

**Juan F. v. Malloy Exit Plan
Status Report
April 1, 2015 – September 30, 2015
Civil Action No. 2:89 CV 859 (SRU)**

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Highlights

- After discussion with the *Juan F.* parties and input from the Honorable Stefan R. Underhill, the Court Monitor made the decision to revert to a 6-month reporting timeframe. Considerable Court Monitor's Office resources are involved in analyzing and verifying data and then drafting and editing the report. The analysis of trend data and significant changes in the Department's practices are better understood when viewed in six-month snapshots.

The current structure of compiling quarterly Exit Plan data on the 22 outcome measures will be maintained and case reviews of Outcome Measures 3 and 15 will continue on a quarterly basis as outlined in the Exit Plan. The Court Monitor will report on two quarters in each status report to the court. There will be sufficient data available for review by the parties in between the release of the status reports to inform ongoing conversations and negotiations. The next formal status report will be released in July 2016.

- The findings regarding the Exit Plan Outcome Measures indicate that the Department maintained compliance with 16 of the 22 measures for both the Second and Third Quarter 2015. There was some variation in which measures were met in each of the two quarters as demonstrated in the chart on Page 12. Of the six measures that did not meet the established standards in the Third Quarter, the most critical deal with the Department's 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. The six measures not met include: Outcome Measure 3 (Case Planning), Outcome Measure 7 (Reunification), Outcome Measure 14 (Placement Within Licensed Capacity), Outcome Measure 15 (Children's Needs Met), Outcome Measure 17 (Worker-Child Visitation In-Home)¹, and Outcome Measure 18 (Caseload Standards).

Outcome Measure 10 (Sibling Placement) did not meet the measure for either quarter under the definitions set forth in the 2004 Exit Plan. However, with the recent expansion of the exception group to include sibling groups of three (3) or more siblings that was detailed in the previous report; the findings of the review of this cohort indicate that the Department met the measure for both the Second and Third Quarter 2015.

¹ 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.

- While the Department continues to make improvement on many fronts, it is constantly challenged by the State's fiscal decisions that impact staffing and the availability of community-based resources. During the course of the Court Monitor's ongoing review of the Department's case files, the positive changes implemented by Commissioner Katz and her staff are very evident as are the myriad of challenges that exist to provide consistent case management services. The most recent Pre-Certification of Outcome Measure 11 (Re-Entry into DCF Custody) are summarized later in this Highlight section. The summary provides a view of the positive impact that some of these changes, implemented over past four years, have made in the day-to-day practice. Other examples have been discussed or noted in many reports and include:
 - Utilization of a teaming approach for making decisions regarding case planning, removal, reunification, therapeutic treatment, and permanency decisions.
 - Increased numbers of children and families being serviced in the community in which they reside.
 - Focus and attention to the debilitating impact of human trafficking and greatly increased efforts to assist the impacted children and youth. It must be noted that these efforts represent some of the finest work in the nation on this issue.
 - Improving positive outcomes for children by utilizing family-based living arrangements, especially those residing with relatives, more than ever before.
 - Utilizing a variety of approaches to limit the number of children and youth in DCF out-of-home placements.
 - Striving to limit the number of children receiving treatment in congregate care settings and instead provide wrap-around community services.
 - The impact of providing comprehensive initial training to new staff and ongoing training for all DCF staff in a variety of areas including trauma-informed treatment.
 - Aggressively and successfully pursuing alternative funding sources to fill the sizable gaps in state funding for identified service needs.

Yet, these and many other improvements are consistently undermined by insufficient staffing, which translates into an overwhelming workload issue. There also continues to be insufficient community resources to address the needs of children and families. The State's fiscal commitment to improving child welfare case practice, as outlined in the Exit Plan, is not being properly attended to and it is compromising the safety and well-being of Connecticut's most vulnerable population. These deficiencies are often times a primary reason for the inadequate casework management noted in critical cases. The straightforward translation of these troubling fiscal actions is that at-risk children and families are not being seen often enough, service provision is not uniform or sufficient, siblings don't visit with one another regularly, proper assessments do not occur consistently, appropriate planning efforts are hampered, coordination with service providers and community stakeholders is not routine, many of the Quality Assurance efforts, including the essential Provider Information Exchange (PIE) results accountability data collection system for community based services cannot be enhanced

and the Department's laudable efforts to engage families via teaming efforts are severely minimized.

As outlined in the previous quarterly report, consensus was reached regarding the need for additional funding to expand specific existing services to address the well documented lack of availability for some services in areas of the state. These services included in-home services, emergency crisis services, and prevention programs. The Court Monitor was contacted by Secretary Benjamin Barnes of the Office of Policy and Management (OPM) prior to the last Status Conference with the Honorable Stefan R. Underhill and was told that the agreement was acceptable and to inform the Court that the increased funding would be provided to DCF. This agreement to increase funding for services with well-established wait-lists and/or where coverage was not statewide as well as a new staffing plan was acceptable to the Plaintiffs and the Court Monitor and averted the need to approach the Federal Court for potential relief. While this agreement for increased services did not address all of the areas of need outlined in recent state planning documents, legislative reports, Office of the Child Advocate reports or Court Monitor reports, it was an important step that also took into account the ability of the Department to ensure that the new levels of service would be made available quickly and efficiently. Considerable effort was made to outreach to the various Legislative groups that control both the development and the approval of the budget. Unfortunately, the approved budget only addressed some of the critical services outlined in the agreement, and even then not to the level required to fully increase the services to attend to the identified deficiencies. Despite the State's commitment to these enhancements, a number of these service additions were later frozen and held by the OPM. The Court Monitor contacted Secretary Barnes about this situation as well as the freeze on staffing hires that persisted for a number of months. The Court Monitor has not received a direct response at the time of this report.

Problems have persisted with respect to staffing and excessive caseloads. More than two years of instability and excessive workloads ensued as a result of a previous hiring freeze. The freeze resulted in the Department being more than 100 staff short of the minimum caseload needs. Instability results from hiring large amounts of workers at one short stretch of time. Many staff are hired from private providers and this results in decreased service until providers recruit, hire and train replacements. The staff hired by DCF cannot take full caseloads immediately and many unnecessary and detrimental case reassignments occur. It is well understood in child welfare agencies that case transfers are a primary cause of diminished positive outcomes for children. A significant drop-off in a number of key indicators is exactly what occurred because of the actions taken more than two years ago. As staffing became more stabilized at the beginning of the period under review and case practice began improving the State again made moves that undermined the service to the *Juan F.* class. Since the budget approval the Department has had a number of months, primarily August through December 2015 where they have not been given permission to hire staff to fill the vacant positions created when staff separate from state service. The Department had agreement on a staffing plan that was accepted by OPM that would staff to 75% utilization and allow automatic rehiring. The caseload utilization percentage level includes the caseload carrying staff that are leaving

service, transitioning in or out on medical, FMLA or maternity leave, out on emergency leave as well as those just hired that cannot take a full caseload until their training is finished. All of these staff have greatly reduced caseloads that leave the remaining staff carrying a tremendous workload. Before this staffing plan could be implemented it was rescinded by OPM and the Department remained unable to fill positions for an extended period of time. Just recently the Department was directed to only fill caseload positions to achieve an 80% utilization rate. It has been well demonstrated that this level will not result in manageable workloads that will enable Social Workers to achieve the Department mandates set forth by the Governor, Legislature or the *Juan F.* Exit Plan. New staff have still not begun work at the time of this report but some hiring is expected soon. In many cases, it is difficult if not unconscionable to hold staff accountable for perceived errors in case management when workloads are clearly excessive and unmanageable. Thus, we are in a similar situation to what occurred a little over two years ago that resulted in a very negative impact on the service to children and families over a prolonged period of time. At this time, the Department needs to hire more than 40 Social Workers to fill the positions of staff who have left state service and would require 50 or more additional staff to achieve 75% utilization. Finally, but very concerning and compounding the current staffing problem is the insistence that the Department meet the reduced overtime levels that were set and based upon the hiring of additional staff in the staffing plan.

- The results for the 54 case blind-sample of Outcome Measure 3 (Case Planning) and Outcome Measure 15 (Needs Met) for the Second Quarter and Third Quarter are understandable given the above discussion, but not acceptable. The results for the most recent quarter were an improvement but still well below the target compliance rate of 80%.

According to the 54 case, blind-sample conducted for the Second and Third Quarter 2015, the Department's statewide result for Outcome Measure 3 (Case Plans), is 37.0% and 53.7% respectively.

Outcome Measure 15 requires that all needs be met within the case for 80% of the children and families served. **The Department's statewide result for Outcome Measure 15 (Needs Met), within the 54 case sample for the Second and Third Quarter 2015 is calculated at a rate of 44.4% and 57.4% respectively.**

Over the two quarter period, eight cases out of the 108 cases reviewed did not have Social Work Supervisor approval. The data regarding Outcome Measure 3 (Case Plans), indicates that the Department's assessment work is an area that still needs improvement along with a continued emphasis on better engagement of families and stakeholders.

There were 218 unmet needs service needs captured in the Second Quarter 2015 and 193 identified in the Third Quarter throughout our reviews of each sample (n=54). Additionally, there were 28 instances in which reviewers felt that the case management was marginal or poor due to the lack of assessment or untimely referrals. In these instances the reviewers identified the DCF case management as the service need. As

with prior reports, the reported barrier to appropriate service provision was due the result of wait- lists and internal provider issues, client refusal, or the lack of/delayed referrals. As previously reported, interviews and e-mail exchanges with Social Workers and Social Work Supervisors indicates that some percentage of the categories of “lack of referral” or “delayed referral” are 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.

As with previous reports, service needs noted through this methodology (pages 68-76), as well as other review activities, indicate that services that are not readily available in areas of the state include: in-home services (including the most intensive services), domestic violence services, extended day treatment, substance abuse services, emergency mobile services, supportive housing vouchers, foster and adoptive care resources, and outpatient mental health services.

- The Court Monitor completed the Outcome Measure Pre-Certification Review: Re-Entry into DCF Custody during the Second and Third Quarter of 2015. As a result, the Court Monitor pre-certifies Measure 11 (Re-Entry into DCF Custody). The review finds that the Department has met the requirement of attaining and sustaining the required standard of 7% or fewer for the quarters reviewed. Per our findings, the performance rates for October 1, 2014 to December 31, 2014 and January 1, 2015 to March 31, 2015 were both 3.3% and the qualitative review did not identify any significant elements outside those that are already being addressed adequately via the OM3 and OM15 reviews.

The review noted that the needs of the out-of-home population have changed in the years since this review was last conducted and this is demonstrated by the identified priority needs which were collected in the both the current and prior review. In the past review, the needs were more heavily weighed on the parent’s issues. The current focus is more weighted to the needs of the children and youth in care. Specifically noted, are increases in issues with children’s mental health and substance use. As mentioned earlier several key positive findings are noteworthy:

- While the reduction in congregate care and increased utilization of family-based living arrangements could have increased the re-entry rate; this did not occur. During the period of time since the return of many children to the community from large congregate care settings or small group homes that occurred subsequent to the agency decision to significantly reduce the reliance on in-state and out-of-state congregate care, the numbers of children re-entering care has decreased or remained stable. (See trend data)
- Visitation documentation in the pre-discharge period has significantly improved from the prior review.
- Better assessment is reflected within the documentation. Factors indicated for reason for re-entry are similar to those identified prior to the previous discharge from care and establish that the prior assessment was appropriate and accurate.
- Protective Supervision (PS) is used more frequently in the post Discharge period as a means to safety plan. In the current cohort 80.0% were under PS at the point

of re-entry. (Comparatively only 55.4% were under PS in the prior review cohort.)

- Teaming was documented in the majority of the cases reviewed. In previous reviews it was sporadic at best.
- Far fewer children who re-entered care (13.3%) were identified as being prematurely discharged from care than in the prior review (36.4%).

In re-entry situations where needs were unmet and led to the return to out-of-home care it often was noted that there were similar service deliver barriers as are noted in current Outcome Measure 15 reviews and the prior Outcome Measure 11 (Re-Entry into DCF Custody) review: service not available, client refusing, provider issues. As with the prior review, in some cases it was difficult to determine the level of concerted efforts with respect to the provision of service as the level of engagement dropped off upon discharge/reunification.

- The Division of Foster Care's monthly report for October 2015 indicates that there are 2,008 licensed DCF foster homes. This is a decrease of 90 homes when compared with the Fourth Quarter 2015 report. The number of approved private provider foster care homes is 818 which is a decrease of 26 homes from the previous quarter. The number of private provider foster homes currently available for placement is 113.
- The number of children with the goal of Other Planned Permanent Living Arrangement (OPPLA) markedly decreased over the last two quarters. In May 2015 there were 380 children with an OPPLA goal and as of November 2015 there are now 251 children with this goal. While this goal may be 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 has been on ongoing point of focus by the Department. Their increased efforts in implementing Permanency Teaming, which is a collaborative approach to permanency planning for children/youth in foster care or at risk of entering the foster care system, is making a difference. Permanency Teaming will be the primary means by which caseworkers engage a child's/youth natural network (birth parents, extended family, other important adults) in addition to professional supports and conduct ongoing case management activities. Individual conversations, joint meetings and large team meetings are being utilized in this effort and there is tremendous opportunity in implementing this effort to reduce the number of meetings currently held for other specific issues.
- As of November 2015, there were 106 *Juan F.* children placed in residential facilities. This is a decrease of 3 children compared with May 2015. The number of children residing in residential care for greater than 12 months was 21 which is 5 less than the total reported in May 2015.
- The Department continues to focus on the number of *Juan F.* children residing and receiving treatment in out-of-state residential facilities. Their efforts on this important issue have been consistent over the last two quarters. As of December 2015, the number of children is 6 children compared to the 10 children reported for June 2014.

- The number of children age 12 years old or younger in congregate care as of November 2015 was 21 children which is one less than May 2015. The number had increased slightly in the Second Quarter (August) to 27 before being reduced. Of the current total, 8 are placed in residential care, one child resides in SAFE Homes/SFIT, 9 children are placed in group homes and 2 are placed in shelter services and one is placed in a DCF facility.
- As of November 2015, there were three children aged 1 to 5 years of age residing in a Congregate Care placement. Two of the children were placed in medical care settings due to complex medical conditions and one child resided with their parent in a group home setting.
- The number of children utilizing SFIT temporary treatment/placement is 31 children. Seventeen of these children have lengths of stay greater than 45 days, although data quality issues impact the reliability of the data. The Department is working with Beacon Health (formerly Value Options) to improve the tracking of length of stay in this new program model. Short-term Family Integrated Treatment service 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.
- There were 39 youth in STAR/Shelter programs as of November 2015. This is 5 more than the 34 reported in May 2015. Twenty-two (56% of these youth in STAR programs were in overstay status (>60 days) as of November 2015. There were six children with lengths of stay longer than six months as of November 2015. In the past, the lack of sufficient and appropriate treatment/placement services, especially family-based settings for older youth, hampered efforts to reduce the utilization of STAR services. Yet, over the past year significant diversion efforts have reduced the utilization of STAR services. The question that is unanswered at this time is whether the children diverted from this service are receiving appropriate and timely community-based services.

- The Monitor's quarterly review of the Department for the period of April 1, 2015 through September 30, 2015 indicates that as of the end of the Third Quarter (September 2015) the Department did not achieve compliance with six (6) measures:
 - Case Planning (53.7%)
 - Reunification (52.7%)
 - Placement Within Licensed Capacity (95.5%)
 - Children's Needs Met (57.4%)
 - Worker-Child Visitation In-Home (N/A)²
 - Caseload Standards (99.8%)

- The Monitor's quarterly review of the Department for the period of April 1, 2015 through September 30, 2015 indicates the Department has achieved compliance with the following 16 Outcome Measures:
 - Commencement of Investigations (95.7%)
 - Completion of Investigations (86.0%)
 - Search for Relatives (92.9%)
 - Repeat Maltreatment (5.4%)
 - Maltreatment of Children in Out-of-Home Cases (0.2%)
 - Adoption (35.5%)
 - Transfer of Guardianship (75.7%)
 - Sibling Placement (92.0%)
 - Re-Entry into DCF Custody (4.4%)
 - Multiple Placements (96.5%)
 - Foster Parent Training (100.0%)
 - Worker-Child Visitation Out-of-Home Cases (94.9% Monthly/99.0% Quarterly)
 - Residential Reduction (2.8%)
 - Discharge of Adolescents (95.5%)
 - Discharge to Adult Services (100.0%)
 - Multi-disciplinary Exams (90.6%)

² 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.

- The Department has maintained compliance for at least two (2) consecutive quarters³ with 13 of the Outcome Measures reported as achieved this quarter:
 - Commencement of Investigations
 - Completion of Investigations
 - Search for Relatives
 - Repeat Maltreatment of In-Home Children
 - Maltreatment of Children in Out-of-Home Care
 - Re-entry into DCF Custody
 - Multiple Placements
 - Foster Parent Training
 - Visitation Out-of-Home
 - Residential Reduction
 - Discharge of Youth (graduated , GED, working, or military)
 - Discharge of Youth to Adult Services
 - Multi-disciplinary Exams

A full copy of the Department's Second & Third Quarter 2015 submission including the Commissioner's Highlights may be found on page 94.

³ 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.

Statewide Juan F. Exit Plan Report Outcome Measure Overview																									
Measure	Measure	Base-line	Q3 2015	Q2 2015	Q1 2015	Q4 2014	Q3 2014	Q2 2014	Q1 2014	Q4 2013	Q3 2013	Q2 2013	Q1 2013	Q4 2012	Q3 2012	Q2 2012	Q1 2012	Q4 2011	Q3 2011	Q2 2011	Q1 2011	Q4 2010	Q3 2010	Q2 2010	Q1 2010
1: Commencement of Investigation	>=90%	X	95.7%	95.2%	95.1%	94.5%	93.8%	93.2%	93.6%	94.7%	96.0%	96.2%	95.5%	94.9%	95.7%	96.1%	96.6%	97.1%	97.3%	97.2%	97.2%	96.8%	97.4%	97.6%	97.4%
2: Completion of the Investigation	>=85%	73.7%	86.0%	88.9%	85.6%	81.9%	78.6%	77.3%	77.6%	83.7%	92.5%	92.2%	89.1%	90.2%	92.5%	92.4%	91.9%	93.3%	94.0%	94.4%	92.7%	90.0%	91.5%	92.9%	93.7%
3: Treatment Plans	>=90%	X	53.7%	37.0%	47.2%	41.5%	46.3%	46.3%	51.9%	N/A	65.5%	63.0%	56.4%	53.7%	47.8%	63.0%	39.6%	44.4%	50.9%	N/A	81.1%	67.9%	66.0%	75.5%	86.5%
4: Search for Relatives	>=85%	58%	92.9%	92.9%	93.4%	89.3%	86.9%	85.1%	86.6%	88.3%	90.2%	85.3%	92.2%	87.3%	87.5%	89.5%	89.3%	92.8%	94.5%	94.5%	90.1%	88.8%	90.9%	91.2%	92.0%
5: Repeat Maltreatment of In-Home Children	<=7%	9.3%	5.4%	5.0%	5.7%	6.7%	6.5%	5.8%	6.3%	4.5%	4.9%	5.7%	4.4%	4.9%	4.3%	4.1%	4.3%	6.0%	6.1%	5.4%	5.7%	6.2%	6.5%	6.5%	5.8%
6: Maltreatment of Children in Out-of-Home Care	<=2%	1.2%	0.2%	0.2%	0.2%	0.2%	0.3%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.2%	0.1%	0.1%	0.4%	0.2%	0.1%	0.2%
7: Reunification	>=60%	57.8%	52.7%	64.2%	59.8%	65.2%	71.3%	73.9%	60.2%	62.5%	62.4%	62.8%	56.3%	57.6%	52.0%	61.1%	58.9%	65.8%	65.3%	73.1%	61.7%	64.9%	68.3%	67.1%	61.2%
8: Adoption	>=32%	12.5%	35.5%	31.0%	32.9%	31.7%	30.2%	34.2%	44.0%	33.9%	32.8%	31.6%	29.5%	25.9%	39.0%	34.3%	23.7%	33.6%	40.0%	32.7%	35.6%	38.5%	25.8%	36.0%	34.7%
9: Transfer of Guardianship	>=70%	60.5%	75.7%	66.7%	77.8%	72.5%	73.2%	65.2%	67.6%	63.8%	77.3%	65.6%	77.6%	76.5%	84.0%	76.7%	81.4%	83.1%	83.6%	78.4%	86.2%	87.3%	78.6%	74.6%	82.3%
10: Sibling Placement	>=95%	57%	92.0%	91.4%	90.9%	90.6%	88.7%	89.3%	90.6%	89.9%	92.5%	88.0%	89.5%	87.5%	87.5%	89.2%	88.5%	91.8%	89.3%	85.8%	86.7%	83.3%	81.9%	84.8%	85.6%
11: Re-Entry into DCF Custody	<=7%	6.9%	4.1%	5.8%	5.0%	3.8%	7.7%	8.0%	4.8%	4.9%	5.5%	8.6%	7.4%	7.0%	9.1%	6.8%	5.8%	6.4%	7.2%	4.4%	7.7%	6.3%	7.3%	6.7%	8.4%
12: Multiple Placements	>=85%	X	96.5%	96.8%	96.7%	96.4%	96.5%	96.7%	96.8%	97.1%	96.6%	96.7%	96.4%	96.5%	96.4%	96.6%	96.6%	96.4%	96.4%	96.1%	96.1%	96.1%	95.7%	95.8%	95.9%
13: Foster Parent Training	100%	X	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
14: Placement Within Licensed Capacity	>=96%	94.9%	95.5%	94.9%	95.4%	96.3%	95.3%	95.4%	96.0%	95.7%	96.2%	96.4%	97.1%	96.7%	95.8%	95.3%	97.7%	96.1%	95.2%	95.6%	96.8%	96.8%	95.4%	95.1%	96.9%
15: Children's Needs Met	>=80%	X	57.4%	44.4%	47.2%	52.8%	64.8%	59.3%	57.4%	N/A	67.3%	74.1%	61.8%	53.7%	53.6%	61.1%	60.4%	55.6%	60.4%	N/A	58.5%	56.6%	58.5%	52.8%	67.3%
16: Worker-Child Visitation (Out-of-Home)	>=85%(M)	X	94.9%	96.5%	94.9%	92.6%	93.4%	94.3%	94.9%	95.4%	94.6%	95.8%	95.9%	94.2%	93.6%	92.7%	95.1%	92.3%	95.0%	95.1%	95.8%	95.3%	95.3%	95.7%	96.2%
	=100%(Q)	X	99.0%	99.6%	99.0%	98.4%	98.4%	98.9%	98.8%	99.0%	98.8%	99.0%	99.2%	99.1%	98.7%	98.7%	99.2%	98.6%	99.0%	99.2%	99.2%	98.9%	98.9%	99.3%	99.6%
17: Worker-Child Visitation (In-Home)	>=85%	X	87.5%	89.2%	86.1%	83.3%	83.3%	83.9%	83.0%	85.3%	86.1%	88.6%	88.1%	84.1%	87.0%	85.8%	84.8%	85.9%	86.3%	89.7%	88.5%	89.7%	89.4%	89.7%	89.6%
18: Caseload Standards	100%	69.2%	99.8%	100.0%	90.6%	87.3%	84.5%	83.6%	94.5%	97.6%	99.9%	99.9%	99.8%	99.9%	100.0%	99.7%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%
19: Reduction in the Number of Children Placed in	<=11%	13.5%	2.8%	2.7%	2.8%	2.7%	2.7%	3.4%	4.0%	4.2%	4.3%	4.9%	5.1%	5.8%	6.3%	6.9%	7.5%	8.5%	8.8%	9.8%	10.0%	9.9%	9.4%	10.1%	10.0%
20: Discharge Measures	>=85%	61%	95.5%	90.9%	83.7%	94.6%	93.8%	97.1%	90.9%	94.5%	85.7%	86.3%	86.5%	95.9%	89.2%	85.7%	86.9%	76.5%	88.0%	79.4%	82.9%	87.2%	88.5%	87.9%	86.0%
21: Discharge of Mentally Ill or Mentally Retarded Children	100%	X	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	92.0%	97.0%	96.1%	97.3%	98.1%	100.0%
22: Multi-disciplinary Exams (MDE)	>=85%	5.6%	90.6%	96.4%	91.2%	93.3%	96.0%	91.8%	85.4%	85.1%	94.1%	93.6%	95.0%	89.7%	95.5%	93.8%	90.0%	93.4%	93.3%	96.3%	91.9%	97.5%	96.1%	96.4%	95.7%

Juan F. Pre-Certification Review-Status Update (April 1, 2015 – September 30, 2015)

Under the Revised Exit Plan (¶5), the Court Monitor is required to conduct what the parties and the Court Monitor refer to as a “Certification” review 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.

As of this Third Quarter 2015 Report, one additional measures has been pre-certified. Outcome Measure 11 is pre-certified as of this Status Report to the Court. See the full report beginning on page 16. There are 15 Outcome Measures certified thus far.

<i>Juan F.</i> Pre-Certification Review		
Outcome Measure	Statement of Outcome	Status
OM 4: Search for Relatives	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
OM 5: 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. This outcome shall begin to be measured within the six-month period beginning January 1, 2004.	Pre-Certified* July 2014
OM6: Maltreatment of Children in Out-of-Home Care	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
OM 7: Reunification	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
OM 8: Adoption	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
OM 9: Transfer of Guardianship	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.

OM 10: Sibling Placement	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
OM 11: Re-Entry into DCF Care	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
OM 12: Multiple Placements	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
OM 14: 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 when necessary to accommodate sibling groups.	Pre-Certified April 2012
OM 16: Worker/ Child Visitation (Child in Placement)	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
OM 17: 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. 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
OM 19: 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. 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
OM 20: Discharge Measures	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
OM 21: Discharge of Mentally Ill or Developmentally Disabled Youth	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
OM22: Multi-disciplinary Exams	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

Outcome Measure 11 Pre-Certification Case Review: Re-Entry into DCF Custody

Overview

The DCF Court Monitor's Office is undertaking a series of pre-certification reviews as part of the agreement of the parties via discussions arising from the Revised *Juan F.* v Rell Exit Plan on the 22 Outcome Measures. The latest of the measures to undergo review is Outcome Measure 11: Re-Entry into DCF Custody. This is a qualitative review that will supplement the quarterly data provided by the DCF and verified by the Court Monitor regarding Outcome Measure 11, which states:

“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.”

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 Defendants assert sustained compliance with all 22 Outcome Measures, the parties agree that the full review as outlined in paragraph 5 of the *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 a modification of the *Juan F. Revised Exit Plan* at the time of assertion of compliance.

Since the outset of the reporting, the Department has reported a range of performance from 3.8% to 11.0% on this Outcome Measure. In looking at performance from the First Quarter 2007 through the First Quarter 2015, the Department has been in compliance with the measure in 14 of the 33 reported quarters.

The Department asserted compliance with outcome Measure 11 citing compliance with the two quarters of Fourth Quarter 2014 and First Quarter 2015 and requested this measure be considered for pre-certification. Therefore the Court Monitor's Office complied by undertaking this pre-certification review of Outcome Measure 11.

Findings

The Court Monitor pre-certifies Outcome Measure 11 (Re-Entry into DCF Custody). This review finds that the Department has met the requirement of attaining and sustaining the required standard of 7% or fewer for the quarters reviewed. Per our findings, the performance rates for October 1, 2014 to December 31, 2014 and January 1, 2015 to March 31, 2015 were both 3.3%. Further, the qualitative review did not identify any significant elements outside those that are already being addressed adequately via the OM3 and OM15 reviews.

The needs of the out-of-home population have changed in the years since this review was last conducted and this can be seen in the needs which were identified in our prior review of Outcome Measure 11 in comparison to the current review. In the past review, the needs were more heavily weighed on the parent's issues. The current review is more weighted with the needs of the children and youth in care. Specifically noted, are

increases in issues with their mental health and substance use. Several key positive findings are noteworthy:

- The reduction in congregate care may have increased the re-entry rate but this did not occur in the period of time since the return of many children to the community from large congregate care settings or smaller group homes that the agency has discontinued to use in the past several years. (See trend data)
- Visitation documentation in the pre-discharge period has significantly improved from the prior review.
- Better assessment is reflected within the documentation. Factors for re-entry are similar to those in the prior re-entry and are known to the Department.
- Protective Supervision is used more frequently in the post Discharge period as a means to safety plan. In the current cohort 80.0% were under PS at the point of re-entry. (Comparatively only 55.4% were under PS in the prior review cohort.)
- Teaming was documented in the majority of the cases reviewed.
- Far fewer children who re-entered care (13.3%) were identified as being prematurely discharged from care than in the prior review (36.4%).

In situations where needs were unmet and led to the return to care it often was noted that there were similar service deliver barriers as are noted in current Outcome Measure 15 reviews and the prior Outcome Measure 11 review: service not available, client refusing, provider issues. However, similar to the prior review, in some cases it was difficult to determine the level with which concerted efforts actually occurred around provision of service as the level of engagement dropped off upon discharge/reunification.

Purpose and Sampling Methodology

The Monitor's Office obtained the DCF universe of all children that were entries into DCF custody during prior 12 month in the quarters of October 1, 2014 to December 31, 2014 and January 1, 2015 to March 31, 2015 (excluding Voluntary Service Placements). This request was fulfilled with the ROM database and included 790 children. Sampling methodology submitted to the parties for approval required a sample of all children with a re-entry date – and a like number exited during the period but for which there was no re-entry date.

Our methodology focused only on the cohort of children who were included in the category defined as having “not met” the measure: those who had re-entered care with a re-entry date less than one year after exit from a prior episode. This sub-group of the cohort was identified as including 33 children and adolescents during the two quarters. Upon initial screening our reviewers identified three cases that required exclusion since there was not actual legal and physical exit from care. Instead, there was a definitional/legal change that occurred in the system not an episode in which the child legally and physically exited and re-entered DCF placement.

The Department of Children and Families' ROM reporting indicates that the **Fourth Quarter 2014 performance statewide had a re-entry rate of 3.5%**.

Table 1: DCF ROM Reporting of Outcome Measure 11 - Fourth Quarter 2014

Area Office	Met		Not Met		Total	
Bridgeport Area	27	100.0%	0	0.0%	27	100%
Danbury Area	32	100.0%	0	0.0%	32	100%
Hartford Area	60	96.8%	2	3.2%	62	100%
Manchester Area	27	100.0%	0	0.0%	27	100%
Meriden Area	20	90.9%	2	9.1%	22	100%
Middletown Area	7	77.8%	2	22.2%	9	100%
Milford Area	24	96.0%	1	4.0%	25	100%
New Britain Area	35	87.5%	5	12.5%	40	100%
New Haven Area	27	96.4%	1	3.6%	28	100%
Norwalk/Stamford Area	20	100.0%	0	0.0%	20	100%
Norwich Area	26	96.3%	1	3.7%	27	100%
Torrington Area	10	100.0%	0	0.0%	10	100%
Unassigned Area	1	100.0%	0	0.0%	1	100%
Waterbury Area	42	100.0%	0	0.0%	42	100%
Willimantic Area	28	100.0%	0	0.0%	28	100%
Statewide	386	96.5%	14	3.5%	400	100%

The Court Monitor review of the 14 cases identified as unmet found that one case was included within the unmet category erroneously, as the youth never had a legal exit from care; but rather had a trial home visit which did not achieve reunification. Commitment had never been revoked, and legal custody had remained with DCF for the full episode. Thus, **the Court Monitor found a slightly improved rate of 3.3%** (387 met/13 not met). The change is reflected within the Hartford Area office which would be correctly reported at a rate of 1.6% (61 met/1 not met) within the Fourth Quarter 2014.

The Court Monitor’s Office utilized the Department’s ROM reporting for the **First Quarter 2015 performance statewide Outcome Measure reporting. Per the report, the Department achieved a re-entry rate of 4.9%.**

Table 2: DCF ROM Reporting of Outcome Measure 11 – First Quarter 2015

Area Office	Met		Not Met		Total	
Bridgeport Area	22	95.7%	1	4.3%	23	100%
Danbury Area	26	89.7%	3	10.3%	29	100%
Hartford Area	41	91.1%	4	8.9%	45	100%
Hotline Area	1	100.0%	0	0.0%	1	100%
Manchester Area	25	100.0%	0	0.0%	25	100%
Meriden Area	16	100.0%	0	0.0%	16	100%
Middletown Area	18	94.7%	1	5.3%	19	100%
Milford Area	17	100.0%	0	0.0%	17	100%
New Britain Area	34	91.9%	3	8.1%	37	100%
New Haven Area	20	95.2%	1	4.8%	21	100%
Norwalk/Stamford Area	16	100.0%	0	0.0%	16	100%
Norwich Area	38	90.5%	4	9.5%	42	100%
Torrington Area	13	92.9%	1	7.1%	14	100%
Unassigned Area	2	100.0%	0	0.0%	2	100%
Waterbury Area	37	97.4%	1	2.6%	38	100%
Willimantic Area	45	100.0%	0	0.0%	45	100%
Statewide	371	95.1%	19	4.9%	390	100%

Our review of the 19 cases indicated that two youth were included within the unmet category erroneously in that they never had a legal and physical exit from care. Both were adolescents involved with Juvenile Detention and had a change in status but no physical re-entry that was documented for the full 12 months of the episode. Thus **the Court Monitor found an improved rate of 3.3%** (373 met/17 not met). The change is reflected within the Hartford Area office which would now meet the measure and be correctly reported at a rate of 6.7% (42 met/3 not met) and in Waterbury which would be at 100% with all 38 cases met.

The Court Monitor’s Office did not see the need to incorporate a like number of Outcome Measure 11 cases “met”, as was done in the prior review, and the ongoing Outcome Measure 3 and Outcome Measure 15 reviews consistently review case practice matters across child-in-placement and in-home populations. Therefore, this review was to include only the sample of 30 cases "Not Met" for the 4Q2014 and 1Q2015 reporting periods as follows:

Table 3: Distribution of OM 11 Pre-Certification Sample by Area Office Designation*

Area Office	Frequency 4Q2014	Frequency 1Q2015	Total
Bridgeport	0	1	1
Danbury	0	3	3
Hartford	1	3	4
Manchester	0	0	0
Meriden	2	0	2
Middletown	2	1	3
Milford	1	0	1
New Britain	5	2	7
New Haven	1	2	3
Norwalk	0	0	0
Norwich	1	4	5
Torrington	0	1	1
Waterbury	0	0	0
Willimantic	0	0	0
Total*	13	17	30

*Excludes three cases that identified from the original ROM report data: Hartford (2) and Waterbury (1). One was from the Fourth Quarter (Hartford) and the remaining two were from the First Quarter (one each in Hartford and Waterbury.) Our reviewers therefore reviewed a total of 30 records. Thirteen (13) from the Fourth Quarter 2014 and 17 from the First Quarter 2015.

Three members of the DCF Court Monitor Office conducted all reviews following a pilot test during the last week of September to ensure issues of reliability and validity were addressed prior to initiating the full review.

The review protocol capture three periods within the life of the case: the period leading up to the initial entry into DCF custody, the period from that placement to the date of reunification and for the period immediately following re-entry through to the first case plan developed should the case remain open.

Identifying Information and Pre-Discharge Case Descriptives

The cases of the 30 children opened as early as March 2005 and as recently as July 2014. Ages at the time of prior placement episode ranged from less than one year old to 17.6 years of age, with an average age of 9.4 years old. As with the prior review, the demographics indicate that the population was predominately white (66.7% and non-Hispanic (56.7%) with English as the primary language (96.7%).

Crosstabulation 1: Child's Race * Child's Ethnicity				
		Child's Ethnicity		Total
		Hispanic	Non-Hispanic	
Child's Race	Black/African American	1	7	8
	White	10	10	20
	Multi-Racial	2	0	2
Total		13	17	30

Additionally, the parent/guardian to whom the child was discharged to was likewise identified as most frequently English speaking (80%).

The episode of care discharge date (discharge that lead into the cohort) began as early as October 20, 2010 and as late as July 10, 2014. Some children had been reunified for just shy of a year at 362 days while others had been reunified only 12 days at the time of the re-entry. The average length of reunification was 158 days. For 24 children this was the first removal episode experienced. Of the six children with prior removal history, four had one prior episode of placement, two had two prior episodes.

The 30 child sample included 25 cases, as there were 4 cases of siblings in care. Three sets of two and one set of three siblings were represented in the sample. The review captured the work of 24 Ongoing Service Social Workers reporting to 25 Social Work Supervisors. In 36.7% of the cases, there was at least one change in SW from the point of discharge to the point of re-entry. In 46.7% of the cases, there was at least one change in SWS from the point of discharge to the point of re-entry.

Manchester, Norwalk, Waterbury and Willimantic had 100% compliance during both quarters and thus did not have any re-entrants within the quarters of the review. New Britain and Norwich had the highest number of re-entrants not meeting the 12-month measure.

As we did not conduct a comparative review in this most recent endeavor, this review is limited to only those cases in which the child or adolescent re-entered care. However, having had the prior collection we do have a comparative view with regard to the last viewed the population of re-entrants in which to observe any trends or changes of note.

Findings from our earlier Targeted Review reported in 2007 identified several trends are shown below in comparison with the findings from the current data trends:

Prior Trends	Current Trend Data
<ul style="list-style-type: none"> Reunification is the discharge type most likely to result in re-entry. DCF SW and SWS staff are often aware of the risk factors in a case (i.e. Substance Abuse, Domestic Violence, Mental Health of parents or child), when not fully addressed prior to reunification it can lead to the same issues resurfacing— making positive outcomes more tenuous. 	<ul style="list-style-type: none"> 100% of the sample subjects were removed from their parent or guardian to whom attempted reunification had been the goal in the period prior to the re-entry.
<ul style="list-style-type: none"> In 36.4% of the re-entries (n=55), reviewers indicated that the discharge from care was premature 	<ul style="list-style-type: none"> In 13.3% of the cases (n=30), reviewers indicated that the discharge from care was premature.
<ul style="list-style-type: none"> In many re-entry cases, there was a lack of follow up by the assigned SW with service providers prior to reunification 	<ul style="list-style-type: none"> Although documentation was improved in relation to provider contact, there still was a decline in contact with providers and in several cases with the clients.
<ul style="list-style-type: none"> Reviewers identified inadequate post-discharge planning and contract limitations in which providers do not serve clients once DCF involvement concludes. In 31 cases that identified service needs, where one or more of these needs was not planned for during discharge, 74.2% re-entered care. Of those cases where identified supports were provided, the rate of re-entry was 39.0%. 	<ul style="list-style-type: none"> Comparison cannot be made due to limitation of this study being a “not met” sample only. The closest comparison that can be made is that of those cases where there were identified supports, the rate of full service provision was 69.2%.
<ul style="list-style-type: none"> Forty-eight of the 55 re-entry cases (87.2%) were open as in-home cases at the point of re-entry with 30 cases (55.4%) under an order of protective supervision. 	<ul style="list-style-type: none"> Of the 30 cases in the sample, 96.7% were open in-home cases; with 80% under protective supervision at the point of re-entry.
<ul style="list-style-type: none"> 49.1% of the re-entry population (n=55) had different safety factors identified at the time of re-entry to care. 	<ul style="list-style-type: none"> Only one case, 3.3% had a new or different safety factor identified at the time of re-entry for care.
<ul style="list-style-type: none"> 29.9% of the re-entry cases (n=55) were related to similar/chronic neglect issues as identified in the initial episode. 	<ul style="list-style-type: none"> 29 of the 30 cases (96.7%) had similar reasons for re-entry identified in the most recent removal episode compared with those identified in the prior episode.
<ul style="list-style-type: none"> 10.9% of the cases identified parent substance abuse as the primary reason for both episodes of placement. 	<ul style="list-style-type: none"> Youth’s mental health most frequently as the reason for entry into care ranking 2nd to substantiated abuse/neglect in the first episode at 60% of the sample and ranking second to parental substance abuse at 46.7% in the repeat episode.

The cases had a range of zero to six reports taken at the Careline in the period of time just prior to the entry episode into DCF custody. The most frequently occurring number of reports was one (50%). Substantiations resulted in 19 cases. All substantiations were the result of abuse/neglect in the home of the biological parent or guardian. Reviewers noted, although not part of this review per se, that there were no substantiations during the period under review involving a child in the cohort in any congregate care setting or foster setting.

In seven instances, there were two or more substantiations, while in 12 cases it was a single allegation substantiated that led to the case open.

Table 4: Number of Substantiations (Prior Episode)

# of Substantiations	Frequency	Valid Percent	Cumulative Percent
0	11	36.7	36.7
1	12	40.0	76.7
2	5	16.7	93.3
3	2	6.7	100.0
Total	30	100.0	

Three of the cases (10%) had FAR involvement during the episode prior to entry.

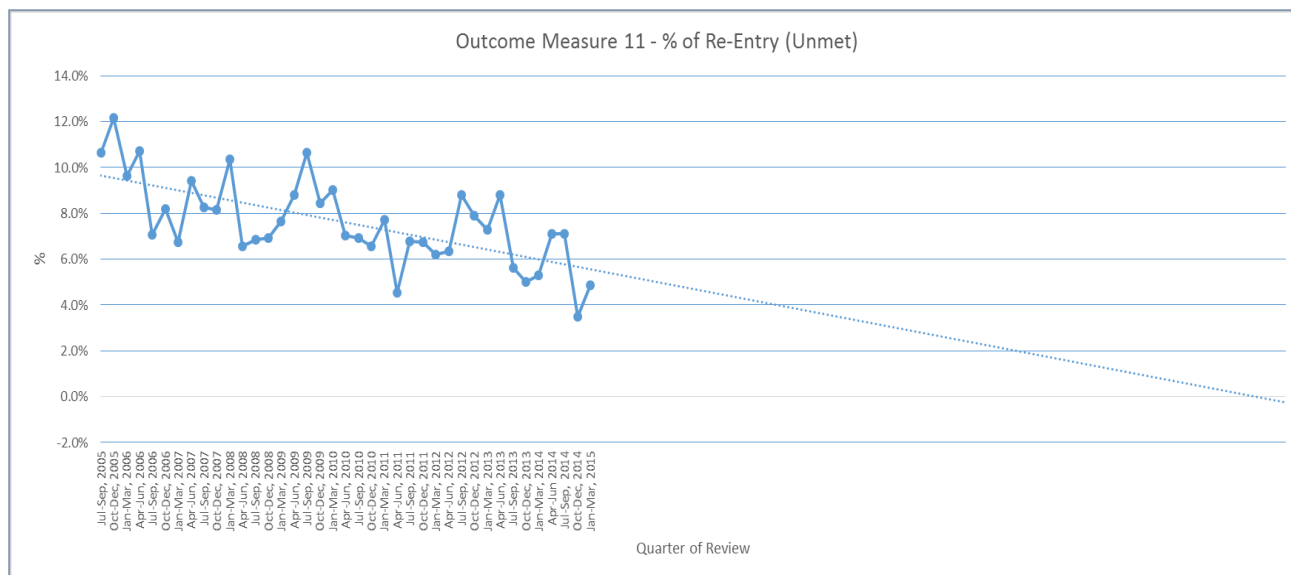
In our prior review, the clear most frequently cited reason for entry into care was substantiated abuse/neglect followed distantly by parent's substance abuse. In the current review, while substantiated abuse/neglect is still the most frequently identified reason for entry, children's mental health has risen significantly to a much higher rate of identified cause for re-entry, rivalling that of substantiated abuse/neglect as the reason for the entry into care. This is also followed by an increase in the rate of both substance abuse and mental health issues in the parent/guardian with whom the DCF is later attempting to work with at reunification.

Table 5: Reasons for Entry Episode into DCF Custody

Identified Entry Reason Episode	% in Re-Entry Sample 2014-2015 (n=30)	% in Re-entry Sub-Sample 2005 Data (n=55)
Substantiated Abuse/Neglect	63.3%	78.2%
Child’s Mental Health (Beyond Caretaker’s Ability)	60.0%	12.7%
Parent/Guardian Substance Abuse	43.3%	29.1%
Parent/Guardian Mental Health	26.7%	7.3%
Parent/Guardian Whereabouts Unknown	10.0%	5.5%
Parent/Guardian’s Incarceration	6.7%	7.3%
Domestic Violence	6.7%	3.6%
Adolescent’s Substance Abuse	3.3%	0.0%
Abandonment	3.3%	0.0%
Other⁴	0.0%	1.8%
Housing/Homeless/Transient	0.0%	3.6%
Parent/Guardian’s Death	0.0%	0.0%
Child’s Medical Condition	0.0%	1.8%
Other: Criminal Activity/Drug Raid	3.3%	0.0%
Other: Human Trafficking	3.3%	0.0%

One may posit that the changes in practice related to reduction in congregate care, increased family engagement, and relative/kin placement would have posed barriers to improving re-entry rates. However the trend has not substantially increased over time, rather there has been an improvement, or decline in the re-entry rate over time; even as congregate care numbers have been reduced and the children with more difficult mental health and behavioral health issues have been returned to parents or relative caregivers. This is not to say that community resources have not been stretched. As have been noted by our reports and reports by other child advocacy groups within the state, there have been issues with increases in emergency room utilization for mental health treatment, and wait lists and service delays for therapeutic levels of foster care, in-home intensive programs, substance abuse services for children and adults, behavioral health services for children and adults. However, quantitative data reflects the measure met for periods of this review and with the trend favoring ongoing compliance (the most recent two quarters of 2015 have also sustained compliance rates below 7.0%).

⁴ “Other” responses were reviewed and incorporated in specified categories above if applicable. 2005 Situations that did not fit neatly into the categories that were identified by reviewers include: DMR parents, prior TPR, refusal of child to return home, High Risk Newborn, OTCs, and parents non-compliant with DCF visitation standards



Children were most frequently placed into a DCF foster home (50%) in the initial placement episode; however 20.0% were placed directly with relatives or 6.7% with special study kin. The remaining 7 children of the sample were placed in a shelter (4%) or SAFE Home (10%) as their first placement. During this episode children experienced between one to nine placements. In eight instances the placement changes that occurred led to children moving to family or kin arrangement. Similar to our prior report, the most frequent number of placements for any child was one placement. For this current cohort of 30 children, 16 children (53.3%) had one placement during their entry episode. As a side note, five of the 30 children (16.7%) would be in non-compliance with Outcome Measure 12 (Children having more than three placements in a 12 month period). This is a higher proportion than is seen in the general population of children in care. The table below shows the placements where children spent the majority of the episode.

Table 6: Placement Setting that Child Spent Majority of Placement (Pre-Discharge)

Setting	Frequency	Valid Percent	Cumulative Percent
Emergency temporary foster care	2	6.7	6.7
In-state DCF non-relative foster care	8	26.7	33.3
In-state DCF relative foster care	7	23.3	56.7
In-state DCF special study foster care	5	16.7	73.3
In-state private provider foster care	2	6.7	80.0
In-state residential	2	6.7	86.7
Out-of-state residential	1	3.3	90.0
Shelter	3	10.0	100.0
Total	30	100.0	

In two cases (6.7%) the documentation reflects that the courts decided to return the child to the parent or guardian contrary to DCF recommendations. In the period of time leading up to the discharge, there was evidence that family conferencing or other engagement activities were being attempted in all but one case record. In 30% of the cases both family conferences and other engagement was documented. Reviewers gave high praise for SW engagement activities and utilization of internal and provider resources to assist in maintaining the child in the home.

Casework leading up to the discharge was reviewed. Social Worker visitation with the child and parents were captured for the six months prior to legal discharge in both quarters. For child visitation, the range of the number of visits was one to 39. The average number of visits recorded (mean) is 11.13. Visitation range for parents was zero to 39 visits for the parent to whom the child was to be reunified. The average number of visits was 10.73 visits during the 6 month period. These numbers are both very encouraging in light of the requirement for monthly contact while in the custody of the Department. However, the non-custodial or secondary parent had a much lower rate of successful contact, with only 4.29 visits on average over the course of the six month period. This lower rate of contact is consistent with the lower rate of contact with fathers noted in many of our OM3/OM15 reviews.

Table 7: Visitation Statistics

		Successful in person visits are between SW and child during the six month period prior to legal discharge?	Successful in person visits between the SW and parent/guardian #1 during the six month period prior to legal discharge?	Successful in person visits are documented between the worker and parent/guardian #2 during the six month period prior to legal discharge?
N	Valid	30	30	21
Mean		11.13	10.73	4.29
Median		10.00	9.00	3.00
Mode		7	12	0, 7

The supervision of visitation between the parent/child was noted to most frequently be supervised by the DCF Social Worker (33.3%). This is, however a reduction in this SW role from our prior review, when the SW took on this task in 54.9% of the cases reviewed.

Table 8: Who supervised the majority of visits between child and person to whom child was to be discharged in the 6 months leading up to child's placement exit?			
	Frequency	Valid Percent	Cumulative Percent
DCF SW or SWS	10	33.3	33.3
DCF SW Case Aide	2	6.7	40.0
Private Provider	8	26.7	66.7
Relative Foster Parent	6	20.0	86.7
No Visits	2	6.7	93.3
Other: All visits unsupervised, no visit held – short episode	2	13.3	100.0
Total	30	100.0	

The Department has significantly improved visitation. The agency has increased the frequency and duration of visitation between child and parent as they progress toward reunification. In our prior review we noted that the progression of supervised visits to overnight stays was documented in only 33.6% of the cases. This review found 66.7% of the cases had playful discharge progression documented as it related to visitation exposure between the identified child and parent/guardian to whom the child was reunifying. The trial home visit was documented in 40% of the cases with an average time frame of 65 days (range of 5:118). Transportation for visitation or therapeutic intervention was provided in 70% of the cases. This was a 100% met need, as in all cases that it was documented as a need for the family, it was met. There were 13 cases in which flex funding was identified as a need, the Department met that need in 10 cases or 76.9%. The reviewers identified 8 cases in which services that were identified for successful reunification prior to the child's reunification were not provided. This translates to 26.7% of the sample having an identified barrier to a service needed for successful reunification at the time of the discharge.

Approximately 150 services were clearly identifiable in the weeks leading into the legal discharge. On average while the number of services plugged in to support the child and family ranged from one to 9, families were engaged with 5 services at the time of discharge. The reviewers were able to identify these services that were in place to support the discharge within the narratives/documentation:

Table 9: Services in Place for Discharge

Type of Service	Number of Cases Identified within the Sample (n=30)
Family Reunification	19
Individual Counseling	14
In-Home Treatment (MDFT, MST or FFT)	12
Flex Funds for basic needs	8
In-Home Parent Education and Support	8
Supervised Visitation	8
Childcare/Daycare	6
Substance Abuse Screening/Evaluation	5
Basic Foster Care (DCF)	4
Day Treatment/Partial Hospitalization	4
Family or Marital Counseling	4
Supportive Housing for Recovering Families (SHRF)	4
Drug/Alcohol Testing	3
Medication Management	3
Mental Health Screening or Evaluation	3
Mentoring	3
WIC Services	3
Foster Care Support	2
Outpatient Substance Abuse Treatment	2
Psychiatric Evaluation	2
Sexual Abuse Therapy (Victim)	2
Social Recreational Programs	2
Translation Services	2
Afterschool Program	1
Anger Management	1
Birth-to-3	1
Care Coordination	1
Community Housing Assistance Program (CHAP)	1
Crisis Counseling	1
Detoxification	1
Drug/Alcohol Education	1
Emergency Mobile Psychiatric Services	1
Family Preservation	1
Fatherhood Engagement	1
Group Counseling	1
Group Home	1
Hospitalization, Medical	1
Individualized Program per IEP Evaluation	1
Juvenile/Criminal diversion	1

Type of Service	Number of Cases Identified within the Sample (n=30)
Matching/Placement/Processing (includes ICO)	1
Other	1
Parenting Classes	1
Positive Youth Development Program	1
Problem Sexual Behavior Therapy	1
Psychological or Psychosocial Evaluation	1
Relapse Prevention Program	1
SAFE Home	1
Therapeutic Child Care	1

Supervision was documented a range of once to 9 times in the six month period leading up to discharge. The reviewers noted that Supervisory Conference documentation was clear and instructive in the period leading up to and immediately following the discharge from the initial out of home placement placing the child into this cohort. In 5 cases (16.7%) however, reviewers stated there were evident risk factors that were not addressed prior to the child's discharge. There were two cases that closed at the time of the discharge. One of those cases was felt to have a proper closing summary/all case activity in relation to the case closing. The other was felt to be inadequate in regard to that oversight.

In 26 of the 30 cases (86.7%), the record documented that continued or new support services would increase the likelihood of achieving a successful reunification outcome. Of those 26 cases, documentation reflected 23 cases 88.5% had the necessary referrals made to the identified service provider. However, only 18 (69.2%) went on to engage with those service providers in the recommended services to support the reunification.

In taking a moment-in-time snapshot at the overall case practice at the point of the legal discharge, reviewers were asked to rate the overall quality of the case practice. Reviewers indicated 66.7% were of very good or optimal quality. 33.3% were below standard at marginal or poor. These findings are reflective of the significant impact of staffing problems brought on by hiring freezes and the resulting excessive caseloads and workload demands.

Table 10: Rate the overall quality of case practice for the placement episode ending with child's legal discharge.

Quality Ranking	Frequency	Percent	Valid Percent	Cumulative Percent
Poor	1	3.3	3.3	3.3
Marginal	9	30.0	30.0	33.3
Very Good	19	63.3	63.3	96.7
Optimal	1	3.3	3.3	100.0
Total	30	100.0	100.0	

Some of the comments cited in relation to the ratings included:

- Social Worker contacts were made at or above the requirement for the child and placement and family to which she was reunifying. Efforts were also documented to the non-custodial parent on a lesser scale. Appropriate referrals for mental health treatment and IICAPS as well as a mentor were made to have services in place within one week of reunification. Individual therapy was also followed up on as this was an earlier recommendation. Mother and sibling (victim of this youth) were involved in services as well. Child had been in care (largely residential) for 4 years and that facility was closing. It was an appropriate opportunity (long overdue) to attempt to re-integrate youth into a family setting.
- DCF made calculated risk around mother's drug use. They had not found any evidence that it impaired her ability to care for her younger child who remained in her care throughout the PUR. Father was aware and always maintained safety. Given this, it was decided it was appropriate to reunify the child. Youth was deteriorating in care. Services were identified both for family and youth to address conflictual relationships and at-risk delinquent behaviors. Probation work was not well documented.
- During the pre-discharge period the SW made visits per policy and maintained communication with reunification service, foster parent and other collaterals to stay informed of progress. Supervisor documented progress but did not document safety risk assessment. It appeared from all signs, that mother was invested in the reunification and intent of ensuring its success. She had secured a residence, employment and had completed required services with positive reports. Father of the older children had some reservations, but felt that she deserved the opportunity, and he was willing to allow visitation with his children as well. The reunification was not premature or ill-advised.
- The home situation was deteriorating but SW was unaware as contact was sparse. Revocation should not have occurred. Clients advised of revocation by phone call on 1/15/15.
- Issue of mother's relationship with male friend was not addressed adequately in light of her DV history/concerns. FM advised SW that he was present at family functions and he was her boyfriend during the last year - seems to be an "elephant in the room" not broached. I am also not clear on the issue of what happened between the youth and the program staff. All other aspects were very well done; services were well provided to assessed needs as best as could be. This is a case with odds high stacked against success. Unfortunately this case had multiple workers assigned across the two companion cases. A lot of expectations and hoops for a very young mom.
- There was some good work noted. There was good contact and communication with parents. There was good feedback with the reunification program (RCFP). UCFS was noted to be providing therapy to mother and father however narrative

reflects that provider had concerns about mother's limited attendance just before children's return. No collateral contact on dad's progress. Careline report 6/29/14 - no additional information in case. No indication that parents were in compliance with expectations or that CPS report was addressed prior to children's return home.

- The youth's substance abuse was not given the level of priority consideration that it needed. He needed a referral for dual programming or some drug treatment at a minimum. Educational piece also fell apart as it was not firmly set at point of discharge. Respite was not incorporated into plan to give father some relief. Mentor role also not fully explored. Original recommendation to transition to a group home was not followed. It is unclear why this was not done as neither party was really ready. They both wanted the reunification, but all providers indicated that they had stayed only at the surface of treatment goals.
- This is an out of control 17 year old on probation and in and out of detention. DCF did keep youth engaged and tried to place her home after a kin placement with MGM did not work.
- There was good engagement with all, a slow planned discharge from residential to home with services was in place. Good supervision was shown in the documentation. Youth had been in RTC for almost 2 years in the episode in care. It was time to attempt the reunification.

Post-Discharge Period

In 29 of the 30 cases within the sample (96.7%) the case remained open at least one month post discharge. The range of length of time case remained open after discharge was zero months to 12 months. The average length of time that a case remained open post discharge was 5.5 months post discharge. Protective Supervision was approved for 27 of the 30 cases (90.0%) following legal discharge. The majority of these (21 cases) sought protective supervision for a period of time not exceeding six months (70.0%). There were 7 instances of protective supervision extended to seven through 12 months (23.3%). Two cases did not include protective supervision (6.7%).

In all, 21 cases (70%) had accepted referrals to Careline identifying this child as victim in the period of review post discharge. Of those, there were ten cases that included at least one substantiation. The substantiations included:

- Physical Neglect: 9
- Emotional Neglect: 2
- Educational Neglect: 1
- Sexual Abuse: 1
- Abandonment: 1

Even in the absence of CPS concerns rising to the level of Careline reports, there were a multitude of issues identified for both the child and parent or caretaker during this interim period that required these cases to remain open post discharge. Issues most frequently identified shifted as it did in the earlier episode data and reflected the issues of the child more frequently than those of the parent or caretaker. This was not the case in our prior review, when the needs were

more heavily weighted on the caretaker, or not assessed at all. The categories provided to reviewers for response are provided below with the number and percentage of cases in which the issues were identified.

Table 11: Conditions or issues which required case to remain open for all or part of the 12 month period post-discharge included:

Issues/Needs Requiring Case to Remain Open Post Discharge of Identified Child	Current Cohort Percentage n=30	Prior Reported Percentage n=113
Caretaker's Substance Abuse	50.0%	27.4%
Child's Mental Health	46.7%	15.9%
Child's Behavioral Health	33.3%	10.6%
Lack of Supervision	30.0%	14.1%
Protective Supervision required case to be open	30.0%	11.5%
Poverty/Resource Management	30.0%	8.8%
Caretaker's Mental Health	26.7%	31.0%
Child's Substance Abuse	23.3%	1.8%
Domestic Violence	20.0%	11.5%
Child Other ⁵	16.7%	5.3%
Excessive Discipline	16.7%	5.3%
Substantiation of neglect	16.7%	4.4%
Child's Education	16.7%	3.5%
Parent Other ⁶	10.0%	5.3%
Parenting Skills	6.7%	9.7%
Housing	6.7%	4.4%
Unemployment	3.3%	3.5%
No Identified Needs for Child	0.0%	79.6%
No Needs Identified for Parents	0.0%	50.4%
N/A – Case closed upon discharge	0.0%	22.1%
Age of Child (not visible in community)	0.0%	4.4%
Continuity of Service/Coordination of Services	0.0%	4.4%
Failure to engage services	0.0%	4.4%
Child's Medical Issues	0.0%	2.7%

Only one cases had no services identified for the post discharge period. 29 cases had services identified, and of those, 13 cases, or 44.8 % had all the support services documented as provided in the manner identified. The remaining cases had partial implementation documented or failed to document implementation of the identified services prior to the subsequent re-entry.

Of the cases with services identified but not fully implemented, the reviewers identified the following possible barriers to service provision via the documentation available in LINK.

⁵ Includes: Prior - legal injunction, awaiting CHAPS, service requires open DCF case, delinquent behaviors, unsanitary home conditions, sibling remained in placement – required open case. Current – AWOL/Child Safety Concerns (includes human trafficking).

⁶ Includes: Prior - ICPC, Adoption closing process, subsidy finalization, and refusal to reunify with child, unsanitary living conditions, LINK computer issues, youth beyond caretaker's control. Current – Criminal Activity, Cognitive limitation, poor health.

Table 12: Barriers to Post Discharge Service Provision

	Frequency
N/A - client engaged in recommended service	13
Client refused service	12
UTD from treatment plan or narrative⁷	3
Placed on waiting list	3
Delay in Referral	3
Provider Issue: Therapist/Client Fit	3
No slots were available	2
Service Deferred Pending Completion of Another	2
Child Remanded to Detention	2
N/A - No services indicated	1
No service identified to address this need	1
Child Needed Higher Level of Care	1
Hours of Operation	1
Parent Incarcerated	1

In the opinion of the reviewers, 60% of the cases accurately assessed the needs of the child and family at the point of discharge and appropriate services were identified to support the child in the reunification. Reviewers identified services they felt were necessary given the facts presented within the record that had a negative response to the question, “Were continued or new support services identified for the post discharge period to increase the likelihood of successful permanency such as: IFP, mentor, education, respite, social recreational programming, daycare, PPSP, etc.?” These included the following:

⁷ Includes two cases identified as Skip – No barriers identified within the first available data entry option for barriers. Additional “skip” responses not included.

Table 13: Post Discharge Service Needs Not Addressed at Point of Discharge

Service Needs	Frequency
DCF Case Management	4
Substance Abuse Treatment - Adolescent	2
Reunification Program	2
Individual Counseling - Parents	1
Individual Counseling (Grief) – Child	1
Stepdown Placement (Therapeutic Foster Care, STAR)	1
Therapeutic Mentor	1
Intensive In-Home Services	1
UTD – Court Returned Child to Relative Out of State (Child Subsequently AWOL)	1
Solnit Evaluation	1

Taking all factors into consideration the reviewers were asked to rate the quality of the post discharge planning work with the family and child. In all, 50.0% of the cases rated at a level indicating a strength in practice (Very Good or Optimal). This is a decline from the findings from the prior report, 72.7%, for the unmet population of the cohort. This is reflective of the impact of staffing problems brought on by hiring freezes and the resulting excessive caseloads and workload demands. The current findings are consistent with the current level of the Outcome Measure 3 and 15 review findings.

Table 14: Reviewer rating of the quality of DCF’s quality of post discharge after care planning for child and family.

Reviewer Rating	Frequency	Percent	Cumulative Percent
Poor	3	10.0%	10.0%
Marginal	12	40.0%	50.0%
Very Good	13	43.3%	93.3%
Optimal	2	6.7%	100.0%
Total	30	100.0%	

Comments on Quality Included the Following:

- Several of the reviewers’ comments were related to a decrease in the SW contacts after reunification in spite of red flags that were noted in the documentation.
- SWS did not address the need for increased oversight or need for intervention/contact with service providers to bolster supports that were in place or starting.
- In a few cases, the depth of the child’s mental health issues was clearly the impetus for re-entry; the attempt to reunify was fully appropriate for the circumstances of the child and family, however it was clear that shortly into the return home the situation was not a manageable or safe situation for child or parent.

- Case transferred from one office to another and it appeared that something was lost in the quality of the case management as a result.
- There was no documentation of the actual physical return home of this child and very few narrative entries related to assessment of the child or mother. There was no case plan developed. There was a significant lack of case management documented.
- Very sound casework and supervision. Good work with case collaterals to preserve this child in the home.
- Youth's AWOL behaviors lead to decision to modify the PS into placement at therapeutic foster care for child's safety. Very appropriate decision.
- Contacts with family were at or above required level. CTRM was held. Child was beyond the control of the family and siblings were beginning to decompensate as were the parents. Decision to remove was supported by all providers.
- Mother was not engaging with providers. SW visitation was not per the standard. Unknown if this would have made a difference, but given she was non-compliant and she was arrested on driving charge; more, not less supervision was warranted.
- It was questionable if mother understood the gravity of the need to cooperate with services. There was no reunification program in place, only a parent educator once a week.
- Child needed more intensive services to address anxiety and grief. Father's alcoholism was underplayed given his significant history— a greater focus on this should have been made in consultation by ARG in light of mother's death.
- There was good follow up after return home and follow up to put appropriate services in place.
- Father requested child's removal. Respite should have been used, instead child was left in his home as a foster home was sought and situation deteriorated.
- Good use of CRTM but youth in emergency hospitalization was refusing to go home – refusing all attempts to salvage reunification.
- Young adolescent mother with traumatic past and mental health issues that continued to surface. Poverty, educational deficits and mental health all getting in the way of her ability to provide for her baby. Strong bond but poor decision making skills and limited functioning compromising safety of the child.

In 26 of the 30 cases, the reviewers' opinion was that the child was reunited in a time frame that was appropriate for the facts of the case. In only 4 situations did the reviewers feel that the child was prematurely reunited with the parent/guardian (13.3%):

- Original recommendations were sound. Plan identified was to discharge to stepdown then to father after therapy and allow more work and assessment to occur to address youth's MH/SA and father's ability to set limits and parent in spite of his unwillingness to forgo his own drug use. Role of mother was never clearly established. Service provider feedback regarding concerns was not given appropriate weight.
- Risk factors were certainly identifiable. Lack of services contributed to re-entry. MDFT referral made but did not pick up the case and an individual clinician was not engaged to cover the gap. Child and father were not visited or contacted to assess situation. Respite could have been attempted as remedy had SW been aware. Instead father abandoned daughter at CRTM.

- Youth was allowed to do as she pleased.
- Court ordered discharge.

Re-Entry

All 30 children within this sample re-entered care during the 12 months post-discharge in the Fourth Quarter 2014 or First Quarter 2015. A total of 29 or 96.7 % of the children came back into care for an issue similar to that identified in the prior removal episode. One child who was hospitalized, refused to return home. Reasons identified for re-entry included (multiple reasons could be identified)

- 53.3% Parent's Substance Abuse
- 43.3% Child's Mental Health
- 30.0% Substantiated Neglect
- 23.3% Parent's Mental Health
- 13.3% CPS Report – No Substantiation
- 10% Parent/Guardian Incarceration
- 6.7% Parent/Guardian Whereabouts Unknown
- 6.7% Child's Substance Abuse
- 6.7% Child Beyond Caretaker's Ability/Assaultive
- 3.3% Substantiated Abuse
- 3.3% Parent's Medical Condition
- 3.3% Parent's Incarceration
- 3.3% Child's Behavioral Health
- 3.3% Abandonment

The case was open in 96.7% of the cases, and protective supervision was still in place in 24 or 80.0% of the cases at the point of the re-entry. Upon re-entry the child most frequently was placed into a relative caregiver's home (30.0%).

Table 15: Placement Setting of Child upon Re-Entry

Placement Setting	Frequency	Percent	Cumulative Percent
Detention	3	10.0	10.0
Emergency temporary foster care	1	3.3	13.3
Group Home	1	3.3	16.7
Home of bio/adoptive parent or legal guardian (open case)	1	3.3	20.0
In-state DCF non-relative foster care	6	20.0	40.0
In-state DCF relative foster care	9	30.0	70.0
In-state DCF special study foster care	4	13.3	83.3
In-state private provider foster care	3	10.0	93.3
Shelter	2	6.7	100.0
Total	30	100.0	

In four of the cases reviewed, the case goal on the most recent case plan following the re-entry had been changed to Transfer of Guardianship to the relative with whom the child had been placed. It remained reunification in the 26 other cases within the sample.

Quarterly DCF Court Monitor Case Review Reporting for Outcome Measure 3 and Outcome Measure 15: Second and Third Quarter 2015 Results

Statewide, the DCF performance result for Outcome Measure 3 (OM3) - Case Plans is shown below for the Second and Third Quarters of 2015. The most recent data from Third Quarter 2015 reflects an improvement in performance from the prior Second Quarter 2015 performance.

Crosstabulation 1: What is the social worker's area office assignment? * Overall Score for OM3				
Area Office		“Appropriate Case Plan” 2nd Quarter 2015 (n=54)	“Appropriate Case Plan” 3rd Quarter 2015 (n=54)	“Appropriate Case Plan” Combined 6- Month Results (n=108)
Region I	Bridgeport	25.0%	75.0%	50.0%
	Norwalk	0.0%	50.0%	25.0%
<i>Region I</i>		<i>16.7%</i>	<i>66.7%</i>	<i>41.7%</i>
Region II	New Haven	40.0%	80.0%	60.0%
	Milford	50.0%	50.0%	50.0%
<i>Region II</i>		<i>44.4%</i>	<i>66.7%</i>	<i>55.6%</i>
Region III	Middletown	50.0%	0.0%	25.0%
	Norwich	20.0%	60.0%	40.0%
	Willimantic	66.7%	66.7%	66.7%
<i>Region III</i>		<i>40.0%</i>	<i>50.0%</i>	<i>45.0%</i>
Region IV	Hartford	25.0%	37.5%	31.3%
	Manchester	75.0%	75.0%	75.0%
<i>Region IV</i>		<i>41.7%</i>	<i>50.0%</i>	<i>45.8%</i>
Region V	Danbury	50.0%	33.3%	40.0%
	Torrington	50.0%	50.0%	50.0%
	Waterbury	33.3%	40.0%	36.4%
<i>Region V</i>		<i>40.0%</i>	<i>40.0%</i>	<i>40.0%</i>
Region VI	Meriden	0.0%	100.0%	50.0%
	New Britain	40.0%	40.0%	40.0%
<i>Region VI</i>		<i>28.6%</i>	<i>57.1%</i>	<i>42.9%</i>
<i>Statewide</i>		<i>37.0%</i>	<i>53.7%</i>	<i>45.4%</i>

Meriden surpassed the benchmark standard of 90% or higher this quarter with 100% of reviewed cases meeting the standards set forth in the methodology during the Third Quarter. No region achieved the measure. Regions I, and II achieved the highest regional level of performance with 66.7% during the Third Quarter 2015. The lowest regional performance during the six-month period was also reported by Region I with 16.7% in the Second Quarter.

In the last six months we have reviewed 108 cases. Eight cases had no case plan approved by a SWS at the time of our review. Additionally, there were 16 or 14.8% cases in which cases had approved case plans that were delinquent in timing but approved at the time of our review. (Time is measured from the prior approved case plan - based on the 180 day Administrative Case Review (ACR) cycle plus a 25 day approval time frame guidelines established by departmental practice guidelines – 15 day turnaround for ACRI completion plus 10 days allowance for SWS to approve the edited final draft of the case plan post recommendations.)

Table 1: Outcome Measure OM3 Regional Quarterly Performance Comparison							
<i>Standard: 90%</i>							
	Region I	Region II	Region III	Region IV	Region V	Region VI	Statewide
3rd Quarter 2015	66.7%	66.7%	50.0%	50.0%	40.0%	57.1%	53.7%
2nd Quarter 2015	16.7%	44.4%	66.7%	41.7%	40.0%	28.6%	37.0%
1st Quarter 2015	50.0%	50.0%	90.0%	41.7%	20.0%	28.6%	47.2%
4th Quarter 2014	33.3%	11.1%	70.0%	41.7%	11.1%	71.4%	41.5%
3rd Quarter 2014	28.6%	55.6%	40.0%	41.7%	44.4%	71.4%	46.3%
2nd Quarter 2014	71.4%	33.3%	80.0%	25.0%	33.3%	42.9%	46.3%
1st Quarter 2014	28.6%	66.7%	80.0%	41.7%	22.2%	71.4%	51.9%
4th Quarter 2013	28.6%	50.0%	50.0%	50.0%	33.3%	75.0%	48.1%
3rd Quarter 2013	57.1%	77.8%	90.0%	46.2%	67.7%	57.1%	65.5%
2nd Quarter 2013	42.9%	88.9%	60.0%	50.0%	66.7%	71.4%	63.0%
1st Quarter 2013	37.5%	77.8%	70.0%	41.7%	55.6%	71.4%	58.2%
4th Quarter 2012	71.4%	55.6%	60.0%	46.2%	50.0%	57.1%	55.6%
3rd Quarter 2012	55.6%	54.5%	33.3%	64.3%	36.4%	55.6%	49.3%
2nd Quarter 2012	57.1%	66.7%	80.0%	45.5%	77.8%	50.0%	63.0%

The table below provides a case by case summary of the individual scores for each area office/region. The eight domains and an indication related to supervisory approval are provided for reference. Court Monitor overrides are signified by an overall score reported in italics. The past two quarters there were 21 overrides granted for Outcome Measure 3. There were 8 granted in the Second Quarter and 13 granted in the Third Quarter. The majority were granted related to family engagement not adequately documented, but demonstrated or established via area office feedback.

Table 2: Second Quarter 2015 Outcome Measure 3 Summary Domain Results

	What is the social worker's area office assignment?	What is the type of case assignment noted in LINK?	Has the treatment plan been approved by the SWS?	Was this case plan approved within 25 days from the ACR or family conference?	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	Overall Score for OM3
Region I	Bridgeport	CPS In-Home Family	no	UTD	UTD	Marginal	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Bridgeport	Voluntary Services In-Home Family	yes	UTD	yes	Marginal	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Bridgeport	CPS Child in Placement	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	<i>Appropriate Case Plan</i>
	Bridgeport	CPS Child in Placement	no	No	yes	Marginal	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	AO %		50.0%	50.0%	100.0%	25.0%	100.0%	25.0%	0.0%	50.0%	50.0%	50.0%	100.0%	25.0%
	Norwalk	CPS In-Home Family	yes	Yes	yes	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Norwalk	CPS Child in Placement	yes	Yes	no	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Marginal	Not an Appropriate Case Plan
	AO %		100.0%	100.0%	50.0%	50.0%	100.0%	50.0%	0.0%	100.0%	100.0%	50.0%	50.0%	0.0%
	Region %		66.7%	75.0%	66.7%	33.3%	100.0%	33.3%	0.0%	66.7%	66.7%	50.0%	83.3%	16.7%

	What is the social worker's area office assignment?	What is the type of case assignment noted in LINK?	Has the treatment plan been approved by the SWS?	Was this case plan approved within 25 days from the ACR or family conference?	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	Overall Score for OM3
Region II	Milford	CPS Child in Placement	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Optimal	<i>Appropriate Case Plan</i>
	Milford	CPS In-Home Family	yes	UTD	yes	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	<i>Appropriate Case Plan</i>
	Milford	CPS Child in Placement	yes	No	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Poor	Poor	Very Good	Not an Appropriate Case Plan
	Milford	CPS In-Home Family	yes	UTD	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Not an Appropriate Case Plan
	AO %		100.0%	50.0%	100.0%	100.0%	100.0%	75.0%	50.0%	50.0%	50.0%	25.0%	75.0%	50.0%
	New Haven	CPS In-Home Family	yes	UTD	yes	Very Good	Optimal	Marginal	Marginal	Very Good	Marginal	Very Good	Very Good	Not an Appropriate Case Plan
	New Haven	CPS Child in Placement	yes	Yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	New Haven	CPS In-Home Family	yes	UTD	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	New Haven	CPS Child in Placement	yes	Yes	UTD	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	New Haven	CPS In-Home Family	yes	UTD	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	<i>Appropriate Case Plan</i>
	AO%		100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	20.0%	100.0%	80.0%	60.0%	100.0%	20.0%
	Region %		100.0%	75.0%	88.9%	100.0%	100.0%	77.8%	33.3%	77.8%	66.7%	44.4%	88.9%	44.4%

	What is the social worker's area office assignment?	What is the type of case assignment noted in LINK?	Has the treatment plan been approved by the SWS?	Was this case plan approved within 25 days from the ACR or family conference?	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	Overall Score for OM3	
Region III	Middletown	CPS In-Home Family Case	yes	Yes	yes	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan	
	AO%		100.0%	50.0%	100.0%	100.0%	100.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	
	Norwich	CPS In-Home Family Case	yes	UTD	yes	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan	
	Norwich	CPS Child in Placement Case	no	No	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Marginal	Not an Appropriate Case Plan	
	Norwich	CPS In-Home Family Case	yes	UTD	yes	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Marginal	Not an Appropriate Case Plan	
	Norwich	CPS Child in Placement Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Not an Appropriate Case Plan	
	Norwich	CPS In-Home Family Case	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan	
	AO%		80.0%	66.7%	100.0%	100.0%	100.0%	40.0%	60.0%	60.0%	100.0%	80.0%	40.0%	20.0%	
	Willimantic	CPS Child in Placement Case	yes	Yes	yes	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Case Plan
	Willimantic	CPS Child in Placement Case	yes	Yes	yes	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Willimantic	CPS In-Home Family Case	yes	UTD	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	AO%		100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%
	Region %		90.0%	71.4%	100.0%	100.0%	100.0%	50.0%	60.0%	70.0%	90.0%	80.0%	90.0%	40.0%	

	What is the social worker's area office assignment?	What is the type of case assignment noted in LINK?	Has the treatment plan been approved by the SWS?	Was this case plan approved within 25 days from the ACR or family conference?	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	Overall Score for OM3
Region IV	Hartford	CPS Child in Placement Case	no	No	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Not an Appropriate Case Plan
	Hartford	CPS In-Home Family Case	no	No	yes	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Not an Appropriate Case Plan
	Hartford	CPS Child in Placement Case	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	<i>Appropriate Case Plan</i>
	Hartford	CPS In-Home Family Case	yes	UTD	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Hartford	CPS In-Home Family Case	yes	UTD	yes	Marginal	Very Good	Marginal	Poor	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	Hartford	CPS Child in Placement Case	yes	Yes	UTD	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Optimal	Not an Appropriate Case Plan
	Hartford	CPS In-Home Family Case	yes	Yes	no	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	AO%		75.0%	66.7%	85.7%	75.0%	75.0%	50.0%	25.0%	37.5%	62.5%	37.5%	75.0%	25.0%
	Manchester	CPS In-Home Family Case	yes	UTD	yes	Very Good	Very Good	Marginal	Very Good	Optimal	Marginal	Very Good	Optimal	<i>Appropriate Case Plan</i>
	Manchester	CPS Child in Placement Case	yes	Yes	yes	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Appropriate Case Plan
	Manchester	CPS Child in Placement Case	yes	Yes	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	<i>Appropriate Case Plan</i>
	Manchester	CPS In-Home Family Case	yes	UTD	UTD	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	AO%		100.0%	100.0%	100.0%	100.0%	100.0%	25.0%	75.0%	100.0%	75.0%	75.0%	100.0%	75.0%
	Region %		83.3%	75.0%	75.0%	83.3%	83.3%	41.6%	41.6%	58.3%	66.7%	50.0%	83.3%	41.6%

	What is the social worker's area office assignment?	What is the type of case assignment noted in LINK?	Has the treatment plan been approved by the SWS?	Was this case plan approved within 25 days from the ACR or family conference?	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	Overall Score for OM3
Region V	Danbury	CPS In-Home Family Case	yes	UTD	yes	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Appropriate Case Plan
	Danbury	CPS Child in Placement Case	yes	Yes	yes	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	AO%		100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	50.0%	100.0%	50.0%	100.0%	50.0%
	Torrington	CPS In-Home Family Case	yes	Yes	yes	Optimal	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Torrington	CPS Child in Placement Case	yes	Yes	yes	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
	AO%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	100.0%	100.0%	100.0%	50.0%
	Waterbury	CPS In-Home Family Case	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	Waterbury	CPS In-Home Family Case	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	Waterbury	CPS Child in Placement Case	yes	Yes	yes	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Appropriate Case Plan
	Waterbury	CPS Child in Placement Case	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Very Good	Not an Appropriate Case Plan
	Waterbury	CPS In-Home Family Case	yes	UTD	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	<i>Appropriate Case Plan</i>
	Waterbury	CPS Child in Placement Case	no	No	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	AO%		83.3%	66.7%	100.0%	100.0%	100.0%	33.3%	33.3%	50.0%	33.3%	33.3%	100.0%	33.3%
	Region %		90.0%	83.3%	100.0%	100.0%	100.0%	50.0%	50.0%	50.0%	60.0%	50.0%	100.0%	40.0%

	What is the social worker's area office assignment?	What is the type of case assignment noted in LINK?	Has the treatment plan been approved by the SWS?	Was this case plan approved within 25 days from the ACR or family conference?	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	Overall Score for OM3
Region VI	Meriden	CPS In-Home Family Case	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Very Good	Not an Appropriate Case Plan
	Meriden	CPS Child in Placement Case	yes	No	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	AO%		100.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	50.0%	50.0%	100.0%	0.0%
	New Britain	CPS In-Home Family Case	yes	UTD	yes	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	New Britain	CPS In-Home Family Case	yes	Yes	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Optimal	Not an Appropriate Case Plan
	New Britain	CPS Child in Placement Case	yes	No	yes	Optimal	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Not an Appropriate Case Plan
	New Britain	CPS Child in Placement Case	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	New Britain	Voluntary Services In-Home Family Case	yes	No	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	AO%		100.0%	50.0%	100.0%	100.0%	100.0%	80.0%	100.0%	60.0%	80.0%	100.0%	100.0%	40.0%
	Region %		100.0%	40.0%	100.0%	100.0%	100.0%	57.1%	71.4%	71.4%	71.4%	85.7%	100.0%	28.6%
Statewide OM 3 Domain Percentages			88.9%	70.6%	88.9%	88.9%	96.3%	51.9%	44.4%	64.8%	70.4%	59.3%	85.2%	37.0%

Table 3: Third Quarter 2015 Outcome Measure 3 Summary Domain Results

DCF Region	What is the social worker's area office assignment?	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 (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	Overall Score for OMB
Region I	Bridgeport	yes	Yes	yes	Very Good	Optimal	Marginal	Very Good	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	Bridgeport	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal	Not an Appropriate Case Plan
	Bridgeport	yes	UTD	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Bridgeport	yes	Yes	yes	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good	Appropriate Case Plan
	AO %	100.0%	100.0%	100.0%	100.0%	100.0%	25.0%	75.0%	50.0%	75.0%	75.0%	75.0%	75.0%
	Norwalk	yes	UTD	no	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	Norwalk	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Too early to note progress	Very Good	Very Good	Not an Appropriate Case Plan
	AO %	100.0%	100.0%	50.0%	100.0%	100.0%	50.0%	50.0%	100.0%	100.0%	100.0%	100.0%	50.0%
	Region %	100.0%	100.0%	83.3%	100.0%	100.0%	33.3%	66.7%	66.7%	80.0%	83.3%	83.3%	66.7%

DCF Region	What is the social worker's area office assignment?	Has the Case Plan been approved by the SWS?	Was this case plan approved within 25 days from the ACR or family conference?	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	Overall Score for OM3
Region II	Milford	yes	Yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Milford	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Milford	yes	Yes	UTD	Very Good	Very Good	Marginal	Poor	Marginal	Poor	Poor	Poor	Not an Appropriate Case Plan
	Milford	yes	Yes	yes	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	<i>AO %</i>	<i>100.0%</i>	<i>100.0%</i>	<i>75.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>50.0%</i>	<i>50.0%</i>	<i>50.0%</i>	<i>75.0%</i>	<i>50.0%</i>	<i>75.0%</i>	<i>50.0%</i>
	New Haven	yes	Yes	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	<i>Appropriate Case Plan</i>
	New Haven	yes	Yes	yes	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	New Haven	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Too early to note progress	Very Good	Very Good	<i>Appropriate Case Plan</i>
	New Haven	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	New Haven	yes	Yes	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Optimal	<i>Appropriate Case Plan</i>
	<i>AO%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>40.0%</i>	<i>40.0%</i>	<i>80.0%</i>	<i>100.0%</i>	<i>80.0%</i>	<i>100.0%</i>	<i>80.0%</i>
	Region %	100.0%	100.0%	88.9%	100.0%	100.0%	44.4%	44.4%	66.7%	87.5%	66.7%	88.9%	66.7%

DCF Region	What is the Area Office Assignment?	Has the Case Plan Been Approved by the SWS?	Was the Case Plan Approved with 25 Days of the ACR or Family Conference?	Was the Child or Family's Language needs Accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (Formerly Strength Needs and Other Issues)	Present Situation and Assessment at Date of Review	Determining Goals and Objectives	Progress	Action Steps and Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM 3
Region III	Middletown	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Very Good	Not an Appropriate Case Plan
	Middletown	yes	Yes	yes	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	AO %	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	50.0%	0.0%	50.0%	50.0%	100.0%	0.0%
	Norwich	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	Norwich	yes	Yes	UTD	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Norwich	yes	No	yes	Very Good	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Norwich	yes	UTD	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Norwich	yes	Yes	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	AO %	100.0%	100.0%	80.0%	100.0%	100.0%	80.0%	40.0%	80.0%	80.0%	80.0%	100.0%	60.0%
	Willimantic	yes	Yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Willimantic	yes	UTD	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	Willimantic	yes	Yes	yes	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Appropriate Case Plan
	AO %	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	66.7%	100.0%	66.7%	100.0%	66.7%
	Region %	100.0%	100.0%	90.0%	100.0%	100.0%	70.0%	50.0%	60.0%	80.0%	70.0%	100.0%	50.0%

	What is the Area Office Assignment?	Has the Case Plan Been Approved by the SWS?	Was the Case Plan Approved with 25 Days of the ACR or Family Conference?	Was the Child or Family's Language needs Accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (Formerly Strength Needs and Other Issues)	Present Situation and Assessment at Date of Review	Determining Goals and Objectives	Progress	Action Steps and Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM 3
Region IV	Hartford	yes	Yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Poor	Very Good	Not an Appropriate Case Plan
	Hartford	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Very Good	Not an Appropriate Case Plan
	Hartford	yes	UTD	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Hartford	yes	UTD	UTD	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Hartford	yes	Yes	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Hartford	no	No	UTD	Marginal	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Hartford	yes	Yes	yes	Marginal	Very Good	Very Good	Marginal	Very Good	Too early to note progress	Very Good	Very Good	Appropriate Case Plan
	Hartford	Yes	UTD	yes	Marginal	Marginal	Poor	Poor	Poor	Absent/Averse	Poor	Marginal	Not an Appropriate Case Plan
	<i>AO %</i>	<i>87.5%</i>	<i>75.0%</i>	<i>75.0%</i>	<i>62.5%</i>	<i>87.5%</i>	<i>50.0%</i>	<i>12.5%</i>	<i>50.0%</i>	<i>71.4%</i>	<i>62.5%</i>	<i>87.5%</i>	<i>37.5%</i>
	Manchester	yes	UTD	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	Manchester	yes	Yes	yes	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	Manchester	yes	UTD	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Manchester	yes	Yes	yes	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Appropriate Case Plan
	<i>AO %</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>75.0%</i>	<i>75.0%</i>	<i>75.0%</i>	<i>75.0%</i>	<i>75.0%</i>	<i>100.0%</i>	<i>75.0%</i>
Region %	91.7%	83.3%	83.3%	75.0%	91.7%	58.3%	33.3%	58.3%	66.7%	66.7%	91.7%	50.0%	

	What is the Area Office Assignment?	Has the Case Plan Been Approved by the SWS?	Was the Case Plan Approved with 25 Days of the ACR or Family Conference?	Was the Child or Family's Language needs Accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (Formerly Strength Needs and Other Issues)	Present Situation and Assessment at Date of Review	Determining Goals and Objectives	Progress	Action Steps and Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM 3	
Region V	Danbury	yes	UTD	yes	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Very Good	Optimal	Appropriate Case Plan	
	Danbury	yes	Yes	yes	Very Good	Optimal	Marginal	Marginal	Marginal	Very Good	Very Good	Marginal	Not an Appropriate Case Plan	
	Danbury	yes	UTD	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Marginal	Not an Appropriate Case Plan	
	AO %	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	33.3%	33.3%	100.0%	66.7%	33.3%	33.3%	
	Torrington	yes	No	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan	
	Torrington	yes	UTD	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan	
	AO %	100.0%	0.0%	100.0%	100.0%	100.0%	50.0%	50.0%	50.0%	100.0%	100.0%	100.0%	50.0%	
	Waterbury	yes	UTD	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Waterbury	yes	Yes	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Waterbury	yes	UTD	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Waterbury	no	No	UTD	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Not an Appropriate Case Plan
	Waterbury	yes	Yes	yes	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Too early to note progress	Very Good	Very Good	Appropriate Case Plan
	AO %	75.0%	66.7%	80.0%	80.0%	60.0%	20.0%	80.0%	80.0%	80.0%	75.0%	40.0%	80.0%	40.0%
	Region %	90.0%	60.0%	90.0%	90.0%	80.0%	40.0%	60.0%	60.0%	60.0%	88.9%	60.0%	70.0%	40.0%

	What is the Area Office Assignment?	Has the Case Plan Been Approved by the SWS?	Was the Case Plan Approved with 25 Days of the ACR or Family Conference?	Was the Child or Family's Language needs Accommodated?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (Formerly Strength Needs and Other Issues)	Present Situation and Assessment at Date of Review	Determining Goals and Objectives	Progress	Action Steps and Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM 3
Region VI	Meriden	yes	No	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Meriden	yes	UTD	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	<i>AO %</i>	<i>100.0%</i>	<i>0.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>
	New Britain	yes	Yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	New Britain	yes	UTD	yes	Very Good	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Appropriate Case Plan
	New Britain	yes	UTD	yes	Optimal	Optimal	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	New Britain	yes	UTD	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	New Britain	yes	No	yes	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	<i>AO %</i>	<i>100.0%</i>	<i>50.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>80.0%</i>	<i>40.0%</i>	<i>80.0%</i>	<i>40.0%</i>	<i>80.0%</i>	<i>60.0%</i>	<i>100.0%</i>	<i>40.0%</i>
	<i>Region %</i>	<i>100.0%</i>	<i>33.3%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>85.7%</i>	<i>57.1%</i>	<i>85.7%</i>	<i>57.1%</i>	<i>85.7%</i>	<i>71.4%</i>	<i>100.0%</i>	<i>57.1%</i>
<i>Statewide %</i>	<i>96.3%</i>	<i>88.9%</i>	<i>88.9%</i>	<i>92.6%</i>	<i>92.6%</i>	<i>51.9%</i>	<i>53.7%</i>	<i>61.1%</i>	<i>82.0%</i>	<i>68.5%</i>	<i>88.9%</i>	<i>53.7%</i>	

Outcome Measure 15

The Second Quarter sample results of 44.4% was slight decline from the First Quarter's result of 47.2%. Third Quarter results were improved at 57.4%, but still remain significantly below the statewide goal of 80% set by Outcome Measure 15. Variance continues between the area offices and regions of the state:

"At least 80.0% of all families and children shall have their medical, dental, mental health and other service needs provided as specified in the most recent case plan."⁸

Crosstabulation 2: What is the social worker's area office assignment? * Overall Score for OM15				
Area Office		"Needs Met" 2nd Quarter 2015 (n=54)	"Needs Met" 3rd Quarter 2015 (n=54)	"Needs Met" Combined 6- Month Results (n=108)
Region I	Bridgeport	50.0%	75.0%	62.5%
	Norwalk	100.0%	100.0%	100.0%
Region I		66.7%	83.3%	75.0%
Region II	New Haven	40.0%	80.0%	60.0%
	Milford	50.0%	50.0%	50.0%
Region II		44.4%	66.7%	55.6%
Region III	Middletown	50.0%	0.0%	25.0%
	Norwich	60.0%	80.0%	70.0%
	Willimantic	66.7%	66.7%	66.7%
Region III		60.0%	60.0%	60.0%
Region IV	Hartford	25.0%	37.5%	31.3%
	Manchester	75.0%	75.0%	75.0%
Region IV		41.7%	50.0%	45.8%
Region V	Danbury	50.0%	33.3%	40.0%
	Torrington	50.0%	50.0%	50.0%
	Waterbury	33.3%	40.0%	36.4%
Region V		40.0%	40.0%	40.0%
Region VI	Meriden	50.0%	100.0%	75.0%
	New Britain	0.0%	40.0%	20.0%
Region VI		14.3%	57.1%	35.7%
Statewide		44.4%	57.4%	50.9%

The six month will be reported along with the quarterly totals for trend comparison.

⁸ Measure excludes Probate, Interstate and Subsidy only cases.

Norwalk, New Haven and Norwich Area Offices met or exceeded the measure. Region I achieved the 80% measure in the Third Quarter with a score of 83.3%.

Table 3: Outcome Measure 15 Regional Quarterly Performance Comparison							
<i>Standard: 80%</i>							
	Region I	Region II	Region III	Region IV	Region V	Region VI	Statewide
3rd Quarter 2015	83.3%	66.7%	60.0%	41.7%	40.0%	37.1%	57.4%
2nd Quarter 2015	66.7%	50.0%	60.0%	41.7%	40.0%	14.3%	44.4%
1st Quarter 2015	50.0%	37.5%	80.0%	50.0%	10.0%	42.9%	47.2%
4th Quarter 2014	50.0%	33.3%	70.0%	33.3%	55.6%	85.7%	52.8%
3rd Quarter 2014	85.7%	66.7%	60.0%	50.0%	55.6%	85.7%	64.8%
2nd Quarter 2014	85.7%	77.8%	80.0%	16.7%	44.4%	71.4%	59.3%
1st Quarter 2014	71.4%	55.6%	80.0%	25.0%	55.6%	71.4%	57.4%
4th Quarter 2013	28.6%	62.5%	60.0%	75.0%	33.3%	75.0%	57.4%
3rd Quarter 2013	57.1%	77.8%	90.0%	53.8%	66.7%	57.1%	67.3%
2nd Quarter 2013	85.7%	77.8%	80.0%	50.0%	100.0%	57.1%	74.1%
1st Quarter 2013	62.5%	77.8%	70.0%	41.7%	66.7%	71.4%	63.6%
4th Quarter 2012	71.4%	77.8%	50.0%	38.5%	50.0%	57.1%	55.6%
3rd Quarter 2012	33.3%	36.4%	60.0%	78.6%	27.3%	77.8%	53.6%
2nd Quarter 2012	71.4%	66.7%	70.0%	54.5%	77.8%	25.0%	61.1%

There have been 23 overrides granted for OM15 during the Second and Third Quarters 2015. All of these were granted as a result of additional documentation provided by the Area Office in response to reviewers' emails for additional information.

The full table of case summaries is provided by area office below. The overrides are designated by individual case OM15 scores in italics.

Table 4: Second Quarter Case Summaries of Outcome Measure 15 Domain Performances by Individual Area Office, Region, Statewide

Region	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	Overall Score for Outcome Measure 15	
Region I	Bridgeport	1	Very Good	N/A	N/A	Optimal	N/A	Marginal	Very Good	Optimal	Very Good	N/A	Very Good	Needs Not Met	
		2	Very Good	N/A	N/A	Marginal	N/A	Marginal	Very Good	Very Good	Very Good	N/A	Very Good	<i>Needs Met</i>	
		3	N/A	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
		4	N/	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Needs Not Met
			100.0%	100.0%	100.0%	75.0%	50.0%	25.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	50.0%
	Norwalk	1	Very Good	N/A	N/A	Optimal	N/A	Very Good	Very Good	Very Good	Very Good	N/A	Very Good	Very Good	Needs Met
		2	N/A	Very Good	Very Good	Marginal	Optimal	Marginal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	<i>Needs Met</i>
			100.0%	100.0%	100.0%	50.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Region I			100.0%	100.0%	100.0%	66.7%	66.7%	33.3%	100.0%	100.0%	83.3%	100.0%	100.0%	66.7%

Region	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	Overall Score for Outcome Measure 15	
Region II	Milford	N/A	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Needs Met	
		Very Good	N/A	N/A	Very Good	N/A	Very Good	Very Good	Optimal	Very Good	N/A	N/A	Needs Met	
		N/A	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Needs Not Met
		Very Good	N/A	N/A	Very Good	N/A	Marginal	Very Good	Very Good	Very Good	Marginal	N/A	N/A	Needs Not Met
		100.0%	100.0%	50.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	50.0%	100.0%	50.0%	50.0%
	New Haven	Very Good	N/A	N/A	Very Good	N/A	Very Good	Marginal	Marginal	Marginal	Marginal	N/A	Marginal	Needs Not Met
		N/A	Optimal	Optimal	Optimal	Optimal	Marginal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Needs Met
		Very Good	N/A	N/A	Very Good	N/A	Marginal	Very Good	Very Good	Very Good	Marginal	N/A	Very Good	Needs Not Met
		N/A	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Optimal	Marginal	Optimal	Marginal	Marginal	Needs Not Met
		Very Good	N/A	N/A	Very Good	N/A	Marginal	Very Good	Very Good	Very Good	Very Good	N/A	Marginal	Needs Met
	100.0%	100.0%	100.0%	100.0%	100.0%	20.0%	80.0%	80.0%	40.0%	100.0%	40.0%	40.0%	40.0%	
	Region II	100.0%	100.0%	75.0%	100.0%	100.0%	33.3%	88.8%	88.8%	44.4%	100.0%	42.9%	44.4%	

Region	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	Overall Score for Outcome Measure 15	
Region III	Middletown	N/A	Very Good	Marginal	Very Good	Marginal	Marginal	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Not Met	
		Very Good	N/A	N/A	Optimal	N/A	Optimal	Optimal	Optimal	Very Good	N/A	Very Good	Needs Met	
		100.0%	100.0%	0.0%	100.0%	0.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	
	Norwich	Very Good	N/A	N/A	Very Good	N/A	Very Good	Very Good	Optimal	Very Good	N/A	Very Good	Needs Met	
		N/A	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good	Needs Not Met	
		Very Good	N/A	N/A	Very Good	N/A	Very Good	Marginal	Marginal	Very Good	N/A	Very Good	<i>Needs Met</i>	
		N/A	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Optimal	<i>Needs Met</i>	
		Very Good	N/A	N/A	Very Good	N/A	Marginal	Very Good	Marginal	Very Good	N/A	Marginal	Needs Not Met	
		100.0%	100.0%	100.0%	100.0%	50.0%	60.0%	80.0%	40.0%	80.0%	100.0%	80.0%	60.0%	
	Willimantic	N/A	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Needs Met	
		N/A	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Optimal	Very Good	Very Good	Very Good	Needs Not Met	
		Very Good	N/A	N/A	N/A	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	N/A	Very Good	<i>Needs Met</i>
		100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	66.7%	100.0%	66.7%	100.0%	100.0%	66.7%	
	Region III	100.0%	100.0%	80.0%	100.0%	66.7%	60.0%	80.0%	70.0%	80.0%	100.0%	90.0%	60.0%	

Region	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	Overall Score for Outcome Measure 15
Region IV	Hartford	N/A	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Marginal	Poor	Very Good	Marginal	Needs Not Met
		N/A	Very Good	Optimal	Optimal	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Optimal	Needs Not Met
		Marginal	N/A	N/A	Poor	N/A	Marginal	Marginal	Absent/Averse	Poor	N/A	Marginal	Needs Not Met
		N/A	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	N/A	Needs Met
		Very Good	N/A	N/A	Very Good	N/A	Very Good	Very Good	Very Good	Very Good	N/A	Very Good	Needs Met
		Very Good	N/A	N/A	Very Good	N/A	Marginal	Poor	Marginal	Poor	N/A	Very Good	Needs Not Met
		N/A	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Needs Not Met
		Very Good	N/A	N/A	Very Good	N/A	Marginal	Very Good	Marginal	Marginal	N/A	Marginal	Needs Not Met
		100.0%	75.0%	75.0%	87.5%	100.0%	25.0%	75.0%	50.0%	25.0%	100.0%	42.9%	25.0%

Region IV													
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	Overall Score for Outcome Measure 15	
Manchester	Optimal	N/A	N/A	Optimal	N/A	Very Good	Very Good	Optimal	Very Good	N/A	Optimal	Needs Met	
	N/A	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Needs Met	
	N/A	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Needs Met	
	Marginal	N/A	N/A	Optimal	N/A	Marginal	Very Good	Very Good	Marginal	N/A	Very Good	Needs Not Met	
	50.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	75.0%	100.0%	100.0%	75.0%	
Region IV	66.7%	83.3%	83.3%	91.7%	100.0%	50.0%	83.3%	66.7%	41.7%	100.0%	63.6%	41.7%	

Region	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	Overall Score for Outcome Measure 15	
Region V	Danbury	Very Good	N/A	N/A	Optimal	N/A	Marginal	Very Good	Very Good	Very Good	N/A	N/A	<i>Needs Met</i>	
		N/A	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Optimal	Needs Not Met	
		100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	0.0%	100.0%	50.0%	
	Waterbury	Very Good	N/A	N/A	Very Good	N/A	Marginal	Marginal	Marginal	Marginal	Marginal	N/A	Marginal	Needs Not Met
		Very Good	N/A	N/A	Optimal	N/A	Marginal	Very Good	Very Good	Marginal	N/A	Very Good	Needs Not Met	
		N/A	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Needs Met	
		N/A	Optimal	Very Good	Optimal	Optimal	Marginal	Very Good	Very Good	Marginal	Optimal	N/A	Needs Not Met	
		Very Good	N/A	N/A	Optimal	N/A	Very Good	Very Good	Marginal	Marginal	N/A	Very Good	<i>Needs Met</i>	
		N/A	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Needs Not Met	
		100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	83.3%	66.7%	16.7%	66.7%	60.0%	33.3%	
	Torrington	Very Good	N/A	N/A	Optimal	N/A	Marginal	Very Good	Very Good	Marginal	N/A	Very Good	Needs Not Met	
		N/A	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Needs Met	
		100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	50.0%	100.0%	100.0%	50.0%	
	Region %	100.0%	100.0%	100.0%	100.0%	100.0%	40.0%	90.0%	80.0%	40.0%	60.0%	75.0%	40.0%	

Region	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	Overall Score for Outcome Measure 15	
Region VI	Meriden	Very Good	N/A	N/A	Very Good	N/A	Marginal	Very Good	Very Good	Marginal	N/A	Marginal	Needs Not Met	
		Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	<i>Needs Met</i>	
		100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	50.0%	50.0%	100.0%	50.0%	50.0%	
	New Britain	Very Good	N/A	N/A	Optimal	N/A	Marginal	Optimal	Optimal	Marginal	N/A	Very Good	Needs Not Met	
		Very Good	N/A	N/A	Optimal	N/A	Marginal	Optimal	Optimal	Very Good	N/A	N/A	Needs Not Met	
		N/A	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Marginal	Very Good	Needs Not Met	
		N/A	Very Good	Very Good	Optimal	Marginal	Very Good	Optimal	Optimal	Marginal	Very Good	Very Good	Needs Not Met	
		Very Good	N/A	N/A	Marginal	N/A	Very Good	Very Good	Very Good	Marginal	N/A	Marginal	Needs Not Met	
		100.0%	100.0%	100.0%	80.0%	50.0%	60.0%	100.0%	100.0%	40.0%	50.0%	75.0%	0.0%	
	Region VI		100.0%	100.0%	100.0%	85.7%	66.7%	57.1%	100.0%	85.7%	42.9%	66.7%	66.7%	14.3%
	Statewide Domain Percentages		93.1%	96.2%	88.5%	92.5%	85.2%	46.3%	88.9%	79.6%	53.7%	88.5%	72.9%	44.4%

Table 5: Third Quarter Outcome Measure 15 Domain Case Summaries

	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	Overall Score for Outcome Measure 15
Region I	Bridgeport	Very Good	N/A	N/A	Optimal	N/A	Very Good	Very Good	Very Good	Very Good	N/A	Very Good	Needs Met
	Bridgeport	Very Good	N/A	N/A	Very Good	N/A	Very Good	Very Good	Marginal	Very Good	N/A	Marginal	<i>Needs Met</i>
	Bridgeport	N/A	Very Good	Optimal	Very Good	Marginal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	<i>Needs Met</i>
	Bridgeport	N/A	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Very Good	Needs Not Met
	AO %	100.0%	100.0%	100.0%	100.0%	50.0%	75.00%	100.0%	75.00%	75.0%	100.0%	75.0%	75.0%
	Norwalk	Very Good	N/A	N/A	Optimal	N/A	Very Good	Optimal	Optimal	Very Good	N/A	Optimal	Needs Met
	Norwalk	N/A	Very Good	Very Good	Very Good	Optimal	Very Good	Marginal	Optimal	Very Good	Optimal	Very Good	<i>Needs Met</i>
	AO%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Region I	100.0%	100.0%	100.0%	100.0%	66.7%	83.3%	83.3%	83.3%	83.3%	83.3%	100.0%	83.3%

	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	Overall Score for Outcome Measure 15
Region II	Milford	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
	Milford	Very Good	N/A	N/A	Marginal	N/A	Marginal	Marginal	Marginal	Very Good	N/A	Very Good	Needs Not Met
	Milford	N/A	Very Good	Very Good	Very Good	Marginal	Poor	Very Good	Optimal	Marginal	Very Good	Very Good	Needs Not Met
	Milford	Very Good	N/A	N/A	Very Good	N/A	Very Good	Optimal	Optimal	Very Good	N/A	Optimal	Needs Met
	AO%	100.00%	100.00%	100.00%	75.00%	50.00%	50.00%	75.00%	75.00%	75.00%	100.00%	100.00%	50.00%
	New Haven	Very Good	N/A	N/A	Very Good	N/A	Marginal	Very Good	Very Good	Very Good	N/A	Very Good	Needs Met
	New Haven	Very Good	N/A	N/A	Very Good	N/A	Very Good	Marginal	Very Good	Very Good	N/A	Very Good	Needs Met
	New Haven	N/A	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	N/A	Optimal	Optimal	Needs Met
	New Haven	N/A	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Marginal	Needs Not Met
	New Haven	Very Good	Optimal	N/A	Optimal	N/A	Very Good	Marginal	Optimal	Very Good	N/A	Optimal	Needs Met
	AO%	100.00%	100.00%	100.00%	100.00%	100.00%	60.00%	40.00%	100.00%	75.00%	100.00%	80.00%	80.00%
	Region II	100.0%	100.0%	100.0%	88.9%	75.0%	55.6%	55.6%	88.9%	75.0%	100.0%	88.9%	66.7%

	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	Overall Score for Outcome Measure 15
Region III	Middletown	Very Good	N/A	N/A	Optimal	N/A	Very Good	Marginal	Marginal	Marginal	N/A	Very Good	Needs Not Met
	Middletown	Very Good	N/A	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Very Good	Needs Not Met
	AO %	100.0%		100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	0.0%	100.0%	100.0%	0.0%
	Norwich	Very Good	N/A	N/A	Optimal	N/A	Marginal	Marginal	Marginal	Marginal	N/A	Very Good	Needs Not Met
	Norwich	N/A	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Met
	Norwich	N/A	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Needs Met
	Norwich	Very Good	N/A	N/A	Very Good	N/A	Very Good	Very Good	Absent/Averse	Very Good	N/A	Very Good	Needs Met
	Norwich	Very Good	N/A	N/A	Optimal	N/A	Very Good	Very Good	Very Good	Very Good	N/A	Very Good	Needs Met
	AO %	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	80.0%	60.0%	80.0%	100.0%	100.0%	80.0%
	Willimantic	N/A	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Needs Met
	Willimantic	N/A	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Optimal	Marginal	Very Good	Very Good	Needs Not Met
	Willimantic	Very Good	N/A	N/A	Optimal	N/A	Very Good	Optimal	Very Good	Very Good	N/A	Very Good	Needs Met
	AO %	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	66.7%	100.0%	100.0%	66.7%
	Region III	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	80.0%	70.0%	60.0%	100.0%	100.0%	60.0%

	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	Overall Score for Outcome Measure 15
Region IV	Hartford	N/A	Very Good	Very Good	Optimal	Optimal	Very Good	Marginal	Optimal	Very Good	Marginal	Very Good	<i>Needs Met</i>
	Hartford	Very Good	N/A	N/A	Very Good	N/A	Marginal	Very Good	Very Good	Marginal	N/A	Poor	Needs Not Met
	Hartford	Very Good	N/A	N/A	Very Good	N/A	Very Good	Very Good	Marginal	Marginal	N/A	Marginal	Needs Not Met
	Hartford	Marginal	N/A	N/A	Very Good	N/A	Marginal	Very Good	Very Good	Marginal	N/A	Very Good	Needs Not Met
	Hartford	N/A	Optimal	Optimal	Optimal	Very Good	Marginal	Very Good	Optimal	Very Good	Very Good	Optimal	Needs Not Met
	Hartford	N/A	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
	Hartford	N/A	Very Good	Optimal	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	<i>Needs Met</i>
	Hartford	Very Good	N/A	N/A	Optimal	N/A	Marginal	Marginal	Marginal	Optimal	N/A	Marginal	Needs Not Met
	AO%	75.0%	100.0%	100.0%	100.0%	100.0%	50.0%	62.5%	62.5%	62.5%	75.0%	62.5%	37.5%
	Manchester	Very Good	Optimal	N/A	Optimal	N/A	Marginal	Very Good	Marginal	Very Good	N/A	Very Good	Needs Not Met
	Manchester	N/A	Very Good	Optimal	Optimal	Optimal	Marginal	Optimal	Optimal	N/A	Optimal	N/A	<i>Needs Met</i>
	Manchester	Very Good	N/A	N/A	Optimal	N/A	Marginal	Very Good	Very Good	Very Good	N/A	Very Good	<i>Needs Met</i>
	Manchester	N/A	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Needs Met
	AO%	100.0%	100.0%	100.0%	100.0%	100.0%	25.0%	100.0%	75.0%	100.0%	100.0%	100.0%	75.0%
	Region IV %	83.3%	100.0%	100.0%	100.0%	100.0%	41.7%	75.0%	75.0%	72.7%	83.3%	72.7%	50.0%

	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	Overall Score for Outcome Measure 15
Region V	Danbury	Very Good	Optimal	N/A	Optimal	N/A	Very Good	Marginal	Optimal	Very Good	N/A	Very Good	<i>Needs Met</i>
	Danbury	N/A	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Optimal	Very Good	Optimal	Optimal	Needs Not Met
	Danbury	Marginal	N/A	N/A	Optimal	N/A	Marginal	Very Good	Very Good	Very Good	N/A	Very Good	Needs Not Met
	AO%	50.0%	100.0%	100.0%	100.0%	100.0%	33.3%	66.7%	100.0%	100.0%	100.0%	100.0%	33.3%
	Torrington	N/A	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Marginal	Marginal	Very Good	Optimal	Needs Not Met
	Torrington	Very Good	N/A	N/A	Optimal	N/A	Very Good	Very Good	Optimal	Very Good	N/A	Optimal	Needs Met
	AO%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	50.0%	50.0%	100.0%	100.0%	50.0%
	Waterbury	Very Good	N/A	N/A	Optimal	N/A	Marginal	Very Good	Very Good	Very Good	N/A	N/A	<i>Needs Met</i>
	Waterbury	Very Good	N/A	N/A	Very Good	N/A	Very Good	Very Good	Marginal	Marginal	N/A	Very Good	Needs Not Met
	Waterbury	N/A	Very Good	Optimal	Optimal	Optimal	Marginal	Very Good	Optimal	Optimal	Optimal	Very Good	Needs Not Met
	Waterbury	Very Good	N/A	N/A	Optimal	N/A	Marginal	Marginal	Marginal	Marginal	N/A	Marginal	Needs Not Met
	Waterbury	N/A	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met
	AO %	100.0%	100.0%	100.0%	100.0%	100.0%	40.0%	80.0%	80.0%	60.0%	100.0%	75.0%	40.0%
Region V	83.3%	100.0%	100.0%	100.0%	100.0%	40.0%	80.0%	70.0%	70.0%	70.0%	100.0%	88.9%	40.0%

	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	Overall Score for Outcome Measure 15
Region VI	Meriden	N/A	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Met
	Meriden	Very Good	N/A	N/A	Optimal	N/A	Very Good	Very Good	Very Good	Optimal	N/A	Optimal	Needs Met
	<i>AO%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>
	New Britain	N/A	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Needs Met
	New Britain	Very Good	N/A	N/A	Very Good	N/A	Very Good	Optimal	Marginal	Very Good	N/A	Optimal	<i>Needs Met</i>
	New Britain	Very Good	N/A	N/A	Optimal	N/A	Marginal	Marginal	Very Good	Marginal	N/A	Marginal	Needs Not Met
	New Britain	Very Good	N/A	N/A	Optimal	N/A	Marginal	Very Good	Very Good	Marginal	N/A	Very Good	Needs Not Met
	New Britain	N/A	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Needs Not Met
	<i>AO%</i>	<i>100.0%</i>	<i>50.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>60.0%</i>	<i>80.0%</i>	<i>80.0%</i>	<i>40.0%</i>	<i>50.0%</i>	<i>80.0%</i>	<i>40.0%</i>
	<i>Region VI</i>	<i>100.0%</i>	<i>66.7%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>71.4%</i>	<i>85.7%</i>	<i>85.7%</i>	<i>57.1%</i>	<i>66.7%</i>	<i>85.7%</i>	<i>57.1%</i>
Total	Statewide	93.5%	96.3%	100.0%	98.1%	92.0%	59.3%	75.9%	77.8%	69.2%	92.0%	86.5%	57.4%

There are 218 unmet service needs captured the Second Quarter and 193 in the Third Quarter as identified in our reviews of the samples (n=54) during both six month periods.

The unmet needs and identified barriers often included a large percentage of “client refused” in response to the barrier. Often identified by the DCF record as the barrier, our reviewers often noted what seemed like less than concerted efforts in some of the cases in attempting to engage clients in addressing needs through alternate providers or in overcoming identified barriers via conferencing use of providers, or purposeful planning. For example a few items from the list to consider are:

- In the 54 unmet Substance Abuse Treatment needs unmet, 59.3% were identified as client refusal per the documentation. This was followed by six cases (11.1%) in which the reviewer indicated DCF failed to assess the client with the need, and 5 cases (9.3%) in which there was a delay or no referral.
- For Dental care, of the 29 unmet needs, the top reason stated was client refusals (44.8%). The next reason: 6 cases unmet due to delayed or no referral (20.7%).
- ARG referrals were unmet most frequently for the identified reason “failure to assess this need”. (80%)
- Domestic Violence Services were most frequently unmet due to delay or no referral (33.3%)
- 75% of those with an unmet need in individual counseling had the identified barrier as client refusal. This was often identified as the barrier by the DCF staff. In review of the record, it was often noted that other barriers were present and not always taken into account during planning. Issues with hours of service, multiple provider expectations, cognitive limitations, etc. were not always well addressed in the case management such that concerted efforts were established.

While we are highlighting what has not been met here, we cannot lose sight of the fact that our reviews did capture a great deal of casework in which needs were assessed and met as well. Those needs are reflected in the individual cases OM15 Table 4 and Table 5.

Table 6: Unmet Needs during Second Quarter 2015(n=54) & Third Quarter 2015 (n=54)

Unmet Need	Barrier	2nd Quarter 2015	3 rd Quarter 2015	Six Month Total
Adoption Supports (PPSP)	No Referral by DCF during the PUR	1	0	1
Adoption Supports (PPSP)	DCF Failed to Assess Child related to this need during PUR	0	1	1
ARG Consultation	No Service Identified to Meet this Need	3	1	4
ARG Consultation	Delay in Referral by DCF	0	1	1
Behavior Management	Placed on Waiting List	0	1	1
Day Treatment/ Partial Hospitalization – Child	Referred Service is Unwilling to Engage Client	1	0	1
Day Treatment/ Partial Hospitalization – Child	Provider Issues, Staffing, Lack of Follow Through, etc.	0	1	1
Day Treatment/ Partial Hospitalization - Parent	Client Refused Service	1	1	2
Dental or Orthodontic Services	Father’s Incarceration	1	0	1
Dental or Orthodontic Services	No Referral by DCF	1	1	2
Dental or Orthodontic Services	No Service Identified to Meet this Need	1	0	1
Dental Screenings or Evaluations	Client Refused Service	6	6	12
Dental Screenings or Evaluations	Delay in Referral by DCF	2	1	3
Dental Screenings or Evaluations	Mother failed to make/keep appointments	0	3	3
Dental Screenings or Evaluations	Insurance Issues	1	0	1
Dental Screenings or Evaluations	No Referral by DCF	1	0	1
Dental Screenings or Evaluations	No Slot Available	1	0	1
Dental Screenings or Evaluations	No Service Identified to Meet this Need	1	0	1
Dental Screenings or Evaluations	UTD from Case Plan or Narrative	0	1	1
Dental Screenings or Evaluations	DCF Failed to Assess Child related to this need during PUR	1	0	1
Dental Screenings or Evaluations	Child went AWOL	0	1	1

Unmet Need	Barrier	2nd Quarter 2015	3 rd Quarter 2015	Six Month Total
Developmental Screening of Evaluation	No Service Identified to Meet this Need	1	0	1
Developmental Screening or Evaluation	Client Refused Service	1	2	3
Developmental Screening or Evaluation	Service Not Available in Primary Language	1	0	1
Domestic Violence Services: Victim	Waiting List	1	0	1
Domestic Violence Services: Victim	Service Deferred Pending Completion of Another	1	0	1
Domestic Violence Services: Perpetrator	Client Refused Services	1	2	3
Domestic Violence Services: Perpetrator	No Referral Made by DCF during the PUR	1	1	2
Domestic Violence Services: Perpetrator	Delay in Referral by DCF during the PUR	1	0	1
Domestic Violence Services: Perpetrator	Hours of Operation	1	0	1
Domestic Violence Services: Perpetrator	Service Deferred Pending Completion of Another	1	0	1
Domestic Violence Services: Perpetrator	DCF Failed to Assess Client related to this need during PUR	1	0	1
Domestic Violence Services: Perpetrator	Placed on Waiting List	1	0	1
Domestic Violence Services: Perpetrator	No Service Identified to Meet this Need	0	1	1
Domestic Violence Services: Victim	Delay in Referral during the PUR	1	1	2
Domestic Violence Services: Victim	Client Refused Service	1	0	1
Domestic Violence Services: Victim	DCF Failed to Assess Client related to this need during PUR	1	0	1
Domestic Violence Services: Victim	No Referral Made by DCF during the PUR	1	0	1
Educational Screening or Evaluation	Delay in Referral by DCF during the PUR	2	1	3
Educational Screening or Evaluation	Client Refused Service	1	1	2
Educational Screening or Evaluation	No Service Identified to Meet this Need	1	0	1
Educational Screening or Evaluation	Service not Available in Primary Language	1	0	1
Educational Screening or Evaluation	Lack of Communication between DCF and Provider	1	0	1
Extended Day Treatment	Delay in Referral by DCF during PUR	0	1	1
Extended Day Treatment	Placed on Waiting List	0	1	1

Unmet Need	Barrier	2nd Quarter 2015	3 rd Quarter 2015	Six Month Total
Family or Marital Counseling	Client Refused Services	1	4	5
Family or Marital Counseling	Delay in Referral by DCF during PUR	1	0	1
Family or Marital Counseling	Service Deferred Pending Completion of Another	1	0	1
Family or Marital Counseling	Provider Issues – Staffing, Lack of Follow Through, etc.	1	0	1
Family Preservation Services	Delay in Referral by DCF during PUR	0	1	1
Family Preservation Services	No Referral Made by DCF during the PUR	1	0	1
Family Preservation Services	Placed on Waiting List	0	1	1
Family Reunification Services	No Referral Made by DCF during the PUR	1	0	1
Family Reunification Services	Service Deferred Pending Completion of Another	0	1	1
Family Reunification Services	No Service Identified to Meet this Need	1	0	1
Family Stabilization Services	Provider Issues – Staffing, Lack of Follow Through, etc.	1	0	1
Foster Care Support	No Referral Made by DCF during the PUR	1	0	1
Foster Care Support	Provider Issues – Staffing, Lack of Follow Through, etc.	1	0	1
Foster Parent Training	No Referral Made by DCF during the PUR	0	1	1
Group Counseling – Child	Other: Mother Must attend preregistration session because client is held under OTC – delaying onset	0	1	1
Group Home	Referred Service is Unwilling to Engage Client	1	0	1
Head Start	Client Refused Service	0	1	1
Health/Medical Screening	Delay in Referral by DCF during PUR	1	1	2
Health/Medical Screening	No Referral by DCF during the PUR	0	1	1
Health/Medical Screening	Provider Issues – Staffing, Lack of Follow Through, etc.	1	0	1
Health/Medical Screening	UTD from Case Plan or Narrative	0	1	1
Health/Medical Screening	Other: Appointment missed - Mom had wrong date	1	0	1

Unmet Need	Barrier	2nd Quarter 2015	3 rd Quarter 2015	Six Month Total
Housing Assistance (Section 8)	No Referral Made by DCF during the PUR	1	0	1
Housing Assistance (Section 8)	Referred Service Unwilling to Engage Client	1	0	1
Housing Assistance (Section 8)	Wait List	1	0	1
IEP Programming	Client Refused Service	1	1	2
IEP Programming	Delay in Referral by Worker during PUR	1	0	1
IEP Programming	No Service Identified to Meet this Need	1	0	1
IEP Programming	Lack of Communication between DCF and Provider	1	0	1
In Home Treatment	Placed on Waiting List	1	2	3
In Home Treatment	Client Refused Service	0	2	2
In Home Treatment	Delay in Referral by DCF During the PUR	1	0	1
In Home Treatment	Referred Service is Unwilling to Engage Client	0	1	1
Individual Counseling: Child	Client Refused Service	13	9	22
Individual Counseling: Child	Insurance Issues	1	1	2
Individual Counseling: Child	Placed on Waiting List	2	0	2
Individual Counseling: Child	Service Does Not Exist in the Area	0	1	1
Individual Counseling: Child	No Service Identified to Meet this Need	0	1	1
Individual Counseling: Child	Provider Issues: Staffing, lack of follow through, etc.	1	0	1
Individual Counseling: Child	Issues with Foster Parent – No Driver’s License but refused offers by DCF to assist with transportation	0	1	1
Individual Counseling: Parent	Client Refused	10	12	22
Individual Counseling: Parent	No Referral by DCF during the PUR	2	0	2
Individual Counseling: Parent	No Service Identified to Meet this Need	1	1	2
Individual Counseling: Parent	Provider Issues: Staffing, lack of follow through, etc.	1	0	1
Individual Counseling: Parent	Client slow to become engaged	0	1	1

Unmet Need	Barrier	2nd Quarter 2015	3 rd Quarter 2015	Six Month Total
In-Home Parent Education and Support	Client Refused Services	3	3	6
In-Home Parent Education and Support	Placed on Waiting List	1	1	2
In-Home Parent Education and Support	No Referral by DCF during the PUR	1	0	1
In-Home Parent Education and Support	Delay in Referral by DCF during the PUR	0	1	1
In-Home Parent Education and Support	Service Deferred Pending Completion of Another	0	1	1
In-Home Parent Education and Support	No Service Identified to Meet this Need	1	0	1
In-Home Parent Education and Support	Provider Issues: Staffing, lack of follow through, etc.	0	1	1
In-Home Parent Education and Support	DCF Failure to Assess child/family during the PUR	1	0	1
Job Coaching/Placement	DCF Failure to Assess Need during the PUR	1	0	1
Job Coaching/Placement	Other: Local Economy – Despite Efforts Mother could not locate work	1	0	1
Life Skills Training	No Referral Made by DCF during the PUR	1	1	2
Maintaining Family Ties	DCF Failed to Assess Child related to this need during PUR	0	2	2
Maintaining Family Ties	Delay in Referral by DCF during PUR	1	0	1
Matching/Processing/Placement Processes	Approval Process	0	1	1
Matching/Processing/Placement Processes	ICPC Process remains pending – overdue.	1	0	1
Matching/Processing/Placement Processes	DCF Failure to Assess Need during the PUR	0	1	1
Medical Interventions – Other: Autism Evaluation	Delay in Referral by DCF during the PUR	1	0	1
Medical Interventions – Other: Genetic Testing	Provider Issues, Staffing, Lack of Follow Through	0	1	1
Medical Interventions – Other: OBGYN	Client Refused	0	1	1
Medical Interventions – Other: Orthopedic and/or OBGYN	No Referral by DCF during the PUR	1	1	2

Unmet Need	Barrier	2nd Quarter 2015	3 rd Quarter 2015	Six Month Total
Medication Management: Child	Other: Foster Parent was not providing medications per prescriber's recommendation	1	0	1
Medication Management: Child	DCF Failed to Assess Child related to this need during PUR	1	0	1
Medication Management: Child	No Referral by DCF during the PUR	0	1	1
Medication Management: Parent	Client Refused Service	2	0	2
Mental Health Screening or Evaluation: Child	Client Refused Service	1	6	7
Mental Health Screening or Evaluation: Child	No Service Identified to Meet this Need	0	1	1
Mental Health Screening or Evaluation: Child	No Referral by DCF during the PUR	1	0	1
Mental Health Screening or Evaluation: Child	Delay in Referral by DCF during PUR	1	0	1
Mental Health Screening or Evaluation: Parent	Client Refused Service	3	4	7
Mental Health Screening or Evaluation: Parent	Delay in Referral by DCF	0	1	1
Mentoring	Client Refused Service	1	4	5
Mentoring	DCF Failed to Assess Child related to this need during PUR	3	0	3
Mentoring	No Referral Made by DCF during the PUR	1	1	2
Mentoring	Delay in Referral by DCF	0	1	1
Mentoring	Provider Issues, Staffing, Lack of Follow Through	0	1	1
Mentoring	No Service Identified to Meet this Need	0	1	1
Mentoring	Placed on Waiting List	1	0	1
Other IH Service: Child First	Client Refused Service	0	1	1
Other IH Service: Probate Filing	No petitions files during PUR	1	0	1

Unmet Need	Barrier	2nd Quarter 2015	3 rd Quarter 2015	Six Month Total
Other Mental Health Need: Conflict Resolution	No Service Identified to Meet this Need	0	1	1
Other Mental Health Need: Neuropsychological Testing	No Referral Made by DCF during the PUR	1	0	1
Other Mental Health Need: Trauma Based Therapy	Provider Issues, Staffing, Lack of Follow Through	1	0	1
Other Mental Health Need: Trauma Based Therapy	No Referral Made by DCF during the PUR	1	0	1
Other OOH Service: Legal Work	Other : Untimely disposition of neglect petitions - Child remains on OTC since Sept 2014	1	0	1
Other OOH Service: Tutor Program	Delay in Referral by DCF	1	0	1
Other State Agency (DMR, DMHAS, MSS, etc.)	No Referral by DCF during the PUR	0	1	1
Other State Agency (DMR, DMHAS, MSS, etc.)	Delay in Referral by DCF during PUR	1	0	1
Outreach, Tracking and Reunification Programs	DCF Failed to Assess Child related to this need during PUR	0	1	1
Parenting Classes	Client Refused Service	1	2	3
Parenting Classes	Service Deferred Pending Completion of Another	3	0	3
Parenting Classes	No Service Identified to Meet this Need	1	0	1
Parenting Classes	Placed on Waiting List	1	0	1
Positive Youth Development Program	Client Refused Service	0	1	1
Problem Sexual Behavior Therapy	Client Refused Service	1	0	1
Psychiatric Evaluation – Child	Client Refused Service	1	1	2
Psychiatric Evaluation – Parent	No Service Identified to Meet this Need	0	1	1
Psychiatric Hospitalization – Parent	UTD from Case Plan or Narratives	0	1	1
Psychological or Psychosocial Evaluation – Child	Client Refused Service	0	1	1
Relative Foster Care	Approval Process	1	0	1
Relative Foster Care	Delay in Referral by DCF Worker during PUR	0	1	1
Relative Foster Care	No Referral Made by DCF during the PUR	1	0	1

Unmet Need	Barrier	2nd Quarter 2015	3 rd Quarter 2015	Six Month Total
Residential Facility	Client Refused Service	0	1	1
Residential Facility	Service Deferred Pending Completion of Another	1	0	1
Respite Services	Provider Issues, Staffing, Lack of Follow Through	1	0	1
Sexual Abuse Therapy – Victim	Client Refused Service	0	1	1
Social Recreational Programs	No Service Identified to Meet this Need	1	0	1
Substance Abuse Screening/Evaluation: Child	No Referral by DCF during PUR	2	0	2
Substance Abuse Screening/Evaluation: Child	DCF Failed to Assess Child related to this need during PUR	0	1	1
Substance Abuse Screening: Parent	Client Refused Service	2	9	11
Substance Abuse Screening: Parent	DCF Failed to Assess Client related to this need during PUR	3	0	3
Substance Abuse Services: Drug and Alcohol Education	Client Refused	0	1	1
Substance Abuse Services: Drug and Alcohol Education	Delay in Referral by DCF during PUR	1	0	1
Substance Abuse Services: Drug and Alcohol Education	No Service Identified to Meet this Need	1	0	1
Substance Abuse Services: Drug/Alcohol Testing - Child	No Referral Made by DCF during the PUR	1	0	1
Substance Abuse Services: Drug/Alcohol Testing - Child	DCF Failed to Assess Child related to this need during PUR	0	1	1
Substance Abuse Services: Drug/Alcohol Testing - Parent	Client Refused Services	1	4	5
Substance Abuse Services: Drug/Alcohol Testing - Parent	No Referral Made by DCF during the PUR	0	1	1
Substance Abuse Services: Drug/Alcohol Testing - Parent	Provider Issues, Staffing, Lack of Follow Through	1	0	1
Substance Abuse Treatment: Inpatient Treatment - Parent	Client Refused Services	4	0	4
Substance Abuse Treatment: Inpatient Treatment - Parent	Service Deferred Pending Completion of Another	0	1	1

Unmet Need	Barrier	2nd Quarter 2015	3 rd Quarter 2015	Six Month Total
Substance Abuse Treatment: Relapse Prevention Program – Parent	Client Refused Service	1	2	3
Substance Abuse Treatment: Outpatient Treatment – Child	Client Refused Service	0	2	2
Substance Abuse Treatment: Outpatient Treatment – Parent	Client Refused Service	7	3	10
Substance Abuse Treatment: Outpatient Treatment – Parent	Referred Service is Unwilling to Engage Client	1	0	1
Substance Abuse Treatment: Outpatient Treatment – Parent	No Service Identified to Meet this Need	0	1	1
Substance Abuse Treatment: Outpatient Treatment – Parent	Provider Issues, Staffing, Lack of Follow Through	1	0	1
Substance Abuse Treatment: Outpatient Treatment – Parent	Other: Mother Required Dual Diagnosis – Not a match to her needs (that referral not made during PUR)	1	0	1
Substance Abuse Treatment: Outpatient Treatment – Parent	DCF Failed to Assess Client related to this need during PUR	1	0	1
Supervised Visitation	Delay in Referral by DCF during PUR	0	1	1
Supervised Visitation	No Referral by DCF during PUR	0	1	1
Supportive Housing for Recovering Families	Placed on Waiting List	2	1	3
Therapeutic Foster Care	No Slot Available	1	0	1
Transitional Living Program	Placed on Waiting List	0	1	1
Tuition Private School	UTD from Case Plan or Narrative	0	1	1
Visitation: SW/Child	Visitation Standard Not Met by DCF	6	6	12
Visitation: SW/Parent	Visitation Standard Not Met by DCF	13	16	29
Visitation: SW/Provider Contacts	Contact Standard Not Met by DCF	11	13	24
Visitation: SW/Provider Contacts	Lack of Communication between DCF and Provider	8	1	9
Visitation: SW/Provider Contacts	Provider Refused Contacts	1	0	1
		218	193	411

Additionally there were 28 instances over the six month period in which reviewers identified the case management as marginal or poor due to the lack of assessment or untimely referrals. In these instances, the reviewers identified the DCF case management as the service need. These are not counted into the table above.

During both the Second and Third Quarter 2015 the level of engagement with families in case planning to achieve scores of Very Good or Optimal within our methodology as documented within the ACR documentation, case planning documentation and visitation documentation was 51.9%.. (See Table 2 for details).

The reviewers noted that the ACR, case planning documentation and case plan did document a discussion of all (29.0%), or some (53.0%) of the needs that were identified as unmet in the prior six month period and were necessary to be incorporated into action steps going forward. There were 6 cases (6.0%) in which the reviewers indicated that there were no unmet needs carried forward from the prior period. There was one case (12.0%) in which none of the needs and services were incorporated into the case plan action steps going forward. There were 8 cases for which this was the initial case plan and these were not included in the percentage calculations it was too soon to rate these cases.

In 27 of 58 cases in which SDM tools were incorporated (46.6%) there were identical needs indicated on the prior case plan assessment. This would indicate that the unmet objective or need has been in place for the child or individual greater than six months.

In 59.3% of the 108 cases sampled, there were one or more instances where there was an identified need referenced in the documentation or identified at the ACR or other meetings related to case planning that did not get captured appropriately as an objective with defined action steps within the case plan approved by the SWS. This occurred more frequently in the Third Quarter than in the Second Quarter as shown in the crosstabulation table below.

Crosstabulation 3: Are there service needs not identified on the case plan that should have been as a result of documentation or meeting attended? * Quarter of Review

Count		Quarter of Review		Total
		2 Q 2015	3 Q 2015	
Are there service needs not identified on the case plan that should have been as a result of documentation or meeting attended?	yes	30	34	64
	no	24	20	44
Total		54	54	108

There were 150 instances across the 108 cases reviewed in the two quarters, where reviewers pointed to specific needs that were significant and should have been captured within the case planning process. Visitation with parents had been a barrier in three of the case plans and was not adequately addressed going forward. In one case visitation with the identified child was an issue that reviewers felt should have been addressed but was not mentioned in case planning.

Table 7: Needs Not Incorporated into the Case Plans Developed for Upcoming Six Month Period - Second Quarter 2015 and Third Quarter 2015

Unmet Need	Barrier	2Q15	3Q15	6 Month Total
Adoption Supports (PPSP)	No Service Identified to Meet this Need	2	1	3
Anger Management	No Service Identified to Meet this Need	0	1	1
ARG Consultation	No Service Identified to Meet this Need	3	2	5
Behavior Management	No Service Identified to Meet this Need	1	0	1
Conflict Resolution Therapy	No Service Identified to Meet this Need	0	1	1
Delinquency Prevention	No Service Identified to Meet this Need	1	0	1
Dental or Orthodontic Service	No Service Identified to Meet this Need	1	0	1
Dental Screening or Evaluation	Delay in Referral By DCF	1	0	1
Dental Screening or Evaluation	No Service Identified to Meet this Need	6	0	6
Developmental Screening or Evaluation	No Service Identified to Meet this Need	2	0	2
Domestic Violence Services – Perpetrator	DCF Failed to Properly Assess Child/Family related to this need during the PUR	1	0	1
Domestic Violence Services – Perpetrator	No Service Identified to Meet this Need	2	2	4
Domestic Violence Services – Prevention	No Service Identified to Meet this Need	1	0	1
Domestic Violence Services for Victims	DCF Failed to Properly Assess Child/Family related to this need during the PUR	1	0	1
Domestic Violence Services for Victims	No Service Identified to Meet this Need	2	3	5
Educational Screening or Evaluation	UTD from Case Plan or Narratives	1	0	1
Educational Screening or Evaluation	No Service Identified to Meet this Need	6	1	7
Emergency Adult/Family Shelter	No Service Identified to Meet this Need	1	0	1
Extended Day Treatment	Delay in Referral by DCF During PUR	0	1	1
Family or Marital Counseling	No Service Identified to Meet this Need	0	1	1
Family Preservation Services	No Service Identified to Meet this Need	1	0	1
Family Stabilization Services	No Service Identified to Meet this Need	0	1	1
Foster Care Supports	No Service Identified to Meet this Need	1	0	1
Head Start	No Service Identified to Meet this Need	1	0	1
Health/Medical Screening or Evaluation	No Service Identified to Meet this Need	5	8	13
Housing Assistance (Section 8)	No Service Identified to Meet this Need	1	0	1
IEP Programming	No Service Identified to Meet this Need	1	0	1

Unmet Need	Barrier	2Q15	3Q15	6 Month Total
Individual Counseling: Child	Client is Refusing	1	0	1
Individual Counseling: Child	Delay in Referral by DCF during PUR	0	1	1
Individual Counseling: Child	No Service Identified to Meet this Need	1	3	4
Individual Counseling: Parent	Client Refusing Service	0	1	1
Individual Counseling: Parent	No Service Identified to Meet this Need	5	3	8
In-Home Parent Education and Support	Placed on Waiting List	1	0	1
In-Home Parent Education and Support	No Service Identified to Meet this Need	2	2	4
Job Coaching/Placement	No Service Identified to Meet this Need	1	0	1
Life Skills Training	No Service Identified to Meet this Need	2	2	4
Maintaining Family Ties	No Service Identified to Meet this Need	0	2	2
Matching/Placement Processing (ICO)	ICPC Licensure remains pending	1	0	1
Matching/Placement Processing (ICO)	No Service Identified to Meet this Need	1	1	2
Medication Management – Child	No Service Identified to Meet this Need	0	1	1
Mental Health Screening or Evaluation: Child	No Referral Made by DCF during the PUR	1	0	1
Mental Health Screening or Evaluation: Child	No Service Identified to Meet this Need	1	1	2
Mental Health Screening or Evaluation: Parent	No Service Identified to Meet this Need	3	2	5
Mentoring	No Service Identified to Meet this Need	2	3	5
Other Medical Intervention: Autism Evaluation, Gynecologist, Genetic Counseling	No Service Identified to Meet this Need	2	1	3
Other State Agency Program: DMR, DMHAS, MSS, etc.)	No Service Identified to Meet this Need	1	1	2
Parenting Classes	No Service Identified to Meet this Need	2	0	2
Preparation for Adult Living	No Service Identified to Meet this Need	0	1	1
Problem Sexual Behavior Therapy	No Service Identified to Meet this Need	1	0	1
Psychiatric Evaluation – Parent	No Service Identified to Meet this Need	1	1	2
Psychological or Psychosocial Evaluation – Parent	No Service Identified to Meet this Need	0	1	1
Relative Foster Care	No Service Identified to Meet this Need	1	0	1
Sex Abuse Evaluation	No Service Identified to Meet this Need	0	1	1

Unmet Need	Barrier	2Q15	3Q15	6 Month Total
Substance Abuse Services – Screening/Evaluation – Parent	No Service Identified to Meet this Need	4	3	7
Substance Abuse Services – Screening/Evaluation - Child	Client Refusing Services	0	1	1
Substance Abuse Services – Screening/Evaluation - Child	No Service Identified to Meet this Need	2	1	3
Substance Abuse Services: Drug/Alcohol Education – Child	No Service Identified to Meet this Need	1	1	2
Substance Abuse Services: Drug/Alcohol Testing – Child	No Service Identified to Meet this Need	1	0	1
Substance Abuse Services: Inpatient Parent	Client Refused	1	0	1
Substance Abuse Services: Outpatient Parent	Client Refused	1	0	1
Substance Abuse Services: Outpatient Parent	Delay in Referral by DCF during PUR	0	1	1
Substance Abuse Services: Outpatient Parent	No Service Identified to Meet this Need	2	2	4
Substance Abuse Services: Relapse Prevention – Parent	No Service Identified to Meet this Need	1	0	1
SW/Child Visitation	DCF Failed to Assess Child related to this Need	0	1	1
SW/Parent Visitation	DCF Failed to Assess Client related to this Need	0	1	1
SW/Parent Visitation	No Service Identified to Meet this Need	1	1	2
SW/Provider Contacts	No Service Identified to Meet this Need	0	1	1
Vocational Training/Education	No Service Identified to Meet this Need	0	1	1
		86	64	150

JUAN F. ACTION PLAN MONITORING REPORT

November 2015

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 2002 through 2015.

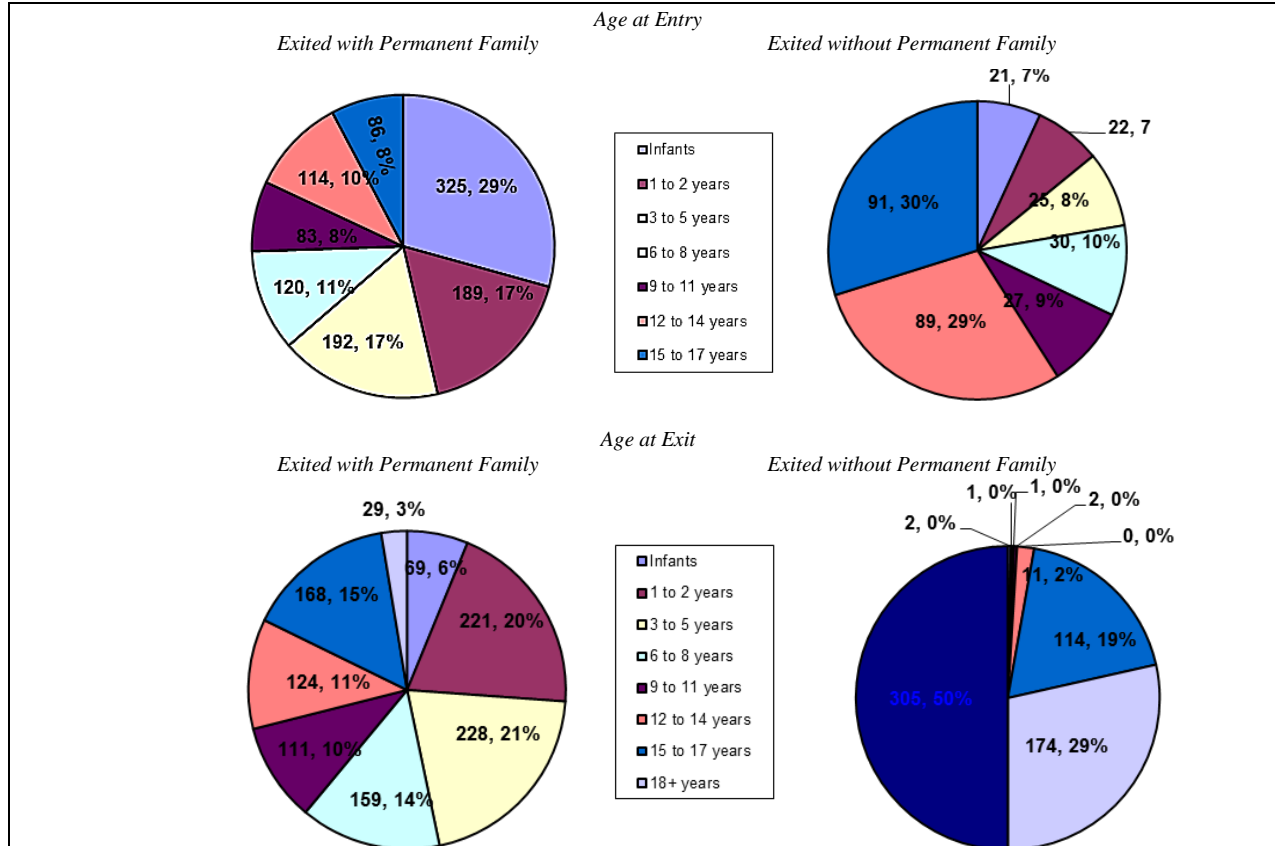
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care												
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total Entries	3546	3202	3091	3407	2854	2829	2628	2693	2299	1857	2004	1931	1491
Permanent Exits													
In 1 yr	1406 39.7%	1228 38.4%	1129 36.5%	1263 37.1%	1095 38.4%	1098 38.8%	1092 41.6%	1023 38.0%	706 30.7%	545 29.3%	494 24.7%		
In 2 yrs	2078 58.6%	1805 56.4%	1740 56.3%	1973 57.9%	1675 58.7%	1676 59.2%	1581 60.2%	1375 51.1%	1045 45.5%	830 44.7%			
In 3 yrs	2385 67.3%	2092 65.3%	2013 65.1%	2324 68.2%	1974 69.2%	1943 68.7%	1791 68.2%	1669 62.0%	1235 53.7%				
In 4 yrs	2539 71.6%	2262 70.6%	2158 69.8%	2499 73.3%	2090 73.2%	2033 71.9%	1894 72.1%	1764 65.5%					
To Date	2706 76.3%	2368 74.0%	2256 73.0%	2617 76.8%	2164 75.8%	2115 74.8%	1939 73.8%	1803 67.0%	1356 59.0%	1032 55.6%	832 41.5%	532 27.6%	134 9.0%
Non-Permanent Exits													
In 1 yr	250 7.1%	231 7.2%	289 9.3%	259 7.6%	263 9.2%	250 8.8%	208 7.9%	196 7.3%	138 6.0%	93 5.0%	120 6.0%		
In 2 yrs	321 9.1%	301 9.4%	371 12.0%	345 10.1%	318 11.1%	320 11.3%	267 10.2%	243 9.0%	186 8.1%	131 7.1%			
In 3 yrs	367 10.3%	366 11.4%	431 13.9%	401 11.8%	354 12.4%	363 12.8%	300 11.4%	272 10.1%	210 9.1%				
In 4 yrs	393 11.1%	403 12.6%	461 14.9%	449 13.2%	392 13.7%	394 13.9%	326 12.4%	297 11.0%					
To Date	497 14.0%	510 15.9%	565 18.3%	534 15.7%	448 15.7%	450 15.9%	365 13.9%	329 12.2%	247 10.7%	174 9.4%	168 8.4%	108 5.6%	40 2.7%

	Period of Entry to Care												
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Unknown Exits													
<i>In 1 yr</i>	150 4.2%	129 4.0%	83 2.7%	76 2.2%	62 2.2%	60 2.1%	76 2.9%	129 4.8%	207 9.0%	150 8.1%	150 7.5%		
<i>In 2 yrs</i>	190 5.4%	171 5.3%	124 4.0%	117 3.4%	98 3.4%	91 3.2%	140 5.3%	307 11.4%	409 17.8%	298 16.0%			
<i>In 3 yrs</i>	217 6.1%	208 6.5%	163 5.3%	140 4.1%	124 4.3%	125 4.4%	193 7.3%	394 14.6%	498 21.7%				
<i>In 4 yrs</i>	241 6.8%	234 7.3%	181 5.9%	167 4.9%	156 5.5%	167 5.9%	221 8.4%	432 16.0%					
<i>To Date</i>	325 9.2%	306 9.6%	238 7.7%	223 6.5%	201 7.0%	213 7.5%	258 9.8%	447 16.6%	530 23.1%	395 21.3%	401 20.0%	223 11.5%	44 3.0%
Remain In Care													
<i>In 1 yr</i>	1740 49.1%	1614 50.4%	1590 51.4%	1809 53.1%	1434 50.2%	1421 50.2%	1252 47.6%	1345 49.9%	1248 54.3%	1069 57.6%	1240 61.9%		
<i>In 2 yrs</i>	957 27.0%	925 28.9%	856 27.7%	972 28.5%	763 26.7%	742 26.2%	640 24.4%	768 28.5%	659 28.7%	598 32.2%			
<i>In 3 yrs</i>	577 16.3%	536 16.7%	484 15.7%	542 15.9%	402 14.1%	398 14.1%	344 13.1%	358 13.3%	356 15.5%				
<i>In 4 yrs</i>	373 10.5%	303 9.5%	291 9.4%	292 8.6%	216 7.6%	235 8.3%	187 7.1%	200 7.4%					
<i>To Date</i>	18 0.5%	18 0.6%	32 1.0%	33 1.0%	41 1.4%	51 1.8%	66 2.5%	114 4.2%	166 7.2%	256 13.8%	603 30.1%	1068 55.3%	1273 85.4%

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 (2014 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 2, 2015⁹)

Is the child legally free (his or her parents' rights have been terminated)?				
Yes 611	No ↓ 2,732			
<i>Goals of:</i>	Has the child been in care more than 15 months?			
552 (90%)	No 1,718	Yes ↓ 1,014		
Adoption		Has a TPR proceeding been filed?		
46 (7%)		Yes 210	No ↓ 804	
APPLA		Is a reason documented not to file TPR?		
11 (2%)		Yes 203		
Transfer of Guardianship		No 574		
2 (<1%)		<i>Goals of:</i>	<i>Documented Reasons:</i>	<i>Goals of:</i>
Relatives		155 (74%)	63%	175 (30%)
1 (<1%)		Adoption	Compelling Reason	Reunify
Blank		23 (11%)	18%	163 (28%)
		APPLA	Child is with relative	Trans. of Guardian:
		21 (10%)	15%	Sub/Unsub
		Reunify	Petition in process	120 (21%)
		10 (5%)	3%	Adoption
		Trans. of Guardian:	Services not provided	85 (15%)
		Sub/Unsub		APPLA
		1 (<1%)		27 (5%)
		Blank		Relatives
				4 (1%)
				Blank

⁹ Children over age 18 are not included in these figures.

Preferred Permanency Goals:

Reunification	Aug 2014	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015
Total number of children with Reunification goal, pre-TPR and post-TPR	1257	1328	1322	1275	1320	1389
Number of children with Reunification goal pre-TPR	1257	1328	1322	1271	1320	1389
• Number of children with Reunification goal, pre-TPR, >= 15 months in care	221	235	200	258	282	250
• Number of children with Reunification goal, pre-TPR, >= 36 months in care	38	43	45	36	36	38
Number of children with Reunification goal, post-TPR	0	0	0	4	0	0

Transfer of Guardianship (Subsidized and Non-Subsidized)	Aug 2014	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	269	294	304	326	327	377
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	268	292	301	323	320	366
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months	86	86	90	95	91	122
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months	25	29	29	25	28	41
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	1	2	3	3	7	11

Adoption	Aug 2014	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015
Total number of children with Adoption goal, pre-TPR and post-TPR	988	1030	1030	1071	1047	1073
Number of children with Adoption goal, pre-TPR	455	504	518	514	489	521
Number of children with Adoption goal, TPR not filed, >= 15 months in care	102	128	156	140	170	163
• Reason TPR not filed, Compelling Reason	1	3	7	7	8	10
• Reason TPR not filed, petitions in progress	29	27	26	14	24	28
• Reason TPR not filed , child is in placement with relative	2	6	5	3	5	4
• Reason TPR not filed, services needed not provided	3	3	2	0	1	1
• Reason TPR not filed, blank	67	89	116	116	132	120
Number of cases with Adoption goal post-TPR	533	526	512	557	558	552
• Number of children with Adoption goal, post-TPR, in care >= 15 months	489	497	474	526	521	513
• Number of children with Adoption goal, post-TPR, in care >= 22 months	397	396	384	432	426	432
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	13	13	13	17	13	14

Adoption	Aug 2014	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	72	74	57	62	65	68
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	333	344	245	244	224	259

Progress Towards Permanency:	Aug 2014	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	464	530	567	589	598	574

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	Aug 2014	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015
Total number of children with Long Term Foster Care Relative goal	52	52	50	47	44	40
Number of children with Long Term Foster Care Relative goal, pre-TPR	47	48	47	44	41	38
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR 	2	1	1	1	1	1
Long Term Foster Care Rel. goal, post-TPR	5	4	3	3	3	2
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR 	0	0	0	0	0	0

APPLA*	Aug 2014	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015
Total number of children with APPLA goal	505	468	421	380	300	251
Number of children with APPLA goal, pre-TPR	400	370	331	298	238	206
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, pre-TPR 	9	6	2	6	6	4
Number of children with APPLA goal, post-TPR	105	98	90	82	62	45
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, post-TPR 	7	6	5	3	2	1

* 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.

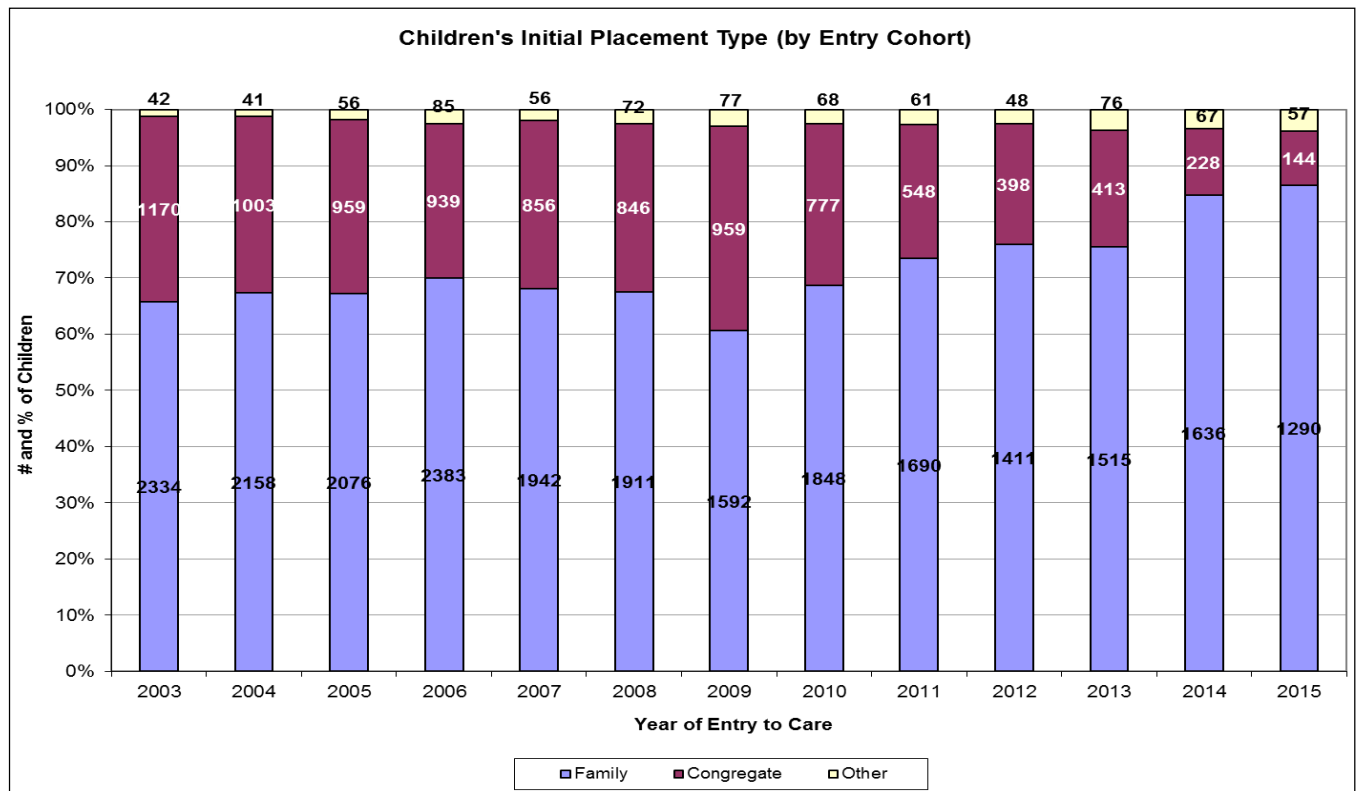
Missing Permanency Goals:

	Aug 2014	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	102	25	19	15	18	33
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	18	17	10	7	6	7
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	6	10	5	4	2	5
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	4	5	5	4	2	4

B. PLACEMENT ISSUES

Placement Experiences of Children

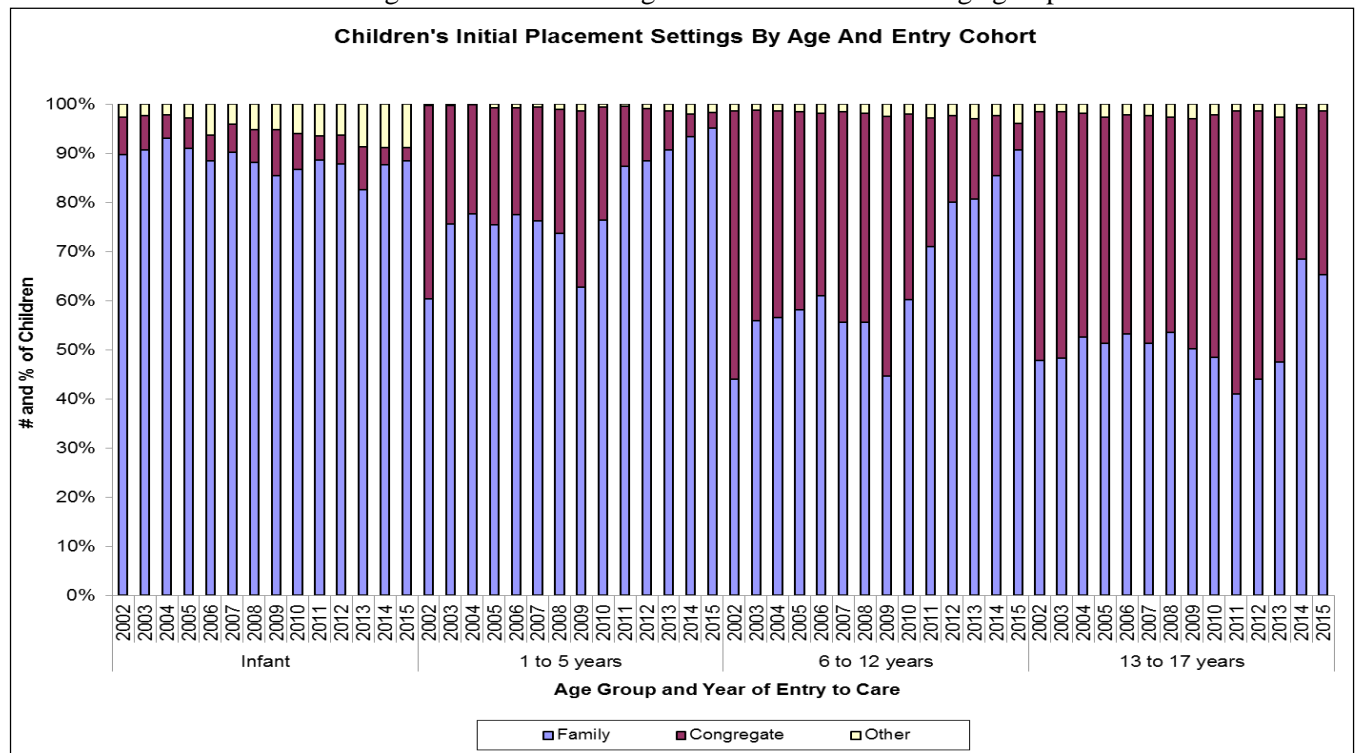
The following chart shows the change in use of family and congregate care for admission cohorts between 2003 and 2015.



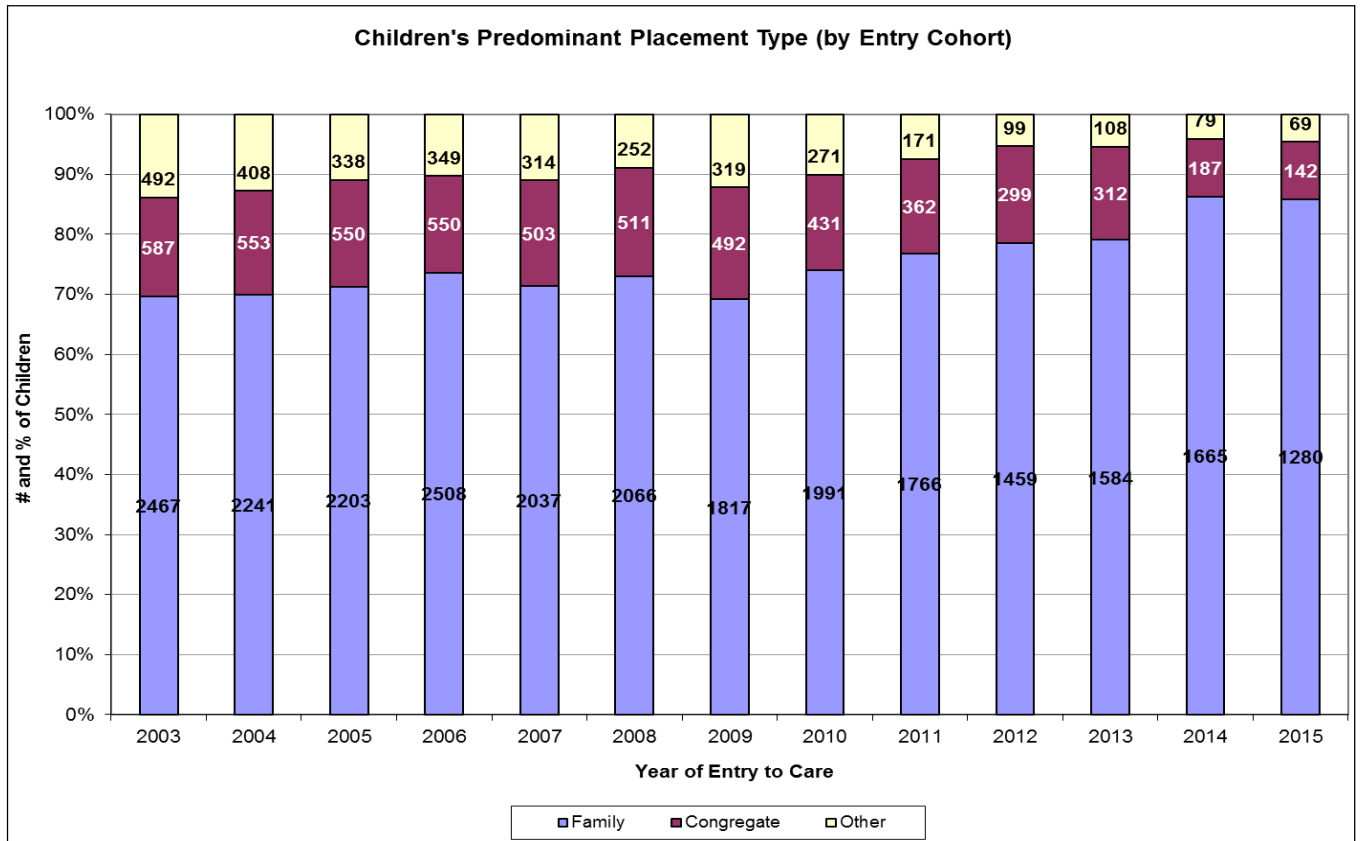
The next table shows specific care types used month-by-month for entries between July 2014 and June 2015.

Case Summaries													
First placement type		enterOct14	enterNov14	enterDec14	enterJan15	enterFeb15	enterMar15	enterApr15	enterMay15	enterJun15	enterJul15	enterAug15	enterSep15
Residential	N	1	5	3	4	5	7	2	8	1	7	3	3
	%	0.7%	3.8%	2.2%	3.2%	4.1%	4.2%	1.4%	4.7%	0.6%	3.6%	1.3%	1.7%
DCF Facilities	N	1	2	3	2	2	4	2	3	2	3	2	2
	%	0.7%	1.5%	2.2%	1.6%	1.6%	2.4%	1.4%	1.8%	1.1%	1.6%	0.9%	1.2%
Foster Care	N	63	61	49	57	56	68	63	84	58	74	85	73
	%	41.4%	46.9%	36.0%	45.2%	45.9%	41.2%	44.7%	49.1%	32.8%	38.3%	37.9%	42.4%
Group Home	N	2	2	1	2	2	5	3	3	6	5	5	4
	%	1.3%	1.5%	0.7%	1.6%	1.6%	3.0%	2.1%	1.8%	3.4%	2.6%	2.2%	2.3%
Relative Care	N	57	38	57	45	40	56	56	47	78	77	106	72
	%	37.5%	29.2%	41.9%	35.7%	32.8%	33.9%	39.7%	27.5%	44.1%	39.9%	47.3%	41.9%
Medical	N	3	10	7	7	7	7	5	6	7	5	7	6
	%	2.0%	7.7%	5.1%	5.6%	5.7%	4.2%	3.5%	3.5%	4.0%	2.6%	3.1%	3.5%
Safe Home/SFIT	N		3	1			2			1		1	1
	%		2.3%	0.7%			1.2%			0.6%		0.4%	0.6%
Shelter	N	4	1	6	3	3	5	3	6	10	5	4	3
	%	2.6%	0.8%	4.4%	2.4%	2.5%	3.0%	2.1%	3.5%	5.6%	2.6%	1.8%	1.7%
Special Study	N	21	8	9	6	7	11	7	14	14	17	11	8
	%	13.8%	6.2%	6.6%	4.8%	5.7%	6.7%	5.0%	8.2%	7.9%	8.8%	4.9%	4.7%
Total	N	152	130	136	126	122	165	141	171	177	193	224	172
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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



It is also useful to look at where children spend most of their time in DCF care. The chart below shows this for admission the 2003 through 2015 admission cohorts.



The following chart shows monthly statistics of children who exited from DCF placements between October 2014 and September 2015, and the portion of those exits within each placement type from which they exited.

Case Summaries													
Last placement type in spell (as of censor		exitOct 14	exitNov 14	exitDec 14	exitJan 15	exitFeb 15	exitMar 15	exitApr 15	exitMay 15	exitJun 15	exitJul 15	exitAug 15	exitSep 15
Residential	N	1	4	6	6	5	7	2	3	6	5	2	2
	%	0.7%	2.1%	3.0%	4.6%	3.2%	4.1%	1.3%	2.3%	3.4%	2.9%	1.1%	2.1%
DCF Facilities	N	2	2	2	4	5	1	2	2	3	1	5	2
	%	1.4%	1.1%	1.0%	3.1%	3.2%	0.6%	1.3%	1.6%	1.7%	0.6%	2.8%	2.1%
Foster Care	N	66	88	96	45	63	72	83	63	72	72	92	48
	%	45.8%	47.1%	48.5%	34.6%	39.9%	42.4%	52.5%	49.2%	41.1%	41.6%	52.3%	50.0%
Group Home	N	14	7	8	16	7	7	5	3	7	12	6	7
	%	9.7%	3.7%	4.0%	12.3%	4.4%	4.1%	3.2%	2.3%	4.0%	6.9%	3.4%	7.3%
Independent Living	N	6	4	2	2	3	5	2	2	1	3	3	5
	%	4.2%	2.1%	1.0%	1.5%	1.9%	2.9%	1.3%	1.6%	0.6%	1.7%	1.7%	5.2%
Relative Care	N	50	61	67	44	59	59	44	38	69	60	55	24
	%	34.7%	32.6%	33.8%	33.8%	37.3%	34.7%	27.8%	29.7%	39.4%	34.7%	31.3%	25.0%
Medical	N	1	1	4		3		2	2	3	2	1	
	%	0.7%	0.5%	2.0%		1.9%		1.3%	1.6%	1.7%	1.2%	0.6%	
Safe Home/SFIT	N		2	2	2	2					1		
	%		1.1%	1.0%	1.5%	1.3%					0.6%		
Shelter	N	2	5	5	3	1	6	5	2	4	6	1	
	%	1.4%	2.7%	2.5%	2.3%	0.6%	3.5%	3.2%	1.6%	2.3%	3.5%	0.6%	
Special Study	N	2	11	5	7	9	11	12	9	7	10	10	6
	%	1.4%	5.9%	2.5%	5.4%	5.7%	6.5%	7.6%	7.0%	4.0%	5.8%	5.7%	6.3%
Unknown	N		2	1	1	1	2	1	4	3	1	1	2
	%		1.1%	0.5%	0.8%	0.6%	1.2%	0.6%	3.1%	1.7%	0.6%	0.6%	2.1%
Total	N	144	187	198	130	158	170	158	128	175	173	176	96
	%	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 November 2, 2015 organized by length of time in care.

Primary type of spell (>50%) * Duration Category Crosstabulation										
		Category							Total	
		30	90	180	< 365	< 545	< 1095	1095		
Primary type of	Residential	Count	3	6	14	18	9	24	36	110
		% Row	2.7%	5.5%	12.7%	16.4%	8.2%	21.8%	32.7%	100.0%
		% Col	1.8%	1.6%	3.4%	2.9%	1.7%	2.6%	4.7%	2.9%
	DCF Facilities	Count	2	2	6	7	2	4	0	23
		% Row	8.7%	8.7%	26.1%	30.4%	8.7%	17.4%	0.0%	100.0%
		% Col	1.2%	0.5%	1.5%	1.1%	0.4%	0.4%	0.0%	0.6%
	Foster Care	Count	68	123	120	244	242	476	477	1750
		% Row	3.9%	7.0%	6.9%	13.9%	13.8%	27.2%	27.3%	100.0%
		% Col	41.0%	33.1%	29.6%	39.5%	45.1%	51.6%	62.2%	46.2%
	Group Home	Count	4	8	14	10	10	48	68	162
		% Row	2.5%	4.9%	8.6%	6.2%	6.2%	29.6%	42.0%	100.0%
		% Col	2.4%	2.2%	3.4%	1.6%	1.9%	5.2%	8.9%	4.3%
	Independent	Count	0	0	0	0	0	1	4	5
		% Row	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	80.0%	100.0%
		% Col	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.5%	0.1%
	Relative Care	Count	72	178	174	249	197	244	54	1168
		% Row	6.2%	15.2%	14.9%	21.3%	16.9%	20.9%	4.6%	100.0%
		% Col	43.4%	47.8%	42.9%	40.4%	36.8%	26.5%	7.0%	30.9%
	Medical	Count	3	6	3	5	4	2	3	26
		% Row	11.5%	23.1%	11.5%	19.2%	15.4%	7.7%	11.5%	100.0%
		% Col	1.8%	1.6%	0.7%	0.8%	0.7%	0.2%	0.4%	0.7%
	Mixed (none)	Count	0	1	5	11	6	44	96	163
		% Row	0.0%	0.6%	3.1%	6.7%	3.7%	27.0%	58.9%	100.0%
		% Col	0.0%	0.3%	1.2%	1.8%	1.1%	4.8%	12.5%	4.3%
	Safe Home/SFIT	Count	1	1	1	0	2	5	1	11
		% Row	9.1%	9.1%	9.1%	0.0%	18.2%	45.5%	9.1%	100.0%
		% Col	0.6%	0.3%	0.2%	0.0%	0.4%	0.5%	0.1%	0.3%
	Shelter	Count	5	9	8	8	7	2	0	39
		% Row	12.8%	23.1%	20.5%	20.5%	17.9%	5.1%	0.0%	100.0%
		% Col	3.0%	2.4%	2.0%	1.3%	1.3%	0.2%	0.0%	1.0%
	Special Study	Count	7	28	51	53	48	69	28	284
		% Row	2.5%	9.9%	18.0%	18.7%	16.9%	24.3%	9.9%	100.0%
		% Col	4.2%	7.5%	12.6%	8.6%	9.0%	7.5%	3.7%	7.5%
	Unknown	Count	1	10	10	12	9	3	0	45
		% Row	2.2%	22.2%	22.2%	26.7%	20.0%	6.7%	0.0%	100.0%
		% Col	0.6%	2.7%	2.5%	1.9%	1.7%	0.3%	0.0%	1.2%
Total		Count	166	372	406	617	536	922	767	3786
		% Row	4.4%	9.8%	10.7%	16.3%	14.2%	24.4%	20.3%	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 2014	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015
Total number of children 12 years old and under, in Congregate Care	30	19	22	22	27	21
• Number of children 12 years old and under, in DCF Facilities	1	0	1	0	0	1
• Number of children 12 years old and under, in Group Homes	7	6	8	8	11	9
• Number of children 12 years old and under, in Residential	8	5	7	7	11	8
• Number of children 12 years old and under, in Safe Home or SFIT	14	8	6	4	4	1
• Number of children 12 years old and under in Shelter	0	0	0	3	1	2
Total number of children ages 13-17 in Congregate Placements	380	328	313	294	288	290

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												
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total Entries	3546	3202	3091	3407	2854	2829	2628	2693	2299	1857	2004	1931	1491
SAFE Homes/SFIT	630 18%	453 14%	394 13%	395 12%	382 13%	335 12%	471 18%	331 12%	146 6%	68 4%	56 3%	30 2%	5 0%
Shelters	135 4%	147 5%	178 6%	114 3%	136 5%	144 5%	186 7%	175 6%	194 8%	169 9%	175 9%	91 5%	42 3%
Total	765 22%	600 19%	572 19%	509 15%	518 18%	479 17%	657 25%	506 19%	340 15%	237 13%	231 12%	121 6%	47 3%

	Period of Entry to Care												
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total Initial Plcmnts	765	600	572	509	518	479	657	506	340	237	231	121	47
<= 30 days	308 40.3 %	249 41.5 %	241 42.1 %	186 36.5 %	162 31.3 %	150 31.3 %	229 34.9 %	135 26.7 %	103 30.3 %	60 25.3 %	63 27.3 %	37 30.6 %	18 38.3 %
31 - 60	181 23.7 %	102 17.0 %	114 19.9 %	73 14.3 %	73 14.1 %	102 21.3 %	110 16.7 %	106 20.9 %	57 16.8 %	44 18.6 %	41 17.7 %	27 22.3 %	11 23.4 %
61 - 91	121 15.8 %	81 13.5 %	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 %	9 19.1 %
92 - 183	107 14.0 %	124 20.7 %	100 17.5 %	118 23.2 %	131 25.3 %	110 23.0 %	124 18.9 %	136 26.9 %	84 24.7 %	56 23.6 %	57 24.7 %	24 19.8 %	7 14.9 %
184+	48 6.3%	44 7.3%	41 7.2%	45 8.8%	73 14.1 %	32 6.7%	37 5.6%	38 7.5%	42 12.4 %	38 16.0 %	32 13.9 %	15 12.4 %	2 4.3%

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 2014	Aug 2014	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015
Total number of children in SAFE Home/SFIT	28	22	16	13	9	7	4
• Number of children in SAFE Home/SFIT, > 60 days	20	17	16	12	7	4	4
• Number of children in SAFE Home/SFIT, >= 6 months	10	12	8	9	4	1	2
Total number of children in STAR/Shelter Placement	59	49	43	30	34	35	39
• Number of children in STAR/Shelter Placement, > 60 days	30	27	30	16	15	17	22
• Number of children in STAR/Shelter Placement, >= 6 months	11	7	12	8	3	5	6
Total number of children in MH Shelter	1	1	1	4	3	2	2
• Total number of children in MH Shelter, > 60 days	1	0	0	2	3	0	1
• Total number of children in MH Shelter, >= 6 months	1	0	0	0	1	0	0

Time in Residential Care

Placement Issues	May 2014	Aug 2014	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015
Total number of children in Residential care	147	116	103	114	106	107	103
• Number of children in Residential care, >= 12 months in Residential placement	40	38	35	26	26	21	21
• Number of children in Residential care, >= 60 months in Residential placement	2	1	1	0	0	0	1

Appendix 1
Commissioner's Highlights from
The Department of Children & Families
Exit Plan Status Report 2015

Commissioner Statement

As the Department and its many partners embark upon a new year, it is a moment to celebrate continued progress and also remark upon some important new developments. The many family-centered, strengths-based reforms implemented by this Administration continue to benefit children and families and the system overall. As a result, we reduced the number of children in care by 16.4 percent, doubled the percentage of children living in kinship homes to 40.1 percent, and reduced the use of congregate care to a low of 13.3 percent.

Not only do the major reforms – the Strengthening Families Practice Model, Differential Response, the priority on kinship, and the congregate care reduction – work in tandem, so too do the results. We know, for instance, that the emphasis on kinship care contributes directly to the reduction in the use of group care. Our staff has much of which to be proud. At the same time, we know more work remains -- and we are doing it.

Next month we are launching three important initiatives focused on improving outcomes for very young children. The first will launch Feb. 1 when we unveil a “Safe Sleep” public health campaign together with many partners, including the Office of Early Childhood, the Office of the Child Advocate, the Connecticut Hospital Association, and our sister agencies, Public Health and Mental Health and Addiction Services. The campaign will feature web-based and social media marketing as well as more traditional printed materials, such as posters and door hangers. The messaging and materials were tested with medical professionals and home visiting staff, and they are being produced in English and Spanish languages. The recommendations for parents are based on American Association of Pediatric guidelines and were approved by the Department of Public Health.

Also in February, we are announcing the completion and implementation of the “Early Childhood Practice Guide for Children Aged Zero to Five.” This guide will provide us with a continuous improvement process that focuses on the most vulnerable population -- children zero to five years of age. During the latter part of 2014 through mid-2015, the Department embarked upon activities and focused discussions about our practice with families with children ages 0-5, and as a result, it became evident we needed to improve our early childhood practice by creating a greater focus on this vulnerable population. The Department’s Early Childhood Community of Practice established a working group of internal and external experts representing all aspects of child protection and child welfare work within the Department. I am gratified to share that the resulting practice guide is the most comprehensive of any that exists in the nation. This groundbreaking work reflects the thinking of some of Connecticut’s most respected leaders in Early Childhood. We are now soliciting stakeholder input, and implementation of the guide will begin no later than early spring.

Finally and also during February, we expect to complete the contract for our Social Impact Bond project that will fund the expansion of the successful Family Based Recovery (FBR) services. FBR promotes family stability by supporting reunification and preventing removal of children ages 0-3 in families with substance abuse treatment needs. The program promotes family stability by addressing the mental health and substance abuse issues of the parent and also by strengthening the parent-child bond and relationship. A study recently completed by the Yale

Child Study Center showed statistically significant results measuring improved parent-child bonding and reduced parent anxiety and depression. Following completion of the contract securing Social Finance in the role as intermediary between the service contractor and the private philanthropic organizations providing the financing, we anticipate that services will begin delivery in April. In this challenging fiscal climate, it is exciting to establish a structure whereby taxpayer funding will only be called upon if it is shown that the program is successful.

To be most effective, organizations must balance continuity of things that are working along with innovations to accelerate the progress in other areas. I am proud that our staff is managing that process so effectively. I am confident that we will continue to improve positive trends related to children in care and living with families while also improving our work with very young children and our services for families in need of treatment and support.