

***Juan F.* v. Malloy Exit Plan  
Status Report  
April 1, 2017 – September 30, 2017  
Civil Action No. 2:89 CV 859 (SRU)**

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**Highlights**

- The Court Monitor’s findings regarding the 2006 Revised Exit Plan Outcome Measures indicate that the Department maintained compliance with 12 of the 22 measures during the First Quarter 2017 and 15 of 22 measures for the Third Quarter 2017. The summary chart on page 13 provides the overall performances and percentages. Of the measures that did not meet the established standards in these two quarters, the most concerning involve the Department’s investigation practice, case planning process, meeting children and families service needs, appropriate visitation with household and family members of the agency’s in-home cases, and excessive caseloads for Social Work staff.
- A new agreement, 2017 Revised Exit Plan (see Appendix A) has been reached by the parties and ordered by the Court. The major changes in the new agreement include a significant reduction in the number of Outcome Measures, the development of a joint strategic plan by the Commissioner and the Court Monitor, notification to the Court Monitor of any actual or substantive reductions of a material nature in DCF programs, staffing and services pertaining to the Juan F. class, and a change to the Caseload Standard Outcome Measure.

The 2017 Revised Exit Plan agreement was reached after considerable negotiation by the parties. It was made possible due to the sustained progress that DCF has made over the last seven years under Commissioner Katz’s leadership with the ongoing support of the Governor’s Office and the Office of Policy and Management (OPM).

As detailed in prior status reports, the reduction in children placed in restrictive levels of care out of state has been dramatic and this has meant that many more children are being serviced in their own homes and/or communities. The Department has also successfully implemented a family-friendly “considered removal process” that has not only had a great impact on reducing the number of children entering care but has made strides in ensuring that they are placed with family/kin whenever appropriate. The Department has both sustained and made advances in many other areas as well including; timely multi-disciplinary exams for children entering care, family engagement efforts, utilization of a teaming approach for making case decisions, addressing challenges in permanency outcomes, improving discharge efforts for children and youth, continuously updating and improving staff training, and ongoing efforts to address human trafficking. The Department has also expended considerable effort in planning and preparing for a new Comprehensive Child Welfare Information System (CCWIS) to replace the outdated LINK system as well as pursuing alternative funding sources to address gaps in state funding for identified services.

Meeting the challenges that remain within the 2017 Revised Exit Plan will require adequate staffing to allow Social Workers and Social Work Supervisors reasonable caseloads thereby improving their capacity to provide higher quality case management services and oversight to children and families. The Governor’s Office and OPM have

allowed DCF to refill Social Worker and Social Worker Supervisor positions despite a difficult fiscal environment. However, the surge in the number of reports to the Careline and the number of accepted cases has continued and has resulted in over 100 staff exceeding the maximum caseload and approximately 600 others holding caseload levels that make it extremely difficult to meet the needs of the families and children they serve. At this point, roughly 120 additional staff would be required to meet the standards set in the new *Juan F.* agreement. In addition, the agency will be required to further pursue opportunities to shift dollars to the most effective interventions based on outcome data available through the Results Based Accountability (RBA), Provider Information Exchange (PIE), and other Quality Assurance reports. Finally, there will need to be focused efforts to address areas needing improvement identified by both the Court Monitor's and DCF's internal ongoing reviews; and this will be part of the Strategic Plan being developed as part of the new agreement. These areas include: formalized risk assessment efforts, case planning, Social Work Supervisor competencies, family engagement efforts especially with non-custodial parents, adequate levels of community-based resources, purposeful and consistent visitation, adequate foster care resources, timely and accurate data entry etc.

As reported previously, meetings between the *Juan F.* parties resulted in an *agreement on a 2016 Revised Exit Plan*.

- The parties submitted a proposed 2016 Revised Exit Plan for the Court's consideration on September 2016.
- The Court reviewed the proposed 2016 Revised Exit Plan on September 28, 2016 and expressed support.
- The State requested the Court's formal approval be delayed until the Plan could be submitted for approval by the Connecticut General Assembly pursuant to Connecticut General State Section 3-125a.
- The agreement was rejected by the General Assembly on February 1, 2017
- On February 1, 2017, acting under the 2005 Revised Monitoring Order the Plaintiffs provided notice of actual or likely non-compliance with the *Juan F.* 2006 Revised Exit Plan.
- Under the terms of that Order, the parties are to confer for 30 days and see if they can resolve the issues of noncompliance.
- On February 10, 2017, a Status Conference was held. The parties indicated to the Court that they would attempt to mediate the issues of noncompliance with the assistance of the Court Monitor.
- The parties agreed to extend the 30-day timeframe for mediation.
- On March 23, 2017, the parties determined that they could not reach an agreement on the issues related to the alleged non-compliance and that the Court Monitor should and could issue his own findings, conclusions and recommendations to the Court for proposed modification of the 2006 Revised Exit Plan. The parties expressly consented to and waived any objections to the Court Monitor serving in this capacity and further agreed that his doing so would not be raised as an objection to any role he is presently performing or may in the future perform with

respect to the litigation. In furtherance of this undertaking, the parties agreed that the Court Monitor should and could conduct joint and/or ex parte discussions with the parties as the Court Monitor deems necessary in formulating such recommendations to the Court as he deems appropriate. The parties expressly consented to and waived any objections to the Court Monitor serving in this capacity and further agreed that his doing so would not be raised as an objection to any role he is presently performing or may in the future perform with respect to the litigation.

- The Court Monitor submitted his findings, conclusions, and recommendations to the Court on May 1, 2017.
  - Both parties submitted written briefs to the Court.
  - On May 30, 2017, Judge Stephen R. Underhill referred the case to Magistrate Judge Holly B. Fitzsimmons for Settlement.
  - Following a period of negotiation by Magistrate Judge Holly B. Fitzsimmons with the parties reached a new agreement. The new agreement titled 2017 Revised Exit Plan was signed and ordered by the Court on December 13, 2017.
- The 2017 Revised Exit Plan provides a new framework to assist the Department in a taking a progressive approach to improving performance on the key Outcome Measures of OM 3-Case Planning and OM 4-Needs Met. The agreement will now focus attention on the individual domains for each measure. The agreement allows the Department to pre-certify for compliance on an individual domain basis. This was not previously the case. By focusing on individual domains the Department can better identify the many strengths in its practice and also work on specific strategies to address areas of concern. The Strategic Plan being developed jointly by Commissioner Katz and the Court Monitor will identify multiple approaches to build on existing strengths while addressing known areas needing improvement.

The 2017 Revised Exit Plan requires the Department to be compliant at 90% for two quarters for an individual domain in Outcome Measure 3-Case Planning. It requires the Department to be compliant at 85% for 2 consecutive quarters for an individual domain for Outcome Measure 4-Needs Met.

Based on the data from this review period 5 of the 11 Outcome Measure 3-Case Planning domains are very close to the target set for pre-certification and 6 of the 11 Outcome Measure 4-Needs Met are now formally pre-certified (see page 17 for additional discussion).

Service needs noted through this methodology, other review activities and discussions with staff and stakeholders indicate that services that are not readily available in areas of the state include: in-home services, domestic violence services, mentoring, substance abuse services, supportive housing vouchers, foster and adoptive resources, and outpatient mental health services.

As with prior reports, the reported barrier to appropriate service provision was the result of client refusal, wait-lists and internal provider issues, or the lack of referral/delayed

referrals. As previously reported, interviews and e-mail exchanges with Social Workers and Social Work Supervisors continue to indicate that some percentage of the categories of “lack of referral” or “delayed referral” is due to staff having knowledge that certain services are not readily available. Thus, the number of cases with unmet needs due to waitlists and provider issues is understated.

- Although the automated reporting indicates that the Department has achieved compliance with the timing component of Outcome Measure 1 and 2 (Commencement of Investigation and Completion of Investigation) previous sampling confirmed that issues exist regarding the quality of the investigative work. These areas include: timely assessment utilizing the Structured Decision Making model (SDM), family and collateral contacts, supervision, and documentation. The Department has continued an ongoing statewide investigation review utilizing their own QA process in each office. The Regional Administrators have recently requested that the Court Monitor conduct further sampling to assist in confirming the gains being reported by their regional staff. Plans are in progress to begin a new round of sampling reviews.
- For many years, the Department has utilized Structured Decision Making (SDM) as the formal means to assess the families it serves. There are a number of evidence-based tools required to be completed through engagement of the family at various points of the Department’s intervention. The quality of the Department’s assessment activities is a major part of the core of the work that is performed and is a key component to the process of case planning. As detailed routinely in the reports to the Court, the Department’s consistency and reliability in using this approach has been questioned. Sampling reviews have noted that formal assessment is not being performed timely or adequately in many cases. That is not to say that informal assessment has not occurred in many cases, but rather that informal assessment is prone to being influenced by individual bias, varied application of relevant standards and can be fairly unreliable across the agency. DCF has embarked on a focused recommitment to SDM and its principles and is working with the Children’s Research Center to both revise the tools and ready a new training and mentoring for staff. At the time of this report the Department has reviewed and recommended changes to SDM Careline Assessment.
- The *Juan F.* certified class includes youth who are dually committed (abuse/neglect and delinquent). Dating back to the original Consent Decree and throughout the period of the governing 2004 Exit Plan (and as modified) these youth have been part of monitoring and performance reviews conducted by the Court Monitor. All sampling of individual cases and system wide data runs include these youth and the Court Monitor has had full access to DCF staff and records.

Since the filing of my last report, the legislature has passed Public Act 17-02 and SB1502. Transferring juvenile services from DCF to the Judicial Branch (Court Support Services Division). Both the Special Master, Magistrate Judge Holly B. Fitzsimmons and the presiding Judge, Judge Stefan R. Underhill confirmed that the recently signed and court ordered 2017 Revised Exit Plan continues to apply to class members who receive placements, case management, and services from any successive Connecticut

state agencies that provide applicable placement, case management and services to class members.

The effective transfer is not scheduled to take place until well into 2018. Discussions will ensue to help ensure that a smooth transition occurs, and to ensure that the Court Monitor has timely access to staff, data, and records that are required to report on the Exit Plan performance for those class members serviced by the Judicial Branch.

- Outcome Measure 18 (Caseload Standards) has not been met in the last nine (9) quarters. Sufficient staffing and community resources must be utilized in conjunction with the implementation of significant practice improvements that are also required. Improving the Department's efforts in areas like formal assessments, purposeful visitation, effective supervision, service provision, care coordination, and case planning require adherence to best practice standards and protocols as well as sufficient staffing and services. As of the writing of this report, there are:
  - 117 Social Workers over the 100% caseload limit. Last month there were 97 Social Workers over 100%. This number has continued to rise since the beginning of the school year (September) when the number of reports began to spike.
  - 42 Social Workers over the 100% limit for 25 or more days.
  - More than 600 Social Workers have caseloads of more than 80% of the maximum limit.
  - Approximately 67% of the Intake Workers are carrying 12 or more cases at this time.
  - Approximately 62% of the Ongoing Social Workers are over 80% of the maximum caseload limit.
  - The current utilization rate which is defined as the average caseload of all caseload carrying Social Workers is 85.46%.

The 2016 Time Study conducted by the Court Monitor indicated that as caseloads exceed 75% of the caseload standard workload severely impacts the quality and quantity of service provision. The Department currently requires 1201 Social Workers to achieve a 75% average utilization. There are currently 1054 Social Workers that have caseload assignments. Taking into account vacancies waiting to be filled and staff already hired, an additional 101 Social Worker and 8 Social Worker Supervisor positions would need to be established to reach 75% average utilization.

- Since July 2017, the Department has been receiving technical assistance from the Harvard Kennedy School, Government Performance Lab (GPL) and through the *Enhanced Service Coordination Project*. They have launched the development of a coordinated and more data-driven method to refer families to services. The goal is to allow the Department to achieve the revised OM3 and OM4 standards of the 2017 Revised Exit Plan through more efficient use of the Department's existing resources and development of data reporting structures to inform where existing resources/funding could be better directed based on actual use patterns and outcomes data.

There are various issues noted repeatedly with DCF's service referral processes that have made it difficult to determine the value of various service types and the quantity that is needed to reach the Needs Met goal. Social workers will often make referrals based on non-value added factors like what is available as opposed to what is needed, their trust and confidence in a specific contractor, or advice given to them by a peer, instead of assessing needs based on clinical or other objective criteria. Workers will repeatedly state they would rather refer families to the right provider than a service type. Through this technical assistance, DCF has launched the *Enhanced Service Coordination Project* to address some of the recurring themes that arise in the process of service matching and referrals by testing some standardized approaches and tools to their internal screening and service referral processes. Following several rounds of focus groups with Central Office staff and throughout the six (6) regions, there is significant room for improvement that the Department believes will enhance our efforts to meet OM3 (Case Planning) and OM4 (Needs Met) with the following recurring themes being noted as areas of challenge statewide:

- Social workers referring clients to contractors for a specific service that isn't part of the vendors contract;
- The need for greater fidelity in the service referral process to ensure that clients are referred to the most appropriate services based on eligibility criteria. This too will help inform outcome results for service types if contractors are receiving referrals for appropriate clients;
- Poor client/service matching inflates use of a service, causing the Department to pay for unneeded capacity;
- Conversely there are other adverse impacts in this process where clients with real need for a particular service can be rejected due to a lack of capacity, resulting in the rejected family's needs not being met.

A family that is correctly matched for services, has a higher probability of success and a reduced risk of re-referral to the Department in the future. From a system perspective, the current mismatching of child welfare services provides the Department with very poor data when trying to make adjustments to our service network and determine what is really working. This results in missed opportunities to repurpose funding or focus funding on what works to ensure we are meeting families' needs. Through the utilization of five (5) service coordinators, the *Enhanced Service Coordination Project* will help to assess the usage patterns, ensure maximum use of available resources and help to inform decisions around which service types are no longer adding value through data collection and review. The Project will also require that social workers consult with DCF's existing clinical staff, Regional Resource Groups, to help social workers make more clinically informed decisions around which services are the right fit for which clients on a consistent basis. DCF's existing screening and referral process has not been evaluated in a way to assess whether we make good use of our existing clinical staff, which has been identified as a repeated recommendation by the Court Monitor's Office in DCF's efforts to meet OM3 (Case Planning) and OM4 (Needs Met). This initial pilot site for the *Enhanced Service Coordination Project* is Region 5, launched in November, with Region 6 launching next pending the approval of the service coordinator position. The Project will roll-out statewide in 2018 with a focus on DCF's in-home service array.



Finally this work will serve as a pilot for the systems development work needed to inform the new Comprehensive Child Welfare Information System (CCWIS) build for all phases of contract management, service referrals, provider updates, sizing the network, performing needs assessments on an individual and system level, as well as assisting DCF in identifying and collecting meaningful outcome measures. The *Enhanced Service Coordination Project* will give DCF an opportunity to test many of the strategies and principles of an Active Contract Management framework, that will support the Department's efforts to collaborate more effectively to achieve better results for families by better aligning DCF's internal contract management between fiscal, program leads and data/reporting in a more integrated and seamless structure. To sustain the benefits found from this approach of Active Contract Management and validated referrals, CCWIS will solidify the new system design from the benefits found to be meaningful from numerous manual interventions that are being tested through the *Enhance Service Coordination Project*, including the Universal Referral Form, service matching database and LEAN Contract Management.

- Outcome Measure 10 (Sibling Placement) did not meet the measure for either quarter under the definitions set forth in the 2006 Revised Exit Plan. However, with the expansion of the exception group to include sibling groups of three (3) or more siblings that was detailed in previous reports; the review of this cohort indicate that the Department would have met the measure for both the Second Quarter 2017 and Third Quarter 2017.
- The Division of Foster Care's report for July-September 2017 indicates that there are 2004 licensed DCF foster homes. This is a decrease of 59 homes when compared with the previous status report. The number of approved private provider foster care homes is 795 which is a decrease of 8 homes from the previous status report. The number of private provider foster homes currently available for placement is 76.
- The number of children with the goal of Other Planned Permanent Living Arrangement (OPPLA) continued to decrease over the last two quarters. As of November 2017, there were 104 children with an OPPLA goal. While this goal is appropriate for some youth, it is not a preferred goal due to its lack of formal permanent and stable relationships with an identified adult support, be it relative or kin. This remains an ongoing point of focus by the Department.
- As of November 2017, there were 89 *Juan F.* children placed in residential facilities. This is an increase of three (3) children compared with May 2017. The number of children residing in residential care for greater than 12 months was 31 which is seven (7) more children than reported in May 2017.
- The Department continues to focus on the number of *Juan F.* children residing and receiving treatment in out-of-state residential facilities. As of December 7, 2017, there are 4 children in DCF custody residing in out-of-state residential facilities.
- The number of children age 12 years old or younger in congregate care as of November 2017 was 20 children which is five (5) more than May 2017. Of the current total, eight

(8) are placed in residential care, six (6) children are placed in group homes, three (3) are placed in a SFIT and 3 are in a shelter.

- As of November 2017, there was one (1) child aged 1 to 5 years of age residing in a group home placement.
- The number of children utilizing Short-term Family Integrated Treatment (SFIT) has increased as the Department has broadened access for referrals from Emergency Mobile Psychiatric Service and others. SFIT is a residential crisis-stabilization program for children ages 12-17 with a goal of stabilizing a youth and their family, guardian or fictive kin to coordinate a reintegration back into the homes. The intended length of stay is 15 days or less. The average length of stay is approximately 16 days (down from 17 days for the previous quarters. The data for April-September 2017 is found below.

<b>Client Status</b>	<b>Q2 SFY 2016</b>	<b>Q3 SFY 2017</b>
	<b>April – June 2017</b>	<b>July –Sept 2017</b>
<b>In-Care at Period Start</b>	53	67
<b>Admitted in Period</b>	83	60
<b>Discharged in Period</b>	69	69
<b>Remaining in Care at Period End</b>	67	58
<b>Episodes Served in Period</b>	136	127
<b>Distinct Clients Served in Period</b>	128	124

- Data source: PIE
- \*PIE tracks length of stay data by months (not days)

- There were 26 youth in STAR/Shelter programs as of November 2017. This is 3 less than the 29 reported in May 2017. Sixteen (61.5% of these youth in STAR programs were in overstay status (>60 days) as of November 2017. There was one child with a length of stay longer than six months as of November 2017.

- The Monitor's quarterly review of the Department for the period of April 1, 2017 through September 30, 2017 indicates that as of the end of the Third Quarter (September 2017) the Department did not achieve compliance with seven (7) measures:
  - Commencement of Investigation (96.8%)<sup>1</sup>
  - Completion of Investigation (89.8%)<sup>2</sup>
  - Case Planning (\*)
  - Placement Within Licensed Capacity (94.0%)
  - Children's Needs Met (\*)
  - Worker-Child Visitation In-Home (N/A)<sup>3</sup>
  - Caseload Standards (93.5%)
  
- The Monitor's quarterly review of the Department for the period of April 1, 2017 through September 30, 2017 indicates the Department has achieved compliance with the following 15 Outcome Measures:
  - Search for Relatives (90.9%)
  - Repeat Maltreatment (6.6%)
  - Maltreatment of Children in Out-of-Home Cases (0.0%)
  - Reunification (65.4%)
  - Adoption (40.9%)
  - Transfer of Guardianship (78.6%)
  - Sibling Placement (86.9%)
  - Re-Entry into DCF Custody (5.6%)
  - Multiple Placements (94.4%)
  - Foster Parent Training (100.0%)
  - Worker-Child Visitation Out-of-Home Cases (96.7% Monthly/99.2% Quarterly)
  - Residential Reduction (2.2%)
  - Discharge of Adolescents (100.0%)
  - Discharge to Adult Services (100.0%)
  - Multi-disciplinary Exams (90.4%)

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<sup>1</sup> Based on sampling of Differential Response cases over two quarters it has been determined that the quality of the investigative work (OM 1 and 2) is not in compliance with the provisions of the Exit Plan.

<sup>2</sup> Based on sampling of Differential Response cases over two quarters it has been determined that the quality of the investigative work (OM 1 and 2) is not in compliance with the provisions of the Exit Plan.

<sup>3</sup> Outcome Measure 17 Worker-Child Visitation In-Home - Current automated reporting indicates the measure as statistically achieved, however this does not accurately reflect performance findings. The Outcome Measure 17 Pre-Certification Review indicated that compliance is not achieved. While DCF reports are numerically accurate based upon the algorithms utilized, user error in selection of narrative entry types, and a failure to demonstrate that workers are meeting the specific steps called for with the definition of 'visit' calls into question the automated report findings. As such, the Monitor will not indicate achievement of the measure based solely on the current reporting.

\*As of 2<sup>nd</sup> Quarter 2017, Outcome Measures 3 and 15 are subject to the reporting requirements of the 2017 Exit Plan Agreement. Full Reporting of individual domains can be found within the report in Tables 1 and 4 of this report at section DCF Court Monitor's Office Case Review for Outcome Measure 3 and Outcome Measure 4 beginning on page 17.

- The Department has maintained compliance for at least two (2) consecutive quarters<sup>4</sup> with 11 of the Outcome Measures reported as achieved this quarter:
  - Search for Relatives
  - Repeat Maltreatment of In-Home Children
  - Maltreatment of Children in Out-of-Home Care
  - Adoption
  - Multiple Placements
  - Foster Parent Training
  - Visitation Out-of-Home
  - Residential Reduction
  - Discharge of Youth (graduated, GED, working, or military)
  - Discharge of Youth (developmentally disabled youth)
  - Multi-disciplinary Exams

A full copy of the Department's Second Quarter 2017 and Third Quarter 2017 submission including the Commissioner's Highlights may be found on page 63.

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<sup>4</sup> 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. Pre-Certification Review-Status Update (April 1, 2017 - December 30, 2017)**

The Department continued to operate under the 2006 Revised Exit Plan (§5), in which the Court Monitor is required to conduct what the parties and the Court Monitor refer to as a “Certification” reviews as follows:

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

In recognition of the progress made and sustained by the Department with respect to a number of Outcome Measures, and the fact that the well-being of the *Juan F.* class members will be promoted by the earliest possible identification and resolution of the any quantitative or qualitative problems affecting class members that may be identified by the review required by Revised Exit Plan (§5), the parties and the Court Monitor agree that it is in the best-interests of the *Juan F.* class members to create a “Pre-Certification” review process. It is expected that this “pre-certification” process may, in certain instances, obviate the need to implement the full certification review for certain outcome measures after sustained compliance is achieved for all Outcome Measures.

The “Pre-Certification” process that parties and the Court Monitor have created, and to which they have agreed, is as follows:

If DCF has sustained compliance as required by the Revised Exit Plan for at least two consecutive quarters (6 months) for any Outcome Measure (“OM”), the Court Monitor may, in his discretion, conduct a “pre-certification review” of that OM (“Pre-Certification Review”). The purpose of the Pre-Certification Review is to recognize DCF’s sustained improved performance, to identify and provide a prompt and timely opportunity to remedy any problem areas that are affecting the well-being of *Juan F.* class members, and to increase the efficiency of DCF’s eventual complete compliance and exit from the Consent Decree.

Other than conducting the Pre-Certification Review earlier than the review mandated by Revised Exit Plan (§5), the Pre-Certification Review will be conducted in accordance with the provision for review as described in the Revised Exit Plan (§5) unless otherwise agreed upon by the parties and the Court Monitor.

If the Pre-Certification Review does not identify any material issues requiring remediation, and no assertions of noncompliance with the specific Outcome Measures(s) at issue are pending at the time Defendants assert sustained compliance with all Outcome Measures, the Parties agree that the full review as per paragraph 5 of the Revised Exit Plan will not be required after the Defendants assert sustained compliance with all Outcome Measures. Upon Defendants’ assertion of sustained compliance with all Outcome Measures, the parties, with the involvement and consent of the Court Monitor, agree to present for the Court’s review,

any agreement to conduct less than the full review process required by Revised Exit Plan (§5) for any specific Outcome Measures, as a proposed modification of the Revised Exit Plan.

Seventeen (17) Outcome Measures have gone through the process of a pre-certification review. Sixteen (16) achieved pre-certified status at the time they were reviewed. During this period of review, Outcome Measure 13 was pre-certified per the agreement of the parties. Additional collaborative review work continues with the Department regarding the two investigation measures OM1 and OM2. As can be seen through a review of the Exit Plan Outcome Measure Chart on page 14, some of the measures pre-certified early in the process had reason for concern given downward trends in outcome measure findings. This information was incorporated into the final 2017 Revised Exit Plan.

<b><i>Juan F.</i> Pre-Certification Review</b>		
<b>Outcome Measure</b>	<b>Statement of Outcome</b>	<b>Status</b>
<b>OM 4: Search for Relatives</b>	If a child(ren) must be removed from his or her home, DCF shall conduct and document a search for maternal and paternal relatives, extended formal or informal networks, friends of the child or family, former foster parents, or other persons known to the child. The search period shall extend through the first six (6) months following removal from home. The search shall be conducted and documented in at least 85.0% of the cases.	Pre-Certified October 2013
<b>OM 5: Repeat Maltreatment of Children</b>	No more than 7% of the children who are victims of substantiated maltreatment during any six-month period shall be the substantiated victims of additional maltreatment during any subsequent six-month period. This outcome shall begin to be measured within the six-month period beginning January 1, 2004.	Pre-Certified* July 2014
<b>OM6: Maltreatment of Children in Out-of-Home Care</b>	No more than 2% of the children in out of home care on or after January 1, 2004 shall be the victims of substantiated maltreatment by substitute caregivers while in out of home care.	Pre-Certified October 2014
<b>OM 7: Reunification</b>	At least 60% of the children, who are reunified with their parents or guardians, shall be reunified within 12 months of their most recent removal from home.	Pre-Certified April 2015
<b>OM 8: Adoption</b>	At least 32% of the children who are adopted shall have their adoptions finalized within 24 months of the child's most recent removal from his/her home.	Pre-Certified January 2013
<b>OM 9: Transfer of Guardianship</b>	At least 70% of all children whose custody is legally transferred shall have their guardianship transferred within 24 months of the child's most recent removal from his/her home.	Pre-Certified January 2013

\* Pre-Certification granted subject to verification of correction to ROM system reporting - release delayed to June 2014.

<b>OM 10: Sibling Placement</b>	At least 95% of siblings currently in or entering out-of-home placement shall be placed together unless there are documented clinical reasons for separate placements. Excludes Voluntary cases and children for whom TPR has been granted.	Pre-Certified April 2015
<b>OM 11: Re-Entry into DCF Care</b>	Of the children who enter DCF custody, seven (7) percent or fewer shall have re-entered care within 12 months of the prior out-of-home placement.	Pre-Certified January 2016
<b>OM 12: Multiple Placements</b>	Beginning on January 1, 2004, at least 85% of the children in DCF custody shall experience no more than three (3) placements during any twelve month period.	Pre-Certified April 2012
<b>OM13: Foster Parent Training</b>	Licensed DCF foster or pre-adoptive parents shall be offered 45 hours of post licensing training within 18 months of initial licensure and at least 9 hours each subsequent year. However relative, special study or independently licensed foster parents require 9 hours of pre service training.	Pre-Certified December 2017
<b>OM 14: Placement within Licensed Capacity</b>	At least 96% of all children placed in foster homes shall be in foster homes operating within their licensed capacity, except when necessary to accommodate sibling groups.	Pre-Certified April 2012
<b>OM 16: Worker/ Child Visitation (Child in Placement)</b>	DCF shall visit at least 85% of all out-of-home children at least once a month, except for probate, interstate, or voluntary cases. All children must be seen by their DCF Social Worker at least quarterly.	Pre-Certified April 2012
<b>OM 17: Worker-Child Visitation (In-Home)</b>	DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases. Definitions and Clarifications: 1. Twice monthly visitation must be documented with each active child participant in the case. Visitation occurring in the home, school or other community setting will be considered for Outcome Measure 17.	Not Pre-Certified January 2012
<b>OM 19: Reduction in the Number of Children Placed in Residential Care</b>	The number of children placed in privately operated residential treatment care shall not exceed 11% of the total number of children in DCF out-of-home care. The circumstances of all children in-state and out-of-state residential facilities shall be assessed after the Court's approval of this Exit Plan on a child specific basis to determine if their needs can be met in a less restrictive setting.	Pre-Certified December 2014
<b>OM 20: Discharge Measures</b>	At least 85.0% of all children age 18 or older shall have achieved one or more of the following prior to discharge from DCF custody: (a) Graduation from High School; (b) Acquisition of GED; (c) Enrollment in or completion of college or other post-secondary training program full-time; (d) Enrollment in college or other post-secondary training program part-time with part-time employment; (e) Full-time employment; (f) Enlistment full-time member of the military.	Pre-Certified September 2011
<b>OM 21: Discharge of Mentally Ill or Developmentally Disabled Youth</b>	DCF shall submit a written discharge plan to either/or DMHAS or DDS for all children who are mentally ill or developmentally delayed and require adult services.	Pre-Certified September 2011
<b>OM22: Multi-Disciplinary Exams</b>	At least 85% of the children entering the custody of DCF for the first time shall have an MDE conducted within 30 days of placement.	Pre-Certified January 2013



## Review of Outcome Measure 3 and Outcome Measure 4 (Formerly Outcome Measure 15) for the Second Quarter 2017 and Third Quarter 2017

The following report reflects progress in achieving the 2017 Revised Exit Plan Outcome Measure 3 requirement. Stated, this requirement is that “Except probate, interstate, and subsidy only cases, appropriate case plans shall be developed as set forth in the “DCF Court Monitor’s Protocol for Outcome Measures 3 and 4” and the accompanying “Directional Guide for Outcome Measures 3 and 4 Reviews” The enforceable domains of this Outcome Measure shall not include the ‘overall score’ domain. The domains for which compliance at 90% or better has been met for a quarter and then sustained for an additional quarter as of the date of this 2017 Revised Exit Plan, shall be considered to have achieved Pre-Certification. There are no domains that currently qualify for Pre-Certification.

Once all of the domains achieve Pre-Certification, then Outcome Measure 3 shall be considered to have achieved Pre-Certification and subject to the process in Paragraphs 10 and 11 hereof as to whether a final review is required in connection with a request to terminate jurisdiction over this action.”

As indicated in the summary, though five domains are very close to the pre-certification standard, there are no domains that held the 90% standard across two quarters. For ease of reference the domain categories are pulled out by quarter and a semi-annual combined status is also provided below:

**Table 1: Quarterly and Six-Month Summary of Domains for Outcome Measure 3**

Quarter	Has the Case Plan been approved by the SWS?	Was the family or child's language needs accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly 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
2 <sup>nd</sup> Quarter 2017	88.7%	81.5%	81.5%	79.6%	55.6%	42.6%	66.7%	67.9%	66.7%	70.4%
3 <sup>rd</sup> Quarter 2017	96.2%	96.2%	88.6%	92.4%	66.0%	47.2%	62.3%	64.7%	56.6%	84.9%
Statewide Six-Month Combined	91.6%	88.8%	85.1%	86.0%	60.7%	44.9%	64.5%	66.3%	61.7%	77.6%

In the Second Quarter 2017, 43 of the 54 case plans and case planning efforts were clearly accommodating of the family's primary language. In the 10 cases the reviewer identified as potentially problematic, nine (9) were undetermined as the case plan was not approved at the time of review and therefore unclear if translation services provided. In one additional case there was no case plan initiated. During the Third Quarter 2017 the issue was much less pronounced with only two (2) of 53 cases identified as undetermined. In total for the six month period, there were eight (8) case plans that were not approved by the Social Work Supervisors or not approved timely per the required policy (Six (6) of these were during the Second Quarter, three (3) during the Third Quarter). It is imperative that case plans are developed and shared with families as the process has always intended.

Tables 2 and 3 reflect the findings for Outcome Measure 3 by case within each Area Office, quarter and domain.

**Table 2: Case Summaries for Outcome Measure 3 - Second Quarter 2017**

	Area Office	Case Type	Has the case plan been approved by the SWS?	Was this case plan approved within 25 days from the ACR or family conference held?	Was the family or child's language needs accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family	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	
Region I	Bridgeport	CPS In-Home	yes	yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	
	Bridgeport	CPS CIP	yes	yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	
	Bridgeport	CPS CIP	yes	yes	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	
	Bridgeport 2nd Qtr %			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	33.3%	100.0%	100.0%	100.0%	100.0%
	Norwalk	CPS In-Home	yes	UTD	yes	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good
	Norwalk	CPS CIP	yes	yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Norwalk	CPS CIP	yes	yes	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Marginal	
	Norwalk 2nd Quarter %			100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	66.7%
	Region I 2nd Quarter %			100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	66.7%	100.0%	100.0%	100.0%	83.3%
	Region II	Milford	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good
Milford		CPS In-Home	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	
Milford		CPS CIP	yes	Yes	yes	Very Good	Optimal	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	
Milford		CPS CIP	yes	Yes	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
Milford 2nd Quarter %			100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	25.0%	100.0%	100.0%	100.0%	
New Haven		CPS CIP	yes	Yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	
New Haven		CPS In-Home	yes	UTD	yes	Optimal	Optimal	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	
New Haven		CPS In-Home	yes	UTD	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
New Haven		CPS CIP	yes	Yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	
New Haven		CPS CIP	yes	Yes	yes	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
New Haven 2nd Quarter %			100.0%	100.0%	100.0%	80.0%	80.0%	80.0%	60.0%	80.0%	40.0%	80.0%	80.0%	
Region II 2nd Quarter %			100.0%	100.0%	100.0%	88.9%	88.9%	66.7%	55.6%	55.6%	66.7%	77.8%	88.9%	
Region III	Middletown	CPS In-Home	yes	UTD	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	
	Middletown	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	
	Middletown 2nd Quarter %			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	
	Norwich	CPS CIP	yes	Yes	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	
	Norwich	CPS CIP	yes	Yes	yes	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	
	Norwich	CPS In-Home	yes	UTD	yes	Optimal	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Optimal	
	Norwich	CPS In-Home	yes	No	N/A-No Approved Case Plan or Meeting Held	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Norwich	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	
	Norwich 2nd Quarter %			100.0%	66.7%	80.0%	100.0%	100.0%	60.0%	40.0%	80.0%	80.0%	100.0%	100.0%
	Willimantic	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
Willimantic	CPS In-Home	yes	UTD	N/A-No Approved Case Plan or Meeting Held	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse		
Willimantic	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good		
Willimantic 2nd Quarter %			100.0%	100.0%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	
Region III 2nd Quarter %			100.0%	83.3%	80.0%	90.0%	90.0%	70.0%	50.0%	80.0%	80.0%	90.0%	90.0%	

	Area Office	Case Type	Has the case plan been approved by the SWS?	Was this case plan approved within 25 days from the ACR or family conference held?	Was the family or child's language needs accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family	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	
Region IV	Hartford	CPS In-Home	no	No	N/A-No Approved Case Plan or Meeting Held	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Hartford	SPM CIP	no	No	N/A-No Approved Case Plan or Meeting Held	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Hartford	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Hartford	CPS CIP	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	
	Hartford	CPS CIP	yes	Yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Hartford	CPS CIP	yes	Yes	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	
	Hartford	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	
	Hartford 2nd Quarter %		71.4%	66.7%	71.4%	71.4%	71.4%	42.9%	57.1%	71.4%	71.4%	57.1%	57.1%	
	Manchester	CPS In-Home	yes	UTD	yes	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal
	Manchester	CPS CIP	yes	Yes	yes	Optimal	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	
	Manchester	CPS CIP	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	
	Manchester	CPS CIP	yes	Yes	yes	Very Good	Marginal	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	
	Manchester 2nd Quarter %		100.0%	100.0%	100.0%	100.0%	75.0%	75.0%	25.0%	50.0%	100.0%	75.0%	75.0%	
	Region IV 2nd Quarter %		81.8%	77.8%	81.8%	81.8%	72.7%	54.5%	45.5%	63.6%	81.8%	63.6%	63.6%	
Region V	Danbury	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	
	Danbury	CPS CIP	yes	yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Very Good	
	Danbury 2nd Quarter %		100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	50.0%	50.0%	100.0%	100.0%	
	Torrington	CPS CIP	no	No	yes	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Torrington	CPS In-Home	no	UTD	N/A-No Approved Case Plan or Meeting Held	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Torrington 2nd Quarter %		0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	Waterbury	CPS CIP	yes	No	N/A-No Approved Case Plan or Meeting Held	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Waterbury	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Waterbury	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Marginal	
	Waterbury	CPS CIP	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal	
	Waterbury	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Marginal	
	Waterbury	CPS CIP	yes	Yes	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	
	Waterbury	CPS In-Home	yes	UTD	N/A-No Approved Case Plan or Meeting Held	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	
	Waterbury 2nd Quarter %		100.0%	75.0%	71.4%	85.7%	85.7%	42.9%	28.6%	14.3%	57.1%	42.9%	42.9%	
Region V 2nd Quarter %		81.8%	83.3%	72.7%	72.7%	72.7%	36.4%	27.3%	54.5%	45.5%	45.5%	45.5%		
Region VI	Meriden	CPS CIP	yes	Yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Meriden	CPS In-Home	UTD	UTD	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	Meriden 2nd Quarter %		100.0%	100.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	
	New Britain	CPS CIP	no	No	N/A-No Approved Case Plan or Meeting Held	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	New Britain	CPS CIP	no	No	N/A-No Approved Case Plan or Meeting Held	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	New Britain	CPS In-Home	yes	UTD	yes	Optimal	Very Good	Marginal	Marginal	Very Good	Too early to note progress	Marginal	Very Good	
	New Britain	CPS CIP	yes	Yes	yes	Optimal	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	
	New Britain	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Poor	Very Good	
	New Britain 2nd Quarter %		60.0%	66.7%	60.0%	60.0%	60.0%	20.0%	0.0%	60.0%	25.0%	20.0%	60.0%	
	Region VI 2nd Quarter %		66.7%	50.0%	57.4%	57.1%	57.1%	28.6%	14.3%	57.1%	33.3%	28.6%	57.1%	
Statewide 2nd Quarter OM 3 %		88.7%	80.0%	81.5%	81.5%	79.6%	55.6%	42.6%	66.7%	67.9%	66.7%	70.4%		

**Table 3: Case Summaries for Outcome Measure 3 - Third Quarter 2017**

	Area Office	Case Type	Has the treatment plan been approved by the SWS?	Was case plan approved within 25 days from the ACR or family conference held?	Was the family or child's language needs accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family	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	
Region I	Bridgeport	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	
	Bridgeport	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Bridgeport	CPS In-Home	yes	UTD	yes	Marginal	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Marginal	
	Bridgeport	CPS CIP	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	
	<b>Bridgeport 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>75.0%</b>	<b>100.0%</b>	<b>25.0%</b>	<b>25.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>75.0%</b>
	Norwalk	CPS In-Home	yes	UTD	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good
	Norwalk	CPS CIP	yes	No	yes	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse
<b>Norwalk 3rd Quarter %</b>			<b>100.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	
<b>Region I 3rd Quarter %</b>			<b>100.0%</b>	<b>66.7%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>83.3%</b>	<b>33.3%</b>	<b>33.3%</b>	<b>50.0%</b>	<b>83.3%</b>	<b>50.0%</b>	<b>66.7%</b>	
Region II	Milford	CPS CIP	yes	Yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Milford	CPS CIP	yes	Yes	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	
	Milford	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	
	Milford	CPS In-Home	yes	UTD	yes	Marginal	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal	Marginal	
	Milford	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	
	<b>Milford 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>80.0%</b>	<b>100.0%</b>	<b>80.0%</b>	<b>40.0%</b>	<b>80.0%</b>	<b>60.0%</b>	<b>60.0%</b>	<b>80.0%</b>
	New Haven	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	
	New Haven	CPS In-Home	no	No	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	
	New Haven	CPS CIP	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	
	New Haven	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Optimal	
	<b>New Haven 3rd Quarter %</b>			<b>75.0%</b>	<b>66.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>25.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>100.0%</b>
<b>Region II 3rd Quarter %</b>			<b>88.9%</b>	<b>83.3%</b>	<b>100.0%</b>	<b>88.9%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>33.3%</b>	<b>66.7%</b>	<b>55.6%</b>	<b>33.3%</b>	<b>88.9%</b>	
Region III	Middletown	SPM CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	
	Middletown	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Too early to note progress	Very Good	Very Good	
	<b>Middletown 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>100.0%</b>
	Norwich	CPS CIP	yes	Yes	yes	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good	
	Norwich	CPS CIP	yes	Yes	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Norwich	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	
	Norwich	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	Norwich	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Very Good	Very Good	
	<b>Norwich 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>60.0%</b>	<b>80.0%</b>	<b>60.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	Willimantic	CPS In-Home	yes	UTD	yes	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	
	Willimantic	CPS CIP	yes	Yes	yes	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	
Willimantic	CPS CIP	yes	Yes	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good		
<b>Willimantic 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>66.7%</b>	<b>100.0%</b>	
<b>Region III 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>90.0%</b>	<b>80.0%</b>	<b>60.0%</b>	<b>70.0%</b>	<b>77.8%</b>	<b>80.0%</b>	<b>100.0%</b>	
Region IV	Hartford	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	
	Hartford	CPS CIP	yes	Yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	
	Hartford	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	
	Hartford	CPS In-Home	yes	UTD	yes	Optimal	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal	Very Good	
	Hartford	CPS CIP	yes	Yes	yes	Marginal	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal	Poor	
	Hartford	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	
	<b>Hartford 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>83.3%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>33.3%</b>	<b>50.0%</b>	<b>33.3%</b>	<b>16.7%</b>	<b>83.3%</b>
	Manchester	CPS CIP	yes	Yes	yes	Optimal	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	
	Manchester	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Marginal	
	Manchester	CPS In-Home	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	
	Manchester	CPS CIP	yes	Yes	yes	Optimal	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	
<b>Manchester 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>75.0%</b>	<b>25.0%</b>	<b>50.0%</b>	<b>50.0%</b>	
<b>Region IV 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>90.0%</b>	<b>100.0%</b>	<b>70.0%</b>	<b>40.0%</b>	<b>60.0%</b>	<b>30.0%</b>	<b>30.0%</b>	<b>70.0%</b>	

	Area Office	Case Type	Has the treatment plan been approved by the SWS?	Was case plan approved within 25 days from the ACR or family conference held?	Was the family or child's language needs accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family	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	
Region V	Danbury	CPS In-Home	yes	UTD	yes	Optimal	Optimal	Optimal	Marginal	Very Good	Optimal	Very Good	Very Good	
	Danbury	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	
	<b>Danbury 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>100.0%</b>
	Torrington	CPS CIP	yes	Yes	yes	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	
	Torrington	CPS In-Home	no	No	N/A-No Approved Case Plan or Meeting Held	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	
	<b>Torrington 3rd Quarter %</b>			<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>
	Waterbury	CPS In-Home	yes	Yes	yes	Very Good	Optimal	Very Good	Very Good	Very Good	Too early to note progress	Very Good	Optimal	
	Waterbury	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	
	Waterbury	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	
	Waterbury	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	
	Waterbury	CPS CIP	yes	Yes	yes	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Optimal	
	Waterbury	CPS In-Home	yes	UTD	N/A-No Approved Case Plan or Meeting Held	Very Good	Optimal	Marginal	Marginal	Marginal	Marginal	Very Good	Very Good	
	Waterbury	CPS In-Home	yes	UTD	yes	Poor	Marginal	Marginal	Poor	Very Good	Poor	Very Good	Very Good	
	<b>Waterbury 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>85.7%</b>	<b>85.7%</b>	<b>85.7%</b>	<b>71.4%</b>	<b>42.9%</b>	<b>57.1%</b>	<b>66.7%</b>	<b>85.7%</b>	<b>100.0%</b>
<b>Region V 3rd Quarter %</b>			<b>90.9%</b>	<b>90.9%</b>	<b>81.8%</b>	<b>81.8%</b>	<b>81.8%</b>	<b>72.7%</b>	<b>36.4%</b>	<b>54.5%</b>	<b>60.0%</b>	<b>72.7%</b>	<b>90.9%</b>	
Region VI	Meriden	CPS In-Home	yes	UTD	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	
	Meriden	CPS CIP	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	
	<b>Meriden 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	
	New Britain	CPS CIP	yes	Yes	yes	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	
	New Britain	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	New Britain	CPS In-Home	yes	UTD	yes	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	
	New Britain	CPS CIP	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	
	New Britain	CPS In-Home	yes	UTD	yes	Optimal	Very Good	Marginal	Marginal	Optimal	Very Good	Very Good	Very Good	
	<b>New Britain 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>60.0%</b>	<b>80.0%</b>	<b>60.0%</b>	<b>100.0%</b>	<b>60.0%</b>	<b>100.0%</b>
	<b>Region VI 3rd Quarter %</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>57.1%</b>	<b>71.4%</b>	<b>71.4%</b>	<b>100.0%</b>	<b>71.4%</b>	<b>85.7%</b>
<b>Statewide 3rd Quarter OM3 %</b>			<b>96.2%</b>	<b>93.9%</b>	<b>96.2%</b>	<b>88.6%</b>	<b>92.4%</b>	<b>66.0%</b>	<b>47.2%</b>	<b>62.3%</b>	<b>64.7%</b>	<b>56.6%</b>	<b>84.9%</b>	

## **Outcome Measure 4**

The 2017 Revised Exit Plan requirement for Outcome Measure 4 - Needs Met is that: *“Families and children shall have their medical, dental, mental health, and other service needs met as set forth in the “DCF Court Monitor’s Protocol for Outcome Measures 3 and 4” and the accompanying “Directional Guide for Outcome Measures 3 and 4 Reviews”. The enforceable domains of this Outcome Measure shall not include the “all needs met” domain. The domains for which compliance at 85% or better has been met for a quarter and then sustained for an additional quarter as of the date of this 2017 Revised Exit Plan, shall be considered to have achieved Pre-Certification.*

*Those domains include:*

- *Risk: Child-in-Placement*
- *Securing the Permanent Placement*
- *DCF Case Management-Legal action to achieve the permanency goal in the prior six months*
- *DCF Case Management-Recruitment for placement providers to achieve permanency goal during the prior six months*
- *Child’s current placement*
- *Education*

*For each of the remaining domains, once compliance at 85% or better has been met for a quarter and then sustained for an additional quarter, that domain shall also be considered to have achieved Pre-Certification.*

*Once all of the domains achieve Pre-Certification, then Outcome Measure 4 shall be considered to have achieved Pre-Certification and subject to the process in Paragraphs 10 and 11 hereof as to whether a final review is required in connection with a request to terminate jurisdiction over this action.”*

Based on the data from this review period, five of the six Pre-Certified domains listed above continued to be met during this review period. Education dropped below the 85% standard in the second quarter to 83.3%. An additional measure did reach and maintain the 85% rate; that being children’s medical needs, which achieved a rate of 94.4% and 86.8%. Two other measures are close to meeting the pre-certification standard.

**Table 4: Quarterly and Six-Month Summary of Domains for Outcome Measure 4**

Quarter	Risk: In-Home	Risk: 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
Statewide 2 <sup>nd</sup> Quarter 2017	78.3%	100.0%	95.8%	98.1%	100.0%	57.4%	94.4%	85.2%	75.9%	93.9%	83.3%
Statewide 3 <sup>rd</sup> Quarter 2017	81.8%	100.0%	93.5%	90.6%	93.8%	52.8%	86.8%	83.0%	64.2%	87.1%	88.0%
Statewide Six-Month Combined	80.0%	100.0%	95.4%	94.3%	96.9%	55.1%	90.7%	84.1%	71.0%	90.6%	85.6%

*(Domains reaching and sustaining the 2017 Exit Plan Requirement of 85% Highlighted).*

**Table 5: Second Quarter Outcome Measure 4 Domain Percentages by Area Office**

	Area Office	Risk: In-Home	Risk: 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 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	
Region I	Bridgeport	Very Good	N/A to Case	N/A to Case	N/A to Case	N/A to Case	Very Good	Very Good	Very Good	Very Good	N/A to Case	Very Good	
	Bridgeport	N/A to Case	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	
	Bridgeport	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Marginal	Marginal	Very Good	
	<b>Bridgeport 2Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>50.0%</b>	<b>100.0%</b>
	Norwalk	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Optimal	Marginal	Marginal	N/A to Case	Poor	
	Norwalk	N/A to Case	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	
	Norwalk	N/A to Case	Very Good	Optimal	Optimal	Very Good	Marginal	Optimal	Optimal	Marginal	Very Good	Very Good	
	<b>Norwalk 2Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>33.3%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>33.3%</b>	<b>100.0%</b>	<b>66.7%</b>
<b>Region I 2Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>100.0%</b>	<b>83.3%</b>	<b>50.0%</b>	<b>75.0%</b>	<b>83.3%</b>	
Region II	Milford	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Optimal	Optimal	Marginal	N/A to Case	Optimal	
	Milford	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Marginal	Very Good	N/A to Case	Very Good	
	Milford	N/A to Case	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	
	Milford	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	
	<b>Milford 2Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>75.0%</b>	<b>75.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	New Haven	N/A to Case	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	
	New Haven	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Marginal	Optimal	Very Good	N/A to Case	Marginal	
	New Haven	Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Marginal	N/A to Case	Very Good	
	New Haven	N/A to Case	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	
	New Haven	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	
<b>New Haven 2Q %</b>	<b>66.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>60.0%</b>	<b>80.0%</b>	<b>100.0%</b>	<b>80.0%</b>	<b>100.0%</b>	<b>80.0%</b>	
<b>Region II 2Q %</b>	<b>80.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>55.6%</b>	<b>88.9%</b>	<b>88.9%</b>	<b>77.8%</b>	<b>100.0%</b>	<b>88.9%</b>	
Region III	Middletown	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Very Good	Very Good	N/A to Case	Very Good	
	Middletown	N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	
	<b>Middletown 2Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	
	Norwich	N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Very Good	
	Norwich	N/A to Case	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Optimal	Very Good	Very Good	Very Good	
	Norwich	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Very Good	Very Good	Very Good	N/A to Case	Very Good	
	Norwich	N/A to Case	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	
	Norwich	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Marginal	Very Good	Very Good	N/A to Case	Marginal	
	<b>Norwich 2Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>80.0%</b>	<b>80.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>80.0%</b>
	Willimantic	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	
	Willimantic	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Optimal	Very Good	Marginal	N/A to Case	Optimal	
	Willimantic	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	
<b>Willimantic 2Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>100.0%</b>	<b>100.0%</b>	
<b>Region III 2Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>80.0%</b>	<b>90.0%</b>	<b>100.0%</b>	<b>90.0%</b>	<b>100.0%</b>	<b>90.0%</b>	



	Area Office	Risk: In-Home	Risk: 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
Region IV	Hartford	Marginal	N/A to Case	N/A to Case	Marginal	N/A to Case	Marginal	Very Good	Very Good	Marginal	N/A to Case	Very Good
	Hartford	N/A to Case	Very Good	Marginal	Optimal	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal
	Hartford	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Optimal	Optimal	Very Good	N/A to Case	Very Good
	Hartford	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Optimal	Very Good	Very Good	Very Good
	Hartford	N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Marginal	Very Good	Optimal	Optimal
	Hartford	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good
	Hartford	N/A to Case	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good
	<b>Hartford 2Q %</b>	<b>50.0%</b>	<b>100.0%</b>	<b>80.0%</b>	<b>85.7%</b>	<b>100.0%</b>	<b>42.9%</b>	<b>100.0%</b>	<b>85.7%</b>	<b>71.4%</b>	<b>100.0%</b>	<b>85.7%</b>
	Manchester	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Optimal	Optimal	Optimal	Very Good	N/A to Case	Very Good
	Manchester	N/A to Case	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good
	Manchester	N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal
	Manchester	N/A to Case	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Optimal	Very Good	Optimal	Optimal
	<b>Manchester 2Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>75.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Region IV 2Q %</b>	<b>66.7%</b>	<b>100.0%</b>	<b>87.5%</b>	<b>87.5%</b>	<b>100.0%</b>	<b>54.5%</b>	<b>100.0%</b>	<b>90.9%</b>	<b>81.8%</b>	<b>100.0%</b>	<b>90.9%</b>	
Region V	Danbury	Optimal	Very Good	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Optimal	Very Good	N/A to Case	Optimal
	Danbury	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good
	<b>Danbury 2Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	Torrington	N/A to Case	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Marginal	Optimal	Optimal	Very Good
	Torrington	Very Good	N/A to Case	Optimal	Optimal	N/A to Case	Very Good	Optimal	Optimal	Very Good	N/A to Case	Very Good
	<b>Torrington 2Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	Waterbury	N/A to Case	Very Good	Very Good	Very Good	Optimal	Marginal	Optimal	Very Good	Very Good	Optimal	Optimal
	Waterbury	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Very Good	Optimal	Very Good	N/A to Case	Very Good
	Waterbury	N/A to Case	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Optimal	Very Good	Very Good	Optimal
	Waterbury	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Marginal	Marginal
	Waterbury	Marginal	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Very Good	Very Good	N/A to Case	Very Good
	Waterbury	N/A to Case	Optimal	Optimal	Optimal	Optimal	Marginal	Very Good	Optimal	Very Good	Optimal	Very Good
	Waterbury	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Marginal	N/A to Case	Very Good
<b>Waterbury 2Q %</b>	<b>66.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>28.6%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>71.4%</b>	<b>75.0%</b>	<b>85.7%</b>	
<b>Region V 2Q %</b>	<b>80.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>45.5%</b>	<b>100.0%</b>	<b>81.8%</b>	<b>81.8%</b>	<b>83.3%</b>	<b>90.9%</b>	
Region VI	Meriden	N/A to Case	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal
	Meriden	Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Very Good	Very Good	Very Good	N/A to Case	Marginal
	<b>Meriden 2Q %</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>
	New Britain	N/A to Case	Very Good	Very Good	Optimal	Optimal	Marginal	Optimal	Marginal	Very Good	Very Good	Marginal
	New Britain	N/A to Case	Optimal	Very Good	Very Good	Optimal	Marginal	Very Good	Very Good	Very Good	Optimal	Optimal
	New Britain	Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Marginal	Marginal	Marginal	N/A to Case	Marginal
	New Britain	N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Marginal	Optimal	Optimal
	New Britain	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Marginal	Poor	N/A to Case	Marginal
	<b>New Britain 2Q %</b>	<b>50.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>20.0%</b>	<b>80.0%</b>	<b>40.0%</b>	<b>40.0%</b>	<b>100.0%</b>	<b>40.0%</b>
<b>Region VI 2Q %</b>	<b>33.3%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>42.9%</b>	<b>85.7%</b>	<b>57.1%</b>	<b>57.1%</b>	<b>57.1%</b>	<b>42.9%</b>	
<b>Statewide 2Q OMI5 %</b>	<b>78.3%</b>	<b>100.0%</b>	<b>95.8%</b>	<b>98.1%</b>	<b>100.0%</b>	<b>57.4%</b>	<b>94.4%</b>	<b>85.2%</b>	<b>75.9%</b>	<b>93.9%</b>	<b>83.3%</b>	

**Table 6: Second Quarter Outcome Measure 4 Domain Percentages by Area Office**

	Area Office	Risk: In-Home	Risk: 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
Region I	Bridgeport	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Marginal	N/A to Case	Very Good
	Bridgeport	N/A to Case	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good
	Bridgeport	Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Marginal	Marginal	N/A to Case	Marginal
	Bridgeport	N/A to Case	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal
	<b>Bridgeport 3Q %</b>	<b>50.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>75.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>75.0%</b>
	Norwalk	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Very Good	Optimal	Marginal	N/A to Case	Marginal
	Norwalk	N/A to Case	Optimal	Very Good	Very Good	Optimal	Marginal	Marginal	Very Good	Very Good	Optimal	Very Good
	<b>Norwalk 3Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>50.0%</b>
<b>Region I 3Q %</b>	<b>66.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>83.3%</b>	<b>83.3%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>66.7%</b>	
Region II	Milford	N/A to Case	Very Good	Very Good	Optimal	Very Good	Marginal	Optimal	Very Good	Very Good	Very Good	Optimal
	Milford	N/A to Case	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good
	Milford	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Very Good	Very Good	N/A to Case	Very Good
	Milford	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Marginal	Marginal	N/A to Case	Very Good
	Milford	N/A to Case	Very Good	Very Good	Very Good	Optimal	Marginal	Optimal	Optimal	Marginal	Optimal	Very Good
	<b>Milford 3 Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>40.0%</b>	<b>100.0%</b>	<b>80.0%</b>	<b>60.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	New Haven	N/A to Case	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good
	New Haven	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Marginal	Optimal	Marginal	N/A to Case	Very Good
	New Haven	N/A to Case	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good
	New Haven	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Very Good	Optimal	Very Good	N/A to Case	Optimal
	<b>New Haven 3Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>25.0%</b>	<b>50.0%</b>	<b>75.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Region II 3Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>33.3%</b>	<b>77.8%</b>	<b>77.8%</b>	<b>55.6%</b>	<b>100.0%</b>	<b>100.0%</b>	
Region III	Middletown	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal
	Middletown	Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Very Good	Very Good	Marginal	N/A to Case	Very Good
	<b>Middletown 3Q %</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	Norwich	N/A to Case	Optimal	Very Good	Marginal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal
	Norwich	N/A to Case	Very Good	Very Good	Marginal	Very Good	Marginal	Optimal	Optimal	Marginal	Marginal	Very Good
	Norwich	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Very Good	Very Good	Marginal	N/A to Case	Very Good
	Norwich	N/A to Case	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Marginal	Very Good
	Norwich	Very Good	N/A to Case	N/A to Case	Optimal	Very Good	Marginal	Very Good	Optimal	Very Good	N/A to Case	Very Good
	<b>Norwich 3Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>60.0%</b>	<b>100.0%</b>	<b>60.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>60.0%</b>	<b>33.3%</b>	<b>100.0%</b>
	Willimantic	Optimal	N/A to Case	N/A to Case	Optimal	N/A to Case	Optimal	Optimal	Optimal	Optimal	N/A to Case	Optimal
	Willimantic	N/A to Case	Very Good	Very Good	Optimal	Very Good	Marginal	Optimal	Optimal	Marginal	Very Good	Very Good
	Willimantic	N/A to Case	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Marginal	Very Good
<b>Willimantic 3Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>50.0%</b>	<b>100.0%</b>	
<b>Region III 3Q %</b>	<b>75.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>80.0%</b>	<b>100.0%</b>	<b>70.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>60.0%</b>	<b>50.0%</b>	<b>100.0%</b>	

	Area Office	Risk: In-Home	Risk: 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: Substance Abuse Services	Well-Being: Mental Health, Behavioral and Child's Current Placement	Well-Being: Education
Region IV	Hartford	N/A to Case	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Marginal	Very Good	Optimal	Very Good
	Hartford	N/A to Case	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal
	Hartford	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Very Good	N/A to Case	Very Good
	Hartford	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Very Good	Very Good	Very Good	N/A to Case	Marginal
	Hartford	N/A to Case	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good
	Hartford	N/A to Case	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Marginal	Optimal	Very Good
	<b>Hartford 3Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>75.0%</b>	<b>83.3%</b>	<b>75.0%</b>	<b>66.7%</b>	<b>83.3%</b>	<b>83.3%</b>	<b>83.3%</b>	<b>100.0%</b>	<b>83.3%</b>
	Manchester	N/A to Case	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good
	Manchester	N/A to Case	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Optimal	Optimal	Very Good	Optimal
	Manchester	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Marginal	Marginal	N/A to Case	Very Good
	Manchester	N/A to Case	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Marginal
	<b>Manchester 3Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>75.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>75.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>75.0%</b>
<b>Region IV 3Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>71.4%</b>	<b>80.0%</b>	<b>85.7%</b>	<b>60.0%</b>	<b>90.0%</b>	<b>80.0%</b>	<b>70.0%</b>	<b>100.0%</b>	<b>80.0%</b>	
Region V	Danbury	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Very Good	Very Good	N/A to Case	N/A to Case
	Danbury	N/A to Case	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Optimal	Very Good	Very Good	N/A to Case
	<b>Danbury 3Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	
	Torrington	N/A to Case	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal
	Torrington	Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Optimal	Very Good	N/A to Case	Very Good
	<b>Torrington 3Q %</b>	<b>0.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	
	Waterbury	N/A to Case	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	N/A to Case
	Waterbury	N/A to Case	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal
	Waterbury	Very Good	N/A to Case	N/A to Case	Marginal	N/A to Case	Marginal	Very Good	Very Good	Very Good	N/A to Case	Very Good
	Waterbury	N/A to Case	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good
	Waterbury	N/A to Case	Very Good	Optimal	Optimal	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal
	Waterbury	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	N/A to Case	Marginal	Optimal	Marginal	N/A to Case
<b>Waterbury 3Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>85.7%</b>	<b>100.0%</b>	<b>42.9%</b>	<b>85.7%</b>	<b>71.4%</b>	<b>57.1%</b>	<b>75.0%</b>	<b>83.3%</b>	
<b>Region V 3Q %</b>	<b>80.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>90.9%</b>	<b>83.3%</b>	<b>45.5%</b>	<b>90.9%</b>	<b>81.8%</b>	<b>72.7%</b>	<b>83.3%</b>	<b>87.5%</b>	
Region VI	Meriden	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Marginal	Very Good	Very Good	N/A to Case	Very Good
	Meriden	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Optimal	Very Good
	<b>Meriden 3Q %</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
	New Britain	N/A to Case	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good
	New Britain	N/A to Case	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal
	New Britain	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Optimal	Very Good	N/A to Case	Very Good
	New Britain	N/A to Case	Very Good	Very Good	Very Good	Optimal	Marginal	Optimal	Optimal	Very Good	Very Good	Very Good
	New Britain	Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Marginal	Marginal	Marginal	N/A to Case	Marginal
	<b>New Britain 3Q %</b>	<b>50.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>60.0%</b>	<b>80.0%</b>	<b>80.0%</b>	<b>80.0%</b>	<b>100.0%</b>	<b>80.0%</b>
	<b>Region VI 3Q %</b>	<b>66.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>57.1%</b>	<b>71.4%</b>	<b>71.4%</b>	<b>85.7%</b>	<b>100.0%</b>	<b>85.7%</b>
<b>Statewide 3Q 2017 OM15 %</b>	<b>81.8%</b>	<b>100.0%</b>	<b>93.5%</b>	<b>90.6%</b>	<b>93.8%</b>	<b>52.8%</b>	<b>86.8%</b>	<b>83.0%</b>	<b>64.2%</b>	<b>87.1%</b>	<b>88.0%</b>	

The individual needs identified in the cases sampled included the following service needs: 183 for the Second Quarter 2017 and 186 for the Third Quarter 2017 for a total number of 369 Unmet Identified Services needs for the 107 cases during the six months of case management and service reviewed.

**Table 7: Unmet Needs**

Unmet Need	Barrier	Frequency 2 <sup>nd</sup> Quarter 2017	Frequency 3 <sup>rd</sup> quarter 2017	Semi-Annual Total
Adoption Recruitment	Client Engaged in Service by End of PUR	1	0	1
Adoption Supports (PPSP)	Service Deferred Pending Completion of Another	0	1	1
Anger Management - Parent	Provider Issues - Staffing, Lack of Follow Through, etc.	0	1	1
ARG Consultation	Client Refused Service	1	0	1
ARG Consultation	DCF failed to properly assess child related to this need during the period under review	3	2	5
ARG Consultation	Delay in Referral	0	2	2
ARG Consultation	No Referral Made by DCF during the PUR	3	4	7
ARG Consultation	Other: Petitions Pending for a year with little consult/discussion	0	1	1
Case Management/Support/Advocacy	Client Refused Service	1	0	1
Case Management/Support/Advocacy	DCF Failed to Assess Child/Family Related to this need during the PUR	3	1	4
Case Management/Support/Advocacy	Delays by DCF	10	7	17
Case Management/Support/Advocacy	No Referrals Made during the PUR	0	1	1
Case Management/Support/Advocacy	Other Adoption subsidy/paperwork not processed.	0	1	1
Childcare/ Daycare	Provider Issues - Staffing, Lack of Follow Through, etc.	0	1	1
Childcare/Afterschool Program	Placed on Wait List	1	0	1
Day Treatment/Partial Hospitalization Program – Child	Service Deferred Pending Completion of Another	1	0	1
Dental or Orthodontic Services	Client Refused Services	1	0	1
Dental or Orthodontic Services	Delay in Referral	0	1	1
Dental or Orthodontic Services	No Referral Made by DCF during the PUR	1	0	1
Dental or Orthodontic Services	Provider Issues - Staffing, Lack of Follow Through, etc.	0	1	1
Dental or Orthodontic Services	Service Deferred Pending Completion of Another	1	0	1
Dental Screening or Evaluation	Client Refused Services	4	2	6
Dental Screening or Evaluation	DCF failed to properly assess child related to this need during the period under review	1	0	1
Dental Screening or Evaluation	Delay in Referral	2	2	4
Dental Screening or Evaluation	No Referral Made during the PUR	1	0	1
Dental Screening or Evaluation	No Service Identified to Meet this Identified Need	1	0	1
Dental Screening or Evaluation	UTD from treatment plan or narrative	0	1	1
Developmental Screening or Evaluation	Delay in Referral	1	0	1
Domestic Violence – Shelter	Client Refused Services	2	0	2
Domestic Violence Services - Perpetrators	Client Refused Services	2	3	5
Domestic Violence Services - Perpetrators	DCF Failed to properly assess child/family member related to this need during the PUR	0	1	1
Domestic Violence Services - Perpetrators	Delay in Referral	2	0	2
Domestic Violence Services - Perpetrators	No Referral Made during the PUR	1	1	2
Domestic Violence Services - Perpetrators	No Service Identified to Meet this Need	0	1	1
Domestic Violence Services - Perpetrators	Service Deferred Pending Completion of Another	1	0	1
Domestic Violence Services - Victims	Client Refused Services	3	6	9
Domestic Violence Services - Victims	Delay in Referral	2	0	2
Domestic Violence Services - Victims	No Referral Made during the PUR	1	0	1
Domestic Violence Services - Victims	No Service Identified to Meet this Need	0	1	1
Domestic Violence Services - Victims	Service Not Available in Primary Language	1	0	1
Drug/Alcohol Education - Parent	Client Refused Service	0	1	1
Drug/Alcohol Testing - Parent	Client Refused Service	2	0	2
Education: IEP Programming	Client/Family Refused Service	1	3	4
Education: IEP Programming	Provider Issues - Staffing, Lack of Follow Through, etc.	1	1	2
Educational Screening or Evaluation	Area Office did not respond to reviewer request for clarification on barrier	0	1	1
Educational Screening or Evaluation	Client Refused Service	1	2	3
Educational Screening or Evaluation	DCF Failed to properly assess child/family member related to this need during the PUR	1	0	1
Educational Screening or Evaluation	No Referral Made for Identified Service during the Period	1	0	1
Educational Screening or Evaluation	Service Deferred Pending Completion of Another	1	0	1
Emergency Adult/Family Shelter	Client Refused Service	1	0	1

Unmet Need	Barrier	Frequency 2 <sup>nd</sup> Quarter 2017	Frequency 3 <sup>rd</sup> quarter 2017	Semi-Annual Total
Family or Marital Counseling	Client Refused Service	3	2	5
Family or Marital Counseling	Lack of Communication between DCF and Providers	0	1	1
Family Preservation Services	Client Refused Services	0	2	2
Family Preservation Services	Delay in Referral	1	0	1
Family Reunification Services	Delay in Referral	0	1	1
Family Reunification Services	No Service Identified to Meet this Need	0	1	1
Family Reunification Services	Placed on Wait List	1	0	1
Family Reunification Services	Service Deferred Pending Completion of Another	0	1	1
Flex Funds	Delay in Referral	0	1	1
Flex Funds	Other: DCF Denied Request for Flex Funds	0	1	1
Foster Parent Training	No Service Identified to Meet this Need	0	1	1
Head Start Services	Client Refused Services	0	2	2
Health/Medical Screening or Evaluation	Client Refused Services	4	6	10
Health/Medical Screening or Evaluation	DCF failed to properly assess child related to this need during the period under review	1	0	1
Health/Medical Screening or Evaluation	Delay in Referral	0	1	1
Health/Medical Screening or Evaluation	Provider Issues - Staffing, Lack of Follow Through, etc.	1	0	1
Housing Assistance (Section 8)	Delay in Referral	1	1	2
Housing Assistance (Section 8)	No Service Identified to Meet this Need	0	1	1
Housing Assistance (Section 8)	Placed on Wait List	0	2	2
Housing Assistance (Section 8)	Service Deferred Pending Completion of Another	1	0	1
Individual Counseling - Child	Client Refused Service	6	5	11
Individual Counseling - Child	No Referral Made during the PUR	1	1	2
Individual Counseling - Child	Other - Mother unable to get child to sessions timely, limited time is not effective for treat	1	0	1
Individual Counseling - Child	Placed on Wait List	0	1	1
Individual Counseling - Child	Provider Issues - Staffing, Lack of Follow Through, etc.	1	0	1
Individual Counseling - Child	Service Deferred Pending Completion of Another	1	0	1
Individual Counseling - Parent	Client Refused Service	12	9	21
Individual Counseling - Parent	DCF Failed to properly assess child/family member related to this need during the PUR	0	1	1
Individual Counseling - Parent	Delay in Referral	1	1	2
Individual Counseling - Parent	No Referral Made during the PUR	1	0	1
Individual Counseling - Parent	Service Not Available in Primary Language	0	1	1
Individual Counseling - Parent	UTD from treatment plan or narrative	1	0	1
In-Home Parent Education Services	Client Refused Services	3	1	4
In-Home Parent Education Services	No Service Identified to Meet this Need	0	1	1
In-Home Parent Education Services	Placed on Wait List	1	1	2
In-Home Parent Education Services	Provider Issues - Staffing, Lack of Follow Through, etc.	1	1	2
In-Home Parent Education Services	Service Not Available in Primary Language	1	0	1
In-Home Treatment	Client Refused Services	0	1	1
In-Home Treatment	Insurance Issues	0	2	2
In-Home Treatment	No Referral Made during the PUR	1	1	2
In-Home Treatment	Other: Foster Parent Refused to participate	0	1	1
In-Home Treatment	Placed on Wait List	2	2	4
In-Home Treatment	Service Deferred Pending Completion of Another	0	1	1
Inpatient Substance Abuse Treatment - Parent	Client Refused Service	1	0	1
Job Coaching/Placement	Client Refused Service	1	0	1
Juvenile Justice Intermediate Evaluation	Delay in Referral	0	1	1
Matching/Placement/Processing (Includes ICO)	DCF failed to properly assess client related to this need during the period under review	1	0	1
Matching/Placement/Processing (Includes ICO)	No Referral Made by DCF during the PUR	0	2	2
Matching/Placement/Processing (Includes ICO)	Provider Issues - Staffing, Lack of Follow Through, etc.	0	1	1
Maternity Home	Client Refused Service	1	0	1
Medically Complex Foster Home	Delay in Referral	0	1	1
Medication Management - Child	Client Refused Service	4	0	4
Medication Management - Child	DCF failed to properly assess client related to this need during the period under review	0	1	1
Medication Management - Parent	Client Refused Service	2	1	3
Medication Management - Parent	Lack of Communication between DCF and Providers	0	1	1
Mental Health Screening or Evaluation: Child	Client Refused Services	1	3	4
Mental Health Screening or Evaluation: Child	No Referral Made during the PUR	0	1	1
Mental Health Screening or Evaluation: Parent	Client Refused Service	2	4	6
Mental Health Screening or Evaluation: Parent	Delay in Referral	1	1	2
Mental Health Screening or Evaluation: Parent	No Referral Made by DCF during the PUR	0	2	2

Unmet Need	Barrier	Frequency 2 <sup>nd</sup> Quarter 2017	Frequency 3 <sup>rd</sup> quarter 2017	Semi-Annual Total
Mentoring	Client Refused Services	1	0	1
Mentoring	Delay in Referral	1	0	1
Mentoring	No Service Identified to Meet this Need	1	0	1
Mentoring	Placed on Wait List	0	1	1
Other In-Home Service: CHR Rapid Rehousing Program	Client Refused	1	0	1
Other In-Home Service: Summer Camp/Recreational Program for socialization of youngest Child	Client Refused	1	0	1
Other Medical Intervention - Allergist	Delay in Referral	1	0	1
Other Mental Health Service - Autism Spectrum Evaluation	No Service Identified to Meet this Need	0	1	1
Other State Agency: DDS, DMHAS, MSS)	Client Refused Services	1	0	1
Other State Agency: DDS, DMHAS, MSS)	Placed on Wait List	0	1	1
Outpatient Substance Abuse Treatment - Parent	Client Refused Treatment	9	5	14
Outpatient Substance Abuse Treatment - Parent	Delay in Referral	1	0	1
Outpatient Substance Abuse Treatment - Parent	Placed on Wait List	0	1	1
Parenting Classes	Client Refused Services	1	1	2
Parenting Classes	Service Deferred Pending Completion of Another	1	0	1
Preparation fo Adult Living Services	Client Refused Services	1	0	1
Problem Sexual Behavior Therapy	No Referral Made by DCF during the PUR	0	1	1
Psychiatric Evaluation - Parent	Client Refused Service	0	1	1
Psychological or Psychosocial Evaluation - Child	Provider Issues - Staffing, Lack of Follow Through, etc.	0	1	1
Psychological or Psychosocial Evaluation - Parent	Client Refused Services	0	1	1
Relapse Prevention Program - Parent	Client Refused Service	0	1	1
Relative Foster Care	Delay in Referral	0	1	1
Substance Abuse Screening - Child	No Referral Made during the PUR	0	2	2
Substance Abuse Screening - Parent	Client Refused Service	8	2	10
Substance Abuse Screening - Parent	Delay in Referral	1	0	1
Substance Abuse Screening - Parent	No Referral Made by DCF during the PUR	0	1	1
Supervised Visitation	Delay in Referral	0	1	1
Supervised Visitation	Provider Issues - Staffing, Lack of Follow Through, etc.	1	0	1
Supportive Housing for Recovering Families (SHRF)	Client Refused Services	1	0	1
Supportive Housing for Recovering Families (SHRF)	No Service Identified to Meet this Need	0	1	1
SW/Child Visitation	Client Refusing	1	1	2
SW/Child Visitation	DCF failed to properly assess child related to this need during the period under review	1	3	4
SW/Parent Visitation	Client Refusing	1	0	1
SW/Parent Visitation	DCF failed to properly assess family related to this need during the period under review	6	7	13
SW/Parent Visitation	Delays by DCF	6	7	13
SW/Provider Contacts	Area Office did not respond to reviewer request for clarification on barrier	0	1	1
SW/Provider Contacts	DCF failed to properly assess family related to this need during the period under review	0	2	2
SW/Provider Contacts	Delays by DCF	9	11	20
SW/Provider Contacts	Lack of Communication between DCF and Providers	5	5	10
SW/Provider Contacts	No Referrals Made during the PUR	0	2	2
Young Parents Program	Client Refused Services	1	0	1
		183	186	369

During the Second Quarter a total 55.6% of the cases showed very good or optimal engagement of families in the case planning process through documented discussions with the families and the Social Worker throughout the period under review. This percentage increased to a rate of 66.0 % for the Third Quarter 2017.

Our reviewers reading of the Administrative Case Review (ACR) documentation, narratives and case plan feedback reflect that during the Second Quarter reporting period, 55.6 % of the cases did document a discussion (or in the case of in-home family cases the family meeting or formal case conference) of some (29.6%) or all (25.9%) of the needs that were identified as unmet in the six-month planning cycle. The reviewers identified three (3) cases where the planning process did not address any of the needs that were unmet from the last planning cycle. In 10 cases, the reviewers indicated that all needs identified at the prior ACR were "fully achieved" or "no longer needed" and no longer needed to be planned for. In five (5) cases, the plan reviewed was the initial case plan.

During the Third Quarter reporting period, 79.2 % of the cases did document a discussion (or in the case of in-home family cases the family meeting or formal case conference) of some (43.4%) or all (35.8%) of the needs that were identified as unmet in the six-month planning cycle. The reviewers identified three (3) cases where the planning process did not address any of the needs that were unmet from the last planning cycle. In two (2) cases, the reviewers indicated that all needs identified at the prior ACR were "fully achieved" or "no longer needed" and no longer needed to be planned for. In six (6) cases, the plan reviewed was the initial case plan.

**Table 8: Were all needs and services unmet during the prior six month discussed at the ACR and, as appropriate, incorporated as action steps on the current case plan?**

<b>Needs Unmet Incorporated into Current Case Plan</b>	<b>Frequency 2<sup>ND</sup> Quarter 2017</b>	<b>Frequency 3<sup>rd</sup> Quarter 2017</b>	<b>Semi-Annual Frequency</b>
<b>Yes - All</b>	25.9%	35.8%	30.8%
<b>Yes - Partially</b>	29.6%	43.4%	36.4%
<b>No - None</b>	16.7%	5.7%	11.2%
<b>N/A - There are no Unmet Needs</b>	18.5%	3.8%	11.2%
<b>N/A - this is the initial plan</b>	9.3%	11.3%	10.3%
<b>Total</b>	100.0%	100.0%	100.0%

In the Second Quarter 2017, a need was identified in 16 of 38 cases (42.1 %) in which Structured Decision Making (SDM) was conducted that was identical to that which was identified on the prior case plan assessment. (This would indicate an unmet need for greater than six months for a family or individual.) This occurred at a rate of 60.7% within the 28 cases for which SDM was conducted in the Third Quarter 2017.

In 40.7% of the 54 Second Quarter 2017 case plans reviewed, it was the opinion of the Court Monitor's staff that there was at least one priority need that was evident from the review of the documentation that was not incorporated into the newly developed case plan document. The rate increased to 50.9% in the Third Quarter 2017 with 27 of the 53 cases reviewed having needs not incorporated into the newly developed case plans. In both quarters, for many of these cases where an ACR was held, the ACR Social Work Supervisor also identified these areas as Areas Needing Improvement.

The lack of identification of a service need accounts for the majority of the unmet needs in the forward planning. Once again as in the prior period of review, there were a number of untimely or unapproved case plans in these two quarters. This continued lack of assessment and planning through ongoing engagement with clients will continue to negatively impact performance for the case planning and needs met outcomes; and more importantly for children and families involved with DCF. Many of the deficits found within the domains of the case plans, if addressed, will improve the likelihood of provision of services and rate of success in meeting the needs of children and families in future planning periods.

To gain a sense of those areas that continue to be under assessed or overlooked the reviewers collect the data reflecting the unmet needs that were not carried forward. These 143 priority needs (76 needs within the Second Quarter and 67 needs within the Third Quarter) and the barriers related to each unmet need are identified below:



**Table 9: Unmet Needs Not Incorporated in Upcoming Six-Month Case Planning**

Unmet Need	Barrier	Frequency 2 <sup>nd</sup> Quarter 2017	Frequency 3 <sup>rd</sup> quarter 2017	Semi-Annual Total
Adoption Supports (PPSP)	No Service Identified to Meet this Need	1	1	2
ARG Consultation	DCF failed to properly assess child related to this need during the period under review	0	1	1
ARG Consultation	Delay in Referral	1	0	1
ARG Consultation	No Service Identified to Meet this Need	0	2	2
Case Management/Support/Advocacy	Delays by DCF	1	0	1
Case Management/Support/Advocacy	No Service Identified to Meet this Need	1	0	1
Dental or Orthodontic Services	No Approved Case Plan	2	1	3
Dental or Orthodontic Services	No Service Identified to Meet this Identified Need	2	1	3
Dental Screening or Evaluation	No Service Identified to Meet this Identified Need	2	2	4
Dental Screening or Evaluation	Other - No Approved Case Plan	3	0	3
Developmental Screening or Evaluation	No Approved Case Plan	1	1	2
Developmental Screening or Evaluation	No Service Identified to Meet this Need	0	1	1
Domestic Violence Services - Perpetrators	No Approved Case Plan	2	1	3
Domestic Violence Services - Perpetrators	No Service Identified to Meet this Need	0	5	5
Domestic Violence Services - Victims	No Approved Case Plan	3	2	5
Domestic Violence Services - Victims	No Service Identified to Meet this Need	2	3	5
Drug/Alcohol Testing - Parent	No Approved Case Plan	2	0	2
Education: IEP Programming	Client Refused Services	0	1	1
Education: IEP Programming	No Approved Case Plan	1	0	1
Education: IEP Programming	No Service Identified to Meet this Need	0	1	1
Educational Screening or Evaluation	No Approved Case Plan	3	0	3
Educational Screening or Evaluation	No Service Identified for this Need	0	3	3
Family or Marital Counseling	No Approved Case Plan	1	0	1
Family or Marital Counseling	No Service Identified to Meet this Need	0	1	1
Family Reunification Services	No Approved Case Plan	1	0	1
Family Reunification Services	No Service Identified to Meet this Need	0	2	2
Family Reunification Services	No Service Identified to Meet this Need	1	0	1
Group Counseling - Parents	No Approved Case Plan	1	0	1
Head Start	No Service Identified for this Need	0	1	1
Health/Medical Screening or Evaluation	No Approved Case Plan	2	1	3
Health/Medical Screening or Evaluation	No Service Identified to Meet this Need	1	3	4
Housing Assistance (Section 8)	Delay in Referral	0	1	1
Housing Assistance (Section 8)	No Approved Case Plan	2	1	3
Housing Assistance (Section 8)	No Service Identified to Meet this Need	1	1	2
Housing Assistance (Section 8)	Placed on Wait List	0	2	2
Individual Counseling - Child	No Approved Case Plan	3	0	3
Individual Counseling - Child	No Service Identified to Meet this Need	2	0	2
Individual Counseling - Child	No Service Identified to Meet this Need	0	3	3
Individual Counseling - Parent	No Approved Case Plan	4	2	6
Individual Counseling - Parent	No Service Identified to Meet this Need	2	2	4
In-Home Parent Education Services	No Approved Case Plan	2	0	2
In-Home Parent Education Services	No Service Identified to Meet this Need	0	4	4
In-Home Treatment	No Service Identified to Meet this Need	0	1	1
Job Coaching/Placement	No Approved Case Plan	1	0	1
Matching/Placement/Processing (Includes ICO)	DCF failed to properly assess client related to this need during the period under review	1	0	1
Matching/Placement/Processing (Includes ICO)	No Service Identified to Meet this Need	0	1	1
Medication Management - Child	DCF failed to properly assess client related to this need during the period under review	0	1	1
Medication Management - Child	No Approved Case Plan	1	0	1
Medication Management - Child	No Service Identified to Meet this Need	0	1	1
Medication Management - Parent	No Approved Case Plan	1	0	1
Mental Health Screening or Evaluation: Child	No Approved Case Plan	1	0	1
Mental Health Screening or Evaluation: Parent	No Approved Case Plan	1	0	1
Mental Health Screening or Evaluation: Parent	No Service Identified to Meet this Need	0	1	1
Mentoring	No Service Identified to Meet this Need	1	1	2
Other Medical Intervention - Nutritionist	No Service Identified to Meet this Need	1	0	1
Other Medical Intervention - Vision	No Service Identified to Meet this Need	0	1	1
Other Medical Intervention - VNA	Client Refused	1	0	1

Unmet Need	Barrier	Frequency 2 <sup>nd</sup> Quarter 2017	Frequency 3 <sup>rd</sup> quarter 2017	Semi-Annual Total
Other Mental Health Need: Autism Screening	No Service Identified to Meet this Need	1	0	1
Other OOH Service: Permanency and Adoption Subsidy Paperwork	No Approved Case Plan	1	0	1
Other OOH Service: SW Legal Filing	No Approved Case Plan	1	0	1
Other OOH Service: Transitional Planning	No Approved Case Plan	0	1	1
Other State Agency (DDS, DMHAS, MSS, etc.)	No Approved Case Plan	1	0	1
Outpatient Substance Abuse Treatment - Parent	No Approved Case Plan	0	1	1
Parenting Classes	Service Deferred Pending Completion of Another	1	0	1
Preparation fo Adult Living Services	No Approved Case Plan	1	0	1
Preparation fo Adult Living Services	No Service Identified to Meet this Need	1	0	1
Psychiatric Evaluation - Parent	No Approved Case Plan	0	1	1
Relapse Prevention Program - Parent	No Approved Case Plan	1	1	2
Sexual Abuse Therapy - Victim	No Service Identified to Meet this Need	0	1	1
Substance Abuse Screening - Child	No Service Identified to Meet this Need	0	1	1
Substance Abuse Screening - Parent	No Approved Case Plan	3	0	3
Substance Abuse Screening - Parent	No Service Identified to Meet this Need	1	0	1
Supervised Visitation	No Approved Case Plan	0	1	1
Supportive Housing for Recovering Families (SHRF)	No Approved Case Plan	1	1	2
Supportive Housing for Recovering Families (SHRF)	No Service Identified to Meet this Need	1	1	2
SW/Parent Visitation	Delays by DCF	1	0	1
SW/Parent Visitation	Delays by DCF	1	0	1
SW/Provider Contacts	Delays by DCF	1	0	1
Young Parents Program	No Service Identified to Meet this Need	0	1	1
		76	67	143

## JUAN F. ACTION PLAN MONITORING REPORT

**November 2017**

This report includes data relevant to the permanency and placement issues and action steps embodied within the Action Plan. Data provided comes from the monthly point-in-time information from LINK and the Chapin Hall 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 2004 through 2017.

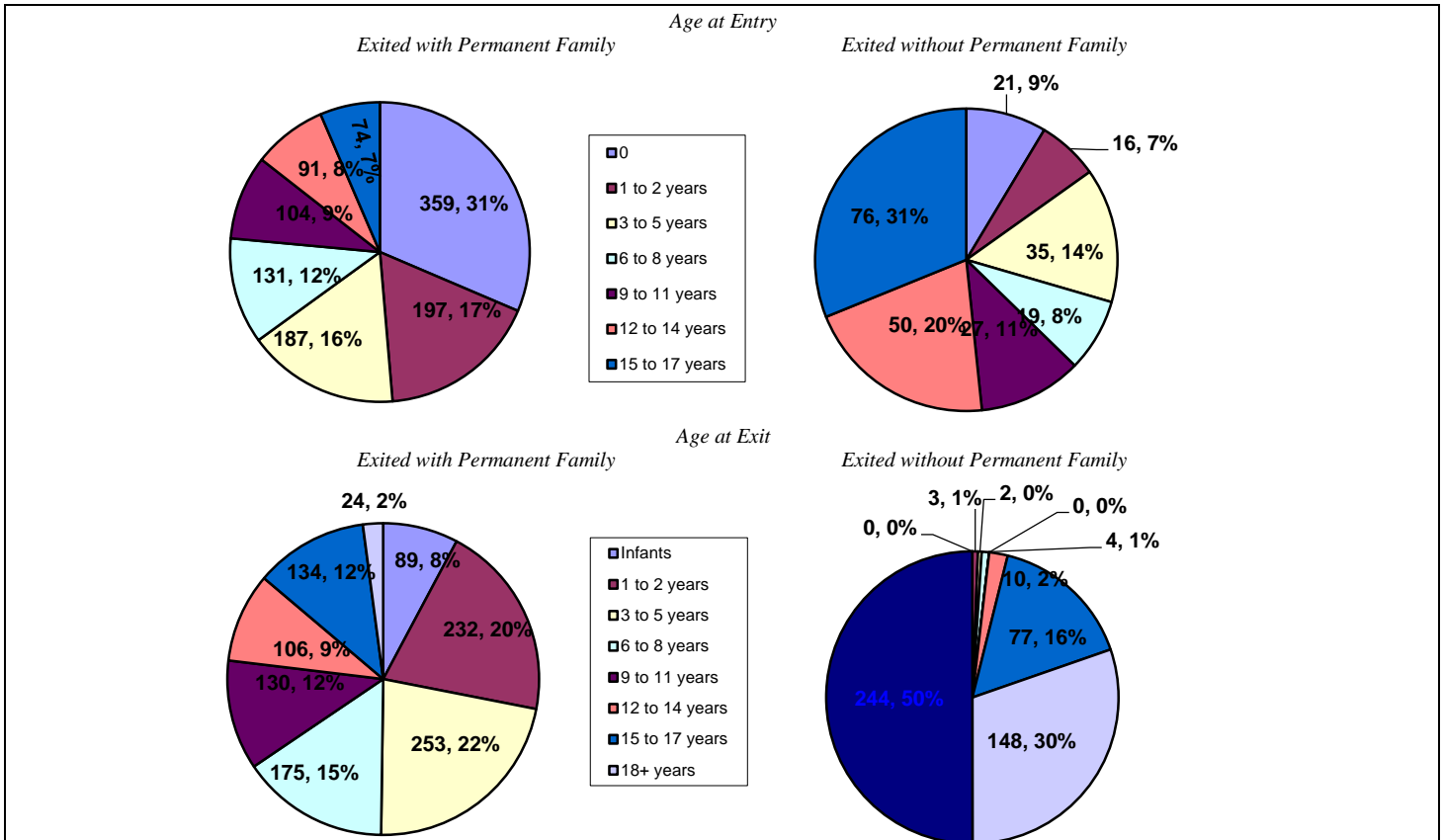
**Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)**

	Period of Entry to Care													
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Total Entries</b>	3202	3091	3407	2854	2829	2628	2694	2297	1858	2005	1929	1985	2260	1074
<b>Permanent Exits</b>														
<b>In 1 yr</b>	1228 38.4%	1129 36.5%	1263 37.1%	1096 38.4%	1098 38.8%	1093 41.6%	1025 38.0%	707 30.8%	560 30.1%	535 26.7%	499 25.9%	426 21.4%		
<b>In 2 yrs</b>	1804 56.4%	1740 56.3%	1972 57.9%	1676 58.7%	1676 59.2%	1582 60.2%	1378 51.2%	1052 45.8%	857 46.1%	841 41.9%	789 40.9%			
<b>In 3 yrs</b>	2091 65.3%	2012 65.1%	2324 68.2%	1975 69.2%	1943 68.7%	1792 68.2%	1676 62.2%	1245 54.2%	1035 55.7%	1072 53.5%				
<b>In 4 yrs</b>	2261 70.6%	2157 69.8%	2499 73.3%	2091 73.3%	2033 71.9%	1895 72.1%	1780 66.1%	1357 59.1%	1119 60.2%					
<b>To Date</b>	2370 74.0%	2257 73.0%	2620 76.9%	2172 76.1%	2121 75.0%	1950 74.2%	1842 68.4%	1430 62.3%	1143 61.5%	1169 58.3%	1030 53.4%	807 40.6%	624 27.6%	249 15.5%
<b>Non-Permanent Exits</b>														
<b>In 1 yr</b>	231 7.2%	289 9.3%	259 7.6%	263 9.2%	250 8.8%	208 7.9%	196 7.3%	138 6.0%	95 5.1%	125 6.2%	111 5.8%	95 4.8%		
<b>In 2 yrs</b>	301 9.4%	371 12.0%	345 10.1%	318 11.1%	320 11.3%	267 10.2%	243 9.0%	188 8.2%	146 7.9%	182 9.1%	140 7.3%			
<b>In 3 yrs</b>	366 11.4%	431 13.9%	401 11.8%	354 12.4%	363 12.8%	300 11.4%	275 10.2%	220 9.6%	190 10.2%	217 10.8%				
<b>In 4 yrs</b>	403 12.6%	461 14.9%	449 13.2%	392 13.7%	394 13.9%	328 12.5%	309 11.5%	257 11.2%	218 11.7%					
<b>To Date</b>	523 16.3%	581 18.8%	549 16.1%	463 16.2%	469 16.6%	399 15.2%	372 13.8%	288 12.5%	234 12.6%	244 12.2%	165 8.6%	133 6.7%	74 3.3%	25 1.6%

	Period of Entry to Care													
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<i>Unknown Exits</i>														
<b><i>In 1 yr</i></b>	128 4.0%	83 2.7%	76 2.2%	61 2.1%	60 2.1%	75 2.9%	127 4.7%	205 8.9%	134 7.2%	103 5.1%	115 6.0%	215 10.8%		
<b><i>In 2 yrs</i></b>	170 5.3%	124 4.0%	117 3.4%	97 3.4%	91 3.2%	139 5.3%	303 11.2%	399 17.4%	255 13.7%	315 15.7%	354 18.4%			
<b><i>In 3 yrs</i></b>	207 6.5%	164 5.3%	140 4.1%	123 4.3%	125 4.4%	192 7.3%	381 14.1%	475 20.7%	336 18.1%	403 20.1%				
<b><i>In 4 yrs</i></b>	233 7.3%	182 5.9%	167 4.9%	155 5.4%	167 5.9%	217 8.3%	400 14.8%	499 21.7%	376 20.2%					
<b><i>To Date</i></b>	303 9.5%	238 7.7%	223 6.5%	201 7.0%	209 7.4%	250 9.5%	428 15.9%	524 22.8%	394 21.2%	450 22.4%	463 24.0%	477 24.0%	339 15.0%	62 3.8%
<i>Remain In Care</i>														
<b><i>In 1 yr</i></b>	1614 50.4%	1590 51.4%	1809 53.1%	1434 50.2%	1421 50.2%	1252 47.6%	1346 50.0%	1247 54.3%	1069 57.5%	1242 61.9%	1204 62.4%	1254 63.0%		
<b><i>In 2 yrs</i></b>	926 28.9%	856 27.7%	973 28.6%	763 26.7%	742 26.2%	640 24.4%	770 28.6%	658 28.6%	600 32.3%	667 33.3%	646 33.5%			
<b><i>In 3 yrs</i></b>	537 16.8%	484 15.7%	542 15.9%	402 14.1%	398 14.1%	344 13.1%	362 13.4%	357 15.5%	297 16.0%	313 15.6%				
<b><i>In 4 yrs</i></b>	304 9.5%	291 9.4%	292 8.6%	216 7.6%	235 8.3%	188 7.2%	205 7.6%	184 8.0%	145 7.8%					
<b><i>To Date</i></b>	5 0.2%	15 0.5%	15 0.4%	18 0.6%	30 1.1%	29 1.1%	52 1.9%	55 2.4%	87 4.7%	142 7.1%	271 14.0%	573 28.8%	1223 54.1%	1275 79.1%

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

**FIGURE 2: CHARACTERISTICS OF CHILDREN EXITING WITH AND WITHOUT PERMANENCY (2016 EXIT COHORT)**



**Permanency Goals:**

The following chart illustrates and summarizes the number of children (which excludes youth ages 18 and older) at various stages of placement episodes, and provides the distribution of Permanency Goals selected for them.

**FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON NOVEMBER 1, 2017<sup>5</sup>)**

<b>Is the child legally free (his or her parents' rights have been terminated)?</b>				
<b>Yes</b> <b>584</b>	<b>No</b> ↓ <b>2,987</b>			
<i>Goals of:</i>	<b>Has the child been in care more than 15 months?</b>			
Adoption 548 (94%)	<b>No</b> <b>1,886</b>	<b>Yes</b> ↓ <b>1,101</b>		
APPLA 21 (4%)	<b>Has a TPR proceeding been filed?</b>			
Transfer of Guardianship 14 (2%)	<b>Yes</b> <b>249</b>		<b>No</b> ↓ <b>852</b>	
Reunification 1 (<1%)	<i>Goals of:</i>			
Blank 0 (0%)	Adoption 207 (83%)	<b>Yes</b> <b>224</b>		<b>No</b> <b>628</b>
	Reunify 16 (6%)	<b>Is a reason documented not to file TPR?</b>		
	Trans. of Guardian: Sub/Unsub 6 (2%)	<i>Goals of:</i>	<i>Documented Reasons:</i>	<i>Goals of:</i>
	APPLA 3 (1%)	85 (38%)	50%	219 (35%)
	Blank 17 (7%)	72 (32%)	Compelling Reason 27%	Reunify 188 (30%)
		Reunify 49 (22%)	Child is with relative 17%	Trans. of Guardian: Sub/Unsub 170 (27%)
		Adoption 17 (8%)	Petition in process 6%	Adoption 44 (7%)
		APPLA 1 (<1%)	Services not provided	APPLA 6 (1%)
		Relatives		Blank 1 (<1%)
				Relatives

<sup>5</sup> Children over age 18 are not included in these figures.

**Preferred Permanency Goals:**

<b>Reunification</b>	<b>Aug 2016</b>	<b>Nov 2016</b>	<b>Feb 2017</b>	<b>May 2017</b>	<b>Aug 2017</b>	<b>Nov 2017</b>
Total number of children with Reunification goal, pre-TPR and post-TPR	1577	1521	1618	1619	1602	1556
Number of children with Reunification goal pre-TPR	1577	1521	1613	1618	1601	1556
<ul style="list-style-type: none"> <li>Number of children with Reunification goal, pre-TPR, &gt;= 15 months in care</li> </ul>	272	281	314	313	325	307
<ul style="list-style-type: none"> <li>Number of children with Reunification goal, pre-TPR, &gt;= 36 months in care</li> </ul>	39	35	41	37	44	41
Number of children with Reunification goal, post-TPR	0	0	2	1	1	0

<b>Transfer of Guardianship (Subsidized and Non-Subsidized)</b>	<b>Aug 2016</b>	<b>Nov 2016</b>	<b>Feb 2017</b>	<b>May 2017</b>	<b>Aug 2017</b>	<b>Nov 2017</b>
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	428	469	478	505	519	498
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	420	460	462	489	503	484
<ul style="list-style-type: none"> <li>Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, &gt;= 22 months)</li> </ul>	153	166	155	169	186	157
<ul style="list-style-type: none"> <li>Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , &gt;= 36 months)</li> </ul>	50	69	58	69	63	62
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	8	9	16	16	16	14

<b>Adoption</b>	<b>Aug 2016</b>	<b>Nov 2016</b>	<b>Feb 2017</b>	<b>May 2017</b>	<b>Aug 2017</b>	<b>Nov 2017</b>
Total number of children with Adoption goal, pre-TPR and post-TPR	1105	1104	1096	1138	1167	1181
Number of children with Adoption goal, pre-TPR	561	578	556	562	589	633
Number of children with Adoption goal, TPR not filed, >= 15 months in care	167	199	192	176	202	219
<ul style="list-style-type: none"> <li>Reason TPR not filed, Compelling Reason</li> </ul>	8	6	7	6	6	9
<ul style="list-style-type: none"> <li>Reason TPR not filed, petitions in progress</li> </ul>	30	22	18	20	21	26
<ul style="list-style-type: none"> <li>Reason TPR not filed , child is in placement with relative</li> </ul>	6	6	2	1	4	11
<ul style="list-style-type: none"> <li>Reason TPR not filed, services needed not provided</li> </ul>	0	5	5	5	5	3
<ul style="list-style-type: none"> <li>Reason TPR not filed, blank</li> </ul>	123	160	160	144	166	170
Number of cases with Adoption goal post-TPR	544	526	540	576	578	548
<ul style="list-style-type: none"> <li>Number of children with Adoption goal, post-TPR, in care &gt;= 15 months</li> </ul>	507	489	513	550	544	521
<ul style="list-style-type: none"> <li>Number of children with Adoption goal, post-TPR, in care &gt;= 22 months</li> </ul>	423	420	426	454	471	444

<b>Adoption</b>	<b>Aug 2016</b>	<b>Nov 2016</b>	<b>Feb 2017</b>	<b>May 2017</b>	<b>Aug 2017</b>	<b>Nov 2017</b>
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	17	9	13	17	12	19
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	54	54	48	57	55	46
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	254	233	224	276	265	284

<b>Progress Towards Permanency:</b>	<b>Aug 2016</b>	<b>Nov 2016</b>	<b>Feb 2017</b>	<b>May 2017</b>	<b>Aug 2017</b>	<b>Nov 2017</b>
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	560	624	664	670	687	628

**Non-Preferred Permanency Goals:**

<b>Long Term Foster Care Relative:</b>	<b>Aug 2016</b>	<b>Nov 2016</b>	<b>Feb 2017</b>	<b>May 2017</b>	<b>Aug 2017</b>	<b>Nov 2017</b>
Total number of children with Long Term Foster Care Relative goal	15	7	5	5	4	2
Number of children with Long Term Foster Care Relative goal, pre-TPR	15	7	5	5	2	2
<ul style="list-style-type: none"> <li>Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR</li> </ul>	1	1	0	0	0	0
Long Term Foster Care Rel. goal, post-TPR	0	0	0	0	0	0
<ul style="list-style-type: none"> <li>Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR</li> </ul>	0	0	0	0	0	0

<b>APPLA*</b>	<b>Aug 2016</b>	<b>Nov 2016</b>	<b>Feb 2017</b>	<b>May 2017</b>	<b>Aug 2017</b>	<b>Nov 2017</b>
Total number of children with APPLA goal	163	136	121	114	110	104
Number of children with APPLA goal, pre-TPR	142	109	93	87	87	83
<ul style="list-style-type: none"> <li>Number of children with APPLA goal, 12 years old and under, pre-TPR</li> </ul>	0	0	0	0	0	0
Number of children with APPLA goal, post-TPR	21	27	28	27	23	21
<ul style="list-style-type: none"> <li>Number of children with APPLA goal, 12 years old and under, post-TPR</li> </ul>	0	0	0	0	0	0

\* Columns prior to Aug 07 had previously been reported separately as APPLA: Foster Care Non-Relative and APPLA: Other. The values from each separate table were added to provide these figures. Currently there is only one APPLA goal.



**Missing Permanency Goals:**

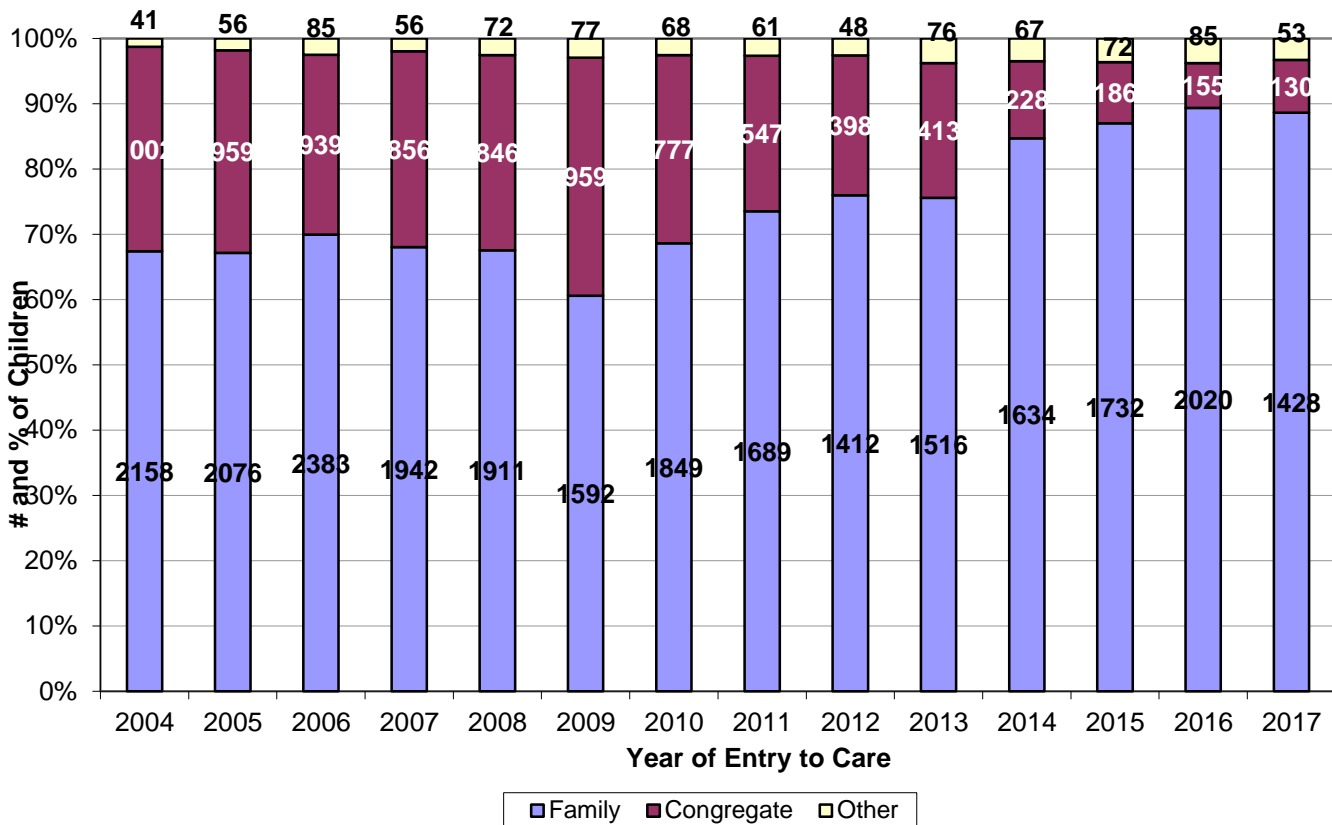
	Aug 2016	Nov 2016	Feb 2017	May 2017	Aug 2017	Nov 2017
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	29	28	26	29	28	29
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	16	11	11	14	12	15
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	4	6	6	8	7	9
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	3	6	6	5	4	6

**B. PLACEMENT ISSUES**

**Placement Experiences of Children**

The following chart shows the change in use of family and congregate care for admission cohorts between 2004 and 2017.

**Children's Initial Placement Type (by Entry Cohort)**

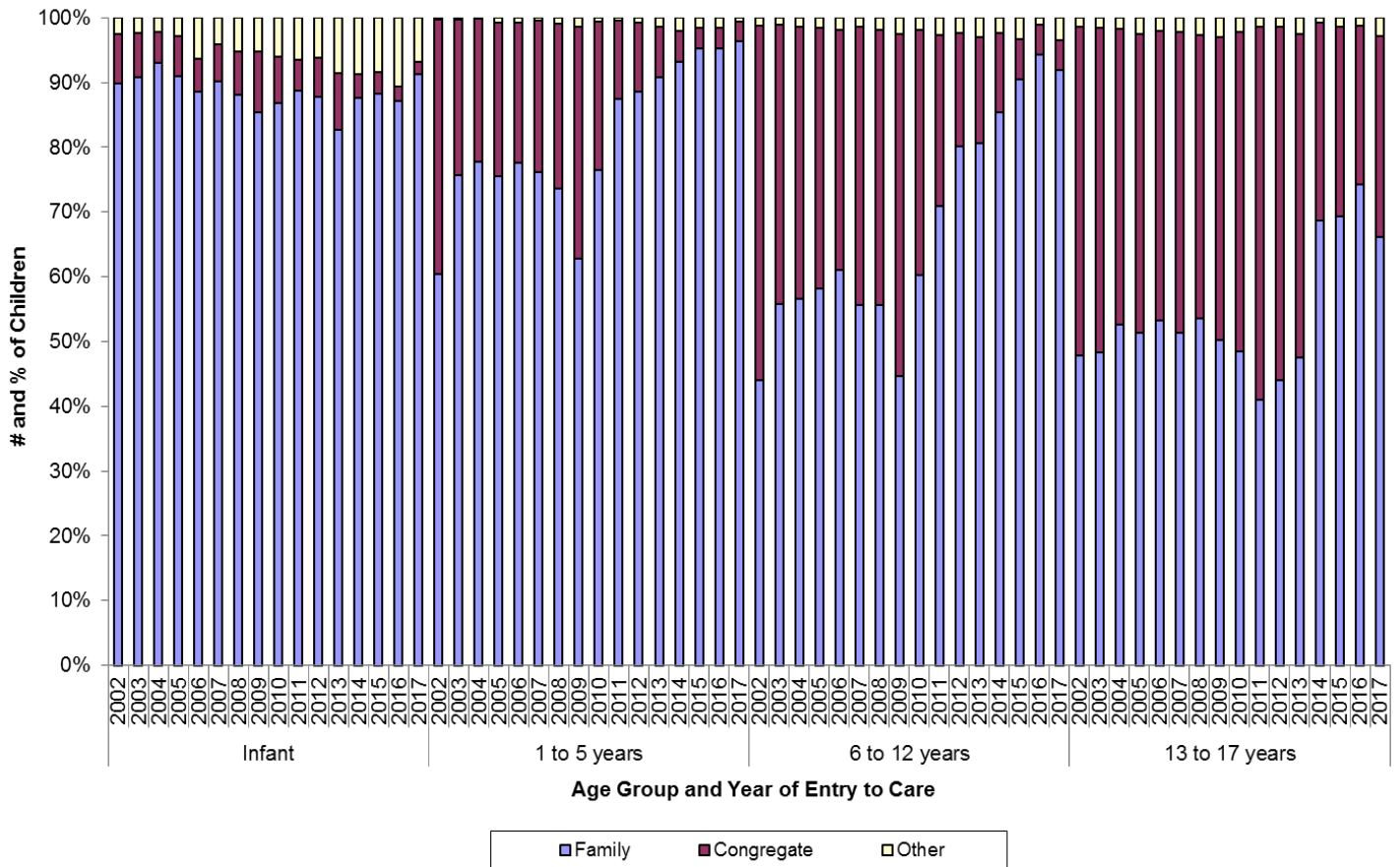


The next table shows specific care types used month-by-month for entries between October 2016 and September 2017.

		Case Summaries											
First placement type		enterOct16	enterNov16	enterDec16	enterJan17	enterFeb17	enterMar17	enterApr17	enterMay17	enterJun17	enterJul17	enterAug17	enterSep17
Residential	N	3	2	3	3	2	2	2	4	3	2	2	7
	%	1.5%	1.3%	1.6%	1.5%	1.4%	0.9%	1.4%	1.7%	2.0%	1.7%	0.9%	4.2%
DCF Facilities	N	2	2		4	5	6	2	3	1		1	3
	%	1.0%	1.3%		2.0%	3.5%	2.7%	1.4%	1.3%	0.7%		0.4%	1.8%
Foster Care	N	124	74	100	94	87	124	76	120	75	66	105	79
	%	62.6%	46.5%	54.1%	46.5%	61.3%	56.6%	52.4%	50.4%	49.3%	54.5%	46.9%	47.0%
Group Home	N	1		1	3	2		1	2			1	
	%	0.5%		0.5%	1.5%	1.4%		0.7%	0.8%			0.4%	
Relative Care	N	48	54	62	70	37	60	43	77	55	38	81	51
	%	24.2%	34.0%	33.5%	34.7%	26.1%	27.4%	29.7%	32.4%	36.2%	31.4%	36.2%	30.4%
Medical	N	7	10	5	8	4	4	7	8	5	3	7	7
	%	3.5%	6.3%	2.7%	4.0%	2.8%	1.8%	4.8%	3.4%	3.3%	2.5%	3.1%	4.2%
Safe Home	N	1	4	2	6	2	4	3	9	4	4	2	7
	%	0.5%	2.5%	1.1%	3.0%	1.4%	1.8%	2.1%	3.8%	2.6%	3.3%	0.9%	4.2%
Shelter	N	4	3	6	3	2	6	5	3	2	1	2	4
	%	2.0%	1.9%	3.2%	1.5%	1.4%	2.7%	3.4%	1.3%	1.3%	0.8%	0.9%	2.4%
Special Study	N	8	10	6	11	1	13	6	12	7	7	23	10
	%	4.0%	6.3%	3.2%	5.4%	0.7%	5.9%	4.1%	5.0%	4.6%	5.8%	10.3%	6.0%
Total	N	198	159	185	202	142	219	145	238	152	121	224	168
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

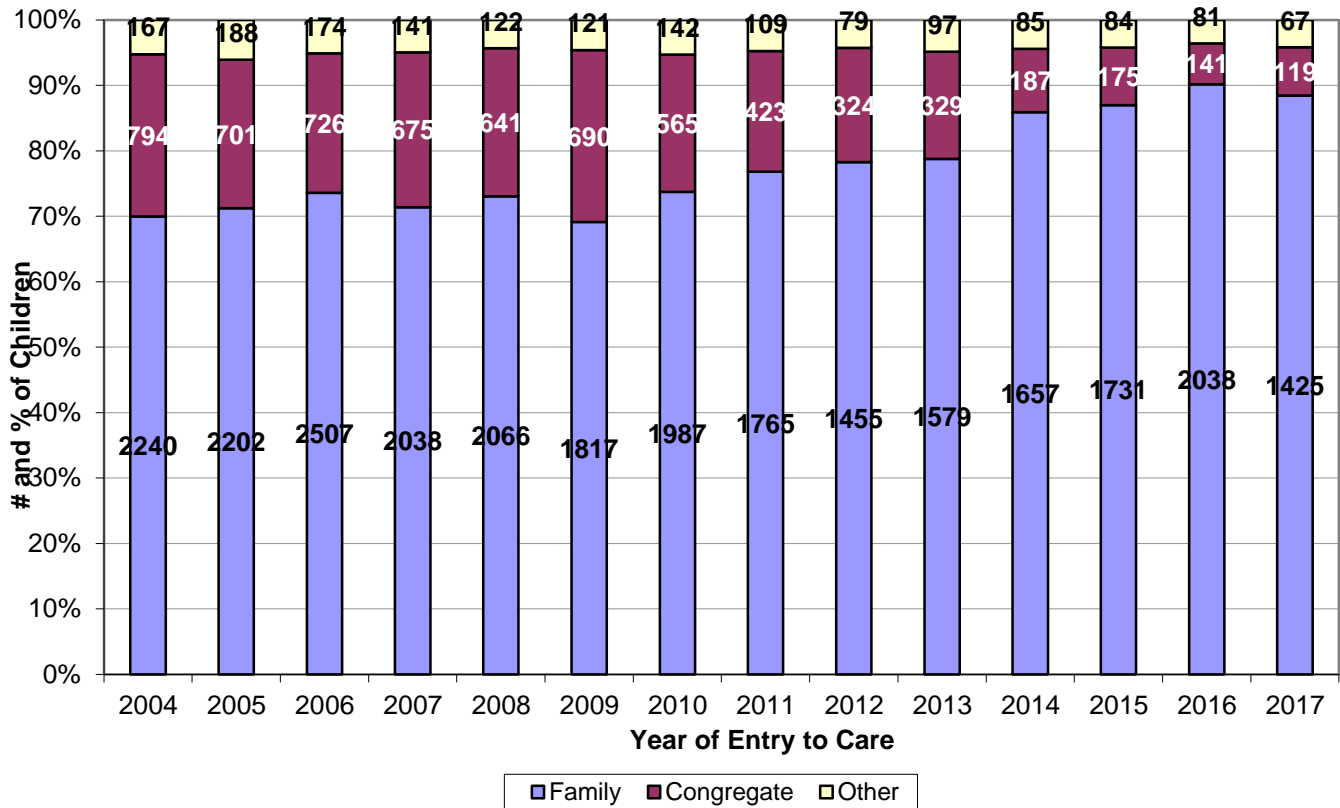
The chart below shows the change in level of care usage over time for different age groups.

**Children's Initial Placement Settings By Age And Entry Cohort**



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 2004 through 2017 admission cohorts.

**Children's Predominant Placement Type (by Entry Cohort)**



The following chart shows monthly statistics of children who exited from DCF placements between October 2016 and September 2017, 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)		exitOct16	exitNov16	exitDec16	exitJan17	exitFeb17	exitMar17	exitApr17	exitMay17	exitJun17	exitJul17	exitAug17	exitSep17
Residential	N	3	3	5	4	1	4	1	1	5	1	2	4
	%	1.7%	1.3%	3.8%	2.8%	0.6%	2.2%	0.6%	0.6%	2.7%	0.6%	0.9%	2.5%
DCF Facilities	N		2	4	1	1	3	1	1	3	1	1	2
	%		0.9%	3.1%	0.7%	0.6%	1.7%	0.6%	0.6%	1.6%	0.6%	0.5%	1.2%
Foster Care	N	79	124	63	49	73	77	55	80	69	60	107	73
	%	45.7%	54.9%	48.1%	34.8%	47.1%	43.3%	35.0%	45.7%	37.5%	37.0%	50.5%	44.8%
Group Home	N	10	6	2	6	6	4	5	3	5	3	7	3
	%	5.8%	2.7%	1.5%	4.3%	3.9%	2.2%	3.2%	1.7%	2.7%	1.9%	3.3%	1.8%
Independent Living	N	1	3	1	4	3	6	2	6	2	1	2	3
	%	0.6%	1.3%	0.8%	2.8%	1.9%	3.4%	1.3%	3.4%	1.1%	0.6%	0.9%	1.8%
Relative Care	N	62	69	42	63	56	60	68	61	78	74	75	58
	%	35.8%	30.5%	32.1%	44.7%	36.1%	33.7%	43.3%	34.9%	42.4%	45.7%	35.4%	35.6%
Medical	N	2	2	4	3	3	2	2		3	4	2	1
	%	1.2%	0.9%	3.1%	2.1%	1.9%	1.1%	1.3%		1.6%	2.5%	0.9%	0.6%
Safe Home	N	1	3	1		2	2	2	3	3	1	3	1
	%	0.6%	1.3%	0.8%		1.3%	1.1%	1.3%	1.7%	1.6%	0.6%	1.4%	0.6%
Shelter	N	4	2	1	3		4	2	2	4	4	2	2
	%	2.3%	0.9%	0.8%	2.1%		2.2%	1.3%	1.1%	2.2%	2.5%	0.9%	1.2%
Special Study	N	10	11	7	7	9	16	17	16	12	8	10	13
	%	5.8%	4.9%	5.3%	5.0%	5.8%	9.0%	10.8%	9.1%	6.5%	4.9%	4.7%	8.0%
Unknown	N	1	1	1	1	1		2	2		5	1	3
	%	0.6%	0.4%	0.8%	0.7%	0.6%		1.3%	1.1%		3.1%	0.5%	1.8%
Total	N	173	226	131	141	155	178	157	175	184	162	212	163
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The next chart shows the primary placement type for children who were in care on October 1, 2017 organized by length of time in care.

			Primary type of spell (>50%) * Duration Category Crosstabulation							
			Duration Category							
			30	90	180	365	545	1095	1095	Total
Primary type of	Residential	Count	2	3	24	52	65	101	75	322
		% Row	0.6%	0.9%	7.5%	16.1%	20.2%	31.4%	23.3%	100.0%
		% Col	0.2%	0.4%	3.6%	5.9%	10.4%	8.3%	6.0%	4.9%
DCF Facilities	DCF Facilities	Count	1	3	4	14	6	4	6	38
		% Row	2.6%	7.9%	10.5%	36.8%	15.8%	10.5%	15.8%	100.0%
		% Col	0.1%	0.4%	0.6%	1.6%	1.0%	0.3%	0.5%	0.6%
Foster Care	Foster Care	Count	15	34	96	276	253	603	738	2015
		% Row	0.7%	1.7%	4.8%	13.7%	12.6%	29.9%	36.6%	100.0%
		% Col	1.2%	4.5%	14.3%	31.3%	40.5%	49.4%	59.0%	30.4%
Group Home	Group Home	Count	2	2	11	36	39	85	88	263
		% Row	0.8%	0.8%	4.2%	13.7%	14.8%	32.3%	33.5%	100.0%
		% Col	0.2%	0.3%	1.6%	4.1%	6.2%	7.0%	7.0%	4.0%
Independent	Independent	Count	0	0	1	6	2	6	15	30
		% Row	0.0%	0.0%	3.3%	20.0%	6.7%	20.0%	50.0%	100.0%
		% Col	0.0%	0.0%	0.1%	0.7%	0.3%	0.5%	1.2%	0.5%
Relative Care	Relative Care	Count	8	27	56	129	128	217	69	634
		% Row	1.3%	4.3%	8.8%	20.3%	20.2%	34.2%	10.9%	100.0%
		% Col	0.7%	3.5%	8.3%	14.6%	20.5%	17.8%	5.5%	9.6%
Medical	Medical	Count	0	2	0	9	4	3	0	18
		% Row	0.0%	11.1%	0.0%	50.0%	22.2%	16.7%	0.0%	100.0%
		% Col	0.0%	0.3%	0.0%	1.0%	0.6%	0.2%	0.0%	0.3%
Mixed (none	Mixed (none	Count	1	9	18	31	43	95	212	409
		% Row	0.2%	2.2%	4.4%	7.6%	10.5%	23.2%	51.8%	100.0%
		% Col	0.1%	1.2%	2.7%	3.5%	6.9%	7.8%	17.0%	6.2%
Safe Home	Safe Home	Count	829	368	249	177	34	29	6	1692
		% Row	49.0%	21.7%	14.7%	10.5%	2.0%	1.7%	0.4%	100.0%
		% Col	67.6%	48.3%	37.1%	20.1%	5.4%	2.4%	0.5%	25.5%
Shelter	Shelter	Count	368	307	193	111	26	20	0	1025
		% Row	35.9%	30.0%	18.8%	10.8%	2.5%	2.0%	0.0%	100.0%
		% Col	30.0%	40.3%	28.8%	12.6%	4.2%	1.6%	0.0%	15.4%
Special Study	Special Study	Count	0	2	13	38	22	48	36	159
		% Row	0.0%	1.3%	8.2%	23.9%	13.8%	30.2%	22.6%	100.0%
		% Col	0.0%	0.3%	1.9%	4.3%	3.5%	3.9%	2.9%	2.4%
Unknown	Unknown	Count	1	5	6	3	3	9	5	32
		% Row	3.1%	15.6%	18.8%	9.4%	9.4%	28.1%	15.6%	100.0%
		% Col	0.1%	0.7%	0.9%	0.3%	0.5%	0.7%	0.4%	0.5%
Total	Total	Count	1227	762	671	882	625	1220	1250	6637
		% Row	18.5%	11.5%	10.1%	13.3%	9.4%	18.4%	18.8%	100.0%
		% Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

### Congregate Care Settings

Placement Issues	Aug 2016	Nov 2016	Feb 2017	May 2017	Aug 2017	Nov 2017
Total number of children 12 years old and under, in Congregate Care	12	16	16	14	17	20
• Number of children 12 years old and under, in DCF Facilities	2	2	0	0	0	0
• Number of children 12 years old and under, in Group Homes	2	2	4	4	5	6
• Number of children 12 years old and under, in Residential	8	8	8	9	9	8
• Number of children 12 years old and under, in Safe Home or SFIT	0	2	2	1	2	3
• Number of children 12 years old and under in Shelter	0	2	2	0	1	3
Total number of children ages 13-17 in Congregate Placements	238	231	229	245	237	243

### Use of SAFE Homes, Shelters and PDCs

The analysis below provides longitudinal data for children (which may include youth ages 18 and older) who entered care in Safe Homes, Permanency Diagnostic Centers and Shelters.

	Period of Entry to Care													
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Total Entries</b>	3201	3091	3407	2854	2829	2628	2694	2297	1858	2005	1929	1990	2260	1611
<b>SAFE Homes/ SFIT</b>	452 14%	394 13%	395 12%	382 13%	335 12%	471 18%	331 12%	145 6%	68 4%	56 3%	30 2%	9 0%	23 1%	41 3%
<b>Shelter</b>	147 5%	178 6%	114 3%	136 5%	144 5%	186 7%	175 6%	194 8%	169 9%	175 9%	91 5%	58 3%	53 2%	28 2%
<b>Total</b>	599 19%	572 19%	509 15%	518 18%	479 17%	657 25%	506 19%	339 15%	237 13%	231 12%	121 6%	67 3%	76 3%	69 4%

	Period of Entry to Care													
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Total Initial Plcmnts</b>	599	572	509	518	479	657	506	339	237	231	121	67	76	69
<= 30 days	249 41.6%	241 42.1%	186 36.5%	162 31.3%	150 31.3%	229 34.9%	135 26.7%	103 30.4%	60 25.3%	63 27.3%	37 30.6%	28 41.8%	28 36.80%	34 49.3%
31 - 60	102 17.0%	114 19.9%	73 14.3%	73 14.1%	102 21.3%	110 16.7%	106 20.9%	56 16.5%	44 18.6%	41 17.7%	27 22.3%	9 13.4%	13 17.10%	19 27.5%
61 - 91	80 13.4%	76 13.3%	87 17.1%	79 15.3%	85 17.7%	157 23.9%	91 18.0%	54 15.9%	39 16.5%	38 16.5%	18 14.9%	8 11.9%	8 10.50%	6 8.7%
92 - 183	124 20.7%	100 17.5%	118 23.2%	131 25.3%	110 23.0%	124 18.9%	136 26.9%	84 24.8%	56 23.6%	57 24.7%	24 19.8%	15 22.4%	17 22.40%	8 11.6%
184+	44	41	45	73	32	37	38	42	38	32	15	7	10	2

	Period of Entry to Care													
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Total Initial Plcmnts</b>	599	572	509	518	479	657	506	339	237	231	121	67	76	69
	7.3%	7.2%	8.8%	14.1%	6.7%	5.6%	7.5%	12.4%	16.0%	13.9%	12.4%	10.4%	13.20%	2.9%

The following is the point-in-time data taken from the monthly LINK data, and may include those youth ages 18 and older.

Placement Issues	May 2016	Aug 2016	Nov 2016	Feb 2017	May 2017	Aug 2017	Nov 2017
Total number of children in SAFE Home/SFIT	7	9	8	8	8	8	11
• Number of children in SAFE Home/SFIT, > 60 days	1	4	4	4	3	3	4
• Number of children in SAFE Home/SFIT, >= 6 months	0	1	1	0	0	0	1
Total number of children in STAR/Shelter Placement	29	32	24	29	29	25	26
• Number of children in STAR/Shelter Placement, > 60 days	19	19	13	16	12	16	16
• Number of children in STAR/Shelter Placement, >= 6 months	5	4	5	5	2	4	1
Total number of children in MH Shelter	0	0	0	0	0	0	0
• Total number of children in MH Shelter, > 60 days	0	0	0	0	0	0	0
• Total number of children in MH Shelter, >= 6 months	0	0	0	0	0	0	0

### Time in Residential Care

Placement Issues	May 2016	Aug 2016	Nov 2016	Feb 2017	May 2017	Aug 2017	Nov 2017
Total number of children in Residential care	99	91	81	89	86	86	89
• Number of children in Residential care, >= 12 months in Residential placement	32	27	19	22	24	27	31
• Number of children in Residential care, >= 60 months in Residential placement	2	2	0	1	0	0	0

*Appendix A*  
**2017 Revised Exit Plan**



UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT

FILED

-----x  
JUAN F., *et al.*, )  
 )  
 Plaintiffs, )  
 )  
 v. )  
 )  
 )  
 DANIEL P. MALLOY, *et al.*, )  
 )  
 Defendants. )  
-----x

2017 DEC 13 A 9 40

US DISTRICT COURT  
BRIDGEPORT CT

CIVIL NO. 2:89cv00859 (SRU)

2017 REVISED EXIT PLAN

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**November, 2017**

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## Introduction

1. The Juan F. class is:
  - A. All children who are now, or will be, in the care, custody, or supervision of the Commissioner of the Department of Children and Families as a result of being abused, neglected or abandoned or being found at risk of such maltreatment; and
  - B. All children about whom the Department knows, or should know by virtue of a report to the Department, who are now, or will be, abused, neglected or abandoned, or who are now, or will be, at serious risk of such maltreatment.
2. The Court Monitor reserves the rights, authorities and responsibilities granted in the Monitoring Order of December 1, 1992, as modified, and all the rights, authorities and responsibilities granted in the October 7, 2003 Stipulation and Order (Dkt. #447), and in the 2005 Revised Monitoring Order (Dkt. #501), all of which are incorporated in this Exit Plan by reference.
3. The Defendants shall provide funding and other resources necessary to fully implement and achieve sustained compliance with the 2017 Revised Exit Plan.
4. A joint strategic plan will be developed by the DCF Commissioner in consultation with the Court Monitor, to address compliance with the 2017 Revised Exit Plan Outcome Measures. The sole purpose of the strategic plan is to guide DCF in its implementation of the 2017 Revised Exit Plan Outcome Measures. The strategic plan will be completed within 60 days of the entry of this 2017 Revised Exit Plan. It will be reviewed by the DCF Commissioner and the Court Monitor and updated, as needed, on a monthly basis.
5. The Defendants will provide timely notification to the Court Monitor of any actual or planned reductions of a material nature in DCF programs, staffing and services pertaining to the Juan F. class.

## 2017 REVISED EXIT PLAN OUTCOME MEASURES THAT MUST BE ACHIEVED<sup>1</sup>

### Revised Outcome Measure 1: Commencement of Investigation/FAR

DCF shall assure that at least 90% of all reports of children alleged to be abused, or neglected, shall be prioritized, assigned and the investigation/FAR (Family Assessment Response) shall commence within the time frames specified below.

If the report of child abuse or neglect is determined by the DCF Careline to be:

- A. A situation in which failure to respond immediately could result in the death of, or serious injury to, a child; then the response time for commencing an investigation is the same calendar day Careline accepts the report.
- B. A non-life threatening situation that is severe enough to warrant a 24-hour response to secure the safety of the child and to access the appropriate and available witnesses, then the response time for commencing an investigation is 24 hours.
- C. A non-life threatening situation that, because of the age or condition of the child, indicates that the response time for commencing an investigation is 72 hours.

<sup>1</sup> The 2006 Revised Exit Plan Outcome Measures are herewith renumbered as follows:

Cross-reference of Measures from 2006 to 2017 Exit Plan		
2006 Measure	Description	2017 Measure
OM1	Commencement of Investigation	OM 1
OM2	Completion of Investigation	OM 2
OM3	Case Plans	OM 3
OM4	Search for Relatives	Compliant
OM5	Repeat Maltreatment (In-Home)	OM 7
OM6	Maltreatment of Children in OOH Care	OM 8
OM7	Reunification	Compliant
OM8	Adoption	Compliant
OM9	Transfer Of Guardianship	Compliant
OM10	Sibling Placement	OM 13
OM11	Re-Entry into DCF Custody	OM 9
OM12	Multiple Placements	OM 12
OM13	Foster Parent Training	Compliant
OM14	Placement within Licensed Capacity	OM 11
OM15	Needs Met	OM 4
OM16	SW/Child Visitation (CIP)	OM 10
OM17	SW/Child Visitation (In-Home)	OM 5
OM18	Caseload Standards	OM 6
OM19	Reduction of CIP in Residential	OM14
OM20	Discharge Measure	Compliant
OM21	Discharge of Mentally Ill or DDS Children	Compliant
OM22	MDE	Compliant

## **Revised Outcome Measure 2: Completion of the Investigation/FAR**

At least 85% of all reports of alleged child maltreatment accepted by the DCF Careline shall have their investigations completed within 45 calendar days of acceptance by the Careline.

## **Revised Outcome Measure 3: Case Plans**

Except probate, interstate, and subsidy only cases, appropriate case plans shall be developed as set forth in the “DCF Court Monitor’s Protocol for Outcome Measures 3 and 4” and the accompanying “Directional Guide for Outcome Measures 3 and 4 Reviews” attached collectively as Appendix B hereto. The enforceable domains of this Outcome Measure shall not include the “overall score” domain. The domains in Appendix B for which compliance at 90% or better has been met for a quarter and then sustained for an additional quarter as of the date of this 2017 Revised Exit Plan, shall be considered to have achieved Pre-Certification. There are no domains that currently qualify for Pre-Certification.

For each domain, once compliance at 90% or better has been met for one quarter and then sustained for an additional quarter, that domain shall also be considered to have achieved Pre-Certification.

Once all of the domains achieve Pre-Certification, then Outcome Measure 3 shall be considered to have achieved Pre-Certification and subject to the process in Paragraphs 10 and 11 hereof as to whether a final review is required in connection with a request to terminate jurisdiction over this action.

## **Revised Outcome Measure 4: Children’s Needs Met**

Families and children shall have their medical, dental, mental health, and other service needs met as set forth in the “DCF Court Monitor’s Protocol for Outcome Measures 3 and 4” and the accompanying “Directional Guide for Outcome Measures 3 and 4 Reviews,” attached collectively as Appendix B hereto. The enforceable domains of this Outcome Measure shall not include the “all needs met” domain. The domains in Appendix B for which compliance at 85% or better has been met for a quarter and then sustained for an additional quarter as of the date of this 2017 Revised Exit Plan, shall be considered to have achieved Pre-Certification.

Those domains include:

- Risk: Child-in-Placement
- Securing the Permanent Placement
- DCF Case Management-Legal action to achieve the permanency goal in the prior six months
- DCF Case Management-Recruitment for placement providers to achieve permanency goal during the prior six months
- Child’s current placement
- Education

For each of the remaining domains, once compliance at 85% or better has been met for a quarter and then sustained for an additional quarter, that domain shall also be considered to have achieved Pre-Certification. The remaining domains include:

- Risk: In-Home
- DCF Case Management - Contracting or providing services to achieve permanency during the prior six months;
- Medical needs;
- Dental needs;
- Mental health, behavioral and substance abuse services.

Once all of the domains achieve Pre-Certification, then Outcome Measure 4 shall be considered to have achieved Pre-Certification and subject to the process in Paragraphs 10 and 11 hereof as to whether a final review is required in connection with a request to terminate jurisdiction over this action.

#### **Revised Outcome Measure 5: Worker-Child Visitation (In-Home)**

DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases.

#### **Revised Outcome Measure 6: Caseload Standards**

The caseload of no DCF social worker shall exceed the following caseload standards, with exceptions for emergency reasons on caseloads, lasting no more than 30 days. Additionally, the average caseload of all caseload carrying DCF social workers in each of the following categories shall not exceed 0.75 (*i.e.*, 75% utilization) of these maximum caseload standards:

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

## **PRE-CERTIFIED OUTCOME MEASURES THAT MUST BE SUSTAINED**

### **Outcome Measure 7: Repeat Maltreatment of Children**

No more than 7% of the children who are victims of substantiated maltreatment during any six-month period shall be the substantiated victims of additional maltreatment during any subsequent six-month period.

### **Outcome Measure 8: Maltreatment of Children in Out-of-Home Care**

No more than 2% of the children in out-of-home care shall be the victims of substantiated maltreatment by substitute caregivers while in out-of-home care.

### **Outcome Measure 9: Re-Entry into DCF Custody**

Of all children who enter DCF custody, 7% or fewer shall have re-entered care within 12 months of the prior out-of-home placement.

### **Outcome Measure 10: Worker-Child Visitation (Out-of-Home)**

DCF shall visit at least 85% of all out-of-home children at least once each month, except for probate, interstate or voluntary cases. All children must be seen by their DCF social worker at least quarterly.

### **Outcome Measure 11: Placement Within Licensed Capacity**

At least 96% of all children placed in foster homes shall be in foster homes operating within their licensed capacity, except where necessary to accommodate sibling groups.

### **Outcome Measure 12: Multiple Placements**

At least 85% of the children in DCF custody shall experience no more than three (3) placements during any 12-month period.

### **Outcome Measure 13: Sibling Placement**

At least 95% of the siblings entering out-of-home placement shall be placed together unless there are documented therapeutic reasons for separate placements.

### **Outcome Measure 14: Reduction in the Number of Children Placed in Residential Care**

The number of children placed in privately operated residential treatment care shall not exceed 11% of the total number of children in DCF out-of-home care.

6. No Outcome Measures other than the 2017 Revised Exit Plan Outcome Measures and the Pre-Certified Outcome Measures shall be subject to further monitoring, review or court action. The parties are in agreement to terminate jurisdiction over the following 2006 Revised Exit Plan Pre-Certified Outcome Measures:
  - OM 4 Search for Relatives
  - OM 7 Reunification
  - OM 8 Adoption
  - OM 9 Transfer of Guardianship
  - OM 13 Foster Parent Training
  - OM 20 Discharge Measures
  - OM 21 Discharge of Mentally Ill or Developmentally Disabled Children
  - OM 22 Multi-Disciplinary Exams
  
7. The parties agree to terminate jurisdiction over the following 2017 Revised Exit Plan Pre-Certified Outcome Measures if the Defendants sustain compliance with the measures through the end of the Second Calendar Quarter 2018 (June 30, 2018).
  - OM 11 Placement within Licensed Capacity
  - OM 12 Multiple Placements
  - OM 13 Sibling Placement
  - OM 14 Reduction in the Number of Children in Residential Capacity
  
8. Reporting by the Court Monitor on all Revised Outcome Measures is required on a quarterly basis until the Court issues an order terminating jurisdiction over the action, except that public filing of reports by the Court Monitor may occur on a six-month basis and cover two quarters of performance.

Until jurisdiction over this matter is terminated by the Court, the parties agree that the DCF Court Monitor shall have discretion to conduct and provide for such additional reporting and case reviews to determine compliance or sustained compliance that are consistent with the terms of the 2017 Revised Exit Plan, as modified, and under any other applicable Court orders.

There shall be no changes to the measurement procedures to be used to determine and sustain compliance with Outcome Measure 3 and 4 except as may be ordered by the Court.

The Court Monitor's measurement procedures used to determine and sustain compliance with the Revised Outcome Measures in this 2017 Agreement are set forth in Appendix A attached hereto.

The Court Monitor's protocols and directional guides for Revised Outcome Measures 3 and 4 to be achieved, as amended pursuant to this 2017 Agreement, are set forth in Appendix B, attached hereto.

The methodology, including protocols and directional guides, for review of Revised Outcome Measures 1, 2, 5, and 6 for Pre-Certification will be developed by the Court Monitor with input from the parties.




9. The Defendants must be in compliance with all of the outcome measures, and in sustained compliance with all of the outcome measures for at least two quarters (six months) prior to asserting compliance and shall maintain compliance through any decision to terminate jurisdiction. The parties shall have meaningful opportunity to be heard by the Court Monitor before he renders his findings and recommendations.
  
10. Pre-Certification. If DCF has met the requirements for any Revised Outcome Measure and sustained compliance for at least one (1) additional and consecutive quarter (6 months total), the Court Monitor shall conduct a “pre-certification review” of that Outcome Measure (“Pre-Certification Review”). Pre-Certification Reviews have already taken place and are applicable to Outcome Measures 7, 8, 9, 10, 11, 12, 13, and 14 of the 2017 Revised Exit Plan. The purpose of the Pre-Certification Review is to recognize DCF’s sustained improved performance, to identify and provide a prompt and timely opportunity to remedy any problem areas that are affecting the well-being of *Juan F.* class members, and to increase the efficiency of DCF’s eventual complete compliance and exit from this action. Other than conducting the Pre-Certification Review earlier than the final review mandated by paragraph 11, the Pre-Certification Review will be conducted in accordance with the provision for review as described in paragraph 8, unless otherwise agreed upon by the parties and the Court Monitor. If the Pre-Certification Review with respect to a particular Revised Outcome Measure: (a) does not identify any material issues requiring remediation; and (b) no assertions of noncompliance with the specific Revised Outcome Measures(s) at issue are pending at the time Defendants assert sustained compliance with the Outcome Measures; and (c) the Court Monitor has not identified any material issues requiring remediation subsequent to the Pre-Certification, the final review as per paragraph 11 of this 2017 Revised Exit Plan will not be required after the Defendants assert sustained compliance with all Outcome Measures. In conducting any Pre-Certification Review or final review of the Defendants’ compliance with any specific Outcome Measure, the Court Monitor may also consider any current measurement methodologies, including any methodologies employed by the federal Department of Health and Human Services (HHS), Administration for Children Youth and Families (ACYF), in its Child and Family Services (CFSR) reviews and in any Annual Progress and Services Review (APSR) reports issued pertaining to DCF.
  
11. To seek termination of the Court’s jurisdiction over this action, Defendants may not seek to terminate jurisdiction over individual Outcome Measures; rather, simultaneous compliance with all of the Revised and Pre-Certified Outcome Measures is a prerequisite to seeking termination of jurisdiction over all of the Outcome Measures and this action. If Defendants assert compliance and request termination of jurisdiction over this action, the Court Monitor shall, prior to the Court’s adjudication of the Defendants’ motion, determine which, if any, Outcome Measures require a final review in order to assess the Defendants’ achievements, subject to Paragraph 10 of this 2017 Revised Exit Plan. The Court Monitor’s determination on which Outcome Measures require a final review shall be conclusive and binding on the parties. For any Outcome Measures requiring a final review, the Court Monitor shall conduct a review of a statistically significant valid


sample of case files at the 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance with their obligations. The Court Monitor shall then present findings and recommendations to the District Court in connection with the Defendants' request for termination of jurisdiction over this action. The parties shall have a timely and meaningful opportunity to be heard by the Court Monitor before he submits any findings and recommendations to the Court, which findings and recommendations shall be submitted no more than 90 days from the submission of the Defendant's motion. The parties shall also have a meaningful opportunity to be heard by the Court before any ruling is rendered with respect to a motion to terminate jurisdiction over this action. Defendants shall maintain compliance through any final decision to terminate jurisdiction over this action. This 2017 Revised Exit Plan shall not limit any rights of any party to seek any relief from the Court under applicable federal law.

12. In furtherance of the parties' mutual desire to achieve sustained compliance and an end to this Consent Decree as soon as possible, the parties agree to meet at least monthly to review progress and concerns. It is the parties' intention to continue this process for at least one year, unless either party determines, and notifies the other, that the process is no longer productive or useful.
13. Should either party determine in good faith that the process described in paragraph 12 is not productive or useful in achieving its goals, that party may provide notice of that determination in writing. After 30 days of providing that notice, if the party giving notice chooses to do so, it may seek whatever assistance it deems appropriate from the Special Master, who may work further with the parties to resolve concerns.
14. Upon approval and entry of this 2017 Revised Exit Plan, Plaintiffs will promptly withdraw, without prejudice, the "Notice of Noncompliance" of February 1, 2017.
15. The United States District Court for the District of Connecticut retains continuing jurisdiction over this action until the Court issues a final order terminating such jurisdiction.

**THE PLAINTIFFS,**

**By:**

  
\_\_\_\_\_  
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By: 

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A handwritten signature in black ink, appearing to read "Raymond Mancuso", written over a horizontal line.

**Raymond Mancuso**

**DCF Court Monitor**

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**ORDER**

The foregoing having been considered by the Court, it is approved and so ordered.

By: /s/Stefan R. Underhill  
**Honorable Stefan R. Underhill**  
U.S. District Judge  
United States District Court  
915 Lafayette Boulevard  
Bridgeport, CT 06604

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*Appendix B*

**Commissioner's Highlights from: The Department of Children and  
Families Exit Plan Outcome Measures-Status Report  
(April 1, 2017 – September 30, 2017)**

## **Commissioner Statement January 5, 2018**

With trust and support comes obligations and accountability. I start with this because just a few weeks ago the Department of Children and Families received both expressions of confidence from the Honorable Stefan R. Underhill in the revised *Juan F.* Consent Decree and a commitment to needed resources from Governor Malloy.

In approving a revised Exit Plan that supports the Department's focus on a significantly narrowed set of outcomes, Judge Underhill made a repeated point of stressing the "sustained progress" of Connecticut's child welfare system and specifically, the Department. I want to thank Judge Underhill for his support because that resonates on many levels and does help to shift the narrative that we are a beleaguered agency, because we are not. Sustaining our staff's commitment and building morale to continue this work requires a level of resilience and strength, and this acknowledgment by Judge Underhill is especially meaningful and greatly appreciated to supporting both.

Equally vital is the infusion of resources that Governor Malloy has committed to the Department – even in these most difficult of times for the State. The addition of 120 social workers is absolutely essential to our success in meeting the remaining six outcomes under the revised Exit Plan and sustaining eight more that we have already achieved. We all recognize that our caseloads have swelled for a variety of factors including an opioid crisis gripping the nation. With this rising caseload trend, no level of skill and determination will be enough for our staff to conduct the quality of work our children and families deserve when caseloads are already too high.

Finally, I want to extend my deep appreciation to our staff. Our social workers, supervisors and managers have conducted the work with families to successfully reduce the number of children in care, dramatically reduce the number of children in congregate care settings and significantly increase the rate of kinship homes. This remarkable achievement is a testament to their skills and also to their values. They have believed in engaging our families as part of the solution to the challenges they are facing, and this approach has empowered our families.

While acknowledging successes, we also need to acknowledge the areas where we continue to struggle and commit ourselves to focusing on those areas with everything in our arsenal. These are areas like client engagement where we recognize that if we cannot effectively engage our families in discussions about case plans and service needs, the likelihood that we get them on a path for success is slim. We have to dig deeper with our efforts to engage fathers too, especially non-custodial dads and relatives, because we have found that when we do, dads and paternal relatives are not only interested in helping support their children, but often help build that critical network of support that every child needs and deserves.

This effort will also elevate our permanency work, another area needing improvement as cited by the Court Monitor's reviews, as well as most recent federal Child and Family Services Review (CFSR). Our goals remain clear – a meaningful and preferred



permanency plan for every child in care – whether that is reunification, adoption or transfer of guardianship. We do not do this work alone and so our partnership with the juvenile courts and lawyers involved in these cases will be a critical area of focus for us in 2018.

One other area where we will be making a significant investment in 2018 is the restructuring of internal service coordination and contract management processes that we believe will help enhance our case practice and engagement with families in numerous ways. The ***Enhanced Service Coordination Project*** will entail a Regional roll-out of designated service coordinators to help screen for service needs and provide recommendations for the case plan. This effort will also entail having DCF’s Regional Resource Groups, our clinicians, screening cases on a more consistent basis and at an earlier touchpoint in the case. Consistent engagement of RRG staff in case planning has been a recurring recommendation by the Court Monitor’s Office, and we believe both of these operational adjustments, which many Regions have been testing on an ad hoc basis, will help ensure that we have a comprehensive, holistic case plan that will better meet the needs of our families. On the back end, the Project will help DCF to be more purposeful in our management of services to improve outcomes and safeguard that we are matching the right clients to the right services. This Project was launched in Region 5 in late 2017 through continued technical assistance from the Government Performance Lab at Harvard University’s Kennedy School of Government, and statewide implementation will be completed by fall 2018. We see this effort being a direct complement to our work under the Revised Exit Plan, and this Project will ultimately help the Department sustain our progress once we fully exit.

Another overarching theme that will remain a key priority for DCF in 2018 will be our continued commitment to our Racial Justice work as this is a fundamental core value to achieving equity in positive outcomes for our families. This focus moves us beyond reducing disproportionality of the families who are brought to our attention by the growing community of mandated reporters who also serve these families. We see this being a primary driver for our work under *Juan F.*, as well as the CFSR. To ensure this remains a priority beyond this administration, we are proposing legislation for the Connecticut General Assembly’s 2018 Legislative Session that would embed this as part of our statutory mandate going forward.

All of these areas of focus for 2018 will benefit from the additional staffing ordered by the U.S. District Court. With that, the streamlining of the outcomes and the infusing of staff resources creates a heightened obligation to meet the six remaining goals and sustain the eight that we have met. We have been given the tools to accomplish this, and I am confident that our staff working with our families will have greater supports needed to serve in their best interests.

*Appendix C*  
**Precertification Report**  
**Outcome Measure 13: Foster Parent Training**

## Outcome Measure 13: Foster Parent Training

### Background

The DCF Court Monitor's Office has undertaken a series of pre-certification reviews as part of the agreement of the parties via discussions arising from the 2006 Revised Exit Plan on the 22 Outcome Measures. The latest of the measures to undergo review is Outcome Measure 13: Foster Parent Training.

Outcome Measure 13 requires that,

*Licensed DCF foster or pre-adoptive parents shall be offered 45 hours of post-licensing training within 18 months of initial licensure and at least 9 hours each subsequent year. This measure does not apply to relative, special study or independently licensed foster parents for who 9 hours of pre-services training is required.*

As agreed by the parties if this pre-certification review does not identify any material issues requiring remediation and no assertions of noncompliance with the specific Outcome Measure at issue are pending at the time the parties achieve agreement related to modifications of the 22 Outcome Measures, the parties agree that the full review as outlined in paragraph 5 of the 2006 Juan F. Revised Exit Plan will not be a requirement to exit. The extent of the full review will be decided after discussions and agreement of the parties, and will be formalized in the 2017 Revised Exit Plan.

### Overview

**The Department has consistently reported 100% compliance with this measure.**

This is accurate in the literal interpretation of the measure. The offer of training has consistently been made, and training is available to afford foster parents the opportunity to attend necessary training. The Connecticut Alliance of Foster and Adoptive Families (CAFAF) has an online website identifying statewide training opportunities (<https://cafafct.org/our-services/foster-and-adoptive-training/post-licensing-training/>) and publishes a quarterly bulletin, *Communiqué*, (<https://cafafct.org/newsletter-archive/>) which provides foster and adoptive parents with updates on training opportunities over the coming three month period consistent with the training curriculum requirements. The DCF Training Academy offers some additional opportunities through available community and individual trainings, Foster and Adoption Support Unit (FASU) support groups routinely offer trainings statewide and the on-line foster parent college provides supplemental training opportunities. The private Therapeutic Foster Care network also supports training initiatives throughout the year with trainings and conferences.

This review supplements the quarterly data provided from the Department and CAFAF. Our review of data submitted and reviewed on-line found, as in the 2006-2007 review, that while the schedule for training indicates training opportunities statewide, there have been some gaps in availability by location, and language during the last two quarters available at the time of our request (data ending May 2017). Our review noted deficits in relation to the FASU's support, monitoring, and tracking of the provision of foster parent training as well as the application of the training requirement as a requirement of re-licensure. We

raised our concerns to the DCF Office of Foster and Adoptive Services management staff. In response, the Department has developed and is beginning to implement a plan to address the concerns we have identified. They have begun a process to build capacity for tracking (with Sharepoint) training to support Foster and Adoptive Staff Unit Social Workers in efforts going forward. We have also been advised that alternative language access is no longer an issue as DCF will implement a practice that all classes can be attended with the aid of interpreter services if a session is not offered in the primary language of the foster parent. The Department's plan is provided for reference as an appendix to this document.

**With these issues now addressed, and in consultation with all parties of *Juan F.*, the Court Monitor finds Outcome Measure 13 Pre-Certified as of December 8, 2017.**

### **Methodology**

In July our office undertook a detailed reading of submitted CAFAF reports, and online FASU/OFAS reports. In September and October 2017 Court Monitor Raymond Mancuso held discussions with key Department staff with Office of Foster and Adoption Services. Susan Smith, Chief of Quality and Planning also took part in discussions related to policy and practice in response to questions identified as a result of our review.

### **Review Findings**

Our review of the Connecticut Association of Foster and Adoptive Families (CAFAF) and internal system records provided feedback on three specific issues that could result in non-compliance:

- Language. The OFAS Sharepoint shows that there are 204 homes that are primarily Spanish speaking across the state (Regionally: I – 18, II – 19, III – 28, IV-45, V-57, and VI-37). There is no indicator for any other language and it is unknown if this is because of IT limitations. There were **no** Spanish (or language other than English) speaking course offerings in Norwalk, Milford, Middletown, Norwich, Manchester, Danbury, or Torrington. *There were no other courses in alternative languages other than Spanish offered anywhere in the state. In fact, only seven (7) of the 32 modules are available in Spanish.* It is unclear if Foster Parent College is routinely available in multiple languages. Community trainings may be, but the documentation is inconsistent across the regions. (It appears that not all regions or area offices supplied information at the time of request.)
- Local Access and Availability of Needed Modules. Per the CAFAF schedule, Modules 1, 3, 11, 14, and 26 were not offered anywhere in the state for the period of one year ending May 2017. Modules 1 and 26 are identified as modules to meet the mandate. Module 6: Working as a Professional Team Member was offered only once statewide; but subsequently cancelled. Several modules were offered in some areas but not offered in others area offices/regions.

- Hours of Training Post Licensure. The Agency policy changes to the requirement for the first 18 months post licensure were not consistent with the 45 hour requirement.

Briefly, the major change to the Department's Policy 41-1 was effected June 1, 2017 sun setting the prior policy in place since 2002 (41-26-5). The new policy states:

*"Each core foster parent shall attend six modules of training per year. One module a year shall be on a topic related to trauma and one module a year shall be related to crisis intervention. A CPR module is required every two years. Each training shall last at least one hour and may include conferences, classes, symposiums or other types of training that will enhance the skills needed to care for children. Child-specific caregivers, i.e., relative, fictive kin and independent foster parents, shall be provided with current training information and attend post-licensing training in accordance with his or her individualized training plan, as applicable, and based on the child's specific needs. Note: Refer to the companion Practice Guide to DCF Policy 26-1, "Standards and Practice Regarding the Health Care of Children in DCF's Care," for training requirements specific to foster parents caring for a child with complex medical needs"*

Rather than the policy that had been in effect since 2002:

*"Mandatory post-licensing training consists of forty-five (45) hours of training within eighteen (18) months of initial licensure, as follows:*

- *9 hours: "Supporting Relationships Between Children and Their Families"*
- *9 hours: "Working as a Professional Team Member"*
- *27 hours: Individual selection of Department approved courses as listed on the "Resource Family Support Plan" (DCF-470).*

*Following the completion of the above 45 hours, licensees must attend nine (9) hours of Department approved training in each subsequent year, which may consist of conferences, classes, symposiums or other types of training which will enhance the skills needed to care for children."*

In response to these noted concerns there were additional conversations held with the DCF OFAS and Susan Smith, Chief of Quality and Planning. The foster parent curriculum/practice began to shift to the new standard in 2016 in advance of the policy change. A Commissioner's Memorandum of February 3, 2016 indicates that; all foster parents beginning February 1, 2016 are required to complete six (6) modules of training per year. One of these in trauma and one in Crisis Intervention. CPR refresher training is required bi-annually.

Per the CAFAF website, Modules 1, 10, 19, 22, 24, 25, 26 and 30 satisfy the Trauma requirement and Modules 2, 16 and 17 satisfy the Crisis Intervention requirement. Each region is able to offer forums and trainings that they arrange for their specific populations.

In July 2017, the DCF Office of Foster and Adoptive Services promulgated the new policy and practice guide. The 2017 policy change is agreeable to the plaintiffs. As noted in the current review and our 2007 report, the demand for training courses has not been consistent. Re-licensure expectations established by DCF Policy throughout the years to the current date have not been reinforced within support plans as indicated by policy. Not all CAFAF modules were offered in all areas each quarter, as these modules were subject to low attendance rates or in some instances cancelled due to low interest (see addendum for full schedule). DCF's expansion of modules to include regionally approved support group seminars, on-line foster parent college courses, and conferences throughout the year offers more flexibility in topic and accessibility to meet foster parents' needs. However, the agency still needed to address the fact that guidelines and tracking have not been consistent statewide within LINK or the DCF-470. Tracking of courses taken, including outside providers or on-line, routinely fail to be incorporated into training plans.

The Department has been less than rigorous in respect to the post-licensure training policy of foster families. More emphasis will now be placed on the expectation of foster parents as a knowledgeable team member with Support Workers who reinforce completion of the required training at the time of re-licensure. The plan of action developed (attached) addresses the areas of need for the current and future foster and adoptive family resources. This will impact the future and current pool of foster parents which currently includes:

<b>DCF Licensed Providers as of December 6, 2017 Reporting Date (Sharepoint Site)</b>							
<b>Area Office</b>	<b>Adoptive Care Licensed Homes</b>	<b>CPA Approved Foster/ Adoptive Homes</b>	<b>Non-Relative DCF Foster Homes</b>	<b>Independent Licensed Homes</b>	<b>Relative Licensed Foster Homes</b>	<b>Special Study Foster Homes</b>	<b>All Licensed Resources</b>
<b>Bridgeport</b>	13	4	55	7	52	17	148
<b>Central Office</b>	3	892	2	0	4	2	903
<b>Danbury</b>	13	0	43	4	38	7	105
<b>Hartford</b>	7	3	89	4	75	27	206
<b>Manchester</b>	40	0	66	1	69	11	187
<b>Meriden</b>	5	0	23	2	29	5	64
<b>Middletown</b>	9	0	21	0	27	5	62
<b>Milford</b>	5	0	9	4	37	10	65
<b>New Britain</b>	13	0	78	5	75	20	191
<b>New Haven</b>	21	2	86	0	47	11	167
<b>Norwalk</b>	23	0	50	3	35	6	117
<b>Norwich</b>	26	2	66	9	63	20	186

<b>Torrington</b>	10	0	54	1	26	9	100
<b>Waterbury</b>	16	6	97	4	65	29	217
<b>Willimantic</b>	<u>21</u>	<u>1</u>	<u>58</u>	<u>7</u>	<u>40</u>	<u>15</u>	<u>142</u>
<b>Statewide</b>	225	910	797	51	682	194	2860*

\*There is an additional 34 families identified as respite or child placing agency.

**With these changes in now in place, and ongoing monitoring set; all parties have agreed that the 2006 Outcome Measure 13 is hereby Pre-Certified.**

### Addendum 1: CAFAP Training Schedule July 2016 – May 2017

CAFAP Post Licensing Training Offered/Cancelled- July 1, 2016 thru May 19, 2017										
	Location Town	Canceled	Module	Course Description/Name	Start Date	End Date	Time	Total in Course	Total Certified	Total Not Certified
Region I	Bridgeport		9	Managing the Foster Experience	08/18/2016	09/08/2016	5:30pm-8:30pm	9	4	5
	Bridgeport		13	CPR - Cardiopulmonary Resuscitation	08/03/2016	08/03/2016	5:30pm-8:30pm	16	13	3
	Bridgeport		13	CPR - Cardiopulmonary Resuscitation	11/09/2016	11/09/2016	5:30pm-8:30pm	17	13	4
	Bridgeport		23	Lead Safe Homes	07/21/2016	07/21/2016	5:30pm-8:30pm	12	7	5
	Bridgeport		29	Working and Communicating Effectively with Schools	10/19/2016	10/19/2016	5:30pm-8:30pm	10	6	4
	Bridgeport		30	Fetal Alcohol Spectrum Disorder	09/15/2016	09/15/2016	5:30pm-8:30pm	12	6	6
	Bridgeport	Canceled	2	Using Discipline to Protect, Nurture, and Meet Developmental Needs	08/11/2016	08/18/2016	5:30pm-8:30pm	2	0	2
	Bridgeport		2	Using Discipline to Protect, Nurture, and Meet Developmental Needs	09/21/2016	09/28/2016	5:30pm-8:30pm	6	4	2
	Bridgeport		17	The Oppositional Defiant Child	10/20/2016	10/20/2016	5:30pm-8:30pm	7	6	1
	Bridgeport		13	CPR - Cardiopulmonary Resuscitation	10/19/2016	10/19/2016	5:30pm-8:30pm	10	7	3
	Bridgeport		13	CPR - Cardiopulmonary Resuscitation	10/06/2016	10/06/2016	5:30pm-8:30pm	9	9	0
	Bridgeport		28	Strategies and Resources for Managing Health Care	10/19/2016	10/19/2016	9:30am-12:30pm	10	7	3
	Bridgeport	Canceled	13	CPR - Cardiopulmonary Resuscitation	11/02/2016	11/02/2016	5:30pm-8:30pm	0	0	0
	Bridgeport		25	Domestic Violence	11/17/2016	11/17/2016	6:00pm-8:00pm	10	9	1
	Bridgeport		13	CPR - Cardiopulmonary Resuscitation	01/26/2017	01/26/2017	5:30pm-8:30pm	7	5	2
	Bridgeport		13	CPR - Cardiopulmonary Resuscitation	03/23/2017	03/23/2017	5:30pm-8:30pm	15	14	1
	Bridgeport		13	CPR - Cardiopulmonary Resuscitation	05/11/2017	05/11/2017	5:30pm-8:30pm	14	0	14
	Bridgeport		19	Applied Behavior Analysis: Understanding Challenging Behaviors	03/29/2017	03/29/2017	5:30pm-8:30pm	20	12	8
	Bridgeport	Canceled	19	Applied Behavior Analysis: Understanding Challenging Behaviors	05/18/2017	05/18/2017	5:30pm-8:30pm	3	0	3
Bridgeport		28	Strategies and Resources for Managing Health Care	04/11/2017	04/11/2017	9:30am-12:30pm	6	5	1	



<b>Bridgeport</b>		31	Explaining Adoption to your Children, Family and Friends	04/27/2017	04/27/2017	5:30pm-7:30pm	3	2	1
<b>Bridgeport</b>	Canceled	13	CPR - Cardiopulmonary Resuscitation	02/09/2017	02/09/2017	9:30am-12:30pm	4	0	4
<b>Bridgeport</b>		13	CPR - Cardiopulmonary Resuscitation	03/30/2017	03/30/2017	6:00pm-9:00pm	27	22	5
<b>Bridgeport</b>							<b>230</b>	<b>151</b>	<b>78</b>

Location Town	Canceled	Module	Course Description/Name	Start Date	End Date	Time	Total in Course	Total Certified	Total Not Certified
Norwalk		13	CPR - Cardiopulmonary Resuscitation	10/13/2016	10/13/2016	6:00pm-9:00pm	15	14	1
Norwalk	Canceled	2	Using Discipline to Protect, Nurture, and Meet Developmental Needs	08/11/2016	08/18/2016	6:00pm-9:00pm	1	0	1
Norwalk	Canceled	7	Promoting Children's Personal and Cultural Identity	07/14/2016	07/21/2016	6:00pm-9:00pm	1	0	1
Norwalk		16	Crisis Intervention	12/08/2016	12/08/2016	6:00pm-9:00pm	6	2	4
Norwalk		19	Applied Behavior Analysis: Understanding Challenging Behaviors	09/15/2016	09/15/2016	6:00pm-9:00pm	5	3	2
Norwalk		13	CPR - Cardiopulmonary Resuscitation	11/17/2016	11/17/2016	6:00pm-9:00pm	12	8	4
Norwalk		4	Responding to Signs and Symptoms of Sexual Abuse	01/19/2017	02/02/2017	6:00pm-9:00pm	6	3	3
Norwalk		17	The Oppositional Defiant Child	03/16/2017	03/16/2017	6:00pm-9:00pm	6	0	6
Norwalk	Canceled	24	Bullying	05/18/2017	05/18/2017	6:00pm-9:00pm	3	0	3
Norwalk		13	CPR - Cardiopulmonary Resuscitation	03/30/2017	03/30/2017	6:00pm-9:00pm	18	10	8
Norwalk							<b>73</b>	<b>40</b>	<b>33</b>

	Location Town	Canceled	Module	Course Description/Name	Start Date	End Date	Time	Total in Course	Total Certified	Total Not Certified
Region II	Milford	Canceled	16	Crisis Intervention	10/19/2016	10/19/2016	5:30pm-8:30pm	2	0	2
	Milford	Canceled	18	Ethnic Hair Care	11/16/2016	11/16/2016	5:30pm-8:30pm	2	0	2
	Milford	Canceled	20	Autism	08/17/2016	08/17/2016	5:30pm-8:30pm	2	0	2
	Milford		29	Working and Communicating Effectively with Schools	08/22/2016	08/22/2016	5:30pm-8:30pm	8	8	0
	Milford	Canceled	28	Strategies and Resources for Managing Health Care	09/28/2016	09/28/2016	9:30pm-12:30pm	2	0	2
	Milford		13	CPR - Cardiopulmonary Resuscitation	01/19/2017	01/19/2017	9:30am-12:30pm	10	8	2
	Milford	Canceled	20	Autism	02/13/2017	02/13/2017	5:45pm-7:45pm	6	0	6
	Milford	Canceled	30	Fetal Alcohol Spectrum Disorder	04/27/2017	04/27/2017	6:00pm-8:00pm	1	0	1
	Milford		31	Explaining Adoption to your Children, Family and Friends	04/10/2017	04/10/2017	5:45pm-7:45pm	9	8	1
	Milford		4	Responding to Signs and Symptoms of Sexual Abuse	04/26/2017	04/26/2017	10:00am-1:00pm	2	2	0
	Milford							<b>44</b>	<b>26</b>	<b>18</b>
	New Haven	Canceled	13	CPR - Cardiopulmonary Resuscitation	07/07/2016	07/07/2016	6:00pm-9:00pm	2	0	2
	New Haven		13	CPR - Cardiopulmonary Resuscitation	07/06/2016	07/06/2016	6:00pm-9:00pm	10	6	4
	New Haven		13	CPR - Cardiopulmonary Resuscitation	08/16/2016	08/16/2016	6:00pm-9:00pm	12	0	12
	New Haven		13	CPR - Cardiopulmonary Resuscitation	09/13/2016	09/13/2016	6:00pm-9:00pm	11	8	3
	New Haven		13	CPR - Cardiopulmonary Resuscitation	10/06/2016	10/06/2016	6:00pm-9:00pm	13	10	3
	New Haven		13	CPR - Cardiopulmonary Resuscitation	11/15/2016	11/15/2016	6:00pm-9:00pm	7	5	2
	New Haven		2	Using Discipline to Protect, Nurture, and Meet Developmental Needs	08/04/2016	08/11/2016	9:00am-12:00pm	14	11	3
	New Haven		5	Supporting Relationships between Children and Their Families	10/08/2016	10/15/2016	6:00pm-9:00pm	5	1	4
	New Haven	Canceled	6	Working as a Professional Team Member	08/20/2016	08/27/2016	9:00am-4:00pm	1	0	1
New Haven		8	Promoting Permanency Outcomes	12/03/2016	12/10/2016	9:00am-4:00pm	10	3	7	
New Haven		9	Managing the Foster Experience	10/24/2016	10/31/2016	6:00pm-9:00pm	3	1	2	
New Haven	Canceled	10	Understanding the Effects of Chemical Dependence on Children & Families	07/23/2016	07/30/2016	9:00am-4:00pm	1	0	1	
New Haven		12	Knowing Who You Are: The Adoptees Perspective	11/16/2016	11/16/2016	6:00pm-9:00pm	10	7	3	

New Haven		19	Applied Behavior Analysis: Understanding Challenging Behaviors	12/08/2016	12/08/2016	6:00pm-9:00pm	11	7	4
New Haven	Canceled	25	Domestic Violence	09/06/2016	09/06/2016	6:00pm-9:00pm	2	0	2
New Haven		13	CPR - Cardiopulmonary Resuscitation	07/25/2016	07/25/2016	6:00pm-9:00pm	9	7	2
New Haven		25	Domestic Violence	07/26/2016	07/26/2016	6:00pm-9:00pm	19	14	5
New Haven	Canceled	13	CPR - Cardiopulmonary Resuscitation	08/01/2016	08/01/2016	6:00pm-9:00pm	6	0	6
New Haven		17	The Oppositional Defiant Child	08/16/2016	08/16/2016	6:00pm-9:00pm	15	6	9
New Haven		30	Fetal Alcohol Spectrum Disorder	08/10/2016	08/10/2016	6:00pm-9:00pm	16	12	4
New Haven		29	Working and Communicating Effectively with Schools	08/23/2016	08/23/2016	6:00pm-9:00pm	7	7	0
New Haven		17	The Oppositional Defiant Child	10/25/2016	10/25/2016	6:00pm-8:00pm	23	21	2
<b>Location Town</b>	<b>Canceled</b>	<b>Module</b>	<b>Course Description/Name</b>	<b>Start Date</b>	<b>End Date</b>	<b>Time</b>	<b>Total in Course</b>	<b>Total Certified</b>	<b>Total Not Certified</b>
New Haven		16	Crisis Intervention	11/22/2016	11/22/2016	6:00pm-8:00pm	10	10	0
New Haven	Canceled	30	Fetal Alcohol Spectrum Disorder	09/28/2016	09/28/2016	6:00pm-9:00pm	15	0	15
New Haven		29	Working and Communicating Effectively with Schools	10/12/2016	10/12/2016	6:00pm-9:00pm	15	12	3
New Haven		27	The Art of Choice ( A Laugh & Learn Playshop!)	10/19/2016	10/19/2016	6:00pm-9:00pm	14	12	2
New Haven		30	Fetal Alcohol Spectrum Disorder	11/07/2016	11/07/2016	6:00pm-9:00pm	17	16	1
New Haven		13	CPR - Cardiopulmonary Resuscitation	12/14/2016	12/14/2016	6:00pm-9:00pm	15	13	2
New Haven		19	Applied Behavior Analysis: Understanding Challenging Behaviors	11/29/2016	11/29/2016	6:00pm-9:00pm	6	6	0
New Haven		12	Knowing Who You Are: The Adoptees Perspective	04/25/2017	04/25/2017	6:00pm-8:00pm	31	19	12
New Haven		13	CPR - Cardiopulmonary Resuscitation	03/25/2017	03/25/2017	9:30am-12:30pm	9	6	3
New Haven	Canceled	13	CPR - Cardiopulmonary Resuscitation	04/26/2017	04/26/2017	6:00pm-9:00pm	3	0	3
New Haven		18	Ethnic Hair Care	01/24/2017	01/24/2017	5:30pm-8:30pm	18	12	6
New Haven	Canceled	20	Autism	01/25/2017	01/25/2017	6:00pm-9:00pm	2	0	2
New Haven		20	Autism	04/17/2017	04/17/2017	6:00pm-8:00pm	14	8	6
New Haven	Canceled	24	Bullying	03/22/2017	03/22/2017	6:00pm-8:00pm	3	0	3

<b>New Haven</b>		25	Domestic Violence	02/28/2017	02/28/2017	6:00pm-8:00pm	15	15	0
<b>New Haven</b>	Canceled	30	Fetal Alcohol Spectrum Disorder	04/20/2017	04/20/2017	6:00pm-9:00pm	4	0	4
<b>New Haven</b>	Canceled	31	Explaining Adoption to your Children, Family and Friends	03/23/2017	03/23/2017	6:00pm-8:00pm	2	0	2
<b>New Haven</b>		32	ABC's of Attachment	02/04/2017	02/04/2017	9:00am-4:00pm	3	3	0
<b>New Haven</b>		13	CPR - Cardiopulmonary Resuscitation	03/02/2017	03/02/2017	6:00pm-9:00pm	20	14	6
<b>New Haven</b>		13	CPR - Cardiopulmonary Resuscitation	05/02/2017	05/02/2017	6:00pm-9:00pm	22	16	6
<b>New Haven</b>		28	Strategies and Resources for Managing Health Care	02/23/2017	02/23/2017	10:00am-1:00pm	2	2	0
<b>New Haven</b>		28	Strategies and Resources for Managing Health Care	03/23/2017	03/23/2017	6:00pm-9:00pm	7	4	3
<b>New Haven</b>							<b>454</b>	<b>294</b>	<b>160</b>

	Location Town	Canceled	Module	Course Description/Name	Start Date	End Date	Time	Total in Course	Total Certified	Total Not Certified
Region III	Middletown		30	Fetal Alcohol Spectrum Disorder	09/16/2016	09/16/2016	6:00pm-9:00pm	6	4	2
	Middletown	Canceled	12	Knowing Who You Are: The Adoptees Perspective	12/09/2016	12/09/2016	6:00pm-9:00pm	1	0	1
	Middletown		25	Domestic Violence	07/22/2016	07/22/2016	6:00pm-9:00pm	7	7	0
	Middletown	Canceled	29	Working and Communicating Effectively with Schools	08/19/2016	08/19/2016	6:00pm-9:00pm	6	0	6
	Middletown		13	CPR - Cardiopulmonary Resuscitation	10/15/2016	10/15/2016	12:30pm-3:30pm	18	17	1
	Middletown		13	CPR - Cardiopulmonary Resuscitation	01/21/2017	01/21/2017	9:00am-12:00pm	12	10	2
	Middletown		17	The Oppositional Defiant Child	08/19/2016	08/19/2016	6:00pm-9:00pm	7	6	1
	Middletown	Canceled	29	Working and Communicating Effectively with Schools	11/14/2016	11/14/2016	6:00pm-9:00pm	1	0	1
	Middletown		20	Autism	04/24/2017	04/24/2017	6:00pm-9:00pm	12	8	4
	Middletown	Canceled	21	Kinship Care	02/27/2017	02/27/2017	6:00pm-9:00pm	2	0	2
	Middletown	Canceled	22	QPR: Question, Persuade, and Refer	01/23/2017	01/23/2017	6:00pm-7:30pm	8	0	8
	Middletown		27	The Art of Choice ( A Laugh & Learn Playshop!)	03/27/2017	03/27/2017	6:00pm-9:00pm	8	7	1
	Middletown		28	Strategies and Resources for Managing Health Care	02/08/2017	02/08/2017	9:30am-12:30pm	12	10	2
	Middletown	Canceled	22	QPR: Question, Persuade, and Refer	03/06/2017	03/06/2017	6:00pm-7:30pm	3	0	3
	Middletown		13	CPR - Cardiopulmonary Resuscitation	05/06/2017	05/06/2017	9:00am-12:00pm	11	10	1
	Middletown		28	Strategies and Resources for Managing Health Care	03/22/2017	03/22/2017	10:00am-1:00pm	3	3	0
	Middletown							<b>117</b>	<b>82</b>	<b>35</b>
	Norwich		13	CPR - Cardiopulmonary Resuscitation	07/06/2016	07/06/2016	6:00pm-9:00pm	24	23	1
	Norwich		30	Fetal Alcohol Spectrum Disorder	10/18/2016	10/18/2016	6:00pm-9:00pm	11	9	2
	Norwich		13	CPR - Cardiopulmonary Resuscitation	09/14/2016	09/14/2016	6:00pm-9:00pm	10	9	1
Norwich		13	CPR - Cardiopulmonary Resuscitation	11/16/2016	11/16/2016	6:00pm-9:00pm	21	17	4	
Norwich	Canceled	16	Crisis Intervention	11/15/2016	11/15/2016	6:00pm-9:00pm	2	0	2	
Norwich	Canceled	18	Ethnic Hair Care	08/09/2016	08/09/2016	6:00pm-9:00pm	2	0	2	
Norwich		20	Autism	11/28/2016	11/28/2016	6:00pm-9:00pm	24	19	5	

Norwich		29	Working and Communicating Effectively with Schools	09/20/2016	09/20/2016	6:00pm-9:00pm	5	0	5
Norwich		18	Ethnic Hair Care	08/30/2016	08/30/2016	6:00pm-9:00pm	11	9	2
Norwich		17	The Oppositional Defiant Child	09/20/2016	09/20/2016	6:00pm-9:00pm	9	9	0
Norwich		4	Responding to Signs and Symptoms of Sexual Abuse	12/06/2016	12/06/2016	6:00pm-9:00pm	10	8	2
Norwich		2	Using Discipline to Protect, Nurture, and Meet Developmental Needs	05/09/2017	05/09/2017	6:00pm-9:00pm	7	0	7
Norwich		7	Promoting Children's Personal and Cultural Identity	02/27/2017	02/27/2017	6:00pm-9:00pm	21	21	0
Norwich		13	CPR - Cardiopulmonary Resuscitation	05/18/2017	05/18/2017	6:00pm-9:00pm	24	17	7
Norwich		13	CPR - Cardiopulmonary Resuscitation	01/10/2017	01/10/2017	6:00pm-9:00pm	21	16	5
Norwich		13	CPR - Cardiopulmonary Resuscitation	03/09/2017	03/09/2017	6:00pm-9:00pm	18	14	4
<b>Location Town</b>	<b>Canceled</b>	<b>Module</b>	<b>Course Description/Name</b>	<b>Start Date</b>	<b>End Date</b>	<b>Time</b>	<b>Total in Course</b>	<b>Total Certified</b>	<b>Total Not Certified</b>
Norwich		15	My Brother, My Sister: Sibling Relations in Adoption and Foster Care	04/18/2017	04/18/2017	6:00pm-9:00pm	10	7	3
Norwich		19	Applied Behavior Analysis: Understanding Challenging Behaviors	02/21/2017	02/21/2017	6:00pm-9:00pm	15	10	5
Norwich		22	QPR: Question, Persuade, and Refer	04/04/2017	04/04/2017	6:00pm-7:30pm	7	5	2
Norwich		31	Explaining Adoption to your Children, Family and Friends	03/27/2017	03/27/2017	5:30pm-8:30pm	21	13	8
Norwich		12	Knowing Who You Are: The Adoptees Perspective	03/18/2017	03/18/2017	1:00pm-3:00pm	12	12	0
Norwich		19	Applied Behavior Analysis: Understanding Challenging Behaviors	03/18/2017	03/18/2017	9:00am-12:00pm	35	35	0
Norwich		28	Strategies and Resources for Managing Health Care	04/13/2017	04/13/2017	10:00am-1:00pm	2	2	0
Norwich							<b>322</b>	<b>255</b>	<b>67</b>
Willimantic		13	CPR - Cardiopulmonary Resuscitation	07/12/2016	07/12/2016	5:30pm-8:30pm	18	18	0
Willimantic		4	Responding to Signs and Symptoms of Sexual Abuse	10/18/2016	10/18/2016	5:30pm-8:30pm	13	9	4
Willimantic		17	The Oppositional Defiant Child	08/22/2016	08/22/2016	5:30pm-8:30pm	15	11	4
Willimantic		29	Working and Communicating Effectively with Schools	11/07/2016	11/07/2016	5:30pm-8:30pm	8	6	2
Willimantic		13	CPR - Cardiopulmonary Resuscitation	09/26/2016	09/26/2016	5:30pm-8:30pm	13	6	7
Willimantic	Canceled	25	Domestic Violence	09/29/2016	09/29/2016	5:30pm-8:30pm	4	0	4

<b>Willimantic</b>		13	CPR - Cardiopulmonary Resuscitation	11/03/2016	11/03/2016	5:30pm-8:30pm	13	8	5
<b>Willimantic</b>		25	Domestic Violence	11/22/2016	11/22/2016	5:30pm-8:30pm	6	5	1
<b>Willimantic</b>		2	Using Discipline to Protect, Nurture, and Meet Developmental Needs	01/19/2017	02/23/2017	5:30pm-8:30pm	9	4	5
<b>Willimantic</b>		13	CPR - Cardiopulmonary Resuscitation	04/12/2017	04/12/2017	5:30pm-8:30pm	13	10	3
<b>Willimantic</b>		17	The Oppositional Defiant Child	04/20/2017	04/20/2017	5:30pm-8:30pm	7	7	0
<b>Willimantic</b>		28	Strategies and Resources for Managing Health Care	05/10/2017	05/10/2017	9:30am-12:30pm	8	0	8
<b>Willimantic</b>		5	Supporting Relationships between Children and Their Families	02/28/2017	03/28/2017	5:30pm-8:30pm	18	0	18
<b>Willimantic</b>							<b>145</b>	<b>84</b>	<b>61</b>



	Location Town	Canceled	Module	Course Description/Name	Start Date	End Date	Time	Total in Course	Total Certified	Total Not Certified
Region IV	Hartford		13	CPR - Cardiopulmonary Resuscitation	09/15/2016	09/15/2016	6:00pm-9:00pm	16	11	5
	Hartford	Canceled	30	Fetal Alcohol Spectrum Disorder	07/26/2016	07/26/2016	6:00pm-9:00pm	3	0	3
	Hartford	Canceled	2	Using Discipline to Protect, Nurture, and Meet Developmental Needs	11/08/2016	11/15/2016	6:00pm-9:00pm	4	0	4
	Hartford	Canceled	12	Knowing Who You Are: The Adoptees Perspective	10/13/2016	10/13/2016	6:00pm-9:00pm	2	0	2
	Hartford	Canceled	16	Crisis Intervention	08/11/2016	08/11/2016	6:00pm-9:00pm	4	0	4
	Hartford	Canceled	17	The Oppositional Defiant Child	10/11/2016	10/11/2016	6:00pm-9:00pm	0	0	0
	Hartford		25	Domestic Violence	11/10/2016	11/10/2016	6:00pm-9:00pm	6	3	3
	Hartford	Canceled	29	Working and Communicating Effectively with Schools	12/08/2016	12/08/2016	6:00pm-9:00pm	1	0	1
	Hartford		13	CPR - Cardiopulmonary Resuscitation	08/08/2016	08/08/2016	6:00pm-9:00pm	15	13	2
	Hartford		30	Fetal Alcohol Spectrum Disorder	11/01/2016	11/01/2016	6:00pm-8:30pm	6	6	0
	Hartford		30	Fetal Alcohol Spectrum Disorder	11/08/2016	11/08/2016	6:00pm-9:00pm	9	9	0
	Hartford		13	CPR - Cardiopulmonary Resuscitation	02/14/2017	02/14/2017	6:00pm-9:00pm	18	13	5
	Hartford		13	CPR - Cardiopulmonary Resuscitation	01/12/2017	01/12/2017	6:00pm-9:00pm	12	10	2
	Hartford		17	The Oppositional Defiant Child	12/06/2016	12/06/2016	6:00pm-8:30pm	3	3	0
	Hartford		10	Understanding the Effects of Chemical Dependence on Children & Families	02/18/2017	02/25/2017	9:00am-4:00pm	3	0	3
	Hartford		25	Domestic Violence	01/19/2017	01/19/2017	6:00pm-9:00pm	16	13	3
	Hartford	Canceled	29	Working and Communicating Effectively with Schools	05/16/2017	05/16/2017	6:00pm-9:00pm	1	0	1
	Hartford		31	Explaining Adoption to your Children, Family and Friends	01/19/2017	01/19/2017	6:00pm-8:00pm	6	5	1
	Hartford		13	CPR - Cardiopulmonary Resuscitation	05/04/2017	05/04/2017	6:00pm-9:00pm	23	22	1
	Hartford		19	Applied Behavior Analysis: Understanding Challenging Behaviors	01/10/2017	01/10/2017	6:00pm-8:30pm	7	7	0
Hartford		19	Applied Behavior Analysis: Understanding Challenging Behaviors	02/14/2017	02/14/2017	6:00pm-8:00pm	7	7	0	
Hartford		24	Bullying	02/07/2017	02/07/2017	6:00pm-8:00pm	8	8	0	
Hartford		13	CPR - Cardiopulmonary Resuscitation	03/20/2017	03/20/2017	6:00pm-9:00pm	16	12	4	

Hartford		20	Autism	03/07/2017	03/07/2017	6:00pm-8:30pm	6	6	0
Hartford		19	Applied Behavior Analysis: Understanding Challenging Behaviors	03/23/2017	03/23/2017	6:00pm-8:30pm	12	12	0
Hartford		17	The Oppositional Defiant Child	04/11/2017	04/11/2017	6:00pm-8:30pm	6	2	4
Hartford		2	Using Discipline to Protect, Nurture, and Meet Developmental Needs	04/04/2017	04/04/2017	6:00pm-8:30pm	6	6	0
Hartford		31	Explaining Adoption to your Children, Family and Friends	05/02/2017	05/02/2017	6:00pm-8:00pm	10	10	0
Hartford		16	Crisis Intervention	05/09/2017	05/09/2017	6:00pm-8:30pm	13	11	2
Hartford							<b>239</b>	<b>189</b>	<b>50</b>
Manchester		13	CPR - Cardiopulmonary Resuscitation	07/18/2016	07/18/2016	6:00pm-9:00pm	19	14	5
Manchester		13	CPR - Cardiopulmonary Resuscitation	07/20/2016	07/20/2016	6:00pm-9:00pm	17	16	1
Manchester		13	CPR - Cardiopulmonary Resuscitation	08/11/2016	08/11/2016	6:00pm-9:00pm	14	10	4
<b>Location Town</b>	<b>Canceled</b>	<b>Module</b>	<b>Course Description/Name</b>	<b>Start Date</b>	<b>End Date</b>	<b>Time</b>	<b>Total in Course</b>	<b>Total Certified</b>	<b>Total Not Certified</b>
Manchester		16	Crisis Intervention	10/27/2016	10/27/2016	6:00pm-9:00pm	11	7	4
Manchester		17	The Oppositional Defiant Child	07/14/2016	07/14/2016	6:00pm-9:00pm	4	2	2
Manchester		19	Applied Behavior Analysis: Understanding Challenging Behaviors	12/08/2016	12/08/2016	6:00pm-9:00pm	12	4	8
Manchester		24	Bullying	09/09/2016	09/09/2016	6:00pm-9:00pm	5	5	0
Manchester	Canceled	25	Domestic Violence	10/06/2016	10/06/2016	6:00pm-9:00pm	1	0	1
Manchester		18	Ethnic Hair Care	01/31/2017	01/31/2017	6:00pm-8:00pm	11	10	1
Manchester	Canceled	9	Managing the Foster Experience	04/19/2017	04/26/2017	6:00pm-9:00pm	4	0	4
Manchester	Canceled	13	CPR - Cardiopulmonary Resuscitation	03/22/2017	03/22/2017	6:00pm-9:00pm	4	0	4
Manchester	Canceled	24	Bullying	05/15/2017	05/15/2017	6:00pm-8:00pm	3	0	3
Manchester		31	Explaining Adoption to your Children, Family and Friends	02/27/2017	02/27/2017	6:00pm-8:00pm	18	17	1
Manchester		13	CPR - Cardiopulmonary Resuscitation	03/15/2017	03/15/2017	5:15pm-8:15pm	18	15	3
Manchester							<b>141</b>	<b>100</b>	<b>41</b>

	Location Town	Canceled	Module	Course Description/Name	Start Date	End Date	Time	Total in Course	Total Certified	Total Not Certified
Region V	Danbury	Canceled	15	My Brother, My Sister: Sibling Relations in Adoption and Foster Care	09/06/2016	10/04/2016	5:30pm-8:30pm	2	0	2
	Danbury	Canceled	27	The Art of Choice ( A Laugh & Learn Playshop!)	07/05/2016	07/05/2016	5:30pm-8:30pm	10	0	10
	Danbury		30	Fetal Alcohol Spectrum Disorder	09/06/2016	09/06/2016	5:30pm-8:30pm	11	7	4
	Danbury		13	CPR - Cardiopulmonary Resuscitation	11/01/2016	11/01/2016	5:30pm-8:30pm	11	11	0
	Danbury		12	Knowing Who You Are: The Adoptees Perspective	12/06/2016	12/06/2016	5:30pm-8:30pm	9	7	2
	Danbury		29	Working and Communicating Effectively with Schools	08/02/2016	08/02/2016	5:30pm-8:30pm	13	8	5
	Danbury		27	The Art of Choice ( A Laugh & Learn Playshop!)	10/04/2016	10/04/2016	5:30pm-8:30pm	13	13	0
	Danbury		13	CPR - Cardiopulmonary Resuscitation	12/08/2016	12/08/2016	5:30pm-8:30pm	21	15	6
	Danbury		2	Using Discipline to Protect, Nurture, and Meet Developmental Needs	02/07/2017	02/21/2017	5:30pm-8:30pm	13	9	4
	Danbury		16	Crisis Intervention	05/09/2017	05/09/2017	5:30pm-8:30pm	14	0	14
	Danbury	Canceled	28	Strategies and Resources for Managing Health Care	03/09/2017	03/09/2017	5:30pm-8:30pm	3	0	3
	Danbury							<b>120</b>	<b>70</b>	<b>50</b>
	Torrington		13	CPR - Cardiopulmonary Resuscitation	08/23/2016	08/23/2016	6:00pm-9:00pm	13	11	2
	Torrington	Canceled	13	CPR - Cardiopulmonary Resuscitation	10/06/2016	10/06/2016	6:00pm-9:00pm	1	0	1
	Torrington		4	Responding to Signs and Symptoms of Sexual Abuse	11/30/2016	12/07/2016	6:00pm-9:00pm	3	2	1
	Torrington		19	Applied Behavior Analysis: Understanding Challenging Behaviors	12/27/2016	12/27/2016	6:00pm-9:00pm	20	14	6
	Torrington		24	Bullying	10/20/2016	10/20/2016	6:00pm-9:00pm	2	2	0
	Torrington		13	CPR - Cardiopulmonary Resuscitation	11/09/2016	11/09/2016	6:00pm-9:00pm	7	7	0
	Torrington		13	CPR - Cardiopulmonary Resuscitation	01/30/2017	01/30/2017	6:00pm-9:00pm	16	15	1
	Torrington		29	Working and Communicating Effectively with Schools	03/28/2017	03/28/2017	6:00pm-8:00pm	30	22	8
Torrington		24	Bullying	02/15/2017	02/15/2017	6:00pm-8:00pm	15	9	6	
Torrington		13	CPR - Cardiopulmonary Resuscitation	04/26/2017	04/26/2017	6:00pm-9:00pm	15	15	0	
Torrington							<b>122</b>	<b>97</b>	<b>25</b>	
Waterbury		13	CPR - Cardiopulmonary Resuscitation	08/09/2016	08/09/2016	6:00pm-9:00pm	20	20	0	

Waterbury		13	CPR - Cardiopulmonary Resuscitation	09/20/2016	09/20/2016	6:00pm-9:00pm	20	16	4
Waterbury	Canceled	17	The Oppositional Defiant Child	08/09/2016	08/09/2016	6:00pm-9:00pm	1	0	1
Waterbury	Canceled	19	Applied Behavior Analysis: Understanding Challenging Behaviors	11/15/2016	11/15/2016	6:00pm-9:00pm	2	0	2
Waterbury		13	CPR - Cardiopulmonary Resuscitation	11/01/2016	11/01/2016	6:00pm-9:00pm	11	9	2
Waterbury		13	CPR - Cardiopulmonary Resuscitation	10/18/2016	10/18/2016	6:00pm-9:00pm	21	15	6
Waterbury		13	CPR - Cardiopulmonary Resuscitation	11/21/2016	11/21/2016	6:00pm-9:00pm	16	13	3
Waterbury		19	Applied Behavior Analysis: Understanding Challenging Behaviors	10/20/2016	10/20/2016	6:00pm-8:00pm	13	13	0
Waterbury		16	Crisis Intervention	11/30/2016	11/30/2016	5:30pm-7:30pm	13	13	0
Waterbury		28	Strategies and Resources for Managing Health Care	12/14/2016	12/14/2016	9:30am-12:30pm	7	5	2
<b>Location Town</b>	<b>Canceled</b>	<b>Module</b>	<b>Course Description/Name</b>	<b>Start Date</b>	<b>End Date</b>	<b>Time</b>	<b>Total in Course</b>	<b>Total Certified</b>	<b>Total Not Certified</b>
Waterbury	Canceled	16	Crisis Intervention	01/24/2017	01/24/2017	6:00pm-9:00pm	2	0	2
Waterbury		13	CPR - Cardiopulmonary Resuscitation	05/15/2017	05/15/2017	6:00pm-9:00pm	19	0	19
Waterbury	Canceled	29	Working and Communicating Effectively with Schools	04/18/2017	04/18/2017	6:00pm-8:00pm	1	0	1
Waterbury		13	CPR - Cardiopulmonary Resuscitation	02/21/2017	02/21/2017	6:00pm-9:00pm	10	10	0
Waterbury		13	CPR - Cardiopulmonary Resuscitation	02/27/2017	02/27/2017	6:00pm-9:00pm	28	14	14
Waterbury		13	CPR - Cardiopulmonary Resuscitation	03/21/2017	03/21/2017	6:00pm-9:00pm	29	21	8
Waterbury		19	Applied Behavior Analysis: Understanding Challenging Behaviors	03/29/2017	03/29/2017	5:30pm-7:30pm	6	6	0
Waterbury		22	QPR: Question, Persuade, and Refer	04/05/2017	04/05/2017	6:00pm-8:00pm	11	10	1
Waterbury							<b>230</b>	<b>165</b>	<b>65</b>

	Location Town	Canceled	Module	Course Description/Name	Start Date	End Date	Time	Total in Course	Total Certified	Total Not Certified
Region VI	Meriden		29	Working and Communicating Effectively with Schools	08/10/2016	08/10/2016	5:30pm-8:30pm	5	4	1
	Meriden		24	Bullying	09/13/2016	09/13/2016	5:30pm-8:30pm	18	16	2
	Meriden		13	CPR - Cardiopulmonary Resuscitation	11/19/2016	11/19/2016	9:00am-12:00pm	11	9	2
	Meriden		30	Fetal Alcohol Spectrum Disorder	11/30/2016	11/30/2016	5:30pm-8:30pm	8	8	0
	Meriden		13	CPR - Cardiopulmonary Resuscitation	10/25/2016	10/25/2016	5:30pm-8:30pm	10	7	3
	Meriden		30	Fetal Alcohol Spectrum Disorder	11/16/2016	11/16/2016	6:00pm-8:00pm	7	7	0
	Meriden		13	CPR - Cardiopulmonary Resuscitation	01/07/2017	01/07/2017	9:30am-12:30pm	18	18	0
	Meriden		22	QPR: Question, Persuade, and Refer	03/29/2017	03/29/2017	5:30pm-7:00pm	14	10	4
	Meriden		23	Lead Safe Homes	01/09/2017	01/09/2017	5:45pm-8:15pm	12	11	1
	Meriden		2	Using Discipline to Protect, Nurture, and Meet Developmental Needs	04/26/2017	05/03/2017	5:30pm-8:30pm	8	6	2
	Meriden		27	The Art of Choice ( A Laugh & Learn Playshop!)	03/13/2017	03/13/2017	5:45pm-8:15pm	24	19	5
	Meriden		31	Explaining Adoption to your Children, Family and Friends	01/25/2017	01/25/2017	5:30pm-7:30pm	16	16	0
	Meriden		32	ABC's of Attachment	02/16/2017	02/23/2017	5:30pm-8:30pm	12	10	2
	Meriden		31	Explaining Adoption to your Children, Family and Friends	02/15/2017	02/15/2017	6:00pm-8:00pm	11	6	5
	Meriden	Canceled	13	CPR - Cardiopulmonary Resuscitation	03/25/2017	03/25/2017	9:30am-12:30pm	2	0	2
	Meriden		19	Applied Behavior Analysis: Understanding Challenging Behaviors	04/19/2017	04/19/2017	6:00pm-8:00pm	5	5	0
	Meriden							<b>181</b>	<b>152</b>	<b>29</b>
	New Britain	Canceled	28	Strategies and Resources for Managing Health Care	07/12/2016	07/12/2016	6:00pm-9:00pm	3	0	3
	New Britain		28	Strategies and Resources for Managing Health Care	08/09/2016	08/09/2016	6:00pm-9:00pm	9	6	3
	New Britain	Canceled	28	Strategies and Resources for Managing Health Care	09/13/2016	09/13/2016	6:00pm-9:00pm	3	0	3
New Britain		28	Strategies and Resources for Managing Health Care	10/11/2016	10/11/2016	6:00pm-9:00pm	8	5	3	
New Britain		28	Strategies and Resources for Managing Health Care	11/08/2016	11/08/2016	6:00pm-9:00pm	8	5	3	
New Britain	Canceled	13	CPR - Cardiopulmonary Resuscitation	07/28/2016	07/28/2016	6:00pm-9:00pm	3	0	3	
New Britain		13	CPR - Cardiopulmonary Resuscitation	10/19/2016	10/19/2016	6:00pm-9:00pm	7	6	1	

New Britain		13	CPR - Cardiopulmonary Resuscitation	07/05/2016	07/05/2016	5:45pm-8:00pm	12	12	0
New Britain	Canceled	13	CPR - Cardiopulmonary Resuscitation	08/16/2016	08/16/2016	5:45pm-8:00pm	16	0	16
New Britain		13	CPR - Cardiopulmonary Resuscitation	09/14/2016	09/14/2016	5:45pm-8:00pm	13	10	3
New Britain		13	CPR - Cardiopulmonary Resuscitation	11/15/2016	11/15/2016	5:45pm-8:00pm	11	9	2
New Britain		13	CPR - Cardiopulmonary Resuscitation	12/14/2016	12/14/2016	5:45pm-8:00pm	24	22	2
New Britain		13	CPR - Cardiopulmonary Resuscitation	08/31/2016	08/31/2016	5:45pm-8:00pm	14	12	2
New Britain		25	Domestic Violence	10/11/2016	10/11/2016	5:30pm-8:30pm	9	9	0
New Britain		13	CPR - Cardiopulmonary Resuscitation	10/24/2016	10/24/2016	5:45pm-8:00pm	13	10	3
New Britain		32	ABC's of Attachment	11/17/2016	11/29/2016	6:00pm-9:00pm	7	4	3
<b>Location Town</b>	<b>Canceled</b>	<b>Module</b>	<b>Course Description/Name</b>	<b>Start Date</b>	<b>End Date</b>	<b>Time</b>	<b>Total in Course</b>	<b>Total Certified</b>	<b>Total Not Certified</b>
New Britain		28	Strategies and Resources for Managing Health Care	12/13/2016	12/13/2016	6:00pm-9:00pm	6	6	0
New Britain		17	The Oppositional Defiant Child	11/22/2016	11/22/2016	6:00pm-9:00pm	6	6	0
New Britain		13	CPR - Cardiopulmonary Resuscitation	01/25/2017	01/25/2017	5:45pm-8:00pm	23	14	9
New Britain		13	CPR - Cardiopulmonary Resuscitation	02/28/2017	02/28/2017	5:45pm-8:00pm	23	14	9
New Britain		13	CPR - Cardiopulmonary Resuscitation	04/25/2017	04/25/2017	5:45pm-8:00pm	23	19	4
New Britain		13	CPR - Cardiopulmonary Resuscitation	03/29/2017	03/29/2017	6:00pm-9:00pm	11	10	1
New Britain		22	QPR: Question, Persuade, and Refer	02/08/2017	02/08/2017	6:00pm-7:30pm	16	12	4
New Britain		27	The Art of Choice ( A Laugh & Learn Playshop!)	01/11/2017	01/11/2017	6:00pm-9:00pm	6	5	1
New Britain		28	Strategies and Resources for Managing Health Care	01/18/2017	01/18/2017	6:00pm-9:00pm	1	1	0
New Britain	Canceled	28	Strategies and Resources for Managing Health Care	03/15/2017	03/15/2017	6:00pm-9:00pm	1	0	1
New Britain		28	Strategies and Resources for Managing Health Care	04/19/2017	04/19/2017	6:00pm-9:00pm	5	4	1
New Britain		28	Strategies and Resources for Managing Health Care	05/17/2017	05/17/2017	6:00pm-9:00pm	6	4	2
New Britain		31	Explaining Adoption to your Children, Family and Friends	03/08/2017	03/08/2017	6:00pm-8:00pm	15	13	2
New Britain		32	ABC's of Attachment	04/12/2017	05/10/2017	6:00pm-9:00pm	9	3	6

	<b>New Britain</b>		13	CPR - Cardiopulmonary Resuscitation	03/23/2017	03/23/2017	5:45pm-8:00pm	13	12	1
	<b>New Britain</b>							<b>324</b>	<b>233</b>	<b>91</b>

	Location Town	Canceled	Module	Course Description/Name	Start Date	End Date	Time	Total in Course	Total Certified	Total Not Certified	
OOS	(West Virginia)		28	Strategies and Resources for Managing Health Care	05/10/2017	05/10/2017	10:00am-1:00pm	2	2	0	
	<b>Total Statewide Count: 268 classes</b>							<b>Total Individual Class Modules Certified</b>	<b>1940</b>		
* blue highlighted classes are Spanish Trainings Offered											





Joette Katz  
Commissioner

**DEPARTMENT of CHILDREN and FAMILIES**  
*Making a Difference for Children, Families and Communities*



Dannel P. Malloy  
Governor

**Foster Parent Training Overview**

**October 2, 2017**

**Foster Care Training Value Statement:**

The Department recognizes and values the importance of foster parent training as a vital part of ensuring quality care, safety, the well-being, and permanency for the children that we serve. The Office of Children and Youth in Placement (OCHYP) will be working in partnership with the Regions and other stakeholders (e.g., Connecticut Association of Foster and Adoptive Families (CAFAF), DCF Office for Research and Evaluation (ORE), DCF Clinical Consultation and Community Supports Division (CCCSD)) to bolster the array, access, provision and tracking of training for core, kin/fictive and Therapeutic Foster Care (TFC) foster parents. This will occur within a robust quality assurance and continuous quality improvement framework, with particular focus on ensuring that training matches the needs of children in care, and that supports and mechanisms are in place so that homes comply with needed and desired training requirements.

**1. Assessing Training Needs**

The Department knows that solid and ongoing assessment of foster parent’s needs is essential to supporting positive outcomes for the children in their care. This will be accomplished through ongoing engagement with foster parents and routine analysis of both qualitative and quantitative data. For example, this will include evaluation of child in care data (e.g., descriptive statistics), as well as key quantitative data points in PIE (e.g., diagnoses and outcomes) and in ROM (e.g., stability of placement and length of staff) and qualitative data (e.g., Structured Decision Making (SDM), Administrative Case Reviews (ACR), Foster Care Satisfaction Survey Responses, Sibling Visitation Review, Child and Family Service Review (CFSR) and other case reviews.

These data will be categorized by the placement type (i.e., foster care, relative/fictive kin, and TFC<sup>6</sup> and disseminated to the Regions, CAFAF, and Private providers on a regular basis to inform training, foster parent support, and recruitment and retention. OCHYP will work with ORE to develop a “data bundle” to more easily assist with the capturing and use of these data points.

The Department will build upon existing systems and processes for discerning and documenting foster parent training needs. In addition to determining foster parents’ individual training needs, the Department will monitor and track themes and trends to pre-sage and actively meet foster families’ broader training needs. The initial assessment of training needs begins during the pre-licensing phase. Through personal interviews, home visits and the mutual assessment process (TIPS-MAPP), the licensing Social Worker (SW) becomes familiar with the strengths and needs of each foster parent. They also become familiar with the profile of the child who will possibly be placed with the family. This is essentially the same process for core, relative/kin and TFC homes assessment.

The foster families’ individual training needs and training recommendations will be captured in the Support/Training Plan (DCF-470) by the FASU Support SW. The initial plan will be developed at the time

<sup>6</sup> Within this document, TFC refers to all forms of private foster for which the Department contracts

of licensure and will be reviewed and updated on a quarterly basis and at the time of re-licensure. The Support/Training Plan will be reviewed and approved by the SW Supervisor. A sample of these Plans will also be reviewed by OCHYP on a quarterly basis to analyze any possible training needs, themes and trends. OCHYP's review will also serve a secondary function to observe the quality and timely completion of these Plans for all core and relative families. TFC providers will also be expected to collect and analyze the data from such Plans for the families that they serve. OCHYP will revisit this process with the TFC providers to ensure that their process mirrors that of the Department and that a Support/Training plan is developed for each of the foster families. TFC data will be submitted to OCHYP so that the Department can have a collective lens of the training needs for all foster families who care for DCF's children.

At each quarterly home visit, the FASU SW will discuss the family's strengths and needs, guided specifically by the needs of each foster child placed in the home and the family's current circumstances. During the home visit, the FASU SW will discuss any trainings that have been completed during the prior quarter, engage the foster family to share any training and/or support needs that they have identified for themselves, and make recommendations for any needed trainings that they have determined for the foster family. The family will be reminded of DCF's post-licensing training requirements, and how many remaining training hours they have. The FASU SW will also address and try to alleviate any barriers that may be preventing a family from completing the training requirements.

These same engagement and assessment expectations extend to all licensed providers (core, kin/fictive kin) and the TFC agencies. The TFC agencies, however, have visiting and support requirements that exceed those of the Department and are dependent upon the level of care they are licensed for (TFC, Medically Complex, Family and Community Ties). Homes across the system with children with complex medical needs are assessed in partnership with the Department's Medical Division and post-licensing training and support is predicated on the needs of the individual child.

FASU SWs are required to engage and communicate with their assigned families through at least a monthly phone call. This outreach provides another opportunity for the FASU SW to assess the strengths and needs of the foster family, and to make recommendations about or require post-licensing training. The FASU SW will note the occurrence of these quarterly and monthly conversations and training/support assessments in LINK. Through coaching, supervision and training, the Department will provide guidance to FASU SW staff around engaging foster parents and assessing their training needs on an ongoing basis. This will include the importance of constant messaging to foster parents around established expectations for completion of required post-licensing training and why post-licensing training is critical to their success as caregivers. The content and delivery of this training for FASU SW staff will be articulated in a staff training plan that will be developed by April 1, 2018.

Post-licensing training will be routinely discussed during supervision and documented by the Supervisor in LINK accordingly. The frequency by which cases are reviewed in Supervision will be congruent with FASU specific supervisory guidelines which will be established by May 1, 2018. FASU Supervisors, Managers, and Directors will ensure that every FASU team carries out the duties of their position in a manner that is reflective of and congruent with the Department's post-licensing training policies, requirements and values. The Department will develop guidance for FASU staff around purposeful contact, and the expectations with respect to discussing foster families' individual post-licensing training needs and requirements. This guidance will be created and disseminated by May 1, 2018.

Next, foster families may be mandated to attend specific topics of post-licensing training as a result of noted non-compliance with regulatory requirements or areas of need that are identified through the Assessment of Regulatory Compliance (ARC) process. An ARC will be initiated with those who do not engage in either recommended post-licensing training or the overall training requirement. It may also be used to trigger further assessment and engagement around post-licensing training needs and the requirement itself. The FASU SW will convey any directives around trainings that must be completed and will also make

recommendations around trainings that would add value to the foster parents' caregiving knowledge and skills. The FASU SW will assist with finding or developing training opportunities to satisfy the need, cognizant of locations, times, and dates that are best for the family.

In addition, through more structured methods (e.g., surveys and focus groups) the Department will seek input from foster parents, including TFCs, about their training needs and offering preferences, i.e., days, time, languages, and geographic locations). We will also assess existing logistics associated with where and when trainings are offered by our partner CAFAF. Discussions are already underway with CAFAF to make improvements to existing schedules, specifically ensuring that trainings are offered on a wider variety of days and times and in differing locations based on feedback from foster parents. Further, OCHYP will partner with Regions, CAFAF and the TFCs to develop formal systems to assess and document training needs and identify or develop needed trainings. OCHYP will be working with CAFAF and the TFCs to issue a foster parent survey in March 2018 to discern their training needs, preferences and language requirements.

The survey will inquire into areas including, but not necessarily limited to:

- Are days of the week, times of day and location of post-licensing training sessions offered by CAFAF adequate
- What supports are needed to support participation in trainings
- What languages other than English do trainings need to be available
- Are the types of training sufficient
- Have the content of the training been adequate and support skill enhancement
- What are the reasons why families may not be able to meet the training requirements

The Department will ensure that foster parents whose primary language is other than English are able to access post-licensing training. We will look at LINK data to evaluate the language requirements of the families served by the Department, the children in care and existing foster families. In addition, OCHYP will look at Connecticut demographic data to determine the most prevalent languages spoken by families in the state. . In particular, the Department will identify the top five languages spoken in Connecticut and the top 5 languages spoken by existing foster parents. This will occur by March 1, 2018.

## **2. Training Notification and Delivery**

The Department is committed to improving the methods by which foster parents are notified of post-licensing training opportunities, as well as globally, systematically and routinely enhancing accessibility to such trainings. These efforts will be informed by foster parents and will integrate best practice thinking. We will conduct research to discern what other jurisdictions are doing and will explore the use of social media for making notifications. The Department will examine baseline data to evaluate whether the enhancements have resulted in improved participation in training opportunities and compliance with post-licensing training requirements.

Currently, the Department uses the following methods to make foster families aware of available training:

- CAFAF website:
  - CAFAF sponsored trainings
  - Foster Parent College
  - Support Groups
- Flyers from DCF Regions/Area Offices and CAFAF
- Email blasts from DCF Regions/Area Offices and CAFAF

- Newsletters from DCF Regions/Area Offices and CAFAF
- Verbal/written communication of offerings/recommendations of needed and required training:
  - Pre-licensing assessment activities
  - Support groups
  - Quarterly home visits
  - Monthly phone calls
  - Support/Training Plan (DCF-470)
  - Assessment of Regulatory Compliance (ARC) (DCF-013a)

The Department strives to make a variety of post-licensing training opportunities available to licensed foster parents. Much of this occurs through a partnership with CAFAF. CAFAF will utilize the trend, survey and focus group data that they collect as well as data supplied by the Department to assess the sufficiency and efficacy of its current training array. These data will also aid them in identifying any new training offerings.

The Department will require that on an ongoing basis CAFAF assess foster parents' preferences with respect to what days, times and locations that trainings should be held. To improve the availability and accessibility of post-licensing trainings, the Department will implement the following, as informed by foster parent's feedback and DCF data:

- Increase online offerings
- Rotate location of CAFAF trainings across the State
- Rotate time of day when CAFAF trainings are offered
- Offer more training during established support groups
- Assess the ability to offer support for attendance at community-sponsored trainings

As noted, the Department will utilize a variety of methods to determine the most prevalent languages in which training will need to be available. Concomitantly, the Department will improve notification to foster parents about the availability of accommodations to deliver training in other languages. This will occur through the following means:

- Dedicate a spot on DCF and CAFAF websites with information in multiple languages about availability of translated and interpreter services
- Issue email blasts and newsletters to communicate what is available in other languages

The Department will use translation services to create messages in prevalent languages, communicating that training can be delivered in those languages via use of interpreter services, and noting whom to contact for more information. Next the Department is aware that it must offer and provide foster parents various supports and resources to allow them to attend Department sponsored trainings. The core supports are as follows:

- On-site child care
- Reimbursement for child care expenses
- Reimbursement for transportation costs (e.g., mileage)
- Refreshments

As noted above, the Department will survey existing foster parents about what supports are needed to assist them with attending training. The Department will also be exploring what incentives it might offer, within available resources, to increase foster parents' participation in and completion of annual post-licensing training requirements. The Department will continue to analyze through routine ongoing efforts the effectiveness of these approaches and will actively seek to ensure that all foster parents are being notified in a timely and appropriate manner.

### **3. Training Monitoring and Tracking**

The Department will improve existing systems and structures utilized for capturing post-licensing training that foster parents have completed. This information was historically captured in LINK, but with limited functionality for monitoring and reporting.

In February 2016, the Department created a SharePoint site that captures all post-licensing training completed for core foster parents. Work is underway to improve the functionality of SharePoint reporting, which will allow for capturing the number and percentage of families engaging in post-licensing training, the number and percentage of families in full compliance with the post-licensing training requirement and those families who are not engaging in any post-licensing training. Data fields will also be added to allow for disaggregation by race and ethnicity, and category of foster care license (core, kin/fictive kin). While the TFCs generate an annual training plan that is submitted to the Department, there isn't currently a standardized requirement for how they track individualized foster parent training. OCHYP will work with the TFCs to develop a standard data collection protocol pertaining to post-licensing training. A process will be in place by May 1, 2018. These data will inform the work of FASU and TFC staff to engage in targeted support for specific foster parents, in addition to the routine work about post-licensing training.

Other reports are also available to FASU staff including from CAFAF (e.g., detailed data, provided on a quarterly basis, regarding foster parents' completion of CAFAF sponsored training); Foster Parent College (e.g., detailed data on foster parents completing online training, which is available on demand); and Advanced Behavioral Health (ABH) (e.g., reports on expenditures related to post-licensing training for child care and transportation). OCHYP will review these data from a Statewide perspective on a quarterly basis. FASU staff will receive training and supervision to increase their skills around accessing, analyzing the reports and using the data to inform their support activities with foster families. As noted earlier, the content and delivery of training for FASU staff related to this expectation will be articulated in an implementation plan that will be developed by April 1, 2018.

Documentation of communications regarding and completion of post-licensing training requirements are currently occurring in multiple ways. This includes:

- SharePoint (Completion of training modules and compliance with training requirement)
- LINK (Communications with foster parents about post-licensing training)
- Hard Copy record (Certificates of completion, Support/Training Plans, Quarterly Home visit form)

Next, the prime intent of post-licensing training is to imbue foster parents with the skills, competency and abilities to meet the needs of the children in their care, including supporting stability of placement. Therefore, the Department wishes to reduce the possibility that a change in placement must occur due to lack of compliance with training. Actions related to non-compliance were communicated to FASU staff and to all foster parents via a Commissioner memo dated February 3, 2017, and a Frequently Asked Questions document issued at the same time.

As the above sets forth, the Department will be engaging in and employing a variety of methods to support and incentivize compliance with training requirements. While it's the Department's sincere hope that all their foster families will complete the annual post licensing training expectation, it has identified the following progressive steps to ensure compliance:

- Further engagement of and support to foster families
- Assessment of Regulatory Compliance
- Put on hold (no additional placements)
- License revocation

The Department is particularly aware of the critical importance of engaging kin/relative foster care parents as a means to support them in attending post-licensing training. As kin/relatives typically have only become licensed to care for a specific child or sibling group, some of the levers to support training compliance may not be available. Thus the Department will be reinforcing the value of engagement and will also be looking at national best practices to discern how it can better assist kin/relatives with completing annual post-licensing training requirements. The Department will seek to identify additional incentives and consequences that can be implemented to support the message that post-licensing training is seen as essential to the foster parent role.

#### **4. Quality Oversight**

Post-licensing training will exist and be implemented within a broader, comprehensive DCF foster care continuous quality improvement plan. In addition to the elements articulated earlier, including data collection; analysis; qualitative reviews; and supervision, the Department will implement strategies to ensure the quality of the trainings and gauge foster parents knowledge acquisition.

The Department will develop a system to assess whether foster parents are gaining knowledge and skills as a result of engaging in post-licensing training. As a first step in this process, pre- and post-testing will be mandatory for all Department sponsored training, including CAFAF, support groups and TFCs.

Prior to the start of each training, a basic “assessment” will be used to glean from each participant what their expectations are for the training and what their training goals are. Following each training, foster parents will be asked to document the topics that they learned that they believe will assist them in their caregiver role, what behaviors will change as a result of the training and if their training goals were achieved.

Information from pre- and post-testing will be used to engage foster parents in further discussions around their training and support needs, and their experiences with post-licensing training. The information will be stored in the hard copy record. The pre- and post-test questions, and the systems to integrate their use in DCF sponsored training, will be in place by June 1, 2018.

Finally, a robust QA/CQI process generally includes tasks specific to ensuring the timeliness, accuracy, and completeness of the data. The Department has identified that, among other things, record reviews, data analysis, and data cleanup and reconciliation will aid in this endeavor. By April 1, 2018, the Department will develop an implementation plan that outlines the structures, and details for carrying out these tasks and all others conveyed in this document, including the case review sample sizes, the frequency for occurrence, and who will carry them out, and the timeframe for them to begin.

#### **5. Summary**

The Department believes that the effectuation of strong and substantive foster care training is predicated upon a clear purpose and an integrated vision. We know that we must ensure equitable access to training (e.g., language and geographic location), and that trainings be culturally competent. The activities that are currently in place and those that are in the works to partner with the Regions, private providers, CAFAF and other stakeholders should allow us to better achieve the goals and desired outcomes related to the provision of post-licensing training.

Further, the Department is cognizant that training offerings must be congruent with the needs of the children we serve and the foster parents who care for them. To this end, the Department will be enhancing its ability to collect and utilize accurate data to inform its training systems, and bolster Connecticut’s foster family recruitment and retention activities. Related, ongoing infrastructure enhancements will be occurring to

support the creation of a comprehensive and dynamic system that maximizes technology and embraces a strong data and quality framework.

In sum, the Department thinks that it has laid out a solid and thoughtful plan to build upon and implement a comprehensive and substantive foster care training structure. One that is congruent with the values, principles and outcomes focus of both the Department and the *Juan F.* measures.