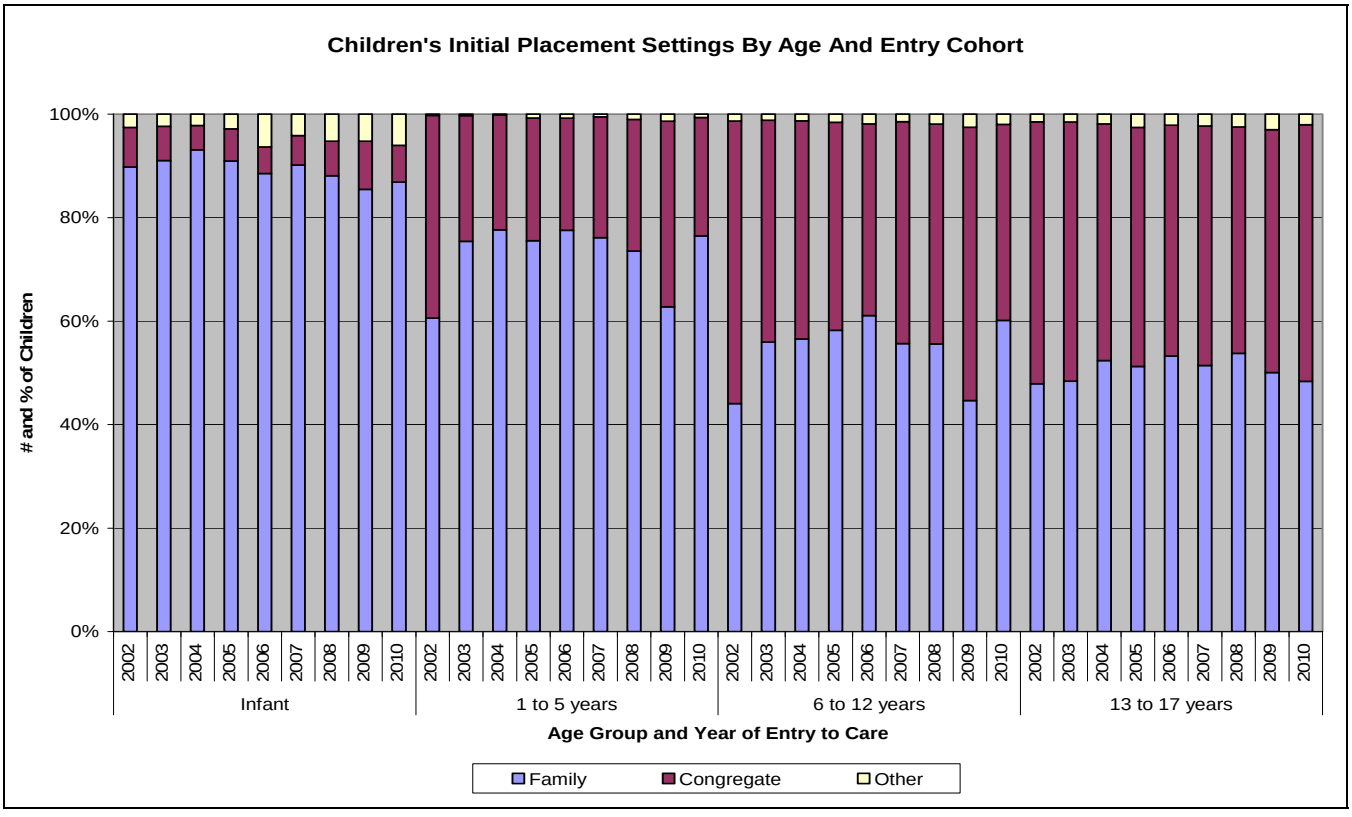


The next table shows specific care types used month-by-month for entries between January 2010 and December 2010.

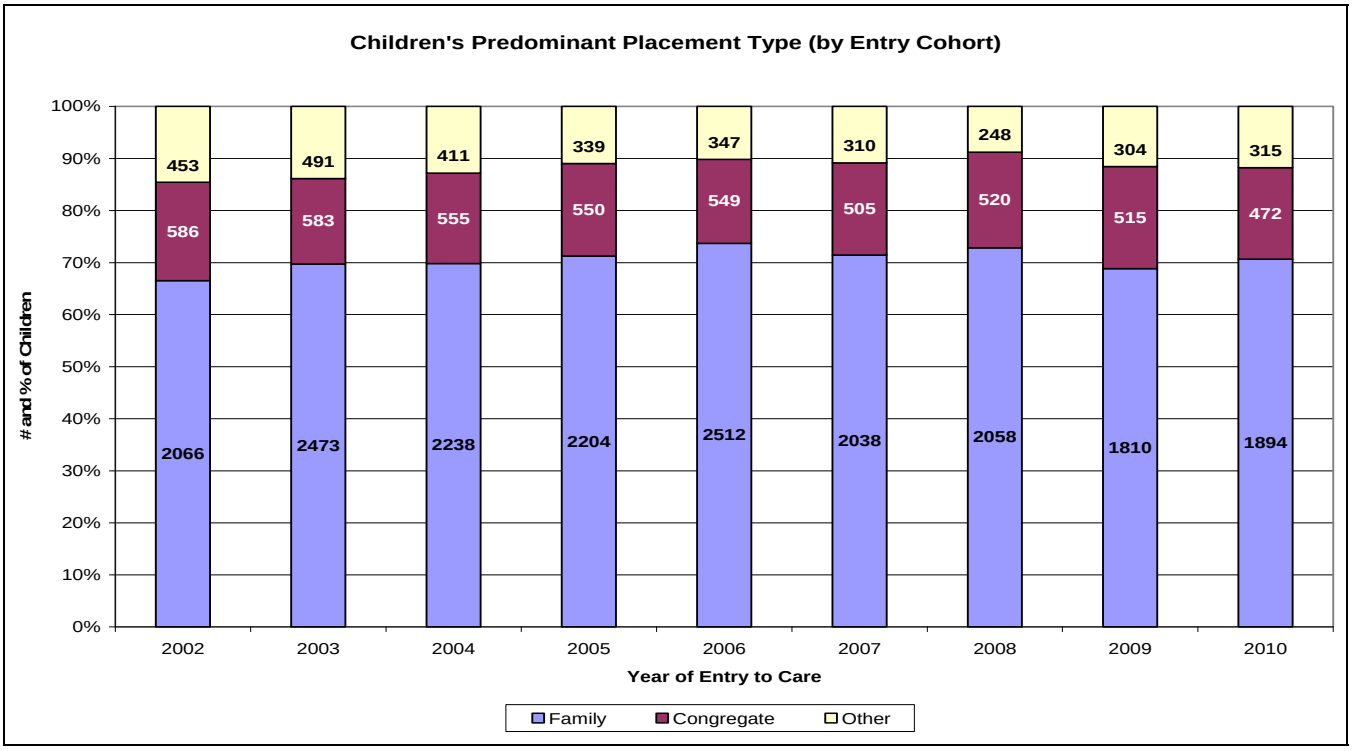
Case Summaries

First placement type		enter Jan10	enter Feb10	enter Mar10	enter Apr10	enter May10	enter Jun10	enter Jul10	enter Aug10	enter Sep10	enter Oct10	enter Nov10	enter Dec10
Residential	N	16	13	15	11	15	18	29	16	21	21	11	13
	%	6.6%	7.6%	6.1%	5.7%	6.7%	9.5%	11.6%	5.9%	9.4%	7.9%	5.3%	6.6%
DCF Facilities	N	2	2	3	3	2	2	3	4	3	2	1	1
	%	.8%	1.2%	1.2%	1.6%	.9%	1.1%	1.2%	1.5%	1.3%	.8%	.5%	.5%
Foster Care	N	117	99	129	106	132	107	130	136	123	152	123	118
	%	48.3%	58.2%	52.2%	54.9%	58.7%	56.3%	52.0%	50.4%	55.2%	57.4%	59.1%	59.6%
Group Home	N	6		2	4		2	5	5	2	4	8	3
	%	2.5%		.8%	2.1%		1.1%	2.0%	1.9%	.9%	1.5%	3.8%	1.5%
Relative Care	N	24	14	24	19	28	22	18	38	40	32	33	35
	%	9.9%	8.2%	9.7%	9.8%	12.4%	11.6%	7.2%	14.1%	17.9%	12.1%	15.9%	17.7%
Medical	N	5	5	4	3	3	9	5	12	6	6	4	5
	%	2.1%	2.9%	1.6%	1.6%	1.3%	4.7%	2.0%	4.4%	2.7%	2.3%	1.9%	2.5%
Safe Home	N	60	19	49	23	28	13	38	38	13	21	15	14
	%	24.8%	11.2%	19.8%	11.9%	12.4%	6.8%	15.2%	14.1%	5.8%	7.9%	7.2%	7.1%
Shelter	N	7	12	18	21	15	12	19	18	12	22	11	8
	%	2.9%	7.1%	7.3%	10.9%	6.7%	6.3%	7.6%	6.7%	5.4%	8.3%	5.3%	4.0%
Special Study	N	5	6	3	3	2	5	3	3	3	5	2	1
	%	2.1%	3.5%	1.2%	1.6%	.9%	2.6%	1.2%	1.1%	1.3%	1.9%	1.0%	.5%
Total	N	242	170	247	193	225	190	250	270	223	265	208	198
	%	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 2010 admission cohorts.



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

Case Summaries

Last placement type in spell (as of censor date)		exit Jan10	exit Feb10	exit Mar10	exit Apr10	exit May10	exit Jun10	exit Jul10	exit Aug10	exit Sep10	exit Oct10	exit Nov10	exit Dec10
Residential	N	16	13	13	13	17	32	19	33	16	14	13	10
	%	7.9%	6.3%	5.7%	6.1%	7.3%	10.6%	7.9%	11.5%	7.6%	6.8%	5.7%	5.0%
DCF Facilities	N	5	1	3	4	4	6	2	4	3	4		3
	%	2.5%	.5%	1.3%	1.9%	1.7%	2.0%	.8%	1.4%	1.4%	1.9%		1.5%
Foster Care	N	89	99	117	107	122	145	121	134	97	108	110	108
	%	43.8%	47.8%	51.3%	50.2%	52.4%	47.9%	50.6%	46.5%	46.2%	52.2%	48.0%	53.7%
Group Home	N	16	10	13	9	8	27	22	16	14	12	9	14
	%	7.9%	4.8%	5.7%	4.2%	3.4%	8.9%	9.2%	5.6%	6.7%	5.8%	3.9%	7.0%
Independent Living	N	3	5	6	4	7	8	1	4	2		2	
	%	1.5%	2.4%	2.6%	1.9%	3.0%	2.6%	.4%	1.4%	1.0%		.9%	
Relative Care	N	44	38	31	39	44	44	46	51	44	46	60	41
	%	21.7%	18.4%	13.6%	18.3%	18.9%	14.5%	19.2%	17.7%	21.0%	22.2%	26.2%	20.4%
Medical	N			3	2	1		1	3		2		2
	%			1.3%	.9%	.4%		.4%	1.0%		1.0%		1.0%
Safe Home	N	15	16	13	12	8	13	6	16	14	8	15	12
	%	7.4%	7.7%	5.7%	5.6%	3.4%	4.3%	2.5%	5.6%	6.7%	3.9%	6.6%	6.0%
Shelter	N	9	13	13	17	10	10	9	7	12	7	8	7
	%	4.4%	6.3%	5.7%	8.0%	4.3%	3.3%	3.8%	2.4%	5.7%	3.4%	3.5%	3.5%
Special Study	N	6	11	14	4	9	18	9	18	5	4	12	3
	%	3.0%	5.3%	6.1%	1.9%	3.9%	5.9%	3.8%	6.3%	2.4%	1.9%	5.2%	1.5%
Uknown	N		1	2	2	3		3	2	3	2		1
	%		.5%	.9%	.9%	1.3%		1.3%	.7%	1.4%	1.0%		.5%
Total	N	203	207	228	213	233	303	239	288	210	207	229	201
	%	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 January 1, 2011 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	12	35	63	79	58	116	107	470
		% of Row	2.6%	7.4%	13.4%	16.8%	12.3%	24.7%	22.8%	100.0%
		% of Col	7.2%	9.3%	11.4%	10.6%	11.6%	12.1%	8.3%	10.2%
	DCF Facilities	Count	0	2	5	4	5	19	6	41
		% of Row	.0%	4.9%	12.2%	9.8%	12.2%	46.3%	14.6%	100.0%
		% of Col	.0%	.5%	.9%	.5%	1.0%	2.0%	.5%	.9%
	Foster Care	Count	85	176	240	368	257	526	723	2375
		% of Row	3.6%	7.4%	10.1%	15.5%	10.8%	22.1%	30.4%	100.0%
		% of Col	50.9%	46.6%	43.4%	49.5%	51.2%	54.9%	56.2%	51.8%
	Group Home	Count	2	9	11	26	21	60	76	205
		% of Row	1.0%	4.4%	5.4%	12.7%	10.2%	29.3%	37.1%	100.0%
		% of Col	1.2%	2.4%	2.0%	3.5%	4.2%	6.3%	5.9%	4.5%
	Independent Living	Count	0	0	0	0	0	3	3	6
		% of Row	.0%	.0%	.0%	.0%	.0%	50.0%	50.0%	100.0%
		% of Col	.0%	.0%	.0%	.0%	.0%	.3%	.2%	.1%
	Relative Care	Count	37	86	120	142	106	122	95	708
		% of Row	5.2%	12.1%	16.9%	20.1%	15.0%	17.2%	13.4%	100.0%
		% of Col	22.2%	22.8%	21.7%	19.1%	21.1%	12.7%	7.4%	15.4%
	Medical	Count	4	1	3	9	3	4	2	26
		% of Row	15.4%	3.8%	11.5%	34.6%	11.5%	15.4%	7.7%	100.0%
		% of Col	2.4%	.3%	.5%	1.2%	.6%	.4%	.2%	.6%
	Mixed (none >50%)	Count	2	1	9	25	23	52	214	326
		% of Row	.6%	.3%	2.8%	7.7%	7.1%	16.0%	65.6%	100.0%
		% of Col	1.2%	.3%	1.6%	3.4%	4.6%	5.4%	16.6%	7.1%
	Safe Home	Count	16	23	45	37	12	10	5	148
		% of Row	10.8%	15.5%	30.4%	25.0%	8.1%	6.8%	3.4%	100.0%
		% of Col	9.6%	6.1%	8.1%	5.0%	2.4%	1.0%	.4%	3.2%
	Shelter	Count	8	32	33	17	3	5	2	100
		% of Row	8.0%	32.0%	33.0%	17.0%	3.0%	5.0%	2.0%	100.0%
		% of Col	4.8%	8.5%	6.0%	2.3%	.6%	.5%	.2%	2.2%
	Special Study	Count	1	9	21	33	13	41	45	163
		% of Row	.6%	5.5%	12.9%	20.2%	8.0%	25.2%	27.6%	100.0%
		% of Col	.6%	2.4%	3.8%	4.4%	2.6%	4.3%	3.5%	3.6%
	Unknown	Count	0	4	3	3	1	0	8	19
		% of Row	.0%	21.1%	15.8%	15.8%	5.3%	.0%	42.1%	100.0%
		% of Col	.0%	1.1%	.5%	.4%	.2%	.0%	.6%	.4%
Total		Count	167	378	553	743	502	958	1286	4587
		% of Row	3.6%	8.2%	12.1%	16.2%	10.9%	20.9%	28.0%	100.0%
		% of Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Congregate Care Settings

Placement Issues	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011
Total number of children 12 years old and under, in Congregate Care	248	230	235	223	190	171
• Number of children 12 years old and under, in DCF Facilities	13	13	10	9	8	4
• Number of children 12 years old and under, in Group Homes	49	46	45	41	40	37
• Number of children 12 years old and under, in Residential	34	33	41	39	41	51
• Number of children 12 years old and under, in SAFE Home	125	116	113	117	90	78
• Number of children 12 years old and under, in Permanency Diagnostic Center	13	12	11	12	8	1
• Number of children 12 years old and under in Shelter	14	10	15	5	3	0
Total number of children ages 13-17 in Congregate Placements	830	803	784	755	756	748

Use of SAFE Homes, Shelters and PDCs

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

	Period of Entry to Care								
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Total Entries	3105	3547	3204	3093	3408	2853	2826	2629	2681
SAFE Homes & PDCs	728	629	453	395	395	382	335	471	331
	23%	18%	14%	13%	12%	13%	12%	18%	12%
Shelters	165	135	147	178	114	136	144	186	175
	5%	4%	5%	6%	3%	5%	5%	7%	7%
Total	893	764	600	573	509	518	479	657	506
	29%	22%	19%	19%	15%	18%	17%	25%	19%

	Period of Entry to Care								
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Total Initial Plcmnts	893	764	600	573	509	518	479	657	506
<= 30 days	351	308	249	242	186	162	150	229	155
	39%	40%	42%	42%	37%	31%	31%	35%	31%
31 - 60	284	180	102	114	73	73	102	110	117
	32%	24%	17%	20%	14%	14%	21%	17%	23%
61 - 91	106	121	81	76	87	79	85	157	95
	12%	16%	14%	13%	17%	15%	18%	24%	19%
92 - 183	101	107	124	100	118	131	110	124	126
	11%	14%	21%	17%	23%	25%	23%	19%	25%
184+	51	48	44	41	45	73	32	37	13
	6%	6%	7%	7%	9%	14%	7%	6%	3%

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

Placement Issues	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011
Total number of children in SAFE Home	120	132	123	121	125	99	90
• Number of children in SAFE Home, > 60 days	54	58	57	55	64	59	56
• Number of children in SAFE Home, >= 6 months	9	14	8	11	14	14	12
Total number of children in STAR/Shelter Placement	85	80	89	83	78	84	75
• Number of children in STAR/Shelter Placement, > 60 days	40	37	52	38	42	44	41
• Number of children in STAR/Shelter Placement, >= 6 months	4	7	6	10	5	3	6
Total number of children in Permanency Planning Diagnostic Center	18	18	17	17	15	11	1
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	12	11	14	14	11	9	1
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	1	5	3	6	4	1	1
Total number of children in MH Shelter	7	12	8	6	1	2	0
• Total number of children in MH Shelter, > 60 days	3	8	7	4	0	1	0
• Total number of children in MH Shelter, >= 6 months	0	1	1	1	0	0	0

Placement Issues	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010	Feb 2011
Total number of children in Residential care	509	498	496	505	475	462	477
• Number of children in Residential care, >= 12 months in Residential placement	131	133	136	153	141	129	129
• Number of children in Residential care, >= 60 months in Residential placement	5	4	3	2	2	2	1

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

Summary Findings

The Department's Fourth Quarter 2010 performance with respect to the Outcome Measure 3 (Case Plans) and Outcome Measure 15 (Needs Met) varied slightly from the prior quarter's results.

- The Fourth Quarter 2010 Monitor's Office Case Review of Outcome Measure 3 and Outcome Measure 15 included a total of 53 cases. The Monitor finds a total of 36 cases or 67.9% of the 53 case plans sampled were deemed appropriate for Outcome Measure 3. This is a slight increase from the 66.0% deemed appropriate for Outcome Measure 3 in the Third Quarter 2010.

- For Outcome Measure 15 during the Fourth Quarter 2010, a total of 30 cases or 56.6% of the sample had evidence that DCF was meeting children and families' needs during the last six month period. This is a slight decrease over the 58.4% achieved during the Third Quarter 2010.

- 27 cases (50.9%) achieved both the Outcome Measure standards during the quarter. Fourteen cases (26.4%) failed to achieve both the Outcome Measure standards during the quarter.

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

Overall Score for OM3		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Appropriate Case Plan	Count	27	9	36
	% within Outcome Measure 3	75.0%	25.0%	100.0%
	% within Outcome Measure 15	90.0%	39.1%	67.9%
Not an Appropriate Case Plan	Count	3	14	17
	% within Outcome Measure 3	17.6%	82.4%	100.0%
	% within Outcome Measure 15	10.0%	60.9%	32.1%
Total Case Plans *(n = 53)*	Count	30	23	53
	% within Outcome Measure 3	56.6%	43.4%	100.0%
	% within Outcome Measure 15	100.0%	100.0%	100.0%

Findings Related to Outcome Measure 3

The DCF Outcome Measure 3 (Case Planning) requires 90% compliance. As indicated the average performance was 67.9%. This quarter, the Court Monitor data confirm four of the Area Offices achieved compliance with 100% appropriate rankings (Milford, Middletown, Torrington, and Waterbury). The remaining Area Office scores ranged from 0.0% to 80.0% during the quarter.

Crosstabulation 2: What is the social worker's area office assignment? *Overall Score for OM3 Fourth Quarter 2010

What is the social worker's area office assignment?		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
Bridgeport	Count	3	2	5
	% within Area Office	60.0%	40.0%	100.0%
Danbury	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Milford	*Count*	*3*	*0*	*3*
	% within Area Office	*100.0%*	*.0%*	*100.0%*
Hartford	Count	3	3	6
	% within Area Office	50.0%	50.0%	100.0%
Manchester	Count	3	2	5
	% within Area Office	60.0%	40.0%	100.0%
Meriden	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Middletown	*Count*	*2*	*0*	*2*
	% within Area Office	*100.0%*	*.0%*	*100.0%*
New Britain	Count	4	1	5
	% within Area Office	80.0%	20.0%	100.0%
New Haven	Count	3	2	5
	% within Area Office	60.0%	40.0%	100.0%
Norwalk	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Norwich	Count	4	1	5
	% within Area Office	80.0%	20.0%	100.0%
Stamford	Count	0	2	2
	% within Area Office	.0%	100.0%	100.0%
Torrington	*Count*	*2*	*0*	*2*
	% within Area Office	*100.0%*	*.0%*	*100.0%*
Waterbury	*Count*	*4*	*0*	*4*
	% within Area Office	*100.0%*	*.0%*	*100.0%*
Willimantic	Count	2	1	3
	% within Area Office	66.7%	33.3%	100.0%
Total	Count	36	17	53
	% within Area Office	67.9%	32.1%	100.0%

During the Fourth Quarter 2010, the overall rate of compliance was 67.9% and the individual domains within Outcome Measure 3 across all 53 cases in the sample fared as follows:

Table 1: Case Plan OM 3 – Number and Percent of Rank Scores for All Cases Across All Categories of OM3 - Fourth Quarter 2010

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	33 62.3%	20 37.7%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	20 37.7%	30 56.6%	3 5.7%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	17 32.1%	23 43.4%	12 22.6%	1 1.9%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	20 37.7%	24 45.3%	9 17.0%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	6 11.3%	39 73.6%	8 15.1%	0 0.0%	0 0.0%
II.2. Progress	20 37.7%	27 50.9%	5 9.4%	1 1.9%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	6 11.3%	35 66.0%	12 22.6%	0 0.0%	0 0.0%
II.4 Planning for Permanency	21 39.6%	27 50.9%	5 9.4%	0 0.0%	0 0.0%

Within the 32 Child in Placement Cases at the time of review, the overall rate of compliance was 68.8% and the domains fared as follows:

Table 2: Case 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	21 65.6%	11 34.4	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	9 28.1%	23 71.9%	0 0.0%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	10 31.3%	15 46.9%	7 21.9%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	13 40.5%	15 46.9%	4 12.5%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	5 15.6%	24 75.0%	3 9.4%	0 0.0%	0 0.0%
II.2. Progress	14 43.8%	17 53.1%	1 3.1%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	3 9.4%	24 75.0%	5 15.6%	0 0.0%	0 0.0%
II.4 Planning for Permanency	12 37.5%	18 56.3%	2 6.3%	0 0.0%	0 0.0%

Within the in-home population during this quarter the sample set of the case plans achieved the benchmark of 'appropriate case plan' in 66.7% instances. The individual sections fared as follows:

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

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	12 57.1%	9 42.9%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	11 52.4%	7 33.3%	3 14.3%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	7 33.3%	8 38.1%	5 23.8%	1 4.8%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	7 33.3%	9 42.9%	5 23.8%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	1 4.8%	15 71.4%	5 23.8%	0 0.0%	0 0.0%
II.2. Progress	6 28.6%	10 47.6%	4 19.0%	1 4.8%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	3 14.3%	11 52.4%	7 33.3%	0 0.0%	0 0.0%
II.4 Planning for Permanency	9 42.9%	9 42.9%	3 14.3%	0 0.0%	0 0.0%

A review of findings by case type assignments indicates that in total 68.8% of the 32 children in placement (CPS and Voluntary Services) had appropriate case plans while only 66.7% of the 21 cases with an in-home case assignment (CPS and Voluntary Services) were appropriate.

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

What is the type of case assignment noted in LINK?		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
CPS In-Home Family Case	Count	13	6	19
	% within Case Assignment	68.4%	31.6%	100.0%
	% within OM3	36.1%	35.3%	35.8%
Voluntary Services In-Home Family Case	Count	1	1	2
	% within Case Assignment	50.0%	50.0%	100.0%
	% within OM3	2.8%	5.9%	3.8%
CPS Child in Placement Case	Count	21	10	31
	% within Case Assignment	67.7%	32.3%	100.0%
	% within OM3	58.3%	58.8%	58.5%
Voluntary Services Child in Placement Case	Count	1	0	1
	% within Case Assignment	100.0%	.0%	100.0%
	% within OM3	2.8%	.0%	1.9%
Total	Count	36	17	53
	% within Case Assignment	67.9%	32.1%	100.0%
	% within OM3	100.0%	100.0%	100.0%

Reviewers continue to point to a lack of utilization of the required elements on the grid/table section of the case plan as the reason for a majority of the marginal scores for action steps. As indicated in our prior report, the failure to utilize the grid hinders communication to the parents and other key stakeholders of identified objectives, goals and timeframes expected, and does not allow the automated functionality related to compiling activities to work properly. The second area of weakness relates to the quality of input into the SDM tools that pull the needs/objectives into the case plans. A failure to properly complete these tools at regular 90-day intervals will result in inaccurate or incomplete entries. Also lacking, were revisions to draft plans as identified by the Department's Administrative Case Review Supervisors.

The average performance to-date is 56.8%. Historically, the Department has achieved the following results during our monitoring of Outcome Measure 3.

Table 4: Historical Findings on OM3 Compliance -Third Quarter 2006 to Fourth Quarter 2010

Quarter	Sample (n)	Percent "Appropriate Case Plan"
3rd Quarter 2006	35	54.3%
4th Quarter 2006	73	41.1%
1st Quarter 2007	75	41.3%
2nd Quarter 2007	76	30.3%
3rd Quarter 2007	50	32.0%
4th Quarter 2007	51	51.0%
1st Quarter 2008	51	58.8%
2nd Quarter 2008	52	55.8%
3rd Quarter 2008	53	62.3%
4th Quarter 2008	53	81.1%
1st Quarter 2009	52	67.3%
2nd Quarter 2009	52	73.1%
3rd Quarter 2009	52	53.8%
4th Quarter 2009	53	47.2%
1st Quarter 2010	52	86.5%
2nd Quarter 2010	53	75.5%
3rd Quarter 2010	53	66.0%
4th Quarter 2010	53	67.9%
Total to Date	989	56.8%

Middletown continued to maintain the highest performance to date of the area offices; once again achieving 100% compliance this quarter and holding an average of 78.9% compliance since this review process has commenced in 2006.

Race alone did not appear to be a significant factor as 64.3% of white clients and 72.2% of African American Clients plans were deemed appropriate. All three of those cases with the identified case participant's race indicated as unable to be determined (UTD) were deemed appropriate (100.0%). Only 50.0% of those four cases with participants identified as multiracial were deemed appropriate. Ethnicity did appear to have an additional impact, as can be seen in the disparity between the Hispanic and Non-Hispanic totals for both Black/African American and White clients.

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

			Overall Score for OM3		
Ethnicity	**Race (Child or Family Case Named Individual)**		**Appropriate Case Plan**	**Not an Appropriate Case Plan**	**Total**
Hispanic	Black/African American	Count	3	0	3
		% within Race	100.0%	.0%	100.0%
	White	Count	6	5	11
		% within Race	54.5%	45.5%	100.0%
	UTD	Count	3	0	3
		% within Race	100.0%	.0%	100.0%
	Multiracial (more than one race selected)	Count	1	1	2
		% within Race	50.0%	50.0%	100.0%
	Total	Count	13	6	19
		% within Race	68.4%	31.6%	100.0%
Non-Hispanic	Black/African American	Count	10	5	15
		% within Race	66.7%	33.3%	100.0%
	White	Count	11	5	16
		% within Race	68.8%	31.3%	100.0%
	Multiracial (more than one race selected)	Count	1	1	2
		% within Race	50.0%	50.0%	100.0%
	Total	Count	22	11	33
		% within Race	66.7%	33.3%	100.0%
Unknown	White	Count	1	0	1
		% within Race	100.0%	.0%	100.0%
	Total	Count	1	0	1
		% within Race	100.0%	.0%	100.0%

While there is a slight difference based on the sex of the child in the child in placement cases, the disparate trending of the last two quarters is not prominent this quarter. In all, 68.7% of the case plans for boys were deemed appropriate, while 70.6% of the girls' case plans were appropriate.

Crosstabulation 5: Sex of Child *Overall Score for OM3

		Gender of Child in Placement		
Overall Score for OM3		**Male**	**Female**	**Total**
Appropriate Case Plan	Count	11	12	23
	% within Sex of Child	68.7%	70.6%	69.7%
Not an Appropriate Case Plan	Count	5	5	10
	% within Sex of Child	31.3%	29.4%	30.3%
Total	Count	16	17	33
	% within Sex of Child	100.0%	100.0%	100.0%

The Monitor approved 17 requests for overrides. Five of these requests were related to Outcome Measure 3 and 12 were related to Outcome Measure 15. Some of the scenarios included:

- A request for override was granted related to a delay in receipt of a C-Pap machine during the period. The issue was resolved by the end of the period under review (PUR). Steps were taken to address the sleep disturbance, such as, the targeted weight reduction through diet/exercise under nursing staff supervision. Also the area office responded to concerns on a second medical issue-the apparent lack of follow through on an MD recommendation for a tonsillectomy. Documentation provided indicated that this procedure was refused by the teen.
- A request for override was made in relation to a case opened in ongoing services on May 13, 2010 in which the child was subsequently placed out-of-the home on August 30, 2010. This child was identified as overdue for her well-child check at time of placement. It was conceded that well child care had not been assessed fully during contacts prior to placement. However, all facts did indicate that child was otherwise in good health and well attended to medically during the period under review. The child had medication management with the pediatrician during the period, and contact was made with the pediatrician to confirm that an appointment had been made by foster mother just outside of the period on October 20, 2010.
- A request for override was granted on the lack of timeliness to issues related to outreach of relatives and the DMHAS referral earlier in the period under review, as both were actively being addressed at the time of the ACR.
- This child was placed on February 17, 2010 with the paternal grandmother in Rhode Island. The CT DCF did not see this child quarterly as outlined in policy. The first documented attempt and visit occurred on November 18, 2010, the day before the ACR. The ACR social work supervisor reported this information on the 48-Hour notification. An override was granted as Rhode Island DCYS documented monthly contacts with the child in five out of six months of the period under review and had routine contact with the CT social worker. There was apparently a miscommunication regarding the quarterly requirement with central office staff and the area office staff.
- The Area Office staff has closely followed this child's educational issues and advocated for more intervention. Further testing as identified by DCF was rejected by the school board. Efforts have continued to assist the child through the current IEP and caretaker, with a plan to re-visit this issue in a few months. An override was considered appropriate as DCF did appropriately pursue all avenues to secure necessary services.
- An ARG consult was held and more intensive domestic violence services required for mother are being pursued at the time of the case planning although it was felt by the reviewer that these should have been done in a more timely manner. The area office response provided feedback suggested some level of prioritization. As such an override is granted.
- This child was in three placements in six months and the disruptions were not due to his behaviors. The current placement was thought not to be consistent with his needs and FAST service was put in place to stabilize the home there were concerns of possible domestic violence and inappropriate discipline (by child report). The actions of the area office to secure FAST to assess and support the placement were prudent in an attempt to avoid another placement while the biological father was completing final interstate

compact steps to reunify. This home was appropriately put on hold after the FAST team reported concerns after a visit post ACR.

- Within the case plan the action steps scored marginal as there were no actions steps for service providers or extended family members with whom mother resided. Some of the action steps were also vague and there were minimal actions steps for the Department. An override was granted as one could ascertain from other areas of the case plan what was expected and the consequences if progress is not made to the goals outlined.
- Mental health services were initially delayed due to insurance issues. Then, the mother appeared non-compliant as she failed to follow through with referred services. However, upon re-assessment later in the period, a higher level of treatment was deemed appropriate and the mother engaged when referred to this appropriate service. An override is granted given the efforts to continue to engage mother in her treatment and the re-assessment and referral process to secure the appropriate service.
- A delay due to insurance barrier was present. Mother self-determined the selection of a program to treat her substance abuse. The area office felt this was an important part of engagement. Upon resolution of barrier, the identified service provider was engaged and the mother did complete the program and remains substance free. This was felt to be an appropriate case for override as the delay was to allow mother's participation in her recovery.
- Engagement with the family is evident, though the family feedback narrative is not included on the plan document. The mother participated at the ACR and the father was in court where steps were presented and visitation was discussed just prior to the hearing. Contact was also made with the prison liaison. Given all of the documentation and other parts of the plan that reflect the parent's involvement an override is warranted.
- Additional information from behavioral health staff and area office staff regarding delays in securing the child's discharge to a group home placement due to the approval process, and transition from Riverview Hospital led to the decision to grant an override. This information confirmed that initially there was disagreement regarding the appropriate level of care. Upon determination of the group home level, the identified provider refused placement and an alternate provider needed to be secured. Then transitional work was planful and added several additional weeks to her stay, but this was critical to ensure a stable discharge.
- The Structured Decision Making (SDM) priority goal that was pulled into the case plan was misidentified however, the case goal does reflect the priority issue: domestic violence and the safety of the toddler. The remaining plan document was appropriate. All other information reflects an understanding of what is required. As such, an override is granted.
- The Area Office rebuttal to safety concerns identified by the reviewer provided feedback which sufficiently addressed the matter regarding unsupervised contact with the family. Delays in documentation were due to the social worker's medical leave. The child was not assessed to be at risk by the contact, criminal checks have been done and therapy is being incorporated to allow family ties to take place.
- Based on supporting documentation it appears parents were engaged in the case planning and aware of the goal though the case plan did not reflect this. LINK issue appears to have resulted in the feedback narrative not being pulled into the case plan document.
- The child came into care August 2010 and resumed group therapy in early October 2010. The concern was that child was to be in group therapy upon reunification. The child was

receiving school based services during September/October as a bridge. Additionally, mother's medical issues were the barrier to her receipt of her identified mental health services. Mother's issues continue to be addressed regarding consistent family work, but child's needs were consistently being met since coming into care and the family is engaged with the providers via efforts/contacts by the social worker.

Engagement of participants in case planning continues to be a focus for the Department. A positive note is the increase in attendance/teleconference of adolescents and fathers, and the increase in attorney participation rates. Efforts to engage the majority of the remaining identified case participants in our review process, however, showed declines as shown in Table 5 to follow.

Table 5: Fourth Quarter 2010 Participation and Attendance Rates for Active Case Participants

Identified Case Participant	Percentage with documented Participation/ Engagement in Case Planning Discussion	*Prior Quarter's Documented Engagement of Participation in Case Planning*	Percentage Attending the TPC/ACR or Family Conference (when held)	*Rate Of Attendance Prior Quarter*
Foster Parent	81.0%	92.0%	66.7%	72.0%
Mother	80.4%	91.3%	69.7%	74.4%
Other Participants	40.9%	83.3%	66.7%[4]	79.2%
Child	65.4%	79.2%	56.5%	30.0%
Active Service Providers	57.7%	60.6%	57.7%	36.1%
Other DCF Staff	57.1%	60.0%	51.4%	58.1%
Father	50.0%	51.2%	34.5%	26.5%
Parents' Attorney	40.0%	29.7%	37.0%	24.3%
Attorney/GAL (Child)	42.5%	25.6%	40.6%	18.4%

This table above includes both the attendance rates at the ACR or family conferences, as well as, participation identified through discussions in the case record narratives during contacts/visits with the case participants. The family conference by definition requires participation of the parent(s) or guardian and outside participants who are supports or active providers. The meeting is held where the case plans are shared/further developed, and necessary edits are finalized prior to supervisory approval. Reviewers reported that some cases that had outside providers or family supports identified had meetings with only the parent(s) in attendance and yet were identified as family conferences. This would not meet the spirit of family conferencing as introduced in training or practice guides.

Incorporating concurrent plans into the process continues to be an important element for improving the rate of achieving timely permanency. During this quarter, there were 20 cases in which a concurrent plan may have been required as the goal stated was reunification (12) or APPLA (8). In eleven of the reunification cases a concurrent plan was identified. The one case without an identified goal had previously had a concurrent goal of transfer of guardianship, but it was removed after discussion at the

[4] Higher percentage reflects impact of family conferences not being held, so that of twelve cases in which family/other case participants were identified by the mother or father for inclusion in the meeting, eight cases had one or more of those participants in attendance. This is in contrast to the full population in the sample, in which 22 cases had "other" participants identified by the parents as a support, contact, or otherwise important person in the life of the case, but only nine of those individuals were incorporated into planning or development of objectives/action steps.

ACR as there was not an identified resource and no efforts were being made in that direction. However, no substitute concurrent goal was input in the final approved plan.

To date, no official policy change has been identified in regards to the requirement, identified earlier in this administration, to identify a concurrent goal for children with a goal of Another Planned Permanent Living Arrangement (APPLA). While we could not find evidence of Bureau Chief approval of the APPLA goal for every child identified with the APPLA designation required by stipulation, the reviewers did indicate that of the six children without a concurrent plan identified, all seemed to be appropriately planned for given the desire of the adolescent, bond with parent or guardian, and circumstances requiring placement. It did not appear in these cases that a concurrent goal was warranted.

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

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?	What is the stated concurrent plan?							
	Reunification	Adoption	TOG	LTFC with a licensed relative	In-Home Goals - Safety/ Well Being Issues	None	APPLA	Total
Reunification	0	3	1	3	0	1	4	12
Adoption	2	0	0	0	0	6	3	11
Transfer of Guardianship	0	0	0	0	0	1	0	1
In-Home Goals - Safety/Well Being Issues	0	0	0	0	1	20	0	21
APPLA	0	1	1	0	0	6	0	8
Total	2	4	2	3	1	34	7	53

The extent and timeliness to which the permanency plans and concurrent planning was implemented on the cases is reflected within the scoring sections of Outcome Measure 15 related to case management and permanency.

Given the established ASFA timeframes, our review does consider the length-of-time in care as one consideration when reviewing efforts toward permanency planning. Ten of the children in placement within the sample were in care greater than 24 months. Of these, five had a goal of APPLA, four had a goal of adoption, and one had a goal of reunification concurrent with APPLA (TPR having been filed).

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

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?	How many consecutive months has this child been in out of home placement as of the date of this review or date of case closure during the period?						
	1-6 months	7-12 months	13-18 months	19-24 months	Greater than 24 months	N/A In-Home case	Total
Reunification	2	6	2	1	1	0	12
Adoption	1	3	2	1	4	0	11
Transfer of Guardianship	0	0	0	1	0	0	1
APPLA	0	0	2	1	5	0	8
In-Home Goals - Safety/Well Being Issues	0	0	0	0	0	21	21
Total	3	9	6	4	10	21	53

In regard to the four adoption cases open greater than 24 months. There were a variety of issues lending to the delays in permanency. Some were related to resources, others legal and case management. Briefly they included:

- Adoption with concurrent goal of APPLA: The barriers in this case are related to earlier case management and pre-adoptive parent indecision. This is a case of a TPR'd seventeen year old female currently residing in a therapeutic foster home. She was placed there in August 2009 after a disruption from another therapeutic foster home (when she was found to have engaged in sexual activity with a boy/peer in the foster home and foster parents requested her removal). It did not appear that that issue was fully addressed with youth or the current foster parent at any point during placement. There did not appear to be consideration of gynecological care after her placement. At the beginning of the period under review, this case was assigned to a permanency social worker who was preparing to complete the adoption. This youth was in her pre-adoptive home and both foster mother and this youth wanted to pursue adoption. Recently, the adoption has been halted as it was discovered in September that this youth is pregnant. The foster mother no longer wants to adopt her as a result of this situation. At the ACR, this youth reported she no longer wanted to be adopted and now wanted to leave the foster home. (Foster mother is not requesting this youth leave before the baby is born.) DCF reported that efforts would be made to discuss preserving this placement as both are reactive to the present situation. This youth has made connections with a former family friend and respite foster parent and both are being explored as placement options. During this period under review, youth completed the 11th grade. She failed physical education but attended summer school successfully so she is currently a regular education student in the 12th grade and is in good standing. She plans to take the SATs this year and is enrolled in a Life Skills class through her school. The discussion at the ACR included wanting to attend a community college in the future. Youth reported various interests including choreography, hairdressing and becoming a lawyer. On October 22, 2010 this youth completed the career interest inventory. The results yielded an interest in the personal care and service domain, and she reported that she may choose to become a dental hygienist. She is involved with her guidance counselor regarding her options. The youth sees the school social worker for in-school support. The school is aware of her pregnancy.

- Adoption: The barriers are related to a lack of resource for a complex child. This is s a six year old boy whose parental rights have been terminated since 2008. Child is currently living in an Institute of Professional Practice (IPP) foster home where he has been for three years. He is diagnosed with autism and his behaviors can be challenging. He is quite attached to his foster family, especially his foster mother and one of her older children. Two pre-adoptive families had been identified for this child with the most recent family having visited with the child for extended periods and then choosing not to follow through with the adoption and placement in April of this year. This foster mother is supportive of the DCF adoption planning and assisted with the pre-placement visits. The Department has approached this IPP parent with the idea of adoption but she is not able to commit. She is concerned about the level of need that this child will have over time as he physically gets bigger. She is willing to continue to care for him with services in place from DCF and IPP until a permanent home can be located. In September of this year, the child's attorney filed a motion for psychological assessments in SCJM in order to help determine the best permanency placement options for the child as these failed pre-adoptive placements have taken and emotional toll on him. The court ordered that the child not be moved until these evaluations were completed and recommendations are made. The child is attending kindergarten and is a special education student with a current IEP in place. It was recently discovered that he has a younger brother who is also placed in DCF care. Area Office staff are now in contact to asses the idea of contact between the two children.

- Adoption: The barriers to goal achievement were related to the interstate compact process. This is a TPR'd nine year old girl who has been residing in her pre-adoptive home since February 2010. She resides along with her sibling in her paternal grandmother's home. She has made a positive adjustment to this home. She wants to be adopted, and the grandmother is committed to children and wants to adopt. TPR was granted on May 6th. Interstate Compact (ICPC) is involved. Rhode Island is providing supervision as paternal grandmother lives there. The barrier to the adoption has been that Rhode Island social worker went out on medical leave and her case was not reassigned in a timely fashion. The new Rhode Island social worker participated in the ACR and reported that the home study would be completed in the next few weeks. DCF has completed the subsidy packet and it has been approved. The target date to achieve permanency was set as January 31, 2011. The DCF social worker saw the child in November 2010 and she reported being very happy and wanting to remain with her paternal grandmother who she loves her very much. The social worker has documented collateral contacts with DCYS Rhode Island. Other areas are met as medically, child is up to date with physicals and immunizations. Her most current physical was on February 22, 2010. There are no current medical concerns noted by her pediatrician. The child was for a routine dental cleaning on April 20, 2010. There were no concerns noted by the dentist. Her next dental cleaning is scheduled for December 6, 2010. Emotionally and behaviorally, her needs are met as she attends weekly individual counseling to address her diagnosed Reactive Attachment Disorder and Attention Deficit Hyperactivity Disorder (ADHD). Child takes prescribed medications and participates in medication reviews (last in November 2010; no concerns). Her therapist reported that the child consistently attends therapy and her current goals are to stop hoarding food, no stealing from paternal grandmother or any other person. Her therapist reported paternal

grandmother is committed to this child. This therapist used to work in the home, but since April 2010 counseling was moved outside the home and it has been effective. Educationally, child attends third grade and is a regular education student. She has made some improvements in her education but there is a concern she may need special education services. Testing is being pursued. A surrogate parent has been secured. Child does receive one hour/four days per week assistance with reading. Child is well behaved in school and there are no issues with attendance.

- Adoption with concurrent plan of APPLA: The barriers were legal and as a result of child's behaviors. This is committed eleven year old child residing in a therapeutic foster home. This boy was placed in this home in April 2010. He has been in DCF care since July 2008. The DCF filed TPR petitions in April 2010. The court granted TPR on four of his siblings and approved the goal of APPLA for him and another sibling. DCF is not in agreement with this plan and intends to pursue termination of parental rights petitions. His current placement is not his permanent placement. The foster mother is not a long term placement. The plan was for this child to slowly transition to the home where four of his siblings are in the process of being adopted. After the ACR, it was determined that this was not going to be the plan, as this child has significant mental health issues which impact the safety of the children in that home. He will continue to have visitation but placement is no longer being pursued (There can no longer be unsupervised overnight visits as during an August visit the police were contacted when he became physically aggressive toward one of his siblings). This child is registered with the ARE and three pre-adoptive studies received will be teamed. The department is pursuing a non-relative adoption. This child receives mental health services for his significant behavioral issues (he previously exhibited sexualized behaviors towards his brother. His current therapist has diagnosed him with Depressive Disorder and Reactive Attachment Disorder. He has been seeing this therapist since September 2009 and attends bi-weekly individual sessions. Family sessions were in place but have discontinued as the plan is no longer to join his siblings. This child is up to date with medical and dental well care. He had been diagnosed with encopresis and enuresis however, his foster mother reported improvement and he is no longer taking medication for this issue.

The categorical means for Outcome Measure 3 for the first quarter have fluctuated downward slightly across the majority of categories in comparison to last quarter's reporting, with three categories again slipping below the 4.00 mean range.

Table 6: Mean Averages for Outcome Measure 3 - Case Planning (3rd Quarter 2006 - 4th Quarter 2010)

Categories within Case Plan	3Q 2006	4Q 2006	1Q 2007	2Q 2007	3Q 2007	4Q 2007	1Q 2008	2Q 2008	3Q 2008	4Q 2008	1Q 2009	2Q 2009	3Q 2009	4Q 2009	1Q 2010	2Q 2010	3Q 2010	4Q 2010
Reason For Involvement	4.46	4.27	4.63	4.50	4.66	4.71	4.82	4.73	4.81	4.70	4.83	4.85	4.63	4.55	4.60	4.58	4.55	4.62
Identifying Information	3.94	3.89	3.96	3.82	3.92	4.16	4.18	4.15	4.26	4.21	4.12	4.31	4.27	4.36	4.17	4.43	4.30	4.32
Strengths, Needs, Other Issues	4.09	4.04	4.07	3.93	4.16	4.25	4.41	4.04	4.13	4.28	4.25	4.29	4.15	3.64	4.10	4.19	3.98	4.06
Present Situation And Assessment to Date of Review	4.14	3.97	3.96	3.93	4.02	4.29	4.45	3.98	4.25	4.30	4.23	4.29	4.17	3.98	4.13	4.19	4.15	4.21
Determining Goals/ Objectives	3.80	3.48	3.68	3.66	3.70	3.82	4.00	3.91	3.92	3.98	4.00	3.92	3.92	3.75	4.25	4.19	3.94	3.96
Progress	4.00	3.91	3.87	3.86	3.82	4.31	4.35	4.27	4.26	4.28	4.37	4.37	4.25	4.17	4.17	4.26	4.15	4.25
Action Steps for Upcoming 6 Months	3.71	3.44	3.19	3.30	3.40	3.55	3.61	3.52	3.68	3.96	3.79	3.85	3.63	3.58	4.27	3.77	3.83	3.89
Planning for Permanency	4.03	4.04	4.13	4.01	4.08	4.24	4.43	4.31	4.32	4.43	4.40	4.44	4.38	4.13	4.44	4.47	4.25	4.30

Findings Related to Outcome Measure 15 - Needs Met

The area offices achieving the 80% benchmark this quarter are the Milford and Meriden, Middletown, Torrington and Waterbury Offices with 100.0% achievement and Manchester with 80.0% compliance. A crosstabulation of Outcome Measure 15 by Area Office is provided below.

Crosstabulation 8: What is the social worker's area office assignment? *Overall Score for Outcome Measure 15 Fourth Quarter 2010

What is the social worker's area office assignment?	Overall Score for Outcome Measure 15					
	Needs Met		Needs Not Met		Total	
	Count	% within Area Office	Count	% within Area Office	Count	% within Area Office
Bridgeport	1	20.0%	4	80.0%	5	100.0%
Danbury	1	50.0%	1	50.0%	2	100.0%
Milford	3	100.0%	0	.0%	3	100.0%
Hartford	2	33.3%	4	66.7%	6	100.0%
Manchester	4	80.0%	1	20.0%	5	100.0%
Meriden	2	100.0%	0	.0%	2	100.0%
Middletown	2	100.0%	0	.0%	2	100.0%
New Britain	2	40.0%	3	60.0%	5	100.0%
New Haven	3	60.0%	2	40.0%	5	100.0%
Norwalk	1	50.0%	1	50.0%	2	100.0%
Norwich	2	40.0%	3	60.0%	5	100.0%
Stamford	0	.0%	2	100.0%	2	100.0%
Torrington	2	100.0%	0	.0%	2	100.0%
Waterbury	4	100.0%	0	.0%	4	100.0%
Willimantic	1	33.3%	2	66.7%	3	100.0%
Total	30	56.6%	23	43.4%	53	100.0%

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

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

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/ Absent "1"	N/A to Case
Safety In Home	4 16.0%	15 60.0%	5 20.0%	1 4.0%	0 0.0%	28
Safety - Child In Placement	16 48.5%	15 45.5%	2 6.1%	0 0.0%	0 0.0%	20
Permanency Securing the Permanent Placement Action Plan for the Next Six Months	18 54.5%	15 45.5%	0 0.0%	0 0.0%	0 0.0%	20
Permanency: DCF Case Management - Legal Action to Achieve Permanency Goal during the Prior Six Months	10 18.9%	4 7.5%	1 1.9%	0 0.0%	0 0.0%	0
Permanency: DCF Case Management - Recruitment for Placement Providers to Achieve the Permanency Goal During the Prior Six Months	21 60.0%	12 34.3%	2 5.7%	0 0.0%	0 0.0%	18
DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	5 9.4%	30 56.6%	16 30.2%	2 3.8%	0 0.0%	0
Well Being - Medical	30 56.6%	14 26.4%	7 13.2%	2 3.8%	0 0.0%	0
Well Being - Dental	28 52.8%	12 22.6%	11 20.8%	2 3.8%	0 0.0%	0
Well Being - Mental Health, Behavioral Health, Substance Abuse Services	8 15.4%	25 48.1%	18 34.6%	1 1.9%	0 0.0%	0
Well Being - Child's Current Placement	14 45.2%	12 38.7%	5 16.1%	0 0.0%	0 0.0%	22
Well Being - Education	18 38.3%	28 59.6%	1 1.9%	0 0.0%	0 0.0%	6

The prior quarterly scores for Outcome Measure 15 have been in the range of 45.3% to 67.3%. Performance has fluctuated. This quarter the Department has achieved a score of 56.6% needs met during the quarter. To date, 549 or 55.5% of the 989 cases reviewed have achieved the measure. These scores are reflected in the Crosstabulation below.

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

Quarter of Review		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
3 Q 2006	Count	22	13	35
	%	62.9%	37.1%	100.0%
4 Q 2006	Count	38	35	73
	%	52.1%	47.9%	100.0%
1 Q 2007	Count	34	41	75
	%	45.3%	54.7%	100.0%
2 Q 2007	Count	39	37	76
	%	51.3%	48.7%	100.0%
3 Q 2007	Count	32	18	50
	%	64.0%	36.0%	100.0%
4 Q 2007	Count	24	27	51
	%	47.1%	52.9%	100.0%
1 Q 2008	Count	30	21	51
	%	58.8%	41.2%	100.0%
2 Q 2008	Count	29	23	52
	%	55.8%	44.2%	100.0%
3 Q 2008	Count	28	25	53
	%	52.8%	47.2%	100.0%
4 Q 2008	Count	31	22	53
	%	58.5%	41.5%	100.0%
1 Q 2009	Count	32	20	52
	%	61.5%	38.5%	100.0%
2 Q 2009	Count	33	19	52
	%	63.5%	36.5%	100.0%
3 Q 2009	Count	29	23	52
	%	55.8%	44.2%	100.0%
4 Q 2009	Count	24	29	53
	%	45.3%	54.7%	100.0%
1 Q 2010	Count	35	17	52
	%	67.3%	32.7%	100.0%
2 Q 2010	Count	28	25	53
	%	52.8%	47.2%	100.0%
3 Q 2010	Count	31	22	53
	%	58.5%	41.5%	100.0%
4 Q 2010	Count	30	23	53
	%	56.6%	43.4	100.0%
Total	Count	549	440	989
	%	55.5%	44.5%	100.0%

The use of SDM during the investigations to transition to Ongoing Services establishes needs and identifies risk and safety issues for children and families. As part the Outcome Measure 15 review the Court Monitor reviews the Department's use of its assessment tools - specifically SDM. Safety plans were noted in the LINK record for 12 of 17 or 70.6% of the applicable cases reviewed.

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

	Frequency	Percent	Valid Percent
Yes	12	22.6%	70.6%
No	5	9.4%	29.4%
N/A	36	67.9%	
Total	53	100.0%	

It was further noted that of these 12 cases with documented safety plans, ten cases, or 83.3% had follow-up documentation that indicated the implemented services had mitigated the safety factors within the home.

The 90-day timetable for SDM Risk Reassessment or Reunification Assessment/Reassessment appeared problematic, as only 30.6% of the cases requiring the 90 day reassessment showed timely documented follow-through at the 90-day intervals to the point of case plan development.

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

	Frequency	Percent	Valid Percent
Yes	11	20.8%	30.6%
No	25	47.2%	69.4%
N/A	17	32.1%	
Total	53	100.0%	

At the time of preparation for case plans, most cases utilizing SDM (53.1%) were assessed in the "moderate" risk range. Reviewers continue to note issues with the consistency of what is presented or is discussed at ACR or family conference or noted in LINK, versus those facts identified through the SDM scoring.

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

	Frequency	Percent	Valid Percent
Very Low	3	5.7%	9.4%
Low	7	13.2%	21.9%
Moderate	17	32.1%	53.1%
High	5	9.4%	15.6%
Total	32	60.4%	100.0%
N/A	21	39.6%	
Total	53	100.0%	

Priority needs were met at a higher rate for cases involving Child in Placement than in the in-home categories of case assignment, with 68.8% of all Children in Placement (CPS & Voluntary) having the identified needs met during the period under review. The combined in-home rate is much lower, with only 38.1% of the cases achieving the measure during the period under review.

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

What is the type of case assignment noted in LINK?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
CPS In-Home Family Case	Count	8	11	19
	% within Outcome Measure 15	26.7%	47.8%	35.8%
CPS Child in Placement Case	Count	22	9	31
	% within Outcome Measure 15	73.3%	39.1%	58.5%
Voluntary Services In-Home Family Case	Count	0	2	2
	% within Outcome Measure 15	.0%	8.7%	3.8%
Voluntary Services Child in Placement Case	Count	0	1	1
	% within Outcome Measure 15	.0%	4.3%	1.9%
Total	Count	30	23	53
	% within Outcome Measure 15	100.0%	100.0%	100.0%

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

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

Ethnicity	Race	Overall Score for Outcome Measure 15			
			Needs Met	Needs Not Met	Total
Hispanic	Black/African American	Count	2	1	3
		% within Race	66.7%	33.3%	100.0%
		% within OM 15	18.2%	12.5%	15.8%
	White	Count	5	6	11
		% within Race	45.5%	54.5%	100.0%
		% within OM 15	45.5%	75.0%	57.9%
	UTD	Count	3	0	3
		% within Race	100.0%	.0%	100.0%
		% within OM 15	27.3%	.0%	15.8%
	Multiracial (more than one race)	Count	1	1	2
		% within Race	50.0%	50.0%	100.0%
		% within OM 15	9.1%	12.5%	10.5%
	Total Hispanic	Count	11	8	19
		% within Race	57.9%	42.1%	100.0%
		% within OM 15	100.0%	100.0%	100.0%
Non-Hispanic	Black/African American	Count	9	6	15
		% within Race	60.0%	40.0%	100.0%
		% within OM 15	47.4%	42.9%	45.5%
	White	Count	9	7	16
		% within Race	56.3%	43.8%	100.0%
		% within OM 15	47.4%	50.0%	48.5%
	Multiracial (more than one race)	Count	1	1	2
		% within Race	50.0%	50.0%	100.0%
		% within OM 15	5.3%	7.1%	6.1%
	Total Non-Hispanic	Count	19	14	33
		% within Race	57.6%	42.4%	100.0%
		% within OM 15	100.0%	100.0%	100.0%
Unknown	White	Count		1	1
		% within Race		100.0%	100.0%
		% within OM 15		100.0%	100.0%
	Total Unknown	Count		1	1
		% within Race		100.0%	100.0%
		% within OM 15		100.0%	100.0%

This quarter's needs met findings, similar to case planning, had significantly less discrepancy in relation to the performance related to females versus males. In the sample of 16 boys in placement reviewed 68.8% had needs met, and 64.7% of the girls were assessed as having needs met of the 17 girls reviewed. This is more in line with statistics in quarter prior to the last two quarter's data which showed a trend in relation to girls needs met trending downward.

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

Sex of Child		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Male	Count	11	5	16
	% within Sex of Child	68.8%	31.3%	100.0%
Female	Count	11	6	17
	% within Sex of Child	64.7%	35.3%	100.0%
Total	Count	22	11	33
	% within Sex of Child	66.7%	33.3%	100.0%

There are 217 discrete unmet needs identified by the review team across the 53 cases. Unfortunately, these needs had not been addressed in a timely way, were partially addressed, or remained unmet at the time of review six months later. These needs were often one of several identified needs within the case while other needs may have been met. The unmet needs are identified in the table below with an associated barrier noted. Client refusal and internal DCF practice are most frequently noted; however provider issues including the unavailability of services are increasing in numbers in comparison to prior review periods.

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

Service Need	Barrier	Frequency
Adoption Recruitment	Referred Service is Unwilling to Engage Client	1
Anger Management - Child	Client Refusing	1
Anger Management - Parents	Client Refusing	1
Behavior Management	Service Deferred Pending Completion of Another	1
Care Coordination	Placed on Wait List	1
Case Management/Support/Advocacy	Supervisory Oversight regarding delays in referrals, lack of follow through, level of engagement	18
Case Management/Support/Advocacy	Relative Resource Search - particularly with father's family lacking	1
Day Treatment/Partial Hospitalization	Lack of Communication between DCF and Provider	1
Dental or Orthodontic Services	Delay in Referral	2
Dental Screening/Evaluation	Delay in Referral	6
Dental Screening/Evaluation	No Service Identified to Meet this Need	3
Dental Screening/Evaluation	UTD from narrative	1
Dental Screening/Evaluation	Lack of Communication between DCF and provider	1
Developmental Screening or Evaluation	No Service Identified to Meet this Need	1
Domestic Violence Services for Perpetrators	Client Refusing	3
Domestic Violence Services for Perpetrators	Placed on Wait List	1
Domestic Violence Services for Victims	Client Refusing	3
Domestic Violence Services for Victims	Service Deferred Pending Completion of Another	1
Domestic Violence Services for Victims	Delay in Referral	1

Service Need	Barrier	Frequency
Domestic Violence Services Prevention Programs	Placed on Wait List	1
Drug/Alcohol Testing - Parent	Client Refusing	2
Drug/Alcohol Testing - Parent	Lack of Communication between DCF and Provider	1
Educational Screening or Evaluation	Delay in Referral	3
Educational Screening or Evaluation	Service Deferred Pending Completion of Another	2
Family Preservation Services	Delay in Referral	1
Family Preservation Services	Client Refusing	1
Family Reunification Services	Client Refusing	1
Family Reunification Services	Delay in Referral	1
Family/Marital Counseling	Client Refused	7
Flex Funds for Basic Needs	Delay in Referral	1
Flex Funds for Basic Needs	Service Deferred pending Completion of Another	1
Foster Care Support	Delay in Referral	1
Foster Parent Training	UTD from Case Plan or Narrative	1
Group Counseling - Child	Provider Issues - Staffing, lack of follow through	1
Group Counseling - Child	Client Refusing	1
Group Counseling - Parents	Client Refusing	1
Group Home	Referred Service is Unwilling to Engage Client	2
Group Home	No Slots Available	1
Group Home	Service Deferred Pending Completion of Another	1
Head Start	No Service Identified to Meet this Need	1
Health/Medical Screening or Evaluation	Delay in Referral	4
Health/Medical Screening or Evaluation	Lack of Communication between DCF and Provider	1
Health/Medical Screening or Evaluation	UTD from Case Plan or Narrative	1
Housing Assistance - Section 8	Client Refusing	1
Housing Assistance - Section 8	Placed on Wait List	1
Individual Counseling - Child	Client Refusing	6
Individual Counseling - Child	Delay in Referral	2
Individual Counseling - Child	Referred Service is Unwilling to Engage Client	1
Individual Counseling - Child	Placed on Wait List	1
Individual Counseling - Child	Provider Issues - Staffing, lack of follow through	1
Individual Counseling - Parents	Client Refusing	11
Individual Counseling - Parents	Insurance Issues	1
Individual Counseling - Parents	Service Does Not Exist In the Community	1
Individual Counseling - Parents	No Service Identified to Meet this Need	1
In-Home Parent Education and Support	Client Refusing	6
In-Home Parent Education and Support	No Service Identified to Meet this Need	2
In-Home Parent Education and Support	Delay in Referral	2
In-Home Treatment	No Service Identified to Meet this Need	2
In-Home Treatment	Provider Issues - Staffing, lack of follow through	1
Inpatient Substance Abuse Treatment - Parent	Client Refused Service	1
Inpatient Substance Abuse Treatment - Parent	Insurance Issues	1
Job Coaching/Placement	No Service Identified to Meet this Need	1
Life Skills Training	Provider Issues - Staffing, lack of follow through	1
Life Skills Training	Placed on Wait List	1
Life Skills Training	Delay in Referral	1
Matching/Placement/Processing (includes ICO)	Approval Process	1
Medically Fragile Supports/Services	No Service Identified to Meet this Need	1
Medication Management - Parent	Client Refusing	1
Medication Management - Parent	Insurance Issue	1
Medication Management - Parent	Lack of Communication between DCF and Provider	1
Mental Health Screening/Evaluation - Child	Delay in Referral	1
Mental Health Screening/Evaluation - Child	Client Refusing	1
Mental Health Screening/Evaluation - Parent	Client Refusing	3
Mentoring	Delay in Referral	2
Mentoring	Placed on Wait List	2
Mentoring	Service Deferred Pending Completion of Another	1

Service Need	Barrier	Frequency
Other In-Home Service - Mother's Support Group	Provider Issues - Staffing, lack of follow through	1
Other Medical - ARG Assessment	Lack of Communication between DCF and Provider	1
Other Medical - Assessment of cyst and fibromyalgia (child)	Lack of Communication between DCF and Provider	1
Other Medical - Glasses Needed	Client Refusing	1
Other Medical - Mother's surgery	Service Deferred Pending Completion of Another	1
Other Medical - Mother's treatment for Hepatitis C	Client's inconsistency in attending to medical needs	1
Other Medical - Obesity	Under Assessment	1
Other Medical - Obesity	Provider Issues - Staffing, lack of follow through	1
Other Medical - Ophthalmologist (Lazy Eye)	Insurance Issue	1
Other Mental Health Treatment - Neuropsychological	Unable to Determine from Case Plan or Narrative	1
Other Mental Health Treatment - Trauma Therapy	Provider Issues - Staffing, lack of follow through	1
Other Mental Health Treatment - Trauma Work	No Service Identified to Meet this Need	1
Other OOH Service - Acquiring Redacted Birth Certificate	Lack of Communication between DCF and DPH	1
Other OOH Service - Life Long Family Ties	Delay in Referral	1
Other OOH Service - Residential Patient Advocacy/Milieu Supervision	Provider Issues - Staffing, lack of follow through	1
Other State Agency	Service Deferred Pending Completion of Another	1
Other State Agency	Referred Service is Unwilling to Engage Client	1
Other State Agency	Lack of Communication between DCF and Provider	1
Outpatient Substance Abuse Treatment - Parent	Client Refusing	7
Outpatient Substance Abuse Treatment - Parent	Delay in Referral	1
Outpatient Substance Abuse Treatment - Parent	Placed on Wait List	1
Parenting Classes	Placed on Wait List	2
Parenting Classes	Client Refusing	1
Preparation for Adult Living Services	Placed on Wait List	1
Provider Contacts	Delay in Referrals	6
Provider Contacts	Lack of Communication between DCF and Provider	4
Relapse Prevention Program - Child	Client Refusing	1
Relapse Prevention Program - Parent	Client Refusing	1
Sex Abuse Evaluation	Delay in Referral	1
Sexual Abuse Therapy - Victim	Delay in Referral	1
Social Recreational Program	Client Refusing	1
Substance Abuse Screening - Child	Client Refusing	1
Substance Abuse Screening - Parent	Client Refusing	3
Supervised Visitation	Client Refusing	1
Supervised Visitation	Delay in Referral	1
Supportive Housing for Recovering Families	Client Refused	1
SW/Child Visitation	Delay by SW	6
SW/Child Visitation	Client Refusing	1
SW/Child Visitation	UTD from Case Plan or Narratives	1
SW/Child Visitation	Visits document indicate little engagement	1
SW/Parent Visitation	Delay by SW	3
SW/Parent Visitation	Client Refusing	2
SW/Parent Visitation	UTD from Case Plan or Narratives	1
Therapeutic Foster Care	No Slots Available	1
Youth Shelter/STAR	No Slots Available	1
		217

Of the 36 cases in which there was a prior SDM conducted for the prior case plan development, 21 cases, (58.3%) had a similar or identical priority need as cited by the Court Monitor's reviewer at this review.

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

Unmet Needs Indicated?	Frequency	Percent	Valid Percent
Yes	21	39.6%	58.3%
No	15	28.3%	41.6%
N/A	11	20.8%	
N/A - there are no unmet needs	6	11.3%	
Total	53	100.0%	

Looking forward, reviewers examined the approved Case Plan to determine if the plan incorporated existing needs and addressed the barriers to service provision that were identified, incorporating SDM, and all of the key stakeholder input. The following tables provide information related to that effort which indicates a slight improvement from last quarter in which less than half of the plans, or 47.2%, had documents which reflected action steps appropriately identified for all priority needs and services discussed at the ACR or family conference. This quarter found that 54.7% of the plans incorporated appropriate action steps to address the discussed unmet needs.

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

Unmet Needs Incorporated into Action Steps?	Frequency	Percent
Yes - All	29	54.7%
Yes - Partially	21	39.6%
No - None	0	0.0%
N/A - There were no unmet needs identified	3	5.7%
Total	53	100.0%

This quarter, reviewers found 52 issues within 21 case plans in which they felt there was a lack of identification of a need noted during the period and/or discussed at the ACR and, that the resulting case plan did not address those needs with appropriate assessment or action steps.

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

Service Need	Barrier	Frequency
Dental Screenings or Evaluations	No Service Identified to Meet the Need	5
Dental or Orthodontic Services	No Service Identified to Meet the Need	1
Life Skills Training	No Service Identified to Meet the Need	1
Domestic Violence Services for Victims	No Service Identified to Meet the Need	1
Educational Screening or Evaluation	No Service Identified to Meet the Need	1
Job Coaching/Placement	No Service Identified to Meet the Need	1
Health/Medical Screening or Evaluation	No Service Identified to Meet this Need	3
Health/Medical Screening or Evaluation	Delay in Referral	1
Drug & Alcohol Education - Parent	No Service Identified to Meet this Need	1
Flex Funds for Basic Services	No Service Identified to Meet this Need	1
Flex Funds for Basic Services (to provide father social/recreational visitation in community)	UTD from Case Plan or Narrative	1
In Home Parent Education and Support	No Service Identified to Meet this Need	2
Medically Fragile Supports/Services	No Service Identified to Meet this Need	1
Substance Abuse Screening - Parent	No Service Identified to Meet this Need	1
Inpatient Substance Abuse Treatment - Parent	Delay in Referral	1
Outpatient Substance Abuse Treatment - Parent	Lack of Communication Between DCF and Providers	1
Individual Counseling - Parent	Client Refusing	1
Individual Counseling - Parent	No Service Identified to Meet this Need	3
In-Home Treatment	No Service Identified to Meet this Need	1
Matching/Placement Processing (includes ICO)	No Service Identified to Meet this Need	1
Maintaining Family Ties	Service Deferred Pending Completion of Another	1
Medication Management - Parent	Lack of Communication between DCF and Provider	1
Mental Health Screening or Evaluation - Parent	No Service Identified to Meet this Need	2
Mentoring	No Service Identified to Meet this Need	2
Mentoring	Delay in Referral	2
Mentoring	Lack of Communication between DCF and Provider	1
Parenting Classes	No Service Identified to Meet this Need	1
Other Mental Health Service - Parent (Trauma Therapy)	No Service Identified to Meet this Need	1
Other Medical Intervention - Genetic Testing	No Service Identified to Meet this Need	1
Other Medical Intervention - Obesity Concerns	Medication Regime	1
Other Medical Intervention - Specialist	Deferred Pending Completion of Another Service	1
Other OOH Services - Follow Up on DDS Referral	Lack of Communication between DCF and Provider	1
Provider Contacts	Lack of Communication between DCF and Provider not Addressed	4
Psychiatric Evaluation - Parent	No Service Identified to Meet this Need	1
ARG/AAG Consultation	UTD from Case Plan or Narrative	1
SW/Child Visitation	Client Refusing	1
SW/Parent Visitation	Client Refusing	1
		52

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

Needs Not Identified on Case Plan?	Frequency	Percent
Yes	21	39.6%
No	32	60.4%
Total	53	100.0%

Appendix 1

Stipulation Regarding Outcome Measure 3 and 15
Target Cohorts

Stipulation Regarding Outcome Measure 3 and 15 -Target Cohorts[*]

The Target Cohorts shall include the following:

1. All children age 12 and under placed in any non-family congregate care settings (excluding children in SAFE Homes for less than 60 days);

2. All children who have remained in any emergency or temporary facility, including STAR homes or SAFE homes, for more than 60 days;

3. All children on discharge delay for more than 30 days in any nonfamily congregate care setting, with the exception of in-patient psychiatric hospitalization;

4. All children on discharge delay for more than seven days that are placed in an inpatient psychiatric hospital;

5. All children with a permanency goal of Another Planned Permanent Living Arrangement ("APPLA");

6. All children with a permanency goal of adoption who have been in DCF custody longer than 12 months for whom a petition for termination of parental rights (TPR) for all parents has not been filed, and no compelling reason has been documented for not freeing the child for adoption;

7. All children with a permanency goal of adoption and for whom parental rights have been terminated (except those who are living in an adoptive home with no barrier to adoption and are on a path to finalization); and

8. All children with a permanency goal of reunification who have been in DCF custody longer than 12 months and have not been placed on a trial home reunification, or have not had an approved goal change.

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

Appendix 2

Rank Scores For
Outcome Measure 3 & Outcome Measure 15
Fourth Quarter 2010

Case Summaries for Fourth Quarter 2010 Outcome Measure 3

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

What is the social worker's area office assignment?		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
Hartford	1	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate
	2	Optimal	Very Good	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Not Appropriate
	3	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Not Appropriate
	4	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate
	5	Optimal	Very Good	Optimal	Marginal	Very Good	Very Good	Very Good	Marginal	Not Appropriate
	6	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good	Appropriate

What is the social worker's area office assignment?		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	Optimal	Very Good	Marginal	Very Good	Very Good	Optimal	Marginal	Very Good	Not Appropriate
	2	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate
	3	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate
	4	Very Good	Optimal	Very Good	Marginal	Marginal	Very Good	Marginal	Optimal	Not Appropriate
	5	Optimal	Optimal	Marginal	Very Good	Very Good	Very Good	Very Good	Marginal	Appropriate
Meriden	1	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Marginal	Very Good	Appropriate
	2	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	Not Appropriate

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

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

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

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/ Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Torrington	1	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Appropriate
	2	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Appropriate
Waterbury	1	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate
	2	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate
	3	Optimal	Optimal	Marginal	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate
	4	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Appropriate
Willimantic	1	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate
	2	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Appropriate
	3	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal	Not Appropriate
Total	N	53	53	53	53	53	53	53	53	53

Case Summaries for Fourth Quarter 2010 Outcome Measure 15

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

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

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

What is the social worker's area office assignment?		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Waterbury	1	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Needs Met
	2	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Optimal	Very Good	Needs Met
	3	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
	4	Optimal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	N/A to Case Type	Optimal	Needs Met
Willimantic	1	N/A to Case Type	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
	2	N/A to Case Type	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Needs Not Met
	3	Poor	N/A to Case Type	N/A to Case Type	Poor	N/A to Case Type	Poor	Optimal	Very Good	Marginal	N/A to Case Type	Very Good	Needs Not Met
Total	N	25	33	33	53	35	53	53	53	52	31	47	53

Appendix 3

Commissioner's Highlights from
Department of Children & Families
Fourth Quarter 2010 Exit Plan Report

Commissioner's Highlights
Fourth Quarter 2010 Exit Plan Report

When Governor Malloy appointed me to serve as commissioner of the Department of Children and Families in November, he made it clear that one of his primary goals is to end the federal court oversight of Connecticut's child welfare system. Now as I write this message for the first *Juan F.* Exit Plan Quarterly Report issued since I began two months ago, I am encouraged and confident that we will fulfill the Governor's expectation and attain the goal we all share: a vastly improved Connecticut response to strengthening families and enhancing child well-being. There are many factors that contribute to this sense of optimism.

Children's Rights, the legal representatives of the plaintiffs, the Court Monitor, and my leadership team have forged a respectful and open relationship. The adversarial tone that hampered previous efforts to advance the process of exiting *Juan F.* has been replaced by an air of aligned objectives; all sides want to reform Connecticut's response to children and families and all acknowledge that the Exit Plan needs to end in the not-distant future. We all agree that children's needs must be met, that more children in care must be placed with relatives, that children must experience permanency whenever possible, and that congregate placements should be effective (in helping overcome barriers to living with a family) and time limited. Together, all sides are examining modifications to the methodology for measuring Outcome Measure 3 (Treatment Plans) and Outcome Measure 15 (Needs Met) so that the process better supports an effective focus on areas needing improvement as well as a recognition of areas of strength to sustain and build upon.

In addition to this commitment to achieve common goals, I am confident that major restructuring of the Department will make it more responsive to families and children, less bureaucratic, and more effective. No one believes the Department lacks resources to get the job done. The issue is how we use our resources and how we organize our operations. We are now engaged in a period of systematic agency analysis, restructuring and realignment designed to support our work and dramatically improve the development of a comprehensive service system for children and their families. These changes involve staff in the Central Office, our regions and our institutions. The changes will not happen all at once. They will require ongoing consultation, with staff and with outside experts who have agreed to assist and support us.

The organizational restructuring already has begun, including the most dramatic change involving supervision of the area offices. At Central Office, existing bureaus will be realigned over the coming months, with the eventual elimination of the Bureau Chief job classification. Whereas previously area offices were lodged within the Bureau of Child Welfare, with multiple levels of supervision above them, the five Service Area Directors now report directly to the Commissioner. The Department has requested the creation of five unclassified Regional Director positions by the Legislature, and we expect this to occur by the close of the session in June. Once positions are established, five high-level Regional Directors will be selected and tasked with implementing a much more comprehensive system of services at the regional and community level. These Regional Directors will have more responsibility, authority and accountability and will report directly to the Commissioner. We expect these individuals will come from both inside and outside the Department, to operate as a team, and to be in position in September 2011. Once this new leadership structure is in place, the current Service Area Director classification will be eliminated, and individuals will be supported to relocate within or outside of the department. Because empowering families requires that we empower our staff, we are strengthening the training academy as the DCF Academy for Workforce Knowledge and Support. The enhanced Academy will expand learning opportunities for both staff and our private agency partners.

On the program side, we will shortly begin operating with three teams rather than bureaus. The Clinical and Community Support and Consultation Team will integrate subject matter expertise across health, nursing, psychiatric, mental health, education, child welfare and substance abuse to support a new comprehensive system of regional services for children and families at the community level. The Child and Systems Development, and Prevention Team will bring together best practices related to child and youth development in a culturally and gender-specific manner. It also will provide leadership in juvenile justice systems work, foster and adoptive support, and expanded investments in prevention.

The facilities -- the Connecticut Juvenile Training School, Riverview Hospital and the Connecticut Children's Place -- will be supervised by the realigned Residential and Institutional Facilities Team. This team also will include responsibility for planning related to secure girls' services and for a move to performance contracting with our private residential treatment partners. A time-limited but detailed analysis is now underway concerning all out-of-state placements along with a review of the mission and structure of both Riverview and the Connecticut Children's Place. We will be seeking two new unclassified positions to lead the new Clinical and Community Support and Consultation Team and the new Residential and Institutional Facilities Team. This also will require legislative action and is expected by June. Interim leadership has been designated for all three operational services teams. Quality assurance and administrative case review staff now lodged in the area offices will return to Central Office over the coming months to improve standardization, efficiency and accountability for service delivery at the regional level.

Managing this change, which will be phased in over the next six months, will be complex. I recognize the need for open communication and we will offer many opportunities to participate in working groups and conversations Our goal is for all children in the care and custody of the Department to be healthy, safe and learning. We want them to experience age-appropriate growth and development, to advance their own special talents, and find opportunities to give back to their communities. We also want them to be successful in and out of school. We need to change the Department culture from one that is focused primarily on safety to one that sees safety as a necessary but not complete component of overall well-being of children. Making well-being the focus of our work will go a long way toward meeting the needs of children, improving our effectiveness and, accordingly, meeting the expectations of the outcome measures, most notably Outcome Measure 15. By advancing the well-being of children we also will be living up to our collective promise to the public to use its resources wisely and to prevent some of the adverse and expensive outcomes we all wish to avoid.

Finally, the most important reason for my optimism is the work I have seen from so many men and women who work at the Department. I have spent the last two months travelling the state to visit staff in our offices and facilities. I have been touched and heartened by the incredible dedication, talent and inventiveness of our staff. Despite the fact that those at the Department are committed to work that is so difficult and so little understood and appreciated, our staff are energized, innovative and thoughtful. I know that -- with the right support from my administration -- we will attain the advances necessary to effectively strengthen families and enhance child well-being.