Juan F. v. Rell Exit Plan
Quarterly Report
January 1, 2009 - March 31, 2009
Civil Action No. 2:89 CV 859 (CFD)

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Highlights

- The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of January 1, 2009 through March 31, 2009 indicates the Department achieved 17 of the 22 Outcome Measures.

- Outcome Measure 8 (Adoption) and Outcome Measure 9 (Transfer of Guardianship) were achieved at high levels this quarter after falling below the standard the previous quarter. The percentage of children achieving Adoption within two years of removal from their home was 44.7%, the highest recorded effort since implementation of the Exit Plan. The percentage of children achieving transfer of guardianship within two years was 75.3%.

- Based on the Monitor's review of a sample of 52 cases, the Department attained a level of "Appropriate Treatment Plan" in 35 of the 52 cases sampled or 67.3%. While this is the second best recorded effort by the Department on this critical measure, it is well below the previous quarter's finding of 79.2%. An analysis of the detailed findings reveals missed opportunities for improving the quality and completeness of the Treatment Plans in at least five of the sampled cases due to ineffective communication between the Area Office CPS staff and the Administrative Case Review staff. Court Monitor staff noted in these five cases that treatment planning deficiencies were either communicated by ACR staff and not addressed by CPS staff, not communicated by ACR staff or were evident but not incorporated by either set of staff. Improvement to the integration of the efforts by ACR and CPS staff is critical to enhancing and sustaining progress to the Treatment Planning process.

  Continued efforts are required to fully engage all of the stakeholders involved in individual cases in the treatment planning process. Engagement and inclusion of fathers' input shows improvement in the cases reviewed while participation of children's attorneys in the treatment planning process remains poor.

- Outcome Measure 15 (Needs Met) was achieved in 61.5% of the cases reviewed. Availability of resources including the lack of foster and adoptive resources and community based services continue to impact the Department's attempts to improve their service to children and families. Wait-lists continue to exist for in-home services, specialized foster care, specialized residential treatment, adoptive resources, therapeutic group homes, behavioral health services, life skills, transition services and other critical services. This severely hampers the timely and effective provision of services for Connecticut's most vulnerable population. In addition, provision of appropriate medical, dental and education services was untimely and insufficient in some of the reviewed cases and delays in making referrals was noted a number of times.

- The Department has aggressively implemented the Service Needs Review (SNR) process in all Area Offices. Over 1,500 cases have been reviewed and most have had case conferences conducted and specific action plans have been developed in those cases where service barriers exist. During the past quarter, the methodology was revised to promote a link to the timing and activities associated with Treatment Plan development and Administrative Case Reviews. The intent of the change is to utilize the Treatment Plan/ACR cycles to promote the utilization of treatment planning activities along with specific action plans to address identified service barriers for the children in the eight cohorts. The SNR process demands focused and continuous managerial input and oversight and thus far there is substantial statewide evidence that the managers involvement makes a significant impact on addressing barriers to service delivery.

  The utility of the Service Needs Reviews is readily evident. The quality assurance activities associated with the SNR process reveals improved decisions, action steps and timeframes for permanency outcomes. It has also increased inclusion of adolescent input in developing plans, aggressive and creative pursuit of service provision solutions, engagement and inclusion of stakeholders, including fathers, and the recognition of opportunities to address local or statewide systemic deficiencies. Focused attention on discharge delay situations has been aggressively pursued (both proactive and reactive efforts).

  Barriers do exist to the full implementation of the SNR methodology. They include the need for an effective collaboration and integration between the Administrative Case Review and Service Needs Review processes and the lack of a dynamic automated treatment plan application that can be updated on a regular basis depending on the changing circumstances and needs of specific cases.

  The regularly noted problem of requiring an extensive SNR process to occur for cases that already have specific and appropriate steps and services in place was addressed and the Department is now able to denote cases where they "opt out" of the SNR process. QA reviews by both the Department and Court Monitor are being conducted to ensure the integrity of these decisions.

  The full implementation of automated forms has been accomplished and will allow for additional analysis of data in the following months. This will provide information beyond the process and methodology reported to date, and begin to explore services and barrier issues.

  The lack of sufficient foster and adoptive resources along with other services routinely identified in the Outcome Measure15 reviews continues to limit opportunities for resolving identified Service Needs Review issues. For example, while the Department has appropriately focused on children's length of stay in temporary congregate care (STAR shelters and SAFE Homes), and both reduced the use of SAFE Homes and successfully influenced discharge delay occurrences in both settings, the lack of foster homes, specialized foster homes,

therapeutic group homes and specialized residential services make continued improvements in length of stay and discharge delay episodes very difficult to achieve. In fact, the lack of family-like settings has contributed to a slight increase of SAFE Home utilization this quarter after decreasing dramatically over the previous two quarters.

- Progress has continued with the implementation of other provisions outlined in the Stipulation Regarding Outcome Measures 3 and 15 during the 1st Quarter of 2009.
    - A training curriculum for the revised treatment plan has been developed and the development of the new application continues with testing planned for June and July 2009. Concern has been expressed about proceeding with the training roll-out before the tested and revised treatment plan application is finalized. The Department is reviewing its options and has postponed initial training planned for the Area Offices.
    - The timeframe for completing the design of the revised Administrative Case Review summary form (DCF 553) has been extended due to the level of work required to satisfy all of the data requirements. The working version is now anticipated by November 2009.
    - A draft of the Practice Model final report has been submitted to the Department for analysis and feedback and a final report is expected by the end of June 2009. The Practice Model provides a framework for all casework activities and reflects the Department's mission, vision, and values.
    - While the Department's implementation of the Family Foster Care Action Plan continues, a net gain in foster homes, as set forth in the Plan's goals for this year (350 additional foster homes) has not been realized. While the Department has licensed almost 900 homes so far this year, it has also closed a similar number of homes. Approximately 50% of the homes closed after positive outcomes for individual children (adoption, transfer of guardianship, etc.). The Court Monitor will undertake a review of the implementation and outcomes related to the Family Foster Care Action Plan beginning in June 2009.
    - A draft Congregate Care report which includes a review of the utilization of Congregate Care facilities and suggested action steps has been completed. Feedback from both DCF staff and the Technical Advisory Committee will be incorporated over the next few weeks. A final report is due in July 2009.

- The Division of Foster Care monthly report for May 2009 indicates that there are 2,366 licensed DCF foster homes. This is an increase over the total reported in the February 2009 report of 2,340 licensed available foster homes. The number of available private foster care homes decreased from 1,037 homes to 1,018 homes. The Department has not made any gain with respect to the Family Foster Care Action Plan goal to increase the net number of homes by 350 by June 30, 2009. The combined total of private and DCF foster homes (3,384) is four less than the

baseline set in June 2008. Additional foster care and adoptive resources are an essential component to address the well-documented needs of children and gridlock conditions that exist in the child welfare system. The Court Monitor will undertake a review of the Department's progress in implementing the Family Foster Care Action Plan beginning in July 2009.

- As of May 1, 2009, there were 530 *Juan F.* children placed in residential facilities. This is a decrease of four children in comparison to the 534 reported last quarter. The number of *Juan F.* children residing and receiving treatment in out-of-state residential facilities increased by six children to 289 compared with 283 last quarter. The number of children in residential care for greater than 12 months increased to 144 compared with 119 in February 2009.

- The number of children utilizing SAFE Home temporary placements increased to 125 as of May 2009 compared with the 115 reported as of February 2009. The total number of children utilizing this service remains far below the current capacity of 178. The decrease in SAFE Home utilization is tied to the Department's renewed focus on appropriately placing children in family foster homes whenever possible and the continued implementation of efforts to reduce overstays in this congregate care setting per the Stipulation Regarding Outcome Measure 3 and 15. The lack of appropriate foster home resources hinders continued reduction in the use of SAFE Homes. The number of children in SAFE Homes greater than 60 days decreased slightly. In all, 43 children were in over-stay status as of May 2009 compared with the 44 children reported in February 2009.

- The number of children in overstay status (>60 days) in STAR placements decreased from 36 children in February 2009 to 33 children as of May 2009. The lack of appropriate foster home resources, therapeutic group homes, and specialized residential services significantly hampers efforts to reduce the utilization of STAR services and better manage the length of stay of residents.

- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased from 1,039 in February 2009 to 1,010 as of May 2009. Both the continued focus of Area Office staff on determining the appropriate circumstances to utilize APPLA goals and the added step of seeking the approval of the Bureau Chief combined with the ongoing exit from care of older children are contributing to the continued decrease of this non-preferred goal. The implementation of the Service Needs Review Process has resulted in appropriate changes in permanency goals to preferred permanency goals in a number of the cases reviewed to date.

- The number of children 12 years old or younger in congregate care increased from the 222 reported in February 2009 to 238 reported in May 2009. Most of the increase is due to the utilization of SAFE Home services.

- The Monitor's quarterly review of the Department for the period of January 1, 2009 through March 31, 2009 indicates that the Department did not achieve compliance with five (5) measures:
  - Treatment Plans (67.3%)
  - Re-Entry (8.2%)
  - Sibling Placements (83.4%)
  - Children's Needs Met (61.5%)
  - Discharge to DMHAS and DMR (96.7%)

- The Monitor's quarterly review of the Department for the period of January 1, 2009 through March 31, 2009 indicates the Department has achieved compliance with the following 17 Outcome Measures:
  - Commencement of Investigations (97.6%)
  - Completion of Investigations (91.3%)
  - Search for Relatives (94.3%)
  - Repeat Maltreatment (5.8%)
  - Maltreatment of Children in Out-of-Home Care (0.3%)
  - Reunification (68.1%)
  - Adoption (44.7%)
  - Transfer of Guardianship (75.3%)
  - Multiple Placements (96.0%)
  - Foster Parent Training (100.0%)
  - Placement within Licensed Capacity (96.6%)
  - Worker-Child Visitation Out-of-Home Cases (95.7% Monthly/99.2% Quarterly)
  - Worker-Child Visitation In-Home Cases (90.5%)
  - Caseload Standards (100.0%)
  - Residential Reduction (10.0%)
  - Discharge Measures (85.3%)
  - Multi-disciplinary Exams (93.6%)

- The Department has maintained compliance for at least two (2) consecutive quarters[1] with 14 of the Outcome Measures reported as achieved this quarter. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
  - Commencement of Investigations (eighteenth consecutive quarter)
  - Completion of Investigations (eighteenth consecutive quarter)
  - Search for Relatives (fourteenth consecutive quarter)
  - Repeat Maltreatment (eighth consecutive quarter)

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

- Maltreatment of Children in Out-of-Home Care (twenty-first consecutive quarter)
- Multiple Placements (twentieth consecutive quarter)
- Foster Parent Training (twentieth consecutive quarter)
- Placement within Licensed Capacity (eleventh consecutive quarter)
- Visitation Out-of-Home (fourteenth consecutive quarter)
- Visitation In-Home (fourteenth consecutive quarter)
- Caseload Standards (nineteenth consecutive quarter)
- Residential Reduction (twelfth consecutive quarter)
- Discharge Measures (fifteenth consecutive quarter)
- Multi-disciplinary Exams (thirteenth consecutive quarter)

A full reporting of the Stipulation Regarding Outcome Measure 3 and 15 and the DCF Action Plan can be found on pages 10 and 19 respectively.

A full copy of the Department's 1st Quarter 2009 submission including the Commissioner's highlights may be found on page 103.

***Juan F.* Exit Plan Report Outcome Measure Overview 1Q 2009 (January 1, 2009 - March 31, 2009)**																					
Measure		**2004 Percentages**				**2005 Percentages**				**2006 Percentages**				**2007 Percentages**				**2008 Percentages**				**2009**
		1Q	**2Q**	**3Q**	**4Q**	**1Q**	**2Q**	**3Q**	**4Q**	**1Q**	**2Q**	**3Q**	**4Q**	**1Q**	**2Q**	**3Q**	**4Q**	**1Q**	**2Q**	**3Q**	**4Q**	**1Q**
1: Investigation Commencement	>=90%	X	X	X	91.2	92.5	95.1	96.2	96.1	96.2	96.4	98.7	95.5	96.5	97.1	97.0	97.4	97.8	97.5	97.4	97.9	97.6
2: Investigation Completion	>=85%	64.2	68.8	83.5	91.7	92.6	92.3	93.1	94.2	94.2	93.1	94.2	93.7	93.0	93.7	94.2	92.9	91.5	93.7	89.9	91.4	91.3
3: Treatment Plans	>=90%	X	X	10.0	17.0	X	X	X	X	X	X	54.0	41.1	41.3	30.3	30.0	51.0	58.8	54.7	62.3	79.2	65.4
4: Search for Relatives*	>=85%	X	X	93.0	82.0	44.6	49.2	65.1	89.6	89.9	93.9	93.1	91.4	92.0	93.8	91.4	93.6	95.3	95.8	96.3	94.3	94.3
5: Repeat Maltreatment	<=7%	9.4	8.9	9.4	8.9	8.2	8.5	9.1	7.4	6.3	7.0	7.9	7.9	7.4	6.3	6.1	5.4	5.7	5.9	5.7	6.1	5.8
6: Maltreatment OOH Care	<=2%	0.5	0.8	0.9	0.6	0.8	0.7	0.8	0.6	0.4	0.7	0.7	0.2	0.2	0.0	0.3	0.2	0.2	0.3	0.3	0.2	0.3
7: Reunification*	>=60%	X	X	X	X	X	X	64.2	61.0	66.4	64.4	62.5	61.3	70.5	67.9	65.5	58.0	56.5	59.4	57.1	69.6	68.1
8: Adoption	>=32%	10.7	11.1	29.6	16.7	33.0	25.2	34.4	30.7	40.0	36.9	27.0	33.6	34.5	40.6	36.2	35.5	41.5	33.0	32.3	27.2	44.7
9: Transfer of Guardianship	>=70%	62.8	52.4	64.6	63.3	64.0	72.8	64.3	72.4	60.7	63.1	70.2	76.4	78.0	88.0	76.8	80.8	70.4	70.0	71.7	64.9	75.3
10: Sibling Placement*	>=95%	65.0	53.0	X	X	X	X	96.0	94.0	75.0	77.0	83.0	85.5	84.9	79.1	83.3	85.2	86.7	86.8	82.6	82.1	83.4
11: Re-Entry	<=7%	X	X	X	X	X	X	7.2	7.6	6.7	7.5	4.3	8.2	7.5	8.5	9.0	7.8	11.0	6.7	6.7	7.4	8.2
12: Multiple Placements	>=85%	X	95.8	95.2	95.5	96.2	95.7	95.8	96.0	96.2	96.6	95.6	95.0	96.3	96.0	94.4	92.7	91.2	96.3	95.9	95.8	96.0
13: Foster Parent Training	100%	X	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
14: Placement Within Licensed Capacity	>=96%	88.3	92.0	93.0	95.7	97.0	95.9	94.8	96.2	95.2	94.5	96.7	96.4	96.8	97.1	96.9	96.8	96.4	96.8	97.0	96.6	96.6
15: Needs Met**	>=80%	53.0	57.0	53.0	56.0	X	X	X	X	X	X	62.0	52.1	45.3	51.3	64.0	47.1	58.8	54.7	52.8	58.5	61.5
16: Worker-Child Visitation (OOH)*	>=85% 100%	72.0 87.0	86.0 98.0	73.0 93.0	81.0 91.0	77.9 93.3	86.7 95.7	83.3 92.8	85.6 93.1	86.8 93.1	86.5 90.9	92.5 91.5	94.7 99.0	95.1 99.1	94.6 98.7	94.8 98.7	94.6 98.5	95.9 99.1	94.9 98.7	95.4 98.6	95.0 98.9	95.7 99.2
17: Worker-Child Visitation (IH)*	>=85%	39.0	40.0	46.0	33.0	71.2	81.9	78.3	85.6	86.2	87.6	85.7	89.2	89.0	90.9	89.4	89.9	90.8	91.4	90.3	89.7	90.5
18: Caseload Standards+	100%	73.1	100	100	100	100	100	99.8	100	100	100	100	100	100	100	100	100	100	100	100	100	100
19: Residential Reduction	<=11%	13.9	14.3	14.7	13.9	13.7	12.6	11.8	11.6	11.3	10.8	10.9	11.0	10.9	11.0	10.8	10.9	10.5	10.4	10.0	10.1	10.0
20: Discharge Measures	>=85%	74.0	52.0	93.0	83.0	X	X	95.0	92.0	85.0	91.0	100	100	98.0	100	95.0	96.0	92.0	92.0	93.0	92.2	85.3
21: Discharge to DMHAS and DMR	100%	43.0	64.0	56.0	60.0	X	X	78.0	70.0	95.0	97.0	100	97.0	90.0	83.0	95.0	96.0	97.0	98.0	95.0	95.2	96.7
22: MDE	>=85%	19.0	24.5	48.9	44.7	55.4	52.1	58.1	72.1	91.1	89.9	86.0	94.2	91.1	96.8	95.2	96.4	98.7	93.6	94.0	90.1	93.6

Stipulation Regarding Outcome Measures 3 and 15

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

A. Recruitment and Retention Plan
The following is an update on the Department's implementation of the approved Family Foster Care Action Plan:

- During the quarter, new agreements were finalized with the Connecticut Association for Foster and Adoptive Parents (CAFAP) that include:
    - Pre-licensing- Creation of new full-time Pre-licensing Specialist position who makes contact with prospective foster and adoptive families and provides information, answers questions and assists in overcoming any barriers that are encountered.
    - Retention- Creation of a part-time position to work with families reaching their 24 month period (re-licensing) as a foster parent. Retention is focused on by identifying and resolving issues or concerns raised by the families.
    - CAFAP also sponsors and conducts "While You Wait" events and activities that bring families together while waiting for training, etc. to keep them engaged and excited in the process.

- A number of changes were made to the foster parent training process. The number of classes offered and the availability of 5-week PRIDE sessions were increased. Parents are now allowed and encouraged to attend PRIDE training out of their catchment area if necessary. CAFAP is also offering additional PRIDE training sessions.

- The Department provided targeted outreach during the past quarter to foster parents about the availability of the Emergency Mobile Psychiatric Services (EMPS). The Department also supported families by utilizing FAST services to support families with sibling groups or children with behavioral health needs, provide flex funding, post licensure training online, offer gift cards as an incentive to post licensing training, and communicate with each foster parent about support group availability.

- The Department utilized the assistance of the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at AdoptUsKids (funded by the Children's Bureau with the Federal Administration for Children and Families) to develop and implement a targeted recruitment effort using the most sophisticated approaches currently available.

- The Office of Foster Care Services (OFCS) lead the effort to reduce overstays in SAFE Homes and Permanency Diagnostic Centers. Since the end of the quarter, OFCS has also been given oversight of STAR service utilization and overstay effort.

- Over $100,000 of the allocated foster care flex fund money managed by the Area Office FASU managers has been spent. In addition, numerous foster care month activities were held in May 2009. Spending on certain non-essential activities was curtailed after Governor Rell's issued a general directive in February of 2009 to cease spending.

- On May 19, 2009, the Department agreed to continue contracting with the existing private foster care providers. The "Retool Plan" submitted by the providers will be used as a basis for an agreement, but additional work is required to ensure the consistency of each service within the collaborative plan, and address concerns with budget totals, resource sharing, implementation of new plan preparation and oversight of statewide providers. A final contract incorporating the new TFC system is expected in October 2009. A statewide Therapeutic Foster care RFQ will be released later in June 2009 for up to 100 additional slots.

- Citing the Area Offices' and private providers' concerns with using the Child and Adolescent Needs and Strengths (CANS) tool, agreement has been reached to contract with Dr. John Lyons, author of CANS. Dr. Lyons will develop a streamlined version of the instrument that will aid in determining children who are in the target population for therapeutic foster care.

B. Recruitment and Retention Goals

The Department's goal as outlined in the Stipulation is a "statewide net gain of 350 foster families by June 2009".

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

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

According to the May 2009 report, the number of foster homes is:

DCF Licensed Foster Homes	2,366
Private Foster Care Homes	1,018
	3,384

The overall numbers of foster care homes is 354 homes less than the goal set forth in the Family Foster Care Action Plan. The number of DCF foster homes increased by 22 homes and the number of private foster care homes decreased by 19 since the 4th Quarter of 2008.

Stipulation §II. Automation of Administrative Case Reviews

During the past quarter, the Department recognized that the work required to address the numerous data collection issues embedded in automation development would necessitate moving the implementation date out to November 2009. This will mean that the revised Treatment Plan will not be released jointly with this initiative which poses additional training, implementation, and coordination concerns.

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

A draft of this report is being reviewed by DCF staff and the Technical Advisory Committee (TAC). Feedback will be incorporated into the final version which is scheduled to be released early in July 2009.

Stipulation §IV. Practice Model

The consultant hired by the Department to develop the Practice Model has submitted a draft of the final report to the Department. Once feedback is provided by the Department, the final report will be disseminated by early July 2009. The report includes: a full description of the process, context for the development of the practice model, a full logic model, as well as, an individual logic model for each component, a description of activities, existing resources and identification what needs to be developed. A suggested implementation plan (regional) is also included.

The Department is currently drafting summary documents to be used as part of a Communication and Implementation Plan that is under development.

The Department has filed for consideration of a grant from the Northeast Contract Improvement Center (NCIC) that would provide staffing and technical assistance (coaching and training) to assist with the implementation of the Practice Model.

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

Of the 2,568 children identified as of September 15, 2008 in the population drawn and provided to the Monitor's Office for review utilizing the eight cohort descriptions, the Department reports that 1,569 initial tools have been commenced and completed. This includes 973 hard-copy tools that the Monitor's Office reviewed and entered earlier this year. A total of 283 children from the September 15, 2008 Cohort have exited either by achieving permanency, having service needs sufficiently met so they

no longer meet the criteria for inclusion in one of the eight cohorts or because their inclusion in a cohort was in error.

Of the September 15, 2008 Cohort group, 449 cases are currently the subject of an initial cohort screening that has been started but not yet been completed.

A large number of ongoing reviews have been scheduled for the September 15, 2008 Cohort group. Area Office Staff have scheduled first round ongoing reviews for 1,288 children. Of those, 386 have been entered and locked down in the automated system. In all, 388 September 15, 2008 cohort children have been scheduled for a second ongoing review, with 86 of those reviews entered and locked down in the system to date.

There have been some lag time issues due to the finalization of the automated protocols that affected the data entry of ongoing review tools into the system. This also required several weeks of utilizing a paper review process for ongoing reviews. The Court Monitor's staff collected and are currently in the process of entering over 700 hard-copy ongoing forms.

The Service Needs Review process for the area offices is now fully automated and consists of the initial cohort screen and an ongoing review form that is used at 90-day intervals. Following the ACR/case conference meetings, the area offices are entering forms into the automated system now available on-line.

During the past quarter, revisions to the Methodology suggested by the Court Monitor with the agreement of the *Juan F.* parties were implemented. The focus shifted from the static Cohort of September 15, 2008 and instead began to look at a more dynamic cohort that encompassed all children within the identified eight Cohorts as of the first of a month who had an ACR date established two months after that date. This began with those children identified as of March 1, 2009 (673 children) with an ACR date in May 2009. These children are included into the reporting along with the static September 15, 2008 cohort children who have yet to be screened to develop the SNR scheduling for each of the area offices.

The Service Needs Review process is now integrated within the Administrative Case Review (ACR) process as the initial cohort assessment screening is done 45 to 60 days in advance of the scheduled review. Key stakeholders in the SNR process are identified to the Administrative Case Review Assistant for inclusion in the ACR/SNR meeting. The invitation letter formerly issued for the ACR meeting is now used for the dual purpose of informing participants of the Service Needs Review meeting as well.

The Monitor met with most of the Area Office management and/or supervisory teams over the last two months to discuss the implementation of the Service Needs Review Processes in their offices. These discussions have been extremely helpful in identifying the core components of the Services Needs Review process (assessment of needs, engagement with families and stake holders, action steps, managerial oversight

and resolving barriers to appropriate service). Many offices indicated a continued problem with integrating the Administrative Case Review with the Service Needs Review process. The meetings are not always a seamless discussion of the pertinent issues and instead resemble a rigid, formatted and stilted discussion. Concerns were expressed regarding an individual manager's ability to attend all ACR/Case Conference meetings since some overlap. While managers may not be able to attend every meeting, it was agreed that the core managerial functions within the SNR process of review, oversight and case directives must occur for every case reviewed. A number of offices positively noted the opportunity to combine the large number of ongoing tasks and processes that are mandated and which occur at discreet, disconnected intervals into one periodic and holistic case review. Finally, a great deal of the discussion between the Court Monitor and Area Office staff centered on the quantity and quality of services. Availability of appropriate foster care resources including adoptive homes was the primary barrier identified but concerns regarding the availability of in-home, behavioral health, residential and transition services were also frequently mentioned.

There was general agreement that once the revised treatment plan process was fully implemented and working well and improvements to the collaboration and integration of activities associated with the Administrative Review process are addressed, it should be possible to fully incorporate the SNR principles into these regularly occurring case activities.

The Monitor's Office implemented a QA process by which the SNR process will be assessed going forward. Monthly reports will be tracked and used to pull cases in which area office staff are utilizing "opt out" methodology to reduce the direct involvement of managers at the conferences, or seek exclusion from a 90-day SNR cycle for APPLA children for whom the area office asserts all needs are met. Additionally, each month, one in-depth quality review will be conducted by each Area Office QIPS and one in-depth quality review will be conducted for each office by the Court Monitor Review Staff. This QA process will focus on the assessment of the needs, involvement of appropriate stakeholders and ongoing follow-up to resolve identified barriers and progress toward goals including exit from the cohort(s). Finally, the Court Monitor staff will review 25-50 completed and locked protocols each month to assess completeness and sufficiency of the assessments and quality of the documentation.

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

A. & B.
All exception waivers for overstays or repeat use of SAFE Homes and STAR Homes are being approved by the Area Directors and reported to the Bureau Chief of Child Welfare. Area Offices are utilizing different approaches to track their requests. This process is not automated. The Court Monitor has verified that requests are occurring, but to date has not undertaken a formal review to ascertain whether the Department is

requesting the exception waivers in every instance or adhering to the timeframes and other specific requirements outlined in the Stipulation. A review will be undertaken at a later date.

C. All exception waivers for children remaining in any hospital or in any in-patient status beyond the determination that the child is appropriate for discharge are being routed to the Bureau Chief of Behavioral Health for review and approval. Each Area Office tracks these requests utilizing different versions of a log. This process is not automated. The Court Monitor has verified that requests are occurring but has not undertaken a formal review to ascertain whether the Department is utilizing the exception waivers in every instance or adhering to the timeframes and other specific requirements outlined in the Stipulation. We will undertake a review at a later date.

D. The Court Monitor has verified, via attendance at multiple sessions of the twice weekly "rounds" and a review of hard copy documentation, that every child age 12 and under with exceptional needs that cannot be met in any other type of placement, is being approved by the Bureau Chief of Behavioral Health prior to placement in a congregate care setting rather than family based placement. The approvals are being based on the manager's determination that the child's needs can only be met in that specific facility. Approvals follow the strict criteria set forth by the ASO, and are routinely reviewed for reauthorization.

E. The Court Monitor has verified via attendance at multiple sessions of the twice weekly "rounds" and review of hardcopy documentation, that all children over the age of 12, placed in congregate non-foster family setting, are being approved by the Bureau Chief of Behavioral Health following a determination that the child's needs are best met by the specific facility. Approvals follow the strict criteria set forth by the ASO and are routinely reviewed for reauthorization.

F. Early in March, an automated tracking and approval tool was implemented with respect to children newly identified with a permanency goal of Another Planned Permanent Living Arrangement (APPLA). The Court Monitor has verified through a review of the automated documentation that requests for approval are occurring, but has not undertaken a formal review to ascertain whether the Department is utilizing the exception waivers in every instance or adhering to the timeframes and other specific requirements outlined in the Stipulation. A review may be undertaken in the third calendar quarter of 2009 utilizing the automated reports related to children in cohort 5 (APPLA) and the automated database that will be created through the newly designed tracking and approval tool.

Stipulation §VII.A & §VII.B Health Care

A. EPSDT Screens

The Court Monitor will undertake a review of the timelines and follow-up on identified issues related to EPSDT screens for DCF children. While this additional review is not required by the terms of the Stipulation Regarding Outcome Measures 3 and 15, the parties agree with this approach given the changes made by the Area Offices to improve the provision of these screens, the importance of health/medical for children, and the implication of receiving EPSDT for meeting children's' needs.

The review will begin in July 2009.

B. Health Care Treatment

Under Stipulation §VII.B, the Department is responsible for the health care treatment needs of all children in care for any medically necessary treatment that is identified not only by the EPSDT screen but through the various assessments that are completed by DCF and various providers serving the children. The Department's performance in meeting this requirement is routinely captured in the Court Monitor's Quarterly Review of Outcome Measure 15 (Children's Need Met). In the First Quarter 2009, Mental Health and Substance Abuse Treatment Needs were unmet for 13 children in the sample. Unmet Mental Health and Substance Abuse Treatment Needs were present in 17 cases overall or 34% of the cases reviewed in which both children and parents needs were not adequately met impacting the children's overall progress toward case goals. Dental needs were not addressed in 14 or 26.9% of the cases. Medical needs were not addressed in 6 cases or 11.5% of the sample. The medical finding is a marked improvement over the prior reporting of 20.8% unmet needs.

Stipulation §VIII. Treatment Planning

During the past quarter, the Implementation Team developed a training curriculum, completed samples of the revised Family and Child in Placement Treatment Plan, continued collaborative work with the developers in Information Systems and revised e-help and policy related to the Treatment Plan.

The training is set to commence but some concerns remain that proceeding with the training prior to the revised Treatment Plan being tested and finalized is not the best course of action. The Department is currently considering its options. At this time the plan remains for implementation of the revised Treatment Plan to occur at the end of July 2009.

The revised Treatment Plan is very dependent on the quality of the data in LINK and the Structured Decision Making (SDM) documentation since the treatment plan will

pre-fill from these areas. Data integrity and cleanup efforts are going to be very important during the implementation and transition to the revised format.

Stipulation §IX. Interim Performance

B. Health Care

1. Dental Service Needs

As of March 31, 2009, Section III.2 Dental Service Needs within the Outcome Measure 15 Methodology was determined "appropriately met" in 73.1% of the cases (Target goal 85.0%.) This is down from the December 2008, 79.2% performance.

2. Mental Health Service Needs

As of March 31, 2009 Section III.3 Mental Health Service Needs within Outcome Measure 15 Methodology was determined to be appropriately met in 86.0% of the cases reviewed (Target goal 85.0%.) This is an improvement over the December 2008 performance of 77.4%.

C. Contracting or Providing Services to Meet the Permanency Goal

As of March 31, 2009 the "DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal component of the Outcome Measure 15 Methodology was determined to be appropriately met in 76.9% of the cases (Target goal was 73%.) This is a reduction from December's performance of 88.6%.

D. Goals for Increasing Family-Based Placements

This measure will be reported on in the next report utilizing a June 30, 2009 data point.

E. Treatment Planning

1. Action Steps to Achieving Goals Identified

As of March 31, 2009 the "Action Steps to Achieving Goals Identified" treatment planning component of the Outcome Measure 3 Methodology was determined to be met in 75.0% of the cases reviewed. (Target Goal 85.0%.)

2. Determining Goals and Objectives

As of March 31, 2009 the "Determining Goals/Objectives" treatment planning component of the Outcome Measure 3 Methodology was 80.7% (Target Goal is 85.0%.)

3. Planning for Permanency

As of March 31, 2009 the "Planning for Permanency" treatment planning component of the Outcome Measure 3 Methodology was 92.3% (Target Goal is 85.0%.)

4. Strengths/Needs/Other Issues

As of March 31, 2009 the "Strengths /Need/Other Issues" treatment planning component of the Outcome Measure 3 Methodology was 94.2% (Target Goal is 85.0%.)

5. Progress

As of March 31, 2009 the "Progress" treatment planning component of the Outcome Measure 3 Methodology was 94.2% (Target Goal is 85.0%.)

***Juan F.* Action Plan-First Quarter 2009 Updates**

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

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

- The point-in-time data submitted by the Department and verified by the Court Monitor indicates that the number of children in SAFE Homes greater than 60 days, decreased to 43 as of May 2009 in comparison with 44 children who were in overstay status as of February 2009. This represents a 50% reduction from the 88 children reported one year ago in May 2008. Most of this reduction has been with children in SAFE Homes greater than 90 days. The same report indicates that 33 children were in placement longer than 60 days in a STAR/Shelter program as of May 2009; a decrease from the 36 reported in February 2009. This May 2009 total is a reduction of 12 children from the 45 children reported one year ago in May 2008.

- DCF has continued to exercise a focused review of children ages 12 and under who are being considered for congregate care placement. The number of children ages 12 and under in congregate care was 238 as of May 2009. This is an increase from the 222 reported in February 2009.

- As of the date of this report, 54 Therapeutic Group Homes are open and currently operating.

- Another Planned Permanent Living Arrangement (APPLA) is not a preferred permanency goal and while the Service Needs Review process is assisting in identifying action steps to ensure that children with APPLA goals service needs are addressed, far too many children currently have APPLA as their permanency goal. The Department has been more rigorous in their consideration of selecting APPLA as a goal, (pre-TPR and post-TPR). Approval for using the APPLA permanency goal is now granted by the Bureau Chief of Child Welfare. The May 2009 point-in-time data indicates that a total of 1,010 children had an APPLA permanency goal compared with 1,139 as of February 2009; a decrease of 29 children. Ongoing reviews regarding children's needs being met continue to indicate that those with APPLA goals often do not have their needs met.

- The Division of Foster Care monthly report for March 2009 indicates that there are 2,338 licensed DCF foster homes. This is a decrease over the total reported in the February 2009 report in which there were a total of 2,340 licensed foster homes available. Additional foster care and adoptive resources are an essential component to address the well-documented needs of children and gridlock conditions that exist in the child welfare system. The approved Foster and Adoptive Recruitment and Retention Plan developed in response to the July 2008 stipulation, seeks to focus and improve the Department's efforts with respect to recruitment and retention of licensed homes. Sustainable improvements to placement and treatment needs of children will require the increased availability of foster and adoptive homes. Area Offices routinely struggle to locate foster care placement options that are appropriate matches for the children requiring this level of care. There are a significant number of children that are discharge-delayed and languish longer than clinically necessary in higher levels of care waiting for foster/adoptive placement resources.
- Electronic Connecticut Behavioral Health reports on all children in Emergency Departments are issued four times daily to DCF and Value Options staff to track and monitor progress. Intensive Care Managers continue to have daily contact with Emergency Departments. Memorandums of Understanding (MOU) have been developed between Emergency Departments and local Emergency Mobile Psychiatric Teams. The intent is to establish working relationships between these groups to allow greater collaboration and increase the opportunities to discharge children timely and appropriately to community services from the Emergency Departments. The number of children served has increased and while the CARES unit continues to divert children, there

are limited resources for those who require in-patient care. Children with Mental Retardation (MR)/Pervasive Developmental Delays (PDD) or those that are extremely assaultive and violent stay longer in the emergency departments and are less likely to be admitted to in-patient units. Out-of-state providers, specialty in-patient units, and Riverview Hospital have been utilized for these children. On-site Intensive Care Managers' assistance with discharge and diversionary planning is ongoing at multiple hospitals across the state.

- All DCF and Area Offices and facilities are now using the electronic Child and Adolescent Needs and Strengths (CANS). Considerable concern continues to be expressed by the Area Office staff regarding this electronic process. Quarterly forums are scheduled to ensure ongoing identification and problem solving for a variety of IT technical shortcomings/issues. Besides the technical issues, re-certification training needs to begin again and new Area Resource Group (ARG) personnel have not been trained. The complexity of the CANS process requires each office to be strategic about its utilization. Social Work Supervisors and other staff who do not use the process on a regular basis will not become adept nor be properly trained. Consideration of using the CANS as part of the assessment for utilizing the therapeutic foster care system has been met with skepticism by DCF staff who remain concerned about staff competency to use the CANS and technical shortcoming of the current application.

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

  1. Child pre-TPR + in care > 3 months with no permanency goal (N=67) as of November 2006.
     Goal = 0 by 3/1/07.
     In February 2009 there were 52 children. As of May 2009 there are 45 children.

  2. Child pre-TPR + goal of adoption + in care > 12 months + no compelling reason for not filing TPR (N=70) as of November 2006.
     Goal = 0 by 4/1/07.
     Previously, this category included the number of all cases with a reason indicated. This was a Department decision. The correct reported number should include all cases where no reason was chosen (it is blank).

     As of February 2009 there were 64 cases with no reason for not filing TPR (blank).

As of May 2009 there are 76 cases with no reason for not Filing TPR (blank).

Many of our review activities have noted areas needing improvement in the identification of valid compelling reasons. A review of the cases with compelling reasons is needed to assess the accuracy and appropriateness of the designated compelling reasons.

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

   As of February 2009 there were 40 children where the permanency barrier titled "no resource" is identified, 79 children with the permanency barrier of "no barrier identified", and 196 that are blank. In addition, 15 have "ICPC" as a barrier, 33 cite a "pending appeal", 9 have "pending investigations", 79 indicate a "special needs barrier", 19 are "subsidy negotiation", 153 indicate that "support is needed" and 32 have "foster parent indecision" indicated.

   As of May 2009 there are 41 children where the permanency barrier titled "no resource" is identified, 85 children with the permanency barrier of "no barrier identified", and 208 that are blank. In addition, 20 have "ICPC" as a barrier, 24 cite a "pending appeal", 6 have "pending investigations", 66 indicate a "special needs barrier", 27 are "subsidy negotiation", 170 indicate that "support is needed" and 27 have "foster parent indecision" indicated.

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

   In February 2009 there were 187 children.

   As of May 2009 there are 213 children in this cohort.

5. Child post-TPR + goal other than adoption (N=357) as of November 2006.

   In February 2009 there were 269 children in the cohort.

   As of May 2009 there are 257 children in this cohort.

6. Child pre-TPR + no TPR filed + in care < 6 months + goal of adoption. (N=18) as of November 2006.

   In February 2009 there were 23 children in this cohort.

   As of May 2009 there are 12 children in this cohort.

7. Child pre-TPR + goal of reunification + in care > 12 months (N=550) as of November 2006.

   In February 2009 there were 480 children in this population.

   As of May 2009 there are 497 children in this population.

8. Child pre-TPR + goal other than adoption or reunification + in care > 12 months transfer of guardianship cases (N=133) as of November 2006.

   In February 2009 there were 112 children in this population.

   As of May 2009 there are 120 children in this population.

9. Child pre-TPR + goal other than adoption or reunification + in care > 12 months -other than transfer of guardianship cases (N=939) as of November 2006.

   In February 2009 there were 765 children in this population (97 were placed with a relative in a long term foster home arrangement).

   As of May 2009 there are 728 children in this population (101 are placed with a relative in a long term foster home arrangement).

- The Emergency Mobile Psychiatric Services RFP for Phase III of the procurement covering the Southwestern and Central Service Areas was issued December 2008 with a response date of February 3, 2009. Community Health Resources (Middletown and Meriden) and Child Guidance of Greater Bridgeport (Bridgeport, Norwalk, and Stamford) were selected and will go live on June 1, 2009. The RFP for the QA and Training Vendor was released on April 10, 2009 for a May 29, 2009 response date. A July 1, 2009 implementation date is expected.

  A RFP for the final component, a QA and Training vendor, is in development and is scheduled for release March 2009 with a begin date of July 2009.

- The successful reduction in discharge delays on inpatient units last year was the result of a series of targeted interventions including ongoing review of community based treatment requirements at the time of discharge. The results of this review indicate the primary areas of need continue to be intensive home based services, as well as, immediate access to psychiatric follow up in the community for ongoing medication review and monitoring. Memorandums of Understanding (MOU) between the Enhanced Care clinics and primary care providers should improve the medication management issues.

- The Foster Care disruption study continues. Two pilot projects are underway in the Waterbury and Norwich Area Offices. Children who are enrolled in HUSKY and who are in first time foster care placements are being identified and referred to Connecticut Behavioral Health Partnership (CTBHP) Intensive Care Managers assistance in connecting to appropriate behavioral health services. In addition, foster parents are being offered the services of the CTBHP Peer Specialists for support and

guidance in maneuvering through the system. To date, data collection has proven challenging due to limited number of identified children who meet the necessary criteria. As such, two additional DCF area offices are being considered for inclusion into the study (Hartford and New Britain). To better understand any features within the foster families that may contribute to disruption, an additional study is currently being designed that will pull a series of variables pertaining to the foster families of the identified subjects from LINK. Institutional Review Board (IRB) approval to move forward with this portion of the study will be sought shortly.

- Clinical rounds continue to be held bi-weekly at the CTBHP Service Center. In addition to the Residential Care Team, staff members from all 4 DCF facilities and key program staff attend to review the waiting list for care against the immediate vacancy list and have begun to identify facilities for whom vacancies consistently exist. Value Options (VO) provides monthly data reports to allow us to better track and monitor time between matching, facility acceptance of the child and actual placement. DCF staff attached to the Residential Care Team are now responsible for tracking referrals and ensuring pre-placement appointments are made and kept and that youth are placed within matched facilities within the designated period of time.

  The Court Monitor attended many sessions this past quarter and is receiving updates twice a week regarding children receiving treatment/placement services. While the system in place is far superior to previous attempts to manage the treatment/placement of children requiring high levels of care, additional work is needed to ensure that a comprehensive assessment that involves the integrated input from all external and internal stakeholders is thoroughly considered before treatment/placement decisions are finalized. The lack of sufficient services throughout the array of services including foster care, specialized foster care, in-home services, in-state residential, specialized residential, therapeutic group homes, and community-based services encourage the Department to settle for treatment/placement options that are not the primary recommendation for service nor the least restrictive setting.

- On-site continued stay reviews for children receiving care in in-state residential facilities remain in place. On-site reviews for Connecticut children residing in high volume facilities in border states have recently begun. All other reviews are conducted by telephone at regular intervals between CTBHP Care Managers and Residential Treatment Care (RTC) Clinicians. Weekly discharge delay rounds are held at the CTBHP Service Center to problem solve for those children waiting to step down

to alternative care. Each area office has processes to routinely review treatment and discharge delay issues.

- Family Support Teams continue to be highly valued by area offices and families. The service continues to operate at capacity and is serving approximately 225 families at any one time statewide. The Department's last review indicated that of children at risk for out of home placement, approximately 64% were successfully diverted to community-based care. While there is room for model improvement and improved QA the initial plan to pursue a budget option has been abandoned given the fiscal environment. The plan is to use the newly procured but not yet implemented Programs and Services Data Collection and Reporting Systems (PSDCRS) to develop the opportunities for Family Support Teams improvements. PSDCRS will be available for use with Family Support Teams on July 1, 2009.

- Structured Decision Making (SDM) will be an integral component of the new Treatment Plan that is scheduled to be implemented in late July 2009. Information on the Treatment Plan will pre-fill from the completed SDM assessments. Therefore, the quality and completion rate for SDM is critical and recent findings, detailed below, related to SDM give cause for concern.

  In April 2009, CRC developed a specific case reading training session for social workers on the SDM reunification Assessment. CRC provided a brief overview of the tools utilized by ongoing services and completed the case reading process on an actual case. Social work staff found the training session informative, particularly in clarifying practice issues, as well as, highlighting the importance of clear and concise narratives and use of the definitions when completing the SDM tools.

  The following represents a summary of the findings relative to SDM practice in CT as identified by the Case Reading process:
  - The completion rates for the SDM Safety and Risk Assessments utilized by DCF investigators are averaging close to 96%.
  - Investigation narratives generally support the identification of safety factors and appropriate safety decisions being made.
  - Staff are not regularly using definitions associated with the SDM tools. This decreases their reliability and validity and impacts decision making and service delivery.

- Generally, there is a lack of documentation and/or information in case narratives to support safety interventions, safety plans and SDM scoring. The scoring is specific to the proper identification of risk factors, the life domains for children and caregivers that inform service needs, the assessment of quality and quantity of parent/child visitation and the measurement of progress relative to treatment plan goals that impact case decisions.
- When completed, ongoing services staff are beginning to utilize the SDM tools to drive permanency decisions and case planning.
- Generally, the completion rates for the SDM tools used by ongoing services remain quite low.
- Correct identification of the primary and secondary caregivers and the issue of combining different households on one tool continue to present challenges for staff.
- There is often a disconnect between the needs/strengths identified in the Family Strength and Needs Assessment Tool and the treatment plan. The treatment plan goals and services are not always consistent with the needs identified within the SDM tool.
- Ongoing services staff are not utilizing the Safety Assessment tool to help guide removal decisions.

To assist with monitoring implementation and promoting accurate completion of the SDM assessment tools, the department now requires the DCF Supervisors and Managers to conduct their own case readings on assigned cases within their own unit. This process will help monitor and ensure improvements in the areas identified above.

Many offices have utilized the SDM trainers from the DCF Training Academy to provide additional support and training for social work staff to improve SDM implementation in their respective offices. Additionally, Area Office Directors have begun to actively utilize the SDM management reports that capture area office-specific information to enhance performance relative to SDM implementation.

CRC's contract was recently amended to work with DCF on conducting a validation study of our Risk Assessment tool, the production of additional management reports and to continue providing ongoing technical assistance, training and support to DCF staff.

To enhance completion rates, the Department contracted with Results-Oriented Management (ROM) to develop Management Reports to track the timeframes when the SDM tools are due. These reports are now available for staff in the Area Offices.

The Department will continue to address improvements in the quality of SDM utilization through structured Case Reading training sessions and continued support, technical assistance and training opportunities from the Children's Research Center. A quality assurance plan will be developed targeting the challenges that have been identified in SDM practice to promote the valid completion of the tools that help guide critical decisions. Additionally, the Risk Validation Study will ensure appropriate risk factors are properly identified to inform case opening and closing decisions based on their likelihood of future maltreatment.

JUAN F. ACTION PLAN MONITORING REPORT

MAY 2009

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

A. PERMANENCY ISSUES

Progress Towards Permanency:

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

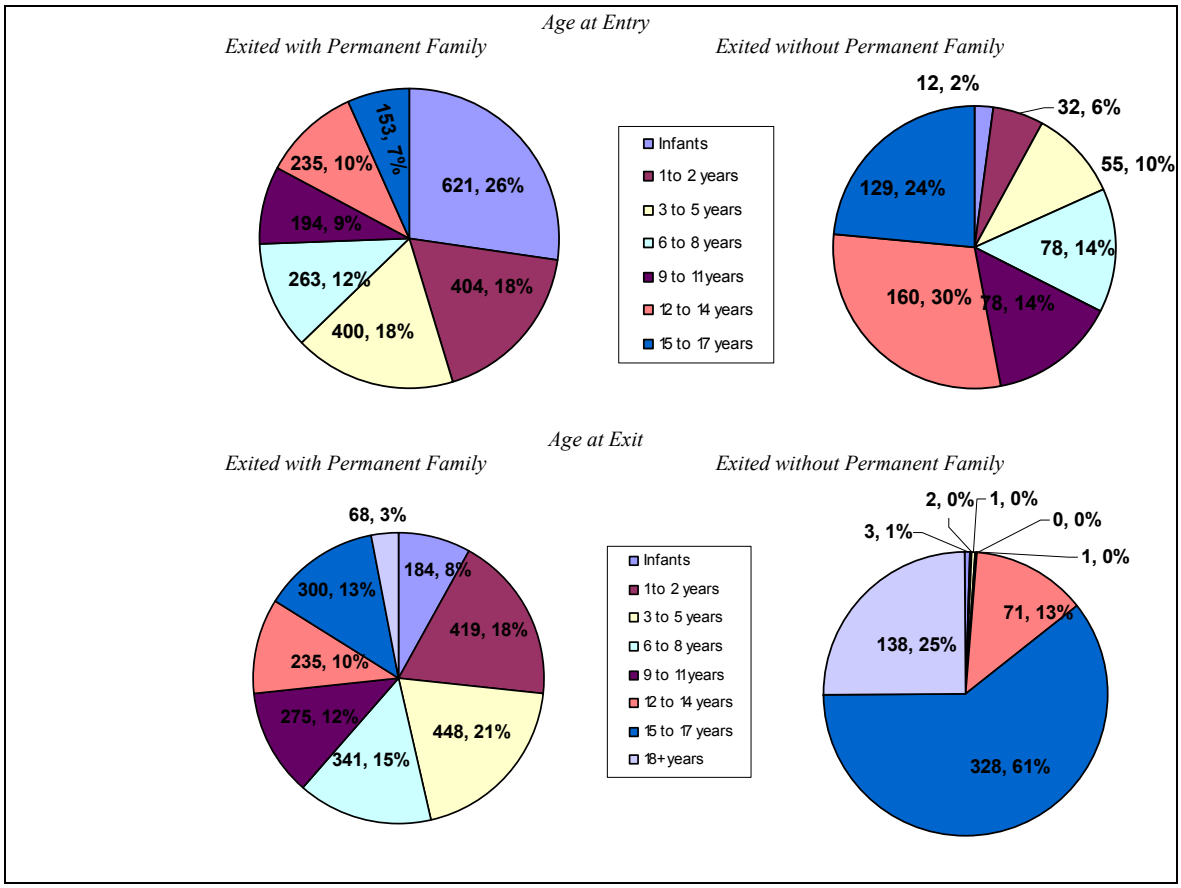
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care							
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Total Entries	3107	3549	3206	3092	3409	2854	2825	626
Permanent Exits								
In 1 yr	1184 38.1%	1401 39.5%	1227 38.3%	1128 36.5%	1257 36.9%	1085 38.0%		
In 2 yrs	1644 52.9%	2072 58.4%	1801 56.2%	1737 56.2%	1960 57.5%			
In 3 yrs	1971 63.4%	2379 67.0%	2088 65.1%	2008 64.9%				
In 4 yrs	2142 68.9%	2534 71.4%	2258 70.4%					
To Date	2275 73.2%	2648 74.6%	2303 71.8%	2111 68.3%	2230 65.4%	1489 52.2%	841 29.8%	103 16.5%
Non-Permanent Exits								
In 1 yr	274 8.8%	250 7.0%	231 7.2%	289 9.3%	257 7.5%	262 9.2%		
In 2 yrs	332 10.7%	321 9.0%	302 9.4%	372 12.0%	345 10.1%			
In 3 yrs	365 11.7%	367 10.3%	365 11.4%	431 13.9%				
In 4 yrs	406 13.1%	393 11.1%	402 12.5%					
To Date	465 15.0%	433 12.2%	425 13.3%	450 14.6%	382 11.2%	307 10.8%	206 7.3%	8 1.3%

	Period of Entry to Care							
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Unknown Exits								
In 1 yr	107 3.4%	157 4.4%	130 4.1%	87 2.8%	81 2.4%	71 2.5%		
In 2 yrs	137 4.4%	198 5.6%	175 5.5%	131 4.2%	131 3.8%			
In 3 yrs	162 5.2%	225 6.3%	216 6.7%	174 5.6%				
In 4 yrs	180 5.8%	250 7.0%	245 7.6%					
To Date	220 7.1%	280 7.9%	256 8.0%	185 6.0%	142 4.2%	97 3.4%	63 2.2%	1 .2%
Remain In Care								
In 1 yr	1542 49.6%	1741 49.1%	1618 50.5%	1588 51.4%	1814 53.2%	1436 50.3%		
In 2 yrs	994 32.0%	958 27.0%	928 28.9%	852 27.6%	973 28.5%			
In 3 yrs	609 19.6%	578 16.3%	537 16.7%	479 15.5%				
In 4 yrs	379 12.2%	372 10.5%	301 9.4%					
To Date	147 4.7%	188 5.3%	222 6.9%	346 11.2%	655 19.2%	961 33.7%	1715 60.7%	514 82.1%

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

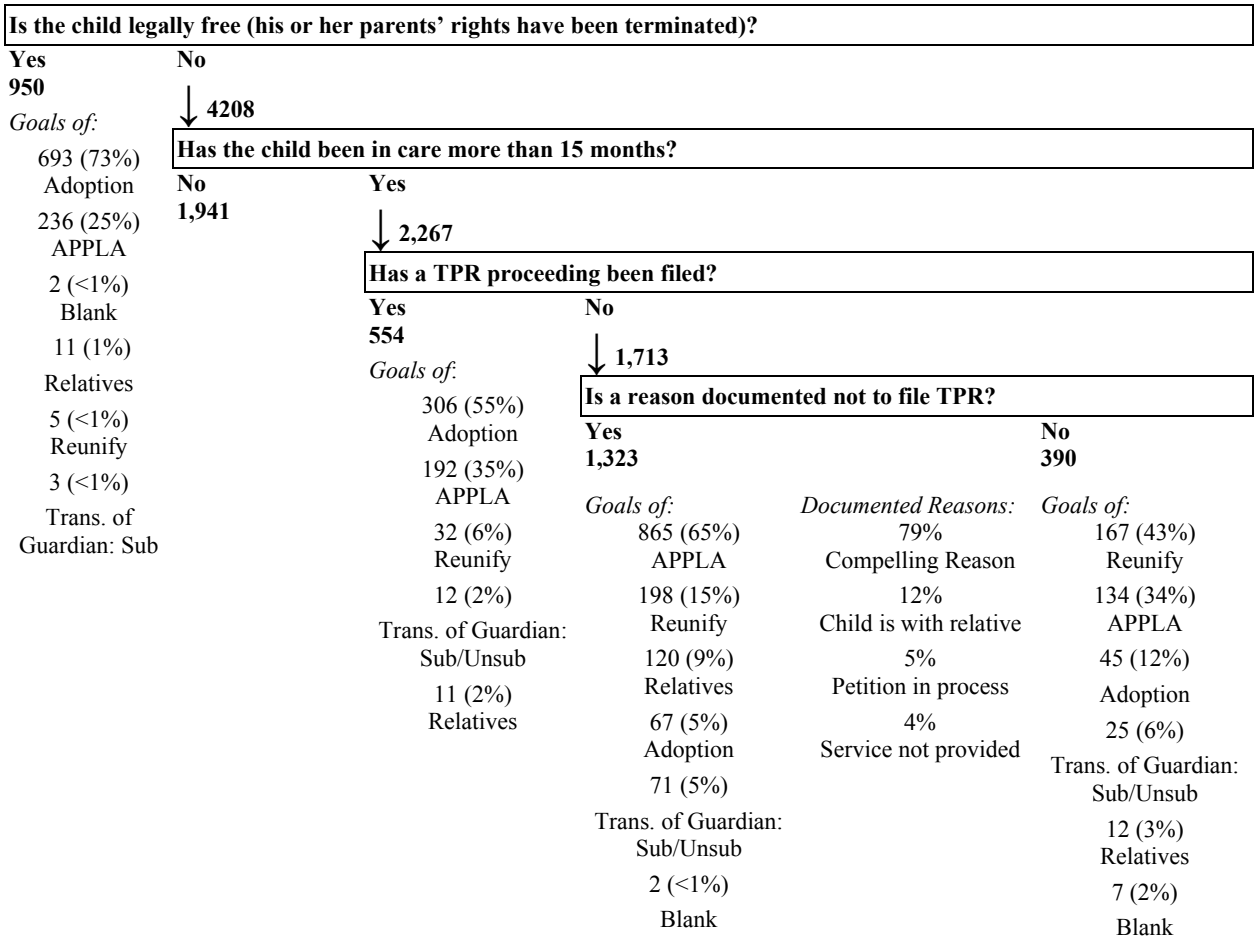
FIGURE 2: CHARACTERISTICS OF CHILDREN EXITING WITH AND WITHOUT PERMANENCY (2008 EXIT COHORT)



Permanency Goals:

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

FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON APRIL 30, 2009[2])



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

Preferred Permanency Goals:

Reunification	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009
Total number of children with Reunification goal, pre-TPR and post-TPR	1755	1737	1745	1710	1661	1627
Number of children with Reunification goal pre-TPR	1753	1734	1742	1709	1658	1502
• Number of children with Reunification goal, pre-TPR, >= 15 months in care	419	383	346	367	368	386
• Number of children with Reunification goal, pre-TPR, >= 36 months in care	55	51	46	54	51	55
Number of children with Reunification goal, post-TPR	2	3	3	1	3	5

Transfer of Guardianship (Subsidized and Non-Subsidized)	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	254	233	213	208	195	206
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	252	228	212	208	193	201
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months	73	75	73	78	63	58
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months	28	20	23	24	26	21
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	2	5	1	0	2	3

Adoption	**May 2008**	**Aug 2008**	**Oct 2008**	**Nov 2008**	**Feb 2009**	**May 2009**
Total number of children with Adoption goal, pre-TPR and post-TPR	1305	1338	1319	1340	1341	1324
Number of children with Adoption goal, pre-TPR	673	694	680	711	664	623
Number of children with Adoption goal, TPR not filed, >= 15 months in care	150	91	103	89	109	111
• Reason TPR not filed, Compelling Reason	25	26	31	28	27	24
• Reason TPR not filed, petitions in progress	65	48	55	40	33	31
• Reason TPR not filed , child is in placement with relative	16	10	9	11	10	5
• Reason TPR not filed, services needed not provided	18	7	4	4	7	6
• Reason TPR not filed, blank	26	0	4	6	32	45
Number of cases with Adoption goal post-TPR	632	644	639	629	677	693
• Number of children with Adoption goal, post-TPR, in care >= 15 months	592	607	606	593	636	656
• Number of children with Adoption goal, post-TPR, in care >= 22 months	508	540	539	523	552	571
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	74	103	74	72	64	74
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	344	373	369	351	355	356
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	71	51	87	99	113	146

Progress Towards Permanency:	**May 2008**	**Aug 2008**	**Oct 2008**	**Nov 2008**	**Feb 2009**	**May 2009**
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	237	176	179	195	253	290

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009
Total number of children with Long Term Foster Care Relative goal	146	146	135	133	129	125
Number of children with Long Term Foster Care Relative goal, pre-TPR	132	133	121	119	118	114
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR	20	15	14	10	12	13
Long Term Foster Care Rel. goal, post-TPR	14	13	14	14	11	11
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR	5	3	4	4	3	3

APPLA*	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009
Total number of children with APPLA goal	1266	1183	1148	1126	1039	1010
Number of children with APPLA goal, pre-TPR	990	921	895	874	798	769
• Number of children with APPLA goal, 12 years old and under, pre-TPR	72	57	61	57	51	51
Number of children with APPLA goal, post-TPR	276	262	253	252	241	236
• Number of children with APPLA goal, 12 years old and under, post-TPR	38	28	25	24	20	17

* 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.

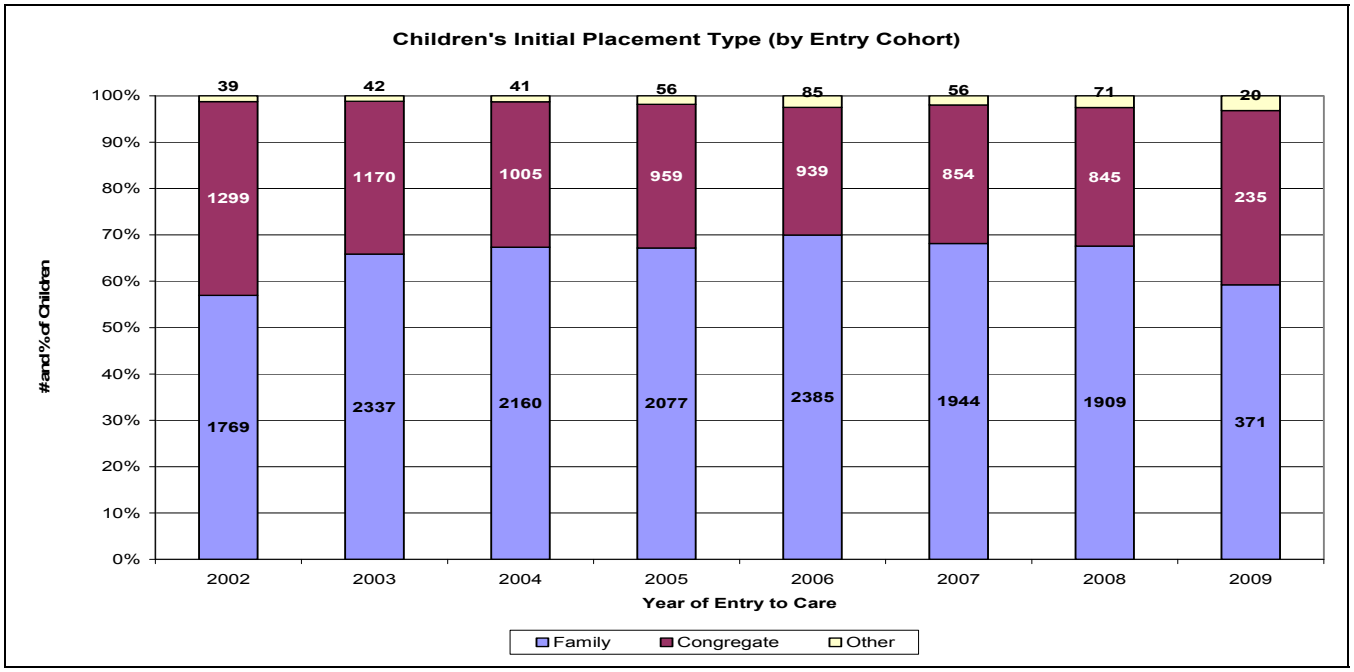
Missing Permanency Goals:

	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	51	41	56	66	78	59
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	21	15	6	10	19	14
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	13	6	4	3	5	3
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	11	1	3	0	2	2

B. PLACEMENT ISSUES

Placement Experiences of Children

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

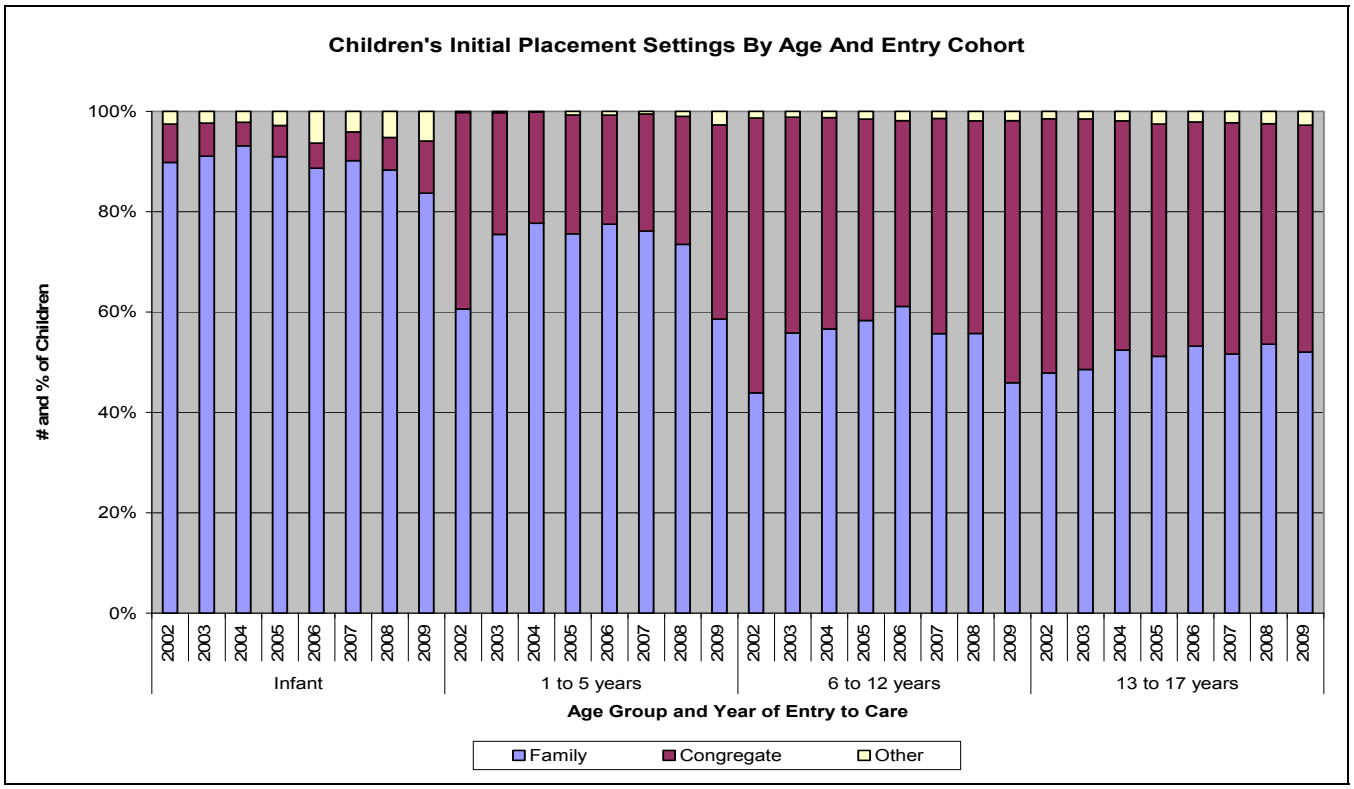


The next table shows specific care types used month-by-month for entries between April 2008 and March 2009.

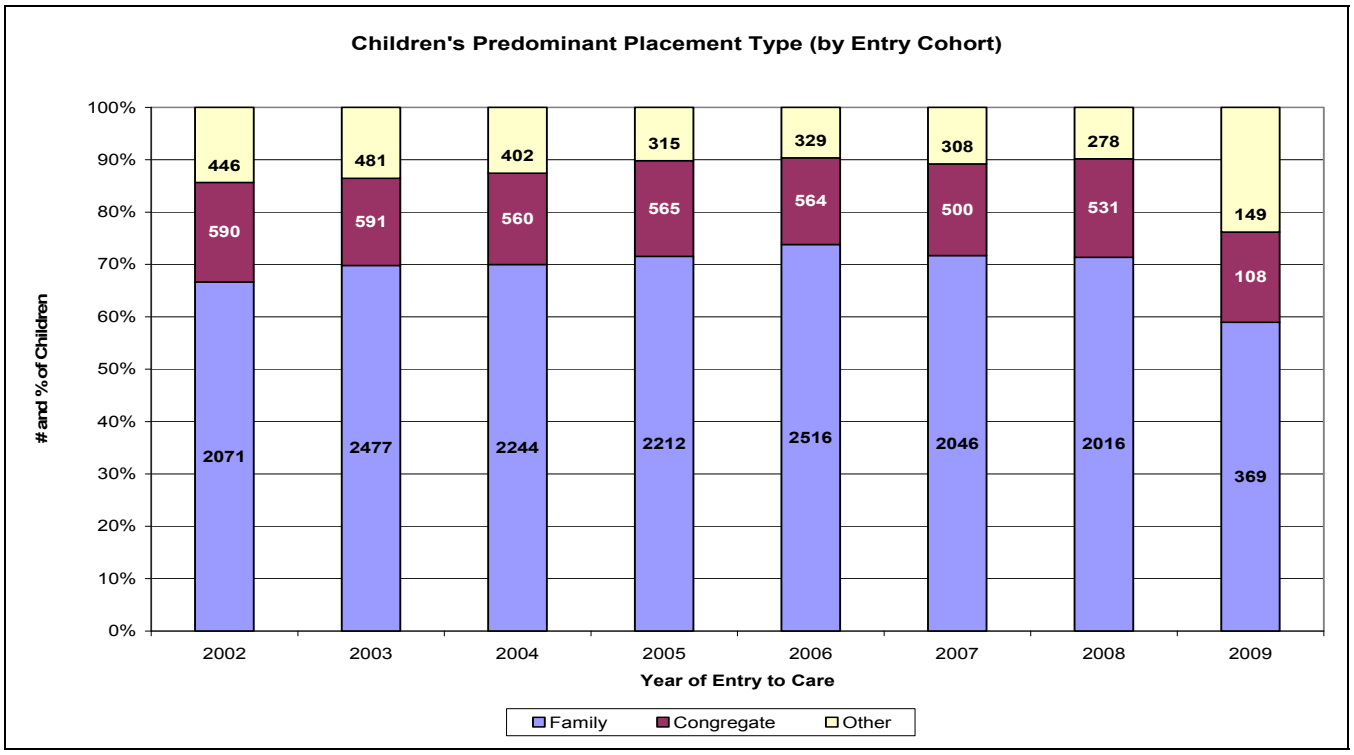
Case Summaries

First placement type		enter Apr08	enter May08	enter Jun08	enter Jul08	enter Aug08	enter Sep08	enter Oct08	enter Nov08	enter Dec08	enter Jan09	enter Feb09	enter Mar09
Residential	N	27	31	27	30	25	21	17	24	16	12	19	14
	%	9.9%	14.4%	12.3%	11.4%	9.3%	9.0%	8.1%	10.9%	7.7%	5.7%	9.3%	6.5%
DCF Facilities	N	2	3	3	2	6	3	8	5	3	3	4	7
	%	.7%	1.4%	1.4%	.8%	2.2%	1.3%	3.8%	2.3%	1.4%	1.4%	2.0%	3.3%
Foster Care	N	153	104	118	148	163	120	107	106	95	97	103	86
	%	55.8%	48.1%	53.9%	56.3%	60.8%	51.3%	51.2%	48.0%	45.9%	45.8%	50.2%	40.0%
Group Home	N	8	5	2	3	3	3	4	7	1	3	2	1
	%	2.9%	2.3%	.9%	1.1%	1.1%	1.3%	1.9%	3.2%	.5%	1.4%	1.0%	.5%
Relative Care	N	35	22	17	42	26	22	27	18	33	27	21	25
	%	12.8%	10.2%	7.8%	16.0%	9.7%	9.4%	12.9%	8.1%	15.9%	12.7%	10.2%	11.6%
Medical	N	10	10	6	5	6	4	2	7	6	6	6	8
	%	3.6%	4.6%	2.7%	1.9%	2.2%	1.7%	1.0%	3.2%	2.9%	2.8%	2.9%	3.7%
Safe Home	N	23	31	32	24	19	42	31	32	33	48	31	61
	%	8.4%	14.4%	14.6%	9.1%	7.1%	17.9%	14.8%	14.5%	15.9%	22.6%	15.1%	28.4%
Shelter	N	10	4	12	5	16	13	12	14	15	11	10	12
	%	3.6%	1.9%	5.5%	1.9%	6.0%	5.6%	5.7%	6.3%	7.2%	5.2%	4.9%	5.6%
Special Study	N	6	6	2	4	4	6	1	8	5	5	9	1
	%	2.2%	2.8%	.9%	1.5%	1.5%	2.6%	.5%	3.6%	2.4%	2.4%	4.4%	.5%
Total	N	274	216	219	263	268	234	209	221	207	212	205	215
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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



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



The following chart shows monthly statistics of children who exited from DCF placements between April 2008 and March 2009, and the portion of those exits within each placement type from which they exited.

Case Summaries

Last placement type in spell (as of censor date)		exit Apr08	exit May08	exit Jun08	exit Jul08	exit Aug08	exit Sep08	exit Oct08	exit Nov08	exit Dec08	exit Jan09	exit Feb09	exit Mar09
Residential	N	30	17	56	30	44	21	21	18	11	9	17	15
	%	11.9%	7.3%	18.9%	10.8%	13.1%	7.9%	8.3%	7.7%	4.7%	4.3%	8.1%	7.4%
DCF Facilities	N	2	1	9	5	4	2	1	4		4	3	4
	%	.8%	.4%	3.0%	1.8%	1.2%	.8%	.4%	1.7%		1.9%	1.4%	2.0%
Foster Care	N	132	127	132	135	159	120	121	110	134	99	109	100
	%	52.2%	54.5%	44.6%	48.4%	47.3%	45.1%	48.0%	46.8%	57.5%	47.1%	51.7%	49.5%
Group Home	N	19	17	17	13	22	14	11	15	8	9	9	6
	%	7.5%	7.3%	5.7%	4.7%	6.5%	5.3%	4.4%	6.4%	3.4%	4.3%	4.3%	3.0%
Independent Living	N	1	5	4	8	10	5		3	2	5	3	4
	%	.4%	2.1%	1.4%	2.9%	3.0%	1.9%		1.3%	.9%	2.4%	1.4%	2.0%
Relative Care	N	37	46	34	65	49	56	55	53	45	49	51	43
	%	14.6%	19.7%	11.5%	23.3%	14.6%	21.1%	21.8%	22.6%	19.3%	23.3%	24.2%	21.3%
Medical	N	1	1		1			2	1	1	1	1	
	%	.4%	.4%		.4%			.8%	.4%	.4%	.5%	.5%	
Safe Home	N	8	7	21	6	10	21	24	12	14	14	11	14
	%	3.2%	3.0%	7.1%	2.2%	3.0%	7.9%	9.5%	5.1%	6.0%	6.7%	5.2%	6.9%
Shelter	N	10	8	12	10	14	9	9	5	11	10	4	10
	%	4.0%	3.4%	4.1%	3.6%	4.2%	3.4%	3.6%	2.1%	4.7%	4.8%	1.9%	5.0%
Special Study	N	12	3	10	6	24	18	7	11	7	9	3	4
	%	4.7%	1.3%	3.4%	2.2%	7.1%	6.8%	2.8%	4.7%	3.0%	4.3%	1.4%	2.0%
Uknown	N	1	1	1				1	3		1		2
	%	.4%	.4%	.3%				.4%	1.3%		.5%		1.0%
Total	N	253	233	296	279	336	266	252	235	233	210	211	202
	%	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 April 30, 2009 organized by length of time in care.

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

			Duration Category							
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095	more than 1095	Total
Primary type of spell (>50%)	Residential	Count	14	29	56	114	65	118	165	561
		% of Row	2.5%	5.2%	10.0%	20.3%	11.6%	21.0%	29.4%	100.0%
		% of Col	7.4%	8.9%	12.6%	12.6%	10.1%	9.8%	10.5%	10.6%
	DCF Facilities	Count	7	8	11	15	7	12	9	69
		% of Row	10.1%	11.6%	15.9%	21.7%	10.1%	17.4%	13.0%	100.0%
		% of Col	3.7%	2.5%	2.5%	1.7%	1.1%	1.0%	.6%	1.3%
	Foster Care	Count	67	134	185	428	321	617	873	2625
		% of Row	2.6%	5.1%	7.0%	16.3%	12.2%	23.5%	33.3%	100.0%
		% of Col	35.4%	41.2%	41.8%	47.3%	49.7%	51.4%	55.8%	49.8%
	Group Home	Count	1	7	12	19	15	42	72	168
		% of Row	.6%	4.2%	7.1%	11.3%	8.9%	25.0%	42.9%	100.0%
		% of Col	.5%	2.2%	2.7%	2.1%	2.3%	3.5%	4.6%	3.2%
	Independent Living	Count	0	0	0	0	2	7	2	11
		% of Row	.0%	.0%	.0%	.0%	18.2%	63.6%	18.2%	100.0%
		% of Col	.0%	.0%	.0%	.0%	.3%	.6%	.1%	.2%
	Relative Care	Count	25	54	94	205	142	223	136	879
		% of Row	2.8%	6.1%	10.7%	23.3%	16.2%	25.4%	15.5%	100.0%
		% of Col	13.2%	16.6%	21.2%	22.7%	22.0%	18.6%	8.7%	16.7%
	Medical	Count	6	3	7	7	2	5	2	32
		% of Row	18.8%	9.4%	21.9%	21.9%	6.3%	15.6%	6.3%	100.0%
		% of Col	3.2%	.9%	1.6%	.8%	.3%	.4%	.1%	.6%
	Mixed (none >50%)	Count	0	1	8	18	23	78	235	363
		% of Row	.0%	.3%	2.2%	5.0%	6.3%	21.5%	64.7%	100.0%
		% of Col	.0%	.3%	1.8%	2.0%	3.6%	6.5%	15.0%	6.9%
	Safe Home	Count	54	42	28	32	24	14	5	199
		% of Row	27.1%	21.1%	14.1%	16.1%	12.1%	7.0%	2.5%	100.0%
		% of Col	28.6%	12.9%	6.3%	3.5%	3.7%	1.2%	.3%	3.8%
	Shelter	Count	13	22	19	21	5	5	1	86
		% of Row	15.1%	25.6%	22.1%	24.4%	5.8%	5.8%	1.2%	100.0%
		% of Col	6.9%	6.8%	4.3%	2.3%	.8%	.4%	.1%	1.6%
	Special Study	Count	0	18	14	39	40	75	53	239
		% of Row	.0%	7.5%	5.9%	16.3%	16.7%	31.4%	22.2%	100.0%
		% of Col	.0%	5.5%	3.2%	4.3%	6.2%	6.3%	3.4%	4.5%
	Unknown	Count	2	7	9	7	0	4	11	40
		% of Row	5.0%	17.5%	22.5%	17.5%	.0%	10.0%	27.5%	100.0%
		% of Col	1.1%	2.2%	2.0%	.8%	.0%	.3%	.7%	.8%
Total		Count	189	325	443	905	646	1200	1564	5272
		% of Row	3.6%	6.2%	8.4%	17.2%	12.3%	22.8%	29.7%	100.0%
		% of Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Congregate Care Settings

Placement Issues	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009
Total number of children 12 years old and under, in Congregate Care	290	312	278	248	222	238
• Number of children 12 years old and under, in DCF Facilities	11	13	16	14	16	9
• Number of children 12 years old and under, in Group Homes	51	54	53	56	44	47
• Number of children 12 years old and under, in Residential	58	56	63	60	45	45
• Number of children 12 years old and under, in SAFE Home	143	164	122	96	97	115
• Number of children 12 years old and under, in Permanency Diagnostic Center	15	16	14	15	12	13
• Number of children 12 years old and under in MH Shelter	10	6	7	4	4	9
Total number of children ages 13-17 in Congregate Placements	906	877	835	843	853	878

Use of SAFE Homes, Shelters and PDCs

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

	Period of Entry to Care							
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Total Entries	3107	3549	3206	3092	3409	2854	2825	626
SAFE Homes & PDCs	729 23%	629 18%	453 14%	394 13%	396 12%	382 13%	335 12%	137 22%
Shelters	166 5%	135 4%	147 5%	178 6%	114 3%	136 5%	144 5%	33 5%
Total	895 29%	764 22%	600 19%	572 18%	510 15%	518 18%	479 17%	170 27%

	Period of Entry to Care							
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Total Initial Plcmnts	351	308	249	242	186	162	150	114
<= 30 days	39% 285	40% 180	42% 102	42% 113	36% 73	31% 73	31% 102	67% 34

	Period of Entry to Care							
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Total Initial Plcmnts	351	308	249	242	186	162	150	114
31 - 60	32%	24%	17%	20%	14%	14%	21%	20%
	106	121	81	76	87	79	85	22
61 - 91	12%	16%	14%	13%	17%	15%	18%	13%
	102	107	124	100	118	131	113	0
92 - 183	11%	14%	21%	17%	23%	25%	24%	0%
	51	48	44	41	46	73	29	0
	6%	6%	7%	7%	9%	14%	6%	0%
184+	895	764	600	572	510	518	479	170

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

Placement Issues	**Feb 2008**	**May 2008**	**Aug 2008**	**Oct 2008**	**Nov 2008**	**Feb 2009**	**May 2009**
Total number of children in SAFE Home	133	154	175	132	102	115	125
• Number of children in SAFE Home, > 60 days	59	88	95	84	50	44	43
• Number of children in SAFE Home, >= 6 months	21	26	19	14	9	14	9
Total number of children in STAR/Shelter Placement	93	71	76	72	73	77	91
• Number of children in STAR/Shelter Placement, > 60 days	36	45	39	32	30	36	33
• Number of children in STAR/Shelter Placement, >= 6 months	10	8	8	6	4	8	8
Total number of children in Permanency Planning Diagnostic Center	23	18	20	17	18	14	17
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	13	14	17	14	13	8	11
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	7	5	7	7	8	6	6
Total number of children in MH Shelter	15	12	8	7	5	4	3
• Total number of children in MH Shelter, > 60 days	11	11	6	6	5	4	1
• Total number of children in MH Shelter, >= 6 months	9	7	4	2	0	2	1

Time in Residential Care

Placement Issues	Feb 2008	May 2008	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009
Total number of children in Residential care	614	613	578	542	529	534	530
• Number of children in Residential care, >= 12 months in Residential placement	190	166	150	133	125	119	144
• Number of children in Residential care, >= 60 months in Residential placement	7	5	4	5	4	4	5

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

The First Quarter 2009 Outcome Measure 3 and Outcome Measure 15 review finds that DCF achieved a score of 67.3% for writing appropriate treatment plans and 61.5% meeting children's Service Needs within our 52-case sample.

Background and Methodology:
The *Juan F.* v Rell Revised Exit Plan and subsequent stipulated agreement reached by the parties and court ordered on July 11, 2006 requires the Monitor's Office to conduct a series of quarterly case reviews to monitor Outcome Measure 3 (Treatment Planning) and Outcome Measure 15 (Needs Met). The implementation of this review began with a pilot sample of 35 cases during the Third Quarter 2006. During the First Quarter 2009, the Monitor's Office reviewed a total of 52 cases.

This quarter's 52-case sample was stratified based upon the distribution of DCF's area office caseload on December 1, 2008. The sample incorporates both in-home and out-of-home cases based on the caseload percentages reflected on the date that the sample was determined.

Table 1: First Quarter 2009 Sample Required Based on December 1, 2008 Ongoing Services Caseload

Area Office	Total Caseload	Total Sample	IH Sample	OOH Sample
Bridgeport	1028	4	1	3
Danbury	312	2	1	1
Hartford	1796	6	1	5
Manchester	1271	5	2	3
Meriden	619	2	1	1
Middletown	398	2	1	1
Milford	764	3	1	2
New Britain	1469	6	2	4
New Haven	1373	5	2	3
Norwalk	283	2	1	1
Norwich	1114	4	1	3
Stamford	297	2	1	1
Torrington	399	2	1	1
Waterbury	1124	4	1	3
Willimantic	713	3	1	2
Grand Total	12,960	52	18	34

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

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

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

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

During this quarter, 15 cases were submitted for consideration of an override. Included in these cases, were nine requests for override on Outcome Measure 3, and ten requests for override on Outcome Measure 15 (in four instances a request for override was submitted on both measures). Six of the nine Outcome Measure 3 requests were granted and nine of the ten Outcome Measure 15 Outcome Measure overrides were granted. Several examples of rationale for overrides included such items as:

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

- The Department made diligent efforts to gain access to a 17 year old and parent through a court order to engage child in services to address her eating disorder on an inpatient basis. Although she refused, she did continue to attend therapy and engage with her individual counselor due to DCF involvement and this did help her maintain her weight. Although not successful in getting the desired outcome there was progress. Override Granted.

- The case goal is general but the plan has action steps to improve independence, self care and weight loss. Override Granted.

- The progress section of plan was weak, but issues were fully discussed at the ACR so that all in attendance had an understanding of the case progress. Override Granted.

- A Legal Risk home was not pursued for this child who had a TPR filed in July. There is no indication why home was not sought upon placement given the facts of this case. However teaming is set for February 2009 and four families are now identified. Override Granted.

- The child's last dental appointment was in February 2008. Child reunified from October 2008. Mother attempted to get appointment from October to December but had insurance issues. Provider that was willing to accept insurance could not give appointment until February 2009. SW did stay with this issue and had many documented discussions. Override Granted.

- Action Steps are not specific and not all goals have action steps aligned with them. There is no included action steps for father who is involved with the children and part of an on again off again relationships with mother that has included domestic violence. Domestic Violence Services have been unaddressed. Father recently lost his newborn daughter to SIDS and father to cancer and was reported to be depressed. There has been no assessment of father to determine if actions are necessary. This should have been addressed in the plan prior to closing to ensure all risk/safety issues are considered. Override Denied.

Sample Demographics
The sample consisted of 52 cases distributed among the fifteen area offices. The work of 52 Social Workers and 47 Social Work Supervisors' work was incorporated into the record review. Reviewers attended an ACR or family conference when one was held. This resulted in observation of these processes in 40 of the 52 cases reviewed.

Cases were most recently opened from as long ago as December 10, 1997 to one case most recently re-opened on December 15, 2008. At the point of review, the data indicates that the majority of cases (96.2%) were open for child protective service reasons. In 66.0% of the cases, there was at least one prior investigation within their history at the time of the most recent case opening.

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

What is the type of case assignment noted in LINK?	Is there a history of prior investigations?		
	Yes	No	Total
CPS In-Home Family Case (IHF)	10	7	17
CPS Child in Placement Case (CIP)	21	10	31
Voluntary Services In-Home Family Case (VSIHF)	0	1	1
Voluntary Services Child in Placement Case (VSCIP)	2	1	3
Total	33	19	52

Of the children in placement within the sample, 50.0% were male and 50.0% were female. Ages ranged from 6 months to 20 years on January 1, 2009.

Legal status at the point of review was most frequently committed, with 46.2% of the cases identifying the child-in-placement with this legal status. Four or 7.7% of the cases designated children-in-placement had a legal status of Termination of Parental Rights (TPR).

Thirteen of the 52 cases sampled (25.0%) were in-home cases that had no legal involvement, and four of the sample set were in-home cases that had protective supervision in place (7.7%). The table below provides additional information related for the full sample of both In-Home and child-in-placement cases.

Table 2: Legal Status

Status	Frequency	Percent
Committed (Abuse/Neglect/Uncared For)	24	46.2
N/A - N/A In-Home CPS case with no legal involvement	13	25.0
TPR/Statutory Parent	4	7.7
Protective Supervision	4	7.7
Not Committed	3	5.8
Order of Temporary Custody	2	3.8
N/A - In Home Voluntary Services Case	1	1.9
Probate Court Custody or Probate Case	1	1.9
DCF Custody Voluntary Services	0	0
Total	52	100.0

In addition to the four children with TPR status, DCF had filed for TPR in an additional seven cases. Six of the children in the sample had TPR determinations documented with one exception to filing the TPR identified. In two cases, adoption was the stated goal, but for reasons that could not be determined, a TPR had not been filed.

Of the 33 children in out-of-home placement four or 12.1% had documented involvement with the juvenile justice system during the prior six-month period.
In looking at race alone, the most frequently identified race was White, which comprised 61.5% of the sample population. A total of 25.0% identified the client's ethnicity as Hispanic.

Crosstabulation 2: Race (Child or Family Case Named Individual) * Ethnicity (Child or Family Case[4] Named Individual)

	Ethnicity (Child or Family Case Named Individual)			
Identified Race	**Hispanic**	**Non-Hispanic**	**Unknown**	**Total**
White	7	24	1	32
Black/African American	1	11	0	12
UTD	4	0	0	4
Multiracial (more than one race selected)	1	2	0	3
Total	13	38	1	52

In establishing the reason for the most recent case open date, reviewers were asked to identify all allegations or voluntary service needs identified at the point of most recent case opening. This was a multiple response question which allowed the reviewers to select more than one response as situations warranted. In total, 152 CPS allegations or issues were identified at the time of the report to the Hotline.

The data indicates that physical neglect remains the most frequent identified reason for referral. Thirty-nine of the 52 cases had physical neglect included in the concerns identified upon most recent referral to the Hotline. In 25 of these cases (48.1% of the sample), physical neglect was substantiated. Parental Substance Abuse/Mental Health was identified in 24 cases (46.2%) and substantiated in 12 cases (23.1%). Domestic Violence was alleged in 9 cases (17.3%) and substantiated in 3 or 5.7% cases. Emotional Neglect was alleged in 13.5% of the cases sampled and substantiated in 7.7% of the sample cases. The Hotline identified prior DCF investigations in 33 (63.5%) of the cases. Five cases (9.6%) included parents with a history of prior TPR(s).

[4] Establishes the child's race in CIP cases, but the case named individual (primary parent/guardian) for those cases identified as in-home.

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

Identified Issue/Concern	Number of Times Alleged/Identified	Number Substantiated
Physical Neglect	34	25
Prior History of Investigations	33	33
Parent's Mental Health or Substance Abuse	24	12
Domestic Violence	9	3
Emotional Neglect	7	6
Child's Behaviors	3	n/a
Medical Neglect	3	2
Educational Neglect	6	4
Physical Abuse	9	4
Child's TPR prompted new case opening	3	n/a
Moral Neglect	0	0
Abandonment	7	4
Emotional Abuse	2	1
Sexual Abuse	1	1
Voluntary Services Referral (VSR)	6	n/a
FWSN Referral	0	0
Prior History of TPR for parent	5	5
	152	100

The reviewers were asked to identify the primary reason for DCF involvement on the date of most recent case opening. "Physical Neglect" and "Substance Abuse or Mental Health (parent)" are the most frequently cited reasons for involvement with the Department with 32.7 % of the cases citing physical neglect and 17.3% the substance abuse of the parent as the primary issue for the case opening.

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

Reason for Case Opening	Frequency	Percent
Physical Neglect	17	32.7
Substance Abuse/Mental Health (parent)	9	17.3
Voluntary Services Request for medical/mental health/substance abuse/ behavioral health of child (No CPS Issues)	6	11.5
Physical Abuse	4	7.7
Educational Neglect	3	5.8
Child's TPR prompted new case open under child's name	3	5.8
Child with behavioral, medical, substance abuse or delinquent behaviors in conjunction with CPS concerns within the home	3	5.8
Emotional Neglect	2	3.8
Medical Neglect	2	3.8
Emotional Abuse/Maltreatment	1	1.9
Domestic Violence	1	1.9
Abandonment	1	1.9
Total	52	100.0

SDM scores at investigation were documented upon case opening for 26 of the cases reviewed.[5] Of these, nineteen SDM overall risk scores were most frequently deemed moderate at the point of investigation (61.3%). Five cases had a risk score in the high range (16.1%) and eight were considered low risk upon completion of the tool (19.4%) and one was considered to be in the very low risk (3.2%). Discretionary supervisory override of seven of these cases raised the scores to moderate in five cases and to high in three cases prior to transfer to Ongoing Services.

At the point of investigation finalization, six situations were deemed "safe," an additional eighteen were deemed "conditionally safe" and seven were identified as "unsafe". In 17 cases, there was a documented safety plan resulting from the safety assessment. In 14 of the 17 cases there was evidence that services or interventions put into the home during the investigation mitigated observed/assessed safety factors in the home.

In 12 of the cases requiring ongoing and timely SDM Risk Reassessments at 90 day intervals there was timely documentation of such. At the point of the ACR or Family Conference, 30 cases had a current (less than 90 days old) SDM Risk Reassessment documented[6]. Ten indicted the risk as "high", six were "moderate", ten were scored "low", and four were scored "very low".

In four instances, the permanency goal did not correspond with the SDM recommendation arrived at in Section E. Permanency Plan Recommendation Summary.

DCF policy requires concurrent planning when reunification or APPLA are the designated permanency goals. Of the 13 cases with the goal of reunification, 100.0% identified a concurrent goal. Of the seven treatment plans, in which “APPLA” was the permanency goal, four identified a required concurrent plan.

Three of the concurrent goals for these APPLA cases identified a preferred permanency goal as the concurrent goal (adoption, reunification or TOG) and one additional case identified Long Term Foster Care - Relative as the concurrent plan.

[5] In 21 of the cases, the case opening date pre-dated the statewide implementation of the use of SDM or the case circumstance did not require SDM to be completed.
[6] Numbers required vary with changes to permanency goal, which impacts need to complete the risk reassessment.

Crosstabulation 3: What is the child or family's stated goal on the most recent approved treatment plan in place during the period?*Concurrent Treatment Plan Goal.

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?	What is the stated concurrent plan?							
	Reunification	Adoption	Transfer of Guardianship	LTFC with relative	In-Home Goals - Safety/Well Being Issues	None	APPLA	Total
Reunification	0	9	2	0	0	0	4	15
Adoption	0	1	3	0	0	5	1	10
Transfer of Guardianship	1	0	0	0	0	1	0	2
In-Home Goals - Safety/Well Being Issues	0	0	1	1	9	5	0	16
APPLA	1	2	0	1	0	4	1	9
Total	2	12	6	2	9	15	6	52

Children-in-placement had various lengths of stay at the point of our review. The date of recent out of home placement ranged from September 29, 1998 through July 22, 2008. The average length of stay is 688 days but is impacted by outliers at the upper range of the scale, the highest which is 3,747 days. To more accurately reflect the population, the median length of stay was calculated and is reported at 291 days. In looking at the length of stay in the current placement, dates ranged from 36 days to 2,305 days, with an average of 368 days in placement with the same provider. Factoring in the impact of the outliers, the median was calculated and is reported at 204 days.

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

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

How many consecutive months has this child been in out of home placement as of the date of this review or date of case closure during the period?	For child in placement, has TPR been filed?					
	yes	no	N/A - Exception noted in LIN	N/A - child's goal and length of time in care don't require	N/A - In-Home Case (CPS or Voluntary Services)	Total
1-6 months	0	0	0	2	0	2
7-12 months	2	2	0	10	1	15
13-18 months	3	1	1	1	0	6
19-24 months	0	1	0	0	0	1
Greater than 24 months	2	2	5	0	0	9
N/A - no child in placement (in-home case)	0	1	0	0	18	19
Total	7	7	6	13	19	52

In four cases in which the child's length of stay and permanency goal required the filing of TPR, it had not been done or there was an exception filed and documented in LINK in accordance with ASFA timelines. In two additional cases in which the child was in care for 7-12 months, the reviewer felt the TPR should have been filed given the circumstances of the case but it had not been done.

At the point of review, the children in placement were predominantly in foster care settings (21 children). In Connecticut, ten children were in DCF non-relative licensed foster homes, nine children were in DCF relative foster homes and one was placed in a private provider therapeutic foster home. Out of State, foster placements included one child in a non-relative foster placement and one child in an out-of-state residential facility. In state, one child was in a residential facility. Five children were in group homes and one was placed in safe home. See the table below for full details.

Table 5: Current residence of child on date of LINK review

Residence	Frequency	Percent
N/A - In-home family case (no placement)	16	30.8
In-State non-relative licensed DCF foster care	10	19.2
In-State certified/licensed relative DCF foster care	9	17.3
Group Home	5	9.6
Home of biological parent, adoptive parent or legal guardian	3	5.8
In-State private provider foster care	1	1.9
In-State residential setting	1	1.9
In-State hospital setting	1	1.9
Out of State non-relative foster care	1	1.9
Out of state residential setting	1	1.9
Shelter/STAR/SAFE Home	1	1.9
Detention Center/CJTS	1	1.9
CHAP/TLAP Apartment	1	1.9
Other	1	1.9
Total	52	100.0

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

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

The First Quarter 2009 case review data indicates that the Department of Children and Families attained the level of "Appropriate Treatment Plan" in 35 of the 52-case sample or **67.3%.** This is a slight decline from the prior quarters' results.

Table 6: Historical Findings on OM3 Compliance - Third Quarter 2006 to First Quarter 2009

Quarter	Sample (n)	Percent Appropriate
3rd Quarter 2006	35	54.3%
4th Quarter 2006	73	41.1%
1st Quarter 2007	75	41.3%
2nd Quarter 2007	76	30.3%
3rd Quarter 2007	50	32.0%
4th Quarter 2007	51	51.0%
1st Quarter 2008	51	58.8%
2nd Quarter 2008	52	55.8%
3rd Quarter 2008	53	62.3%
4th Quarter 2008	53	79.2%
1st Quarter 2009	52	67.3%
Total to Date	621	50.6%

Of the 34 cases with children in placement at the point of review, 23, or 67.7% achieved an overall determination of "appropriate treatment plan" during the First Quarter 2009. In-Home cases achieved this designation in 66.7% of the sample for this quarter. The following crosstabulation provides further breakdown to distinguish between voluntary and child protective services cases.

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

What is the type of case assignment noted in LINK?		Overall Score for OM3		
		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
CPS In-Home Family Case (IHF)	Count	11	6	17
	% within case type	64.7%	35.3%	100.0%
	% within Score for OM3	31.4%	35.3%	32.7%
	% of Total	21.2%	11.5%	32.7%
CPS Child in Placement Case (CIP)	Count	20	11	31
	% within case type	64.5%	35.5%	100.0%
	% within Score for OM3	57.1%	64.7%	59.6%
	% of Total	38.5%	21.2%	59.6%
Voluntary Services In-Home Family Case (VSIHF)	Count	1	0	1
	% within case type	100.0%	.0%	100.0%
	% within Score for OM3	2.9%	.0%	1.9%
	% of Total	1.9%	.0%	1.9%
Voluntary Services Child in Placement Case (VSCIP)	Count	3	0	3
	% within case type	100.0%	.0%	100.0%
	% within Score for OM3	8.6%	.0%	5.8%
	% of Total	5.8%	.0%	5.8%
Total	Count	35	17	52
	% within case type	67.3%	32.7%	100.0%
	% within Score for OM3	100.0%	100.0%	100.0%
	% of Total	67.3%	32.7%	100.0%

Fifty-one of the 52 cases had SWS approved treatment plans less than seven months old at point of review.

In relationship to the stated permanency goals for those plans, cases with a goal of APPLA had the highest rate of appropriateness with 88.9% deemed appropriate. The lowest permanency finding this quarter is for Transfer of Guardianship at 50.0%. This is a change in practice from prior review findings. It may be too soon to surmise if the impact of the Service Needs Review process is having an impact on improvements in the APPLA population treatment planning process. Next quarter's dual review process may garner more in-depth information in this regard.

See following Crosstabulation below.

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

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?			Overall Score for OM3		
			Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
	Reunification	Count	8	7	15
		% within treatment goal?	53.3%	46.7%	100.0%
		% within Score for OM3	22.9%	41.2%	28.8%
		% of Total	15.4%	13.5%	28.8%
	Adoption	Count	8	2	10
		% within treatment goal?	80.0%	20.0%	100.0%
		% within Score for OM3	22.9%	11.8%	19.2%
		% of Total	15.4%	3.8%	19.2%
	Transfer of Guardianship	Count	1	1	2
		% within treatment goal?	50.0%	50.0%	100.0%
		% within Score for OM3	2.9%	5.9%	3.8%
		% of Total	1.9%	1.9%	3.8%
	In-Home Goals - Safety/Well Being Issues	Count	10	6	16
		% within treatment goal?	62.5%	37.5%	100.0%
		% within Score for OM3	28.6%	35.3%	30.8%
		% of Total	19.2%	11.5%	30.8%
	APPLA	Count	8	1	9
		% within treatment goal?	88.9%	11.1%	100.0%
		% within Score for OM3	22.9%	5.9%	17.3%
		% of Total	15.4%	1.9%	17.3%
Total		Count	35	17	52
		% within treatment goal?	67.3%	32.7%	100.0%
		% within Score for OM3	100.0%	100.0%	100.0%
		% of Total	67.3%	32.7%	100.0%

In looking at Area Office performance in light of Outcome Measure 3 this quarter: Several area offices achieved 100% compliance.

See the Crosstabulation 7 below to see the full statewide results for Outcome Measure 3 by quarter.

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

Number and Percentage of Plans Deemed "Appropriate Treatment Plan"												
Area Office	**3Q2006**	**4Q2006**	**1Q2007**	**2Q2007**	**3Q2007**	**4Q2007**	**1Q2008**	**2Q2008**	**3Q2008**	**4Q2008**	**1Q2009**	**All**
Bridgeport	2 66.7%	0 0.0%	2 33.3%	3 50.0%	2 50.0%	2 50.0%	3 75.0%	1 25.0%	0 0.0%	3 75.0%	3 75%	21 42.9%
Danbury	0 0.0%	1 50.0%	3 100.0%	0 0.0%	2 100.0%	0 0.0%	1 50.0%	1 50.0%	***2*** ***100.0%***	***2*** ***100.0%***	2 ***100.0%***	14 60.9%
Hartford	2 50.0%	5 55.6%	2 22.2%	3 30.0%	0 0.0%	1 20.0%	2 33.3%	2 33.3%	3 42.9%	6 85.7%	4 66.7%	30 40.5%
Manchester	2 50.0%	4 57.1%	3 50.0%	3 50.0%	2 40.0%	***5*** ***100.0%***	4 80.0%	4 80.0%	2 40.0%	***5*** ***100.0%***	1 20.0%	35 60.3%
Meriden	0 0.0%	2 66.7%	1 33.3%	1 33.3%	0 0.0%	***2*** ***100.0%***	1 50.0%	2 ***100.0%***	***2*** ***100.0%***	***2*** ***100.0%***	2 ***100.0%***	15 62.5%
Middletown	*1* *100.0%*	***3*** ***100.0%***	1 33.3%	1 33.3%	***2*** ***100.0%***	***2*** ***100.0%***	***2*** ***100.0%***	2 ***100.0%***	0 0.0%	1 50.0%	2 ***100.0%***	17 70.8%
Milford	2 66.7%	2 40.0%	2 40.0%	0 0.0%	0 0.0%	1 33.3%	3 ***100.0%***	1 33.3%	***3*** ***100.0%***	***3*** ***100.0%***	3 ***100.0%***	20 51.3%
New Britain	1 33.3%	2 25.0%	4 50.0%	0 0.0%	1 20.0%	***5*** ***100.0%***	3 60.0%	2 40.0%	4 66.7%	2 33.3%	5 83.3%	29 44.6%
New Haven Metro	2 50.0%	1 14.3%	3 37.5%	3 37.5%	1 20.0%	2 40.0%	1 20.0%	1 20.0%	4 80.0%	4 80.0%	2 40.0%	24 38.7%
Norwalk	***1*** ***100.0%***	0 0.0%	1 50.0%	0 0.0%	***2*** ***100.0%***	1 50.0%	***2*** ***100.0%***	1 50.0%	1 50.0%	***2*** ***100.0%***	2 ***100.0%***	13 61.9%
Norwich	2 66.7%	5 83.3%	3 50.0%	3 50.0%	1 25.0%	1 33.3%	2 50.0%	3 75.0%	***4*** ***100.0%***	3 75.0%	3 75.0%	30 62.5%
Stamford	***1*** ***100.0%***	0 0.0%	0 0.0%	1 50.0%	0 0.0%	0 0.0%	0 0.0%	1 50.0%	1 50.0%	***2*** ***100.0%***	1 50.0%	7 33.3%
Torrington	***1*** ***100.0%***	2 66.7%	2 66.7%	2 66.7%	***2*** ***100.0%***	1 50.0%	0 0.0%	2 ***100.0%***	***1*** ***50.0%***	1 50.0%	2 ***100.0%***	14 63.6%
Waterbury	1 33.3%	0 0.0%	2 28.6%	1 14.3%	0 0.0%	1 16.7%	3 75.0%	3 60.0%	3 75.0%	3 75.0%	1 25.0%	16 66.7%
Willimantic	1 50.0%	3 75.0%	2 50.0%	2 50.0%	1 33.3%	2 66.7%	***3*** ***100.0%***	3 ***100.0%***	***3*** ***100.0%***	***3*** ***100.0%***	2 66.7%	25 71.4%
State Total	19 54.3%	30 41.1%	31 41.3%	23 30.3%	16 32.0%	26 51.0%	30 58.8%	29 55.8%	33 62.3%	41 77.4%	35 67.3%	314 50.6%

Looking at the rate of compliance by Race (Child or Family Case Named Individual) Black/African American children and families had the lowest rate of appropriate treatment plan scores within the sample populations with 58.3% of that subsample deemed appropriate versus 65.6% of the White population reviewed, 66.7% of the multiracial families reviewed. Those designated UTD or American Indian/Alaskan Native achieved 100% appropriate in this review period. Caution, however must be taken in comparisons given the low sample numbers with those subsample sets.

Crosstabulation 8:Overall Score for OM3 First Quarter 2009 * Race (Child or Family Case Named Individual) * gender of child (n=52)

Race (Child or Family Case Named Individual)			Overall Score for OM3		
			Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
	American Indian or Alaskan Native	Count	1	0	1
		% within Race	100.0%	.0%	100.0%
		% within OM3 Score	2.9%	.0%	1.9%
		% of Total	1.9%	.0%	1.9%
	Black/African American	Count	7	5	12
		% within Race	58.3%	41.7%	100.0%
		% within OM3 Score	20.0%	29.4%	23.1%
		% of Total	13.5%	9.6%	23.1%
	White	Count	21	11	32
		% within Race	65.6%	34.4%	100.0%
		% within OM3 Score	60.0%	64.7%	61.5%
		% of Total	40.4%	21.2%	61.5%
	UTD	Count	4	0	4
		% within Race	100.0%	.0%	100.0%
		% within OM3 Score	11.4%	.0%	7.7%
		% of Total	7.7%	.0%	7.7%
	Multiracial	Count	2	1	3
		% within Race	66.7%	33.3%	100.0%
		% within OM3 Score	5.7%	5.9%	5.8%
		% of Total	3.8%	1.9%	5.8%
Total		Count	35	17	52
		% within Race	67.3%	32.7%	100.0%
		% within OM3 Score	100.0%	100.0%	100.0%
		% of Total	67.3%	32.7%	100.0%

In looking to see if ethnicity had an impact on the achievement of Outcome Measure 3 the review found rates of compliance in the mid-to high sixty range for both Hispanic and non-Hispanic clients within the sample set.

Crosstabulation 9: Ethnicity (Child or Family Case Named Individual) * Overall Score for OM3

Ethnicity (Child or Family Case Named Individual)			Overall Score for OM3		
			Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
	Hispanic	Count	9	4	13
		% within Ethnicity	69.2%	30.8%	100.0%
		% within OM3	25.7%	23.5%	25.0%
		% of Total	17.3%	7.7%	25.0%
	Non-Hispanic	Count	25	13	38
		% within Ethnicity	65.8%	34.2%	100.0%
		% within OM3	71.4%	76.5%	73.1%
		% of Total	48.1%	25.0%	73.1%
	Unknown	Count	1	0	1
		% within Ethnicity	100.0%	.0%	100.0%
		% within OM3	2.9%	.0%	1.9%
		% of Total	1.9%	.0%	1.9%
Total		Count	35	17	52
		% within Ethnicity	67.3%	32.7%	100.0%
		% within OM3	100.0%	100.0%	100.0%
		% of Total	67.3%	32.7%	100.0%

All reviewers indicated that language needs were met. Interpreters were present for clients at the Administrative Case Reviews and treatment plans were sent out for translation.

Each case had a unique pool of active participants for DCF to collaborate with in the process. The chart below indicates the degree to which identifiable/active case participants were engaged by the social worker and the extent to which active participants attended the TPC/ACR/FC. Percentages reflect the level or degree to which a valid participant was part of the treatment planning efforts across all the cases reviewed. This review found a very high rate of documented conversation with the adolescent population regarding their treatment planning. While attendance at the ACR itself was only 57.1% for this group, the rate of documented discussion/engagement was 76.5% up from the 69% rate reported in the last quarter. With the implementation of the Adolescent Planning Conference (APC) at the ACR we are hopeful that attendance rates will increase given the requirement to have the child present at the APC.

Table 7: Participation and Attendance Rates for Active Case Participants

Identified Case Participant	Percentage with documented Participation/Engagement in Treatment Planning Discussion	Percentage Attending the TPC/ACR or Family Conference (when held)
Child	76.5%	57.1%
Foster Parent	73.9%	68.2%
Mother	66.7%	59.5%
Other Participants	64.7%	60.0%
Active Service Providers	55.8%	41.8%
Father	52.3%	44.4%
Other DCF Staff	50.0%	46.4%
Attorney/GAL (Child)	17.1%	17.1%
Parents' Attorney	15.6%	14.3%

There was an increased evidence of father's inclusion in the treatment planning process with participation rates at the ACR back into the 40% range and documentation of inclusion in discussions in treatment planning in the 50% range. While there is still much work to be done, this is historically the best rate of inclusion of fathers we have seen since reviewing treatment planning in this manner. Further, we are seeing more documentation in LINK of the inclusion of adolescents in treatment plan discussions during visitation and evidence of adolescent input to the APC in area office. It should be noted that this did not necessarily result in adolescent attendance at the APC/TP meeting itself. The SNR process may also be having an impact upon the engagement of various parties in planning activities as it has now been in play since October 2008.

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

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

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

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

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

Absent/Adverse Score – 1
The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no treatment plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

The following set of three tables provide at a glance, the scores for each of the eight categories of measurement within Outcome Measure 3. The first is the full sample (n=52), the second is the children in out of home placement (CIP) cases (n=34) and the third is the in-home family cases (n=18). For a complete listing of rank scores for Outcome Measure 3 by case, see Appendix 1.

Table 8: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for All Cases Across All Categories of OM3

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	43 82.7%	9 17.3%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	9 17.3%	40 76.9%	3 5.8%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	16 30.8%	33 63.5%	3 5.8%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	21 40.4%	23 44.2%	7 13.5%	1 1.9%	0 0.0%
II.1 Determining the Goals/Objectives	10 19.2%	32 61.5%	10 19.2%	0 0.0%	0 0.0%
II.2. Progress	22 42.3%	27 51.9%	3 5.8%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	3 5.8%	36 69.2%	12 23.1%	1 1.9%	0 0.0%
II.4 Planning for Permanency	26 50.0%	22 42.3%	3 5.8%	1 1.9%	0 0.0%

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

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	29 85.3%	5 14.7%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	6 17.6%	28 82.4%	0 0.0%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	13 38.2%	19 55.9%	2 5.9%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	15 44.1%	15 44.1%	4 11.8%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	6 17.6%	20 58.8%	8 23.5%	0 0.0%	0 0.0%
II.2. Progress	15 44.1%	15 50.0%	2 5.9%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	3 8.8%	23 67.6%	7 20.6%	1 2.9%	0 0.0%
II.4 Planning for Permanency	17 50.0%	14 41.2%	2 5.9%	1 2.9%	0 0.0%

Table 10: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for In-Home Family Cases Across All Categories of OM3

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	14 77.8%	4 22.25	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	3 16.7%	12 66.7%	3 16.7%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	3 16.7%	14 77.8%	1 5.6%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	6 33.3%	8 44.4$	3 16.7%	1 5.6%	0 0.0%
II.1 Determining the Goals/Objectives	4 22.2%	12 66.7%	2 11.1%	0 0.0%	0 0.0%
II.2. Progress	7 38.9%	10 55.6%	1 5.6%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	13 72.2%	5 27.8%	0 0.0%	0 0.0%	0 0.0%
II.4 Planning for Permanency	9 50.0%	8 44.4%	5 5.6%	0 0.0%	0 0.0%

The chart of mean averages below is provided as a way to show the trends, not compliance with Outcome Measure 3. While the requirement is for 90% to have an overall passing score, not achieve a statewide average within the passing range, this quarter, seven of the eight categories had average scores at or above the "very good" rank of four. Action Steps for Upcoming Six Months remains the only category consistently below the passing range.

Table 11: Mean Averages for Outcome Measure 3 - Treatment Planning (3rd Quarter 2006 - 1st Quarter 2009)

Mean Scores for Categories within Treatment Planning Over Time											
	3Q2006	**4Q2006**	**1Q2007**	**2Q2007**	**3Q2007**	**4Q2007**	**1Q2008**	**2Q2008**	**3Q2008**	**4Q2008**	**1Q2009**
Reason For Involvement	4.46	4.27	4.63	4.50	4.66	4.71	4.82	4.73	4.81	4.70	4.83
Identifying Information	3.94	3.89	3.96	3.82	3.92	4.16	4.18	4.15	4.26	4.21	4.12
Strengths, Needs, Other Issues	4.09	4.04	4.07	3.93	4.16	4.25	4.41	4.04	4.13	4.28	4.25
Present Situation And Assessment to Date of Review	4.14	3.97	3.96	3.93	4.02	4.29	4.45	3.98	4.25	4.30	4.23
Determining Goals/Objectives	3.80	3.48	3.68	3.66	3.70	3.82	4.00	3.91	3.92	3.98	4.00
Progress	4.00	3.91	3.87	3.86	3.82	4.31	4.35	4.27	4.26	4.28	4.37
Action Steps for Upcoming 6 Months	3.71	3.44	3.19	3.30	3.40	3.55	3.61	3.52	3.68	3.96	3.79
Planning for Permanency	4.03	4.04	4.13	4.01	4.08	4.24	4.43	4.31	4.32	4.43	4.40

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

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

The case review data indicates that the Department of Children and Families attained the designation of "Needs Met" in **61.5%** of the 52-case sample. See the ratings by area office below.

Crosstabulation 10: What is the social worker's area office assignment? * Overall Score for Outcome Measure 15 during the First Quarter 2009

What is the social worker's area office assignment?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Bridgeport	Count	3	1	4
	% within Area Office	75.0%	25.0%	100.0%
Danbury	Count	2	0	2
	% within Area Office	100.0%	0.0%	100.0%
Milford	Count	3	0	3
	% within Area Office	100.0	0.0%	100.0%
Hartford	Count	2	4	6
	% within Area Office	33.3%	66.7%	100.0%
Manchester	Count	1	4	5
	% within Area Office	20.0%	80.0%	100.0%
Meriden	Count	2	0	2
	% within Area Office	100.0%	0.0%	100.0%
Middletown	Count	2	0	2
	% within Area Office	100.0%	0.0%	100.0%
New Britain	Count	4	2	6
	% within Area Office	66.7%	33.3%	100.0%
New Haven Metro	Count	1	4	5
	% within Area Office	20.0%	80.0	100.0%
Norwalk	Count	2	0	2
	% within Area Office	100.0%	0.0%	100.0%
Norwich	Count	3	1	4
	% within Area Office	75.0%	25.0%	100.0%
Stamford	Count	0	2	2
	% within Area Office	0.0%	100.0%	100.0%
Torrington	Count	2	0	2
	% within Area Office	100.0%	0.0%	100.0%
Waterbury	Count	2	2	4
	% within Area Office	50.0%	50.0%	100.0%
Willimantic	Count	3	0	3
	% within Area Office	100.0%	0.0%	100.0%
Total	Count	32	20	52
	% within Area Office	61.5%	38.5%	100.0%

The cumulative score to date is shown in the table below, followed by an additional table representing the scores from each of the quarters since the inception of this review process. In this view, the Torrington, and Willimantic offices fare best with compliance rates of 75.0%, 71.4%. Stamford has the lowest cumulative rate of compliance with 33.3% compliance with overall compliance to Outcome Measure 15 across all quarter's performance.

Crosstabulation 11: Overall Score for Outcome Measure 15 * What is the social worker's area office assignment? All Reviews (n=621)

Overall Score for Outcome Measure 15		What is the social worker's area office assignment?															
		Bridgeport	Danbury	Milford	Hartford	Manchester	Meriden	Middletown	New Britain	New Haven Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Total
Needs Met	Count	26	13	26	32	37	10	16	39	21	12	32	7	18	25	25	339
	%	53.1%	56.5%	66.7%	43.2%	63.8%	41.7%	66.7%	60.0%	33.9%	57.1%	66.7%	33.3%	75.0%	46.3%	71.4%	54.6%
Needs Not Met	Count	23	10	13	42	21	14	8	26	41	9	16	14	6	29	10	282
	%	46.9%	43.5%	33.3%	56.8%	36.2%	58.3%	33.3%	40.0%	66.1%	42.9%	33.3%	66.7%	25.0%	53.7%	28.6%	45.4%
Total	Count	49	23	39	74	58	24	24	65	62	21	48	21	24	54	35	621
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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

Crosstabulation 12: Overall Score for Outcome Measure 15 * What is the social worker's area office assignment? * Quarter of Review

Quarter of Review			What is the social worker's area office assignment?														
			Bridgeport	Danbury	Greater New Haven	Hartford	Manchester	Meriden	Middletown	New Britain	New Haven Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Statewide
3 Q 2006	Needs Met	Count	1	1	3	3	3	0	1	1	1	1	3	1	1	1	1	22
		%	33.3%	100.0%	100.0%	75.0%	75.0%	.0%	100.0%	33.3%	25.0%	100.0%	100.0%	100.0%	100.0%	33.3%	50.0%	62.9%
	Needs Not Met	Count	2	0	0	1	1	1	0	2	3	0	0	0	0	2	1	13
		%	66.7%	.0%	.0%	25.0%	25.0%	100.0%	.0%	66.7%	75.0%	.0%	.0%	.0%	.0%	66.7%	50.0%	37.1%
4 Q 2006	Needs Met	Count	1	2	2	6	7	0	2	4	1	1	4	1	2	2	3	38
		%	16.7%	100.0%	40.0%	66.7%	100.0%	.0%	66.7%	50.0%	14.3%	50.0%	66.7%	50.0%	66.7%	33.3%	75.0%	52.1%
	Needs Not Met	Count	5	0	3	3	0	3	1	4	6	1	2	1	1	4	1	35
		%	83.3%	.0%	60.0%	33.3%	.0%	100.0%	33.3%	50.0%	85.7%	50.0%	33.3%	50.0%	33.3%	66.7%	25.0%	47.9%
1 Q 2007	Needs Met	Count	2	2	3	3	3	1	2	4	4	1	2	1	3	3	0	34
		%	33.3%	66.7%	60.0%	33.3%	50.0%	33.3%	66.7%	50.0%	50.0%	50.0%	33.3%	50.0%	100.0%	42.9%	.0%	45.3%
	Needs Not Met	Count	4	1	2	6	3	2	1	4	4	1	4	1	0	4	4	41
		%	66.7%	33.3%	40.0%	66.7%	50.0%	66.7%	33.3%	50.0%	50.0%	50.0%	66.7%	50.0%	.0%	57.1%	100.0%	54.7%
2 Q 2007	Needs Met	Count	5	0	3	5	3	1	1	4	4	0	5	0	2	3	3	39
		%	83.3%	.0%	60.0%	50.0%	50.0%	33.3%	33.3%	50.0%	50.0%	.0%	83.3%	.0%	66.7%	42.9%	75.0%	51.3%
	Needs Not Met	Count	1	3	2	5	3	2	2	4	4	2	1	2	1	4	1	37
		%	16.7%	100.0%	40.0%	50.0%	50.0%	66.7%	66.7%	50.0%	50.0%	100.0%	16.7%	100.0%	33.3%	57.1%	25.0%	48.7%
3 Q 2007	Needs Met	Count	4	2	2	2	4	1	1	3	2	1	2	1	2	3	2	32
		%	100.0%	100.0%	66.7%	40.0%	80.0%	50.0%	50.0%	60.0%	40.0%	50.0%	50.0%	50.0%	100.0%	75.0%	66.7%	64.0%
	Needs Not Met	Count	0	0	1	3	1	1	1	2	3	1	2	1	0	1	1	18
		%	0%	0%	33.3%	60.0%	20.0%	50.0%	50.0%	40.0%	60.0%	50.0%	50.0%	50.0%	0%	25.0%	33.3%	36.0%

Crosstabulation 12: Overall Score for Outcome Measure 15 * What is the social worker's area office assignment? * Quarter of Review

Quarter of Review			What is the social worker's area office assignment?														
			Bridgeport	Danbury	Greater New Haven	Hartford	Manchester	Meriden	Middletown	New Britain	New Haven Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Statewide
4 Q 2007	Needs Met	Count	2	0	2	1	5	1	2	5	0	0	1	0	1	1	3	24
		%	50.0%	.0%	66.7%	20.0%	100.0%	50.0%	100.0%	100.0%	.0%	.0%	33.3%	.0%	50.0%	16.7%	100.0%	47.1%
	Needs Not Met	Count	2	2	1	4	0	1	0	0	5	2	2	2	1	5	0	27
		%	50.0%	100.0%	33.3%	80.0%	.0%	50.0%	.0%	.0%	100.0%	100.0%	66.7%	100.0%	50.0%	83.3%	.0%	52.9%
1 Q 2008	Needs Met	Count	4	1	2	1	3	1	1	3	2	2	4	0	0	4	2	30
		%	100.0%	50.0%	66.7%	16.7%	60.0%	50.0%	50.0%	60.0%	40.0%	100.0%	100.0%	.0%	.0%	100.0%	66.7%	58.8%
	Needs Not Met	Count	0	1	1	5	2	1	1	2	3	0	0	2	2	0	1	21
		%	.0%	50.0%	33.3%	83.3%	40.0%	50.0%	50.0%	40.0%	60.0%	.0%	.0%	100.0%	100.0%	.0%	33.3%	41.2%
2 Q 2008	Needs Met	Count	1	1	1	3	3	1	2	3	1	2	4	1	2	1	3	29
		%	25.0%	50.0%	33.3%	50.0%	60.0%	50.0%	100.0%	60.0%	20.0%	100.0%	100.0%	50.0%	100.0%	20.0%	100.0%	55.8%
	Needs Not Met	Count	3	1	2	3	2	1	0	2	4	0	0	1	0	4	0	23
		%	75.0%	50.0%	66.7%	50.0%	40.0%	50.0%	.0%	40.0%	80.0%	.0%	.0%	50.0%	.0%	80.0%	.0%	44.2%
3Q 2008	Needs Met	Count	1	2	3	2	2	0	1	5	3	0	0	1	2	3	3	28
		%	25.0%	100.0%	100.0%	28.6%	40.0%	0.0%	50.0%	83.3%	60.0%	0.0%	0.0%	50.0%	100.0%	75.0%	100.0%	52.8%
	Needs Not Met	Count	3	0	0	5	3	2	1	1	2	2	4	1	0	1	0	25
		%	75.0%	0.0%	0.0%	71.4%	60.0%	100.0%	50.0%	16.7%	40.0%	100.0%	100.0%	50.0%	0.0%	25.0%	0.0%	47.2%
4Q 2008	Needs Met	Count	2	0	2	4	3	2	1	3	2	2	4	1	1	2	2	30
		%	50.0%	0.0%	66.7%	57.1%	60.0%	100.0%	50.0%	50.0%	40.0%	100.0%	100.0%	50.0%	50.0%	50.0%	66.7%	56.6%
	Needs Not Met	Count	2	2	1	3	2	0	1	3	3	0	0	1	1	2	1	23
		%	50.0%	100.0%	33.3%	42.9%	40.0%	0.0%	50.0%	50.0%	60.0%	0.0%	0.0%	50.0%	50.0%	50.0%	33.3%	43.4%

Crosstabulation 12: Overall Score for Outcome Measure 15 * What is the social worker's area office assignment? * Quarter of Review

Quarter of Review			What is the social worker's area office assignment?														
			Bridgeport	Danbury	Milford	Hartford	Manchester	Meriden	Middletown	New Britain	New Haven Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Statewide
1Q 2009	Needs Met	Count	3	2	3	2	1	2	2	4	1	2	3	0	2	2	3	32
		%	75.0%	100.0%	100.0%	33.3%	20.0%	100.0%	100.0%	66.7%	20.0%	100.0%	75.0%	0.0%	100.0%	50.0%	100.0%	61.5%
	Needs Not Met	Count	1	0	0	4	4	0	0	2	4	0	1	2	0	2	0	20
		%	25.0%	0.0%	0.0%	66.7%	80.0%	0.0%	0.0%	33.3%	80.0%	0.0%	25.0%	100.0%	0.0%	50.0%	0.0%	38.5%

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

There is greater variation in relation to needs met across various case types. Of the 18 cases selected as in-home family cases, 9 or 50.0% achieved "needs met" status. Twenty-three of the 34 cases with children in placement (67.7%) achieved "needs met" status. Further breaking down the children in placement to account for CPS versus Voluntary Services; 64.5% of the 31 CPS placement cases had needs met, and 47.1% of the 17 in-home CPS cases had needs met, while 100.0% of the Voluntary Services placement (both in-home and placement cases had needs met. Caution should be taken in making comparison given the small number of Voluntary Services cases reviewed.

Crosstabulation 13: Overall Score for Outcome Measure 15 * What is the type of case assignment noted in LINK?

What is the type of case assignment noted in LINK?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
CPS In-Home Family Case (IHF)	Count	8	9	17
	% within case type	47.1%	52.9%	100.0%
	% within OM 15	25.0%	45.0%	32.7%
	% of Total	15.4%	17.3%	32.7%
CPS Child in Placement Case (CIP)	Count	20	11	31
	% within case type	64.5%	35.5%	100.0%
	% within OM 15	62.5%	55.0%	59.6%
	% of Total	38.5%	21.2%	59.6%
Voluntary Services In-Home Family Case (VSIHF)	Count	1	0	1
	% within case type	100.0%	.0%	100.0%
	% within OM 15	3.1%	.0%	1.9%
	% of Total	1.9%	.0%	1.9%
Voluntary Services Child in Placement Case (VSCIP)	Count	3	0	3
	% within case type	100.0%	.0%	100.0%
	% within OM 15	9.4%	.0%	5.8%
	% of Total	5.8%	.0%	5.8%
Total	Count	32	20	52
	% within case type	61.5%	38.5%	100.0%
	% within OM 15	100.0%	100.0%	100.0%
	% of Total	61.5%	38.5%	100.0%

The overall score was also looked at through the filter of the stated permanency goal. Case goals of Adoption had 90.0% needs met. In-home goals had the lowest rate of success in meeting needs with 43.8% needs met.

The full breakdown is shown in Crosstabulation 14 below:

Crosstabulation 14: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? * Overall Score for Outcome Measure 15

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Reunification	Count	8	7	15
	% w/in permanency goal	53.3%	46.7%	100.0%
	% within OM 15	25.0%	35.0%	28.8%
	% of Total	15.4%	13.5%	28.8%
Adoption	Count	9	1	10
	% w/in permanency goal	90.0%	10.0%	100.0%
	% within OM 15	28.1%	5.0%	19.2%
	% of Total	17.3%	1.9%	19.2%
Transfer of Guardianship	Count	1	1	2
	% w/in permanency goal	50.0%	50.0%	100.0%
	% within OM 15	3.1%	5.0%	3.8%
	% of Total	1.9%	1.9%	3.8%
In-Home Goals - Safety/Well Being Issues	Count	7	9	16
	% w/in permanency goal	43.8%	56.3%	100.0%
	% within OM 15	21.9%	45.0%	30.8%
	% of Total	13.5%	17.3%	30.8%
APPLA	Count	7	2	9
	% w/in permanency goal	77.8%	22.2%	100.0%
	% within OM 15	21.9%	10.0%	17.3%
	% of Total	13.5%	3.8%	17.3%
Total	Count	32	20	52
	% w/in permanency goal	61.5%	38.5%	100.0%
	% within OM 15	100.0%	100.0%	100.0%
	% of Total	61.5%	38.5%	100.0%

In total, Outcome Measure 15 looks at eleven categories of measurement to determine the level with which the Department was able to meet the needs of families and children. When looking at a break between passing scores (5 or 4) and those not passing (3 or less) there is a range in performance among these categories ranging from 100.0% to 73.1%. Please note that percentages are based on applicable cases within that category.

- Similar to last quarter, the 80% mark was met or surpassed in eight of the 11 categories.
- There were two adverse scores this quarter; both were assessed related to lack of dental care. This category fell to the lowest ranked score of 73.1% passing in this quarter. Fourteen of the cases had marginal, poor or adverse scores.
- Contracting and providing services to achieve the permanency goal fell short in twelve of the forty-one applicable cases. In all, 77.4% of the cases reviewed met the needs of the client.
- Safety of Children in placement was assessed to be very good or optimal in 100% of the cases, indicating proper protocols and procedures in place to assess risk and timely actions taken after identification of safety issues. Reviewers indicated that there was improvement required in relation to safety for the in-home cases reviewed in which four of the cases scored marginal, and one poor.

Table 12: Treatment Plan Categories Achieving Passing Status for 3Q 2008

Category	# Passing (Scores 4 or 5)	# Not Passing (Scores 3 or Less)
Safety – Children in Placement (I.2)	35 100.0%	0 0.0%
Securing the Permanent Placement – Action Plan for the Next Six Months (II.1)	34 94.4%	2 5.6%
DCF Case Management – **Legal Action** to Achieve the Permanency Goal During the Prior Six Months (II.2)	49 94.2%	3 5.8%
Child's **Current Placement** (IV.1)	32 91.4%	3 8.6%
Educational Needs (IV. 2)	39 90.7%	4 9.3%
DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months (II.3)	34 87.2%	5 12.8%
Mental Health, Behavioral and Substance Abuse Services (III.3)	43 86.0%	17 34.0%
Medical Needs (III.1)	46 84.6%	6 11.5%
DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal **during the Prior Six Months** (II.4)	40 76.9%	12 23.1%
Safety – In Home (I.1)	15 75.0%	5 25.0%
Dental Needs (III.2)	38 73.1%	14 26.9%

Table 13 below provides the complete scoring for all cases by each category.

Table 13: Measurements of Treatment Plan OM 15 – Percentage of Rank Scores Attained Across All Categories[7]

Category	# Ranked Optimal "5"	# Ranked Very Good "4"	# Ranked Marginal "3"	# Ranked Poor "2"	# Ranked Adverse/Absent "1"	N/A To Case
I.1 Safety – In Home	3 15.0%	12 60.0%	4 20.0%	1 5.0%	0 0.0%	32
I.2. Safety – Children in Placement	21 60.0%	14 40.0%	0 0.0%	0 0.0%	0 0.0%	17
II.1 Securing the Permanent Placement – Action Plan for the Next Six Months	22 61.1%	12 33.3%	2 5.6%	0 0.0%	0 0.0%	16
II.2. DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months	34 65.4%	15 28.8%	1 1.9%	2 3.8%	0 0.0%	0
II.3 DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal in Prior Six Months	21 53.8%	13 33.3%	4 10.3%	1 2.6%	0 0.0%	13
II.4. DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal in Prior Six Months	18 34.6%	22 42.3%	11 21.2%	1 1.9%	0 0.0%	0
III.1 Medical Needs	30 57.7%	16 30.8%	3 5.8%	3 5.8%	0 0.0%	0
III.2 Dental Needs	31 59.6%	7 13.5%	8 15.4%	4 7.7%	2 3.8%	0
III.3 Mental Health, Behavioral and Substance Abuse Services	13 26.0%	20 40.0%	14 28.0%	3 6.0%	0 0.0%	2
IV.1 Child's Current Placement	21 60.0%	11 31.4%	2 5.7%	1 2.9%	0 0.0%	17
IV. 2 Educational Needs	15 34.9%	24 55.8%	3 7.0%	1 2.3%	0 0.0%	9

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

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

Table 14: Mean Averages for Outcome Measure 15 - Needs Met (3rd Quarter 2006 - 1st Quarter 2009)

Outcome Measure Needs Met - Mean Scores Over Time											
	3Q2006	4Q2006	1Q2007	2Q2007	3Q2007	4Q2007	1Q2008	2Q2008	3Q2008	4Q2008	1Q2009
Safety: In-Home	4.00	3.75	3.78	4.00	4.20	4.00	4.47	4.24	3.86	3.89	3.85
Safety: CIP	4.43	4.15	4.39	4.36	4.57	4.53	4.53	4.39	4.19	4.36	4.60
Permanency: Securing the Permanent Placement Action Plan for the Next Six Months	4.38	4.22	4.19	4.16	4.53	4.31	4.49	4.28	4.51	4.39	4.56
Permanency: DCF Case Mgmt - Legal Action to Achieve Permanency in Prior Six Months	4.29	4.45	4.67	4.67	4.74	4.65	4.74	4.81	4.76	4.75	4.56
Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve Permanency in Prior Six Months	4.42	4.42	4.20	4.43	4.56	4.47	4.65	4.46	4.44	4.39	4.38
Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve Permanency during Prior Six Months	4.17	4.03	3.79	4.13	4.12	3.98	4.29	3.96	4.11	3.94	4.10
Well-Being: Medical	4.31	4.34	4.28	4.22	4.34	4.25	4.49	4.69	4.57	4.43	4.40
Well-Being: Dental	4.47	3.93	3.87	4.13	4.12	4.25	4.29	4.40	4.25	4.34	4.17
Well-Being: Mental Health, Behavioral and Substance Abuse Services	4.40	4.07	3.72	3.91	4.02	3.88	4.00	3.65	3.81	4.00	3.86
Well-Being: Child's Current Placement	4.48	4.30	4.23	4.21	4.37	4.14	4.41	4.03	4.19	4.31	4.49
Well Being: Education	4.46	4.26	4.05	4.07	4.32	4.31	4.38	4.35	4.11	4.43	4.23

In 45 of the 52 cases (65.4%), reviewers found evidence of one or more unmet needs during the prior six month period. The number of needs unmet ranged from zero to 9 with the mode being 2. In some cases these needs were primary to goal achievement and in others, they were less significant, but still established at the point of the prior treatment plan development or throughout the case narratives. A total of 149 discrete needs were identified across these cases. The largest category of unmet needs is once again in the area of mental health.

Top categories of the 149 barriers identified included:

- The client was the identified barrier in 69 instances.
- DCF case management issues were identified in 46 of the cases cited (includes delayed referrals, lack of communication with providers and DCF, no service identified to meet an assessed need).
- 10 situations had barriers related to provider issues such as lack of resources (wait lists, no service available, no slots, staffing issues etc.).
- In 3 cases, the DCF determined it appropriate to delay a service pending completion of another.
- Incarceration and correctional facility policy related to services was identified 4 times.
- In 6 cases, insurance was the barrier.
- 11 cases had unmet service needs where the cause(s) could not be clearly identified from the review of the record and treatment plan documentation.

Table 15 below provides a complete breakdown of the needs and identified barriers for the sample set.

Table 15: Unmet Service Needs and Identified Barriers for Cases Identified with an Unmet Need

Service Need	Barrier	Frequency
Adoption Recruitment	Delay in Referral	1
Afterschool Program	Client Refusal	1
Anger Management - Parent	Client Refused	3
Case Management /Advocacy/Support	Other: SW did not comply timely with SWS directives, lack of timely referrals, lack of attention to ASFA timelines	3
Case Management/Advocacy/Support	Delay in Referral	2
Case Management/Advocacy/Support	Lack of communication between DCF and provider	1
Case Management/Advocacy/Support	UTD from Treatment Plan or Narrative	2
Child's Medication Management	Child's Refusal	1
Child's Medication Management	Lack of Communication between DCF and Providers	1
Dental or Orthodontic Services	Delay in Referral	1
Dental or Orthodontic Services	Other - Family became whereabouts unknown	1
Dental or Orthodontic Services	UTD from Treatment Plan/Narrative	1
Dental Screening or Evaluation	Client Refusal	4
Dental Screening or Evaluation	Delay in Referral	3
Dental Screening or Evaluation	Insurance Issue	2
Dental Screening or Evaluation	No Services Were Identified to Meet the Need	1
Dental Screening or Evaluation	UTD from Treatment Plan/Narrative	3
Developmental Screening	UTD from Treatment Plan or Narrative	1
Domestic Violence Services - Perpetrator	Client Refused services	3

Service Need	Barrier	Frequency
Domestic Violence Services - Perpetrator	No Service Identified to Meet the Need	1
Domestic Violence Services - Perpetrator	UTD from Treatment Plan/Narrative	1
Domestic Violence Services - Prevention Program	Client Refusal	1
Domestic Violence Services - Victim	Client Refusal	3
Domestic Violence Services - Victim	Delay in Referral	1
Drug/Alcohol Testing - Parent	Client Refusal	2
Drug/Alcohol Testing - Parent	Other - Incarcerated	1
Educational Screening or Evaluation	Lack of Communication between DCF and Provider	1
Family and Marital Counseling	Delay in Referral	2
Family Preservation Services	Client Refusal	1
Family Preservation Services	Client Refusal	1
Family Reunification Services	Delay in Referral	1
Group Counseling - Parent	Client Refusal	1
Health/Medical Screening or Evaluation	Delay in referral	3
Health/Medical Screening or Evaluation	Insurance Issue	1
Health/Medical Screening or Evaluation	UTD from Treatment Plan or Narrative	1
Housing Assistance	Delay in referral	2
In Home Parent Education and Support(OOH)	Client Refusal	1
In Home Parent Education and Support(OOH)	Delay in Referral	1
Individual Counseling - Child	Client Refusal	3
Individual Counseling - Child	Delay in Referral	1
Individual Counseling - Child	Provider Issues- staffing, lack of follow through, etc.	1
Individual Counseling - Parent	Client Refusal	10
Individual Counseling - Parent	Insurance Issue	1
Individual Counseling - Parent	Other - Incarcerated	1
Individual Counseling - Parent	Service Deferred Pending Completion of Another	1
Individual Counseling - Parent	Wait List	1
In-Home Parent Education and Support Service(IH)	Delay in Referral	1
Inpatient Substance Abuse Treatment - Parent	Client Engaged after lengthy delay	1
Inpatient Substance Abuse Treatment - Parent	Client Refusal	4
Job Coaching/Placement	Other - Mother's ability to get job	1
Life Skills Training	Delay in Referral	1
Life Skills Training	Other - informal training , needs formal class unavailable	1
Maintaining Family Ties	No Service Identified to Meet the Need	1
Matching Processing (includes ICO)	Delay in Referral	1
Mental Health Screening - Child	Delay in Referral	1
Mental Health Screening - Child	No Service Identified to Meet the Need	1
Mental Health Screening - Parent	Client Refusal	1
Mentoring	Delay in Referral	2
Mentoring	Provider Issues- staffing, lack of follow through, etc.	1
Mentoring	Service Deferred pending completion of another	1
Mentoring	Wait List	3
Other Medical Intervention	UTD from Treatment Plan or Narrative	1
Other Medical Intervention	Wait List	1
Outpatient Substance Abuse Treatment - Parent	Wait List	1

Service Need	Barrier	Frequency
Outpatient Substance Abuse Treatment - Parent	Client Refusal	7
Outpatient Substance Abuse Treatment - Parent	Other - Incarceration	1
Parental Medication Management	Insurance Issues	1
Parenting Classes	Client Refusal	5
Parenting Groups	Client Refusal	1
Parenting Groups	Service Deferred pending completion of another	1
Positive Youth Development Program	Client Refusal	1
Problem Sexual Behavior Evaluation	Delay in Referral	1
Provider/Contact	Lack of communication between DCF and provider	4
Psychiatric Evaluation - Child	Client Refusal	1
Psychological or Psychosocial Evaluation - Parent	Delay in Referral	1
Relapse Prevention Program	Insurance Issues	1
Relapse Prevention Program	No slot available	1
Substance Abuse Screening - Parent	Client Refusal	6
Substance Abuse Screening - Parent	Delay in Referral	1
Substance Abuse Screening - Parent	No Service Identified to Meet the Need	1
Substance Abuse Screening - Parent	Other - Incarceration	1
Substance Abuse Screening - Parent	UTD from Treatment Plan or Narrative	1
Supervised Visitation	Client Refusal	1
Supervised visitation	Client Refusal	1
Supportive Housing for Recovering Families	Mother's Substance Use (Relapse)	1
SW/Child Visitation	Client Refusal	1
SW/Child Visitation	Other - worker failed to make visitation benchmarks	1
SW/Parent Visitation	Client Refusal	2
SW/Parent Visitation	Other - worker failed to make visitation benchmarks	1
Therapeutic Foster Care	No Service Provider Identified to meet the need	1
		149

SDM Family Strength and Needs Assessment tools were identified for 33 cases. Of these 33 cases, 17 or 51.5% had treatment plan goals and developed action steps that accurately identified all needs prioritized from the SDM. In 16 cases, reviewers felt that all identified SDM needs were not incorporated.

When looking at the current approved treatment planning document for the upcoming six month period, 63.5% of the cases incorporated the key service needs that were discussed or identified at the ACR/TPC or within the LINK documentation. In all, 19 cases (36.5%) had evidence of service needs that were clearly identified at the ACR/TPC or within LINK documentation but were not incorporated into the current treatment plan document.

In a related topic, the new format for treatment planning will utilize SDM assessment directly by importing the assessed needs for all active family members in cases for which SDM is utilized. While it will only be beneficially in those cases it will be a big benefit if used properly. Once IT issues are resolved, the process will directly pull SDM data into the development of the goals and action steps of the treatment plan.

Table 16 below provides the list of those service areas or needs that were not included in the treatment plan but that were identified as services needed going forward. These were noted by the reviewers during their review process, and are listed with the barrier discussed or noted by the reviewer:

Table 16: Services/Barriers Not Incorporated into Current Approved Treatment Plan

Service	Barrier	Frequency
Case Management/Support Advocacy	Other: Legal consult & safety assessment, paternity issues need to be resolved	2
Case Management/Support Advocacy	UTD from Treatment Plan or Narrative	1
Case Management/Support/Advocacy	Delay in Referrals	2
Dental Screening Evaluation	Client Refused	1
Dental Screening Evaluation	No Service Identified to Meet Need	1
Dental Screening Evaluation	UTD from Treatment Plan or Narrative	3
Dental Screening Evaluation	Provider Issue - Lack of Follow Through	1
Dental Service Orthodontics	Other - Family now Whereabouts Unknown	1
Developmental Screening Evaluation	UTD from Treatment Plan or Narrative	1
Domestic Violence Service -Perpetrator	No Service Identified to Meet the Need	1
Family or Marital Counseling	Delay in Referral	1
Family Preservation Services	Wait List	1
Family Reunification Services	Delay in Referral	1
Family Reunification Services	Services Deferred Pending Completion of Another	1
Group Counseling - Child	Client Refused	1
Head Start	Lack of Communication between DCF and Provider	1
Health/Medical Screen or Evaluation	UTD from Treatment Plan or Narrative	1
Housing Assistance (Section 8)	Delay in Referral	1
IEP Programming	Lack of Communication between DCF and Provider	2
Individual Counseling - Child	Client Refused	1
Individual Counseling - Parent	Client Refused	1
Mental Health Screening Evaluation - parent	Delay in Referral	1
Mentoring	Approval Process	1
Mentoring	Delay in Referral	1
Mentoring	Wait List	1

Service	Barrier	Frequency
Other Medical Intervention (Pain Mgmt)	Delay in Referral	1
Other Medical Intervention (Speech Eval)	No Service Identified to Meet the Need	1
Psychological Evaluation - Parent	Delay in Referral	1
Substance Abuse Screening - Child	Wait List	1
Substance Abuse Screening - Parent	Delay in Referral	1
Substance Abuse Screening - Parent	UTD from Treatment Plan of Narrative	1
Supervised Visitation	Delay in Referral	1
SW/Parent Visitation	Client Refusal	1
SW/Parent Visitation	SW was not visiting with father although he had access to and was visiting with children during the period in his home	1

Correctly identifying and including services and needs in the treatment plan action steps allows the agency to ensure that critical services are implemented and reviewed for progress. It also provides clarity to clients, providers and DCF regarding the expectations of case participants for the next six months.

Appendix 1

Stipulation Regarding Outcome Measure 3 and 15 Target Cohorts

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

The Target Cohorts shall include the following:

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

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

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

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

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

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

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

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

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

Appendix 2

Rank Scores for Outcome Measure 3
And
Outcome Measure 15
First Quarter 2009

Case Summaries for Outcome Measure 3 - First Quarter 2009

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

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Milford	1	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	3	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	Total N	3	3	3	3	3	3	3	3	3

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Hartford	1	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Appropriate Treatment Plan
	2	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	3	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	4	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal	Not an Appropriate Treatment Plan
	5	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	6	Optimal	Very Good	Very Good	Marginal	Marginal	Very Good	Poor	Poor	Not an Appropriate Treatment Plan
	Total N	6	6	6	6	6	6	6	6	6

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

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Meriden	1	Optimal	Very Good	Optimal	Optimal	Marginal	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	Total N	2	2	2	2	2	2	2	2	2
Middletown	1	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	2	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	Total N	2	2	2	2	2	2	2	2	2

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
New Britain	1	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Appropriate Treatment Plan
	2	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	3	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	4	Optimal	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good	Optimal	Not an Appropriate Treatment Plan
	5	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	6	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	Total N	6	6	6	6	6	6	6	6	6

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

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

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

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

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Willimantic	1	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	3	Optimal	Very Good	Optimal	Very Good	Marginal	Optimal	Very Good	Very Good	Not an Appropriate Treatment Plan
	Total N	3	3	3	3	3	3	3	3	3
Total	N	52	52	52	52	52	52	52	52	52

Case Summaries for Outcome Measure 15 - First Quarter 2009

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

What is the social worker's area office assignment?		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Milford	1	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Needs Met
	2	N/A to Case Type	Very Good	Optimal	Optimal	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
	3	Very Good	N/A to Case Type	Very Good	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
	Total N	1	2	3	3	1	3	3	3	3	3	3	3

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

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

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

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

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

What is the social worker's area office assignment?	Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
1 **Torrington**	Optimal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Needs Met
2	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	N/A to Case Type	Optimal	Optimal	Needs Met
Total N	1	1	1	2	1	2	2	2	1	2	2	2

What is the social worker's area office assignment?		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Waterbury	1	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
	2	N/A to Case Type	Very Good	Marginal	Marginal	Poor	Very Good	Poor	Optimal	Marginal	Very Good	N/A to Case Type	Needs Not Met
	3	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Marginal	Optimal	N/A to Case Type	Very Good	Needs Met
	4	N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Marginal	Very Good	Very Good	Needs Not Met
	Total N	1	3	3	4	3	4	4	4	4	3	3	4
Willimantic	1	Optimal	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Optimal	Optimal	Very Good	Very Good	N/A to Case Type	Very Good	Needs Met
	2	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Needs Met
	3	N/A to Case Type	Optimal	Very Good	Poor	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Needs Met
	Total N	1	2	2	3	2	3	3	3	3	2	3	3
Total	N	20	35	36	52	39	52	52	52	50	35	43	52

Appendix 3

Commissioner's Highlights from
Department of Children & Families
First Quarter 2009 Exit Plan Report

Commissioner's Highlights
First Quarter 2009 Exit Plan Report
May 2009

The dedicated men and women who together make up the Department of Children and Families have again shown what forward progress can be accomplished through teamwork among staff, the network of private service providers, other community partners and the families and children we collectively serve. The First Quarter 2009 *Juan F.* Exit Plan records that 17 of 22 goals were met, with two additional measures coming within 3.3 percentage points of goal.

There was much accomplished during the quarter. All three measures of timely permanency -- adoption, subsidized guardianship, and reunification -- were met, and the timeliness of adoption reached its highest level ever at 44.7 percent. That is 34 percentage points and four times the measure recorded in the Exit Plan's first quarter. The measure for residential reduction matched its previous best at 10 percent of the total *Juan F.* population, and there are currently 42 percent fewer children in a residential treatment center as compared to the Spring of 2004. A critical measure of the quality of our child welfare interventions shows that we continue to sustain previous gains. The measure of repeat maltreatment was met for the eighth consecutive quarter, and fourteen measures have now been met over a consecutive stretch of two years or more.

Despite these successes, important improvements in our work are still required, particularly relating to engaging families in effective planning and treatment as well as offering more children in care with the opportunity to live in a family setting. However, tremendous improvements have been made and are continuing. The staff at the Department have done much to make us proud, and I have every confidence that we will continue to see gains in these critical areas.

Below is a summary of our accomplishments and remaining challenges:

ACCOMPLISHMENTS

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

- Commencement of Investigations: The goal of 90 percent was exceeded for the 18th quarter in a row with a current achievement of 97.6 percent.
- Completion of Investigations: Workers completed investigations in a timely manner in 91.3 percent of cases, also exceeding the goal of 85 percent for the 18th consecutive quarter.
- Search for Relatives: For the 14th consecutive quarter, staff achieved the 85 percent goal for relative searches and met this requirement for 94.3 percent of children.

- Repeat Maltreatment: For the 8th consecutive quarter, staff exceeded the goal of 7 percent or less by achieving 5.8 percent**.**
- Maltreatment of Children in Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the 21st consecutive quarter with an actual measure of 0.3 percent.
- Reunification: For the second consecutive quarter and 11 quarters of the last 15, the Department met the 60 percent goal for timely reunification by achieving the one-year timeline in 68.1 percent of cases.
- Adoption: Department staff attained the highest level of performance for adoptions completed within two years under the history of the Exit Plan, exceeding the 32 percent goal with an actual achievement of 44.7 percent.
- Transfer of Guardianship: The Department exceeded the 70 percent goal for timely transfers of guardianship with an actual rate of 75.3 percent.
- Multiple Placements: For the 20th consecutive quarter, the Department exceeded the 85 percent goal with a rate of 96 percent.
- Foster Parent Training: For the 20th consecutive quarter, the Department met the 100 percent goal.
- Placement within Licensed Capacity: For the 11th consecutive quarter, staff met the 96 percent goal with an actual rate of 96.6 percent.
- Worker-To-Child Visitation In Out Of Home Cases: For the 14th consecutive quarter staff exceeded the 85 percent goal for monthly visitation of children in out-of-home cases by hitting the mark in 95.7 percent of applicable cases.
- Worker to Child Visitation in In-Home Cases: For the 14th consecutive quarter, workers met required visitation frequency in 90.5 percent of cases, thereby exceeding the 85 percent standard.
- Caseload Standards: For the 20th quarter, no Department social worker carried more cases than the Exit Plan standard.
- Reduction in Residential Care: For the 12th consecutive quarter, staff met the requirement that no more than 11 percent of children in DCF care are in a residential placement by reaching 10 percent -- matching the best measure so far under the Exit Plan attained two quarters previous.
- Discharge Measures: For the 15th consecutive quarter, staff met the 85 percent goal for ensuring children discharged at age 18 from state care had attained either educational and/or employment goals by achieving an appropriate discharge in 85.3 percent of applicable cases.
- Multi-disciplinary Exams: For the 13th consecutive quarter, staff met the 85 percent goal by ensuring that 93.6 percent of children entering care received a timely multi-disciplinary exam.

CHALLENGES

Beyond question, Department staff deserves recognition for hard work and achievement in regards to the many outcomes consistently and successfully attained over time. But staff are also demonstrating great diligence and commitment in taking on the remaining unmet challenges. These challenges are reflected in outcomes for effective treatment planning and meeting children's needs. In every area office, extensive efforts have been made on implementing the service need reviews. Focused on children whose needs are the most challenging and whose circumstances warrant special focus, approximately 2,500 children across eight identified cohort groups will benefit from this heightened process of review and planning. By late April, more than 1,700 initial reviews had been conducted. Since September 2008, when the children in the cohort groups were originally identified, there have been additional children who entered one of the groups. It is also encouraging that 246 children have exited the cohort, and the review process was effective in, at the least, confirming the appropriateness of the actions taken to support that outcome.

While work to produce an evaluation of the effectiveness of the service need reviews is underway, there are numerous instances in which we know the reviews have made a positive difference. For example, one review brought a child's biological parents together with the foster parents, and they were able to agree that the biological parents would consent to terminate parental rights and that the foster parents would agree to an open adoption. Children whose permanency plan was APPLA have more appropriate goals as a result of their reviews and more timely action steps are being established as well. Overall, the reviews are prompting a more rigorous examination of what we are doing for children and when we are doing it. Stakeholders are being brought to the table and real issues are being confronted and addressed.

Work to improve treatment planning -- especially efforts to support greater family involvement and engagement -- is another key focus of our efforts. While this quarter's performance showed a dip in performance on the treatment plan measure in comparison to last quarter's performance, it still represents an improvement compared to every previous quarter under the Exit Plan. So despite the bump in this quarter, the data overall continues to show that the quality of treatment plans is improved, and we are working hard to continue the trend. Specifically, the Department has conducted a review and assessment of our current treatment planning policies, practices and procedures. This effort includes a redesign of both our child and family case plans to make them more family-centered, streamlined and fluid to accurately reflect family circumstances. These updated plans will be available in our automated data system by the end of July 2009. A training curriculum will be developed highlighting the importance of family engagement in treatment planning, the findings of our federal Child and Family

Service Reviews, and new legislation that impacts practice related to children and youth in foster care. All staff will be required to attend the full-day training session. The Department intends to modify our Administrative Case Review schedule to include meeting times that are convenient to families and youth to enhance involvement and family participation in the development of case plans. Family meetings (case reviews) involving all parties involved with the family will be convened at 90-day intervals to assess progress and changes in service delivery. This process is designed to support and encourage a team approach in the development of case plans.

The Department is also engaged in the establishment of a practice model. In October 2008, the Department established a contract with the Center for the Support of Families (CSF) to develop a child welfare practice model that provides a framework for all casework activities. The model is designed to provide an integrated approach to serving children and families by including practices and activities that address safety, permanency, and well-being. The model will provide a consistent approach to child welfare interventions across all programs and will operationalize and reflect DCF's mission, guiding principles and values. The Practice Model consists of six key components: assuring child safety; assessing the strength and needs of family members; timely and appropriate decision making; involving children and families in case activities and decision making; individualizing services; and quality assurance strategies and monitoring. The model is currently in development. A draft of the Practice Model will be presented to the DCF Executive Team for feedback the summer of 2009. Once the model is approved, an implementation plan will be developed.

Another vitally important initiative to build upon family strengths and support family engagement is the development of a Differential Response System (DRS). In December 2006, the Department began exploring the feasibility of developing a statewide DRS to work with families following acceptance of a report of child abuse and neglect. The goal of DRS is to establish an alternative response track for accepted CPS reports that offers a strength-based, solution and service oriented approach. In August 2008, the Department issued a request for information to solicit recommendations on the design and statewide implementation of DRS. The Department received overwhelming support from the community to move forward with an implementation plan. Supporting the belief that this work is done best at the local level, the Department, in collaboration with our community partners, hopes to be able to establish six community hubs to coordinate and develop an implementation plan. It is anticipated the roll out of DRS will occur next year, dependent on community readiness and resource availability.

In addition to these efforts, the Department's Program Improvement Plan that comes in response to the recent federal Child and Family Services Review will include a focus on enhancing family engagement practices with a specific

emphasis on involving fathers in our work. The DCF Young Fatherhood Program is using focus groups consisting of young fathers to help identify and address gaps in service delivery with the goal of increasing the proportion of children growing up with involved, responsible, and committed fathers. A new two-day training program is underway for DCF staff to gain the skills necessary to assess and engage fathers in the development of case plans. In this training, participants will utilize different communication techniques required in working with fathers. Participants will be able to describe the different roles fathers have and the potential impact these roles have on service delivery. The course also explores the long-term benefits for children in DCF care when fathers are identified, located and involved early on in the Department's work with the child and family.

Another critical challenge is to expand our pool of foster care resources for children. This is a requirement of the 2008 stipulation, but more important it is an obligation we have to children in state care whose needs can be met in a family setting. While the percentage of children in state care living in a family setting is approximately 68 percent -- 11 percentage points higher than in 2002 -- there is a clear need to expand the resource pool so that more children can benefit from living with families whenever possible based on the child's unique needs and circumstances. The Department licensed 687 homes in the nine month period ending March 31, 2009. However, there were 680 homes that closed during the same period. Nearly 55 percent of the homes that closed did so for positive reasons including adoption, transfer of guardianship, or reunification.

There are a number of initiatives underway to improve how we recruit and retain foster families. We have enlisted the assistance of the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at AdoptUsKids (funded by the Children's Bureau within the federal Administration for Children and Families) to design and implement a targeted and effective recruitment effort that uses the most sophisticated approaches available. While some of the methodology for designing such a campaign is complex, the basic philosophy is not. Our current pool of foster parents will point toward the most effective path for recruiting new families. AdoptUsKids is going to use data about our current successful foster and adoptive parents to create profiles of Connecticut residents who are most likely to come forward as a resource for our children. In addition, this "market segmentation" analysis will tell us where in the state we can find the people who fit those profiles as well as precise points of contact in the community where we can share with them information about foster care and adoption. Further, we will be identifying areas of the state where the greatest unmet need exists for resource homes and ways to focus efforts to recruit homes for siblings, infants, adolescents, medically complex children, and children of color.

We will also be looking to foster families for guidance on the best way to recruit new families and about how to improve support and services from a customer-oriented perspective. Foster parent retention is in many ways even more important than recruiting new families, and we must continue to make every effort to respect and support our current foster families as our partners. A retention specialist who will focus on homes reaching re-licensing to reduce the number of families who decide not to continue to serve as foster families at the point of relicensure. Further, the Foster and Adoptive Support Team (FAST) services are being enhanced with an emphasis on clinical and in-home services, and foster families will receive priority access to Emergency Mobile Psychiatric Services.

In addition, the process of becoming licensed has been made more family friendly by increasing the availability of training necessary to become licensed -- 67 trainings were initiated since July 2008 -- by enabling more families to take the accelerated five-week training and by allowing families to attend trainings offered in other parts of the state. The Connecticut Association of Foster and Adoptive Parents is hiring a pre-licensing specialist responsible for consistent and timely engagement with individuals who have contacted the 888-KID-HERO line. The specialist will provide information, answer questions and "trouble shoot" barriers for people who are interested in becoming a foster resource.

Beyond doubt the Department faces significant challenges. Engaging families in effective planning and treatment as well as identifying adequate family resources for children in care are challenges that face every child welfare agency in this nation. However, the Department staff continues to demonstrate the determination and ability to make progress in the face of the most difficult challenges. Great strides have been made throughout the Exit Plan and continue to this day. I have every confidence that the remaining challenges will be met.