

**Juan F. v. Rell Exit Plan
Quarterly Report
July 1, 2010-September 30, 2010
Civil Action No. 2:89 CV 859 (CFD)**

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July 1, 2010 - September 30, 2010

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**Juan F. v Rell Exit Plan Quarterly Report
July 1, 2010 - September 30, 2010**

Highlights

- The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of July 1, 2010 through September 30, 2010 indicates the Department achieved 14 of the 22 Outcome Measures. The eight measures not met include; Treatment Plans, Adoption, Sibling Placements, Re-Entry, Placement within Licensed Capacity, Needs Met, Caseload Standards, and Discharge to the Department of Mental Health and Addiction Services (DMHAS) and the Department of Developmental Services (DDS).
- On April 12, 2010, pursuant to Section III.B of the Revised Monitoring Order dated October 12, 2005, the *Juan F.* Plaintiffs provided notification of the Defendants' actual or likely non-compliance and contempt of Outcome Measure 3 (Treatment Plans), Outcome Measure 15 (Needs Met) of the Revised Exit Plan of July 1, 2004 (as modified July 2006, the "2006 Revised Exit Plan") and the Stipulation Regarding Outcome Measures 3 and 15 dated July 17, 2008. At this time, mediation of these issues is continuing.
- On April 13, 2010, the Department of Children and Families (DCF) filed a motion with the federal court in the *Juan F.* Consent Decree. The Defendants' Memorandum of Law in Support of Motion to Vacate Consent Decree and Exit Plan Pursuant to Federal Rule 60(b)(5) stated that "based on widespread factual and legal changes that have occurred since entry of the Consent Decree prospective enforcement of the Decree is no longer equitable, and the Decree should therefore be vacated." Additional briefs were filed with the Court and a hearing date occurred on September 22, 2010. On September 22, 2010, Judge Christopher F. Droney filed a ruling that denied the Motion to Vacate.
- On November 24, 2009, Governor Rell issued a Deficit Mitigation Plan for Fiscal Year 2010 that called for suspension of all new intakes to both the DCF Voluntary Services Program (VSP) and the DDS Voluntary Services Program (VSP). On December 8, 2009, the plaintiffs filed a Motion and Memo of Law seeking a temporary restraining order and preliminary and permanent injunction to prevent implementation of the budget rescissions. A hearing was held before the Honorable Christopher F. Droney regarding this matter on December 16, 2009. During the course of this hearing, the defendants indicated that the planned rescission to the DCF-VSP had been rescinded and that the DDS-VSP would continue to conduct intake and processing of applications. It was also agreed that the Court Monitor would be provided with notice of any change in the DDS intake process. Supplemental briefs were submitted, and on January 28, 2010 a hearing was held and oral arguments were presented.

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

"This ruling arises from a 1989 class action lawsuit brought by the plaintiffs, on behalf of numerous children against the Governor of Connecticut, the Connecticut Department of Children and Families ("DCF" or "Department") and the Commissioner of DCF ("Commissioner"), which is now the subject of a

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

On August 31, 2010, a Motion for Reconsideration was filed with the Court by the Defendants. At the time of this report, it is still pending.

- Based on the Court Monitor's review of a sample of 53 cases, the Department attained a level of "Appropriate Treatment Plan" for Outcome Measure 3 (Treatment Plans) in 35 of the 53 cases sampled or 66.0%. This is a decrease from the 75.5% reported in the Second Quarter 2010. It must be noted that the finding of 66.0% does not mean that 34.0% of the sample did not have case plans. Rather, the Court Monitor review found that in 34.0% of these cases one or more significant elements were missing or deemed deficient.

The deficiencies noted were similar to previous quarters in that the consistency and sufficiency of assessments, accurate description of strengths and needs, and appropriate action steps and goals were most often cited. The quality of the case planning efforts is in part dependent on the quality of the Department's Structured Decision Making (SDM) efforts, since the SDM protocol prefills sections of the case plan. Consistency and quality issues are regularly noted regarding the SDM efforts and negatively impact the quality of case planning. Finally, engagement with case participants and key stakeholders continues to need improvement since attendance rates at Administrative Case Reviews (ACR) for children's attorneys, parent's attorneys, father's providers and children remain very low.

During the past quarter, a re-training on the new case plan format was completed for all ongoing service and investigation staff. The re-training included a specific focus on problematic areas identified by the Department. These problem areas included both foundational issues regarding treatment planning and the practical use of the revised electronic treatment planning document. Court Monitor staff attended the training in an effort to fully understand the content presented and the expectations of the Department.

In addition, the Department's five regions are each pursuing plans to further improve case planning. As outlined in the previous report, the current methodology includes attendance by the Court Monitor reviewers at the Administrative Case Review (ACR) and thus alerts the Department to the inclusion of a case in the review sample. This influences the degree of oversight and the intensity of efforts related to the identified sample cases. During the Third Quarter 2010, a blind sample of Outcome Measure 3 (Treatment Plans) was conducted in addition to the Outcome Measure 3 and Outcome Measure 15 sample to determine whether improvements in performance are being generalized to the full population of case plans in the course of normal practice. The blind sample of 22 cases found that just over 20.0% of the case plans blind sample were deemed appropriate. This finding and the specific strengths and deficiencies noted are very similar to the findings within the data produced by the Department's internal Administrative Case Review unit.

The Court Monitor is encouraged that the Department has undertaken additional efforts to expand the "transfer of knowledge" in a more systemic manner. Rather than solely relying on a person or persons per region to oversee and redirect staff regarding the quality of the case plans, they have implemented plans whereby managers and Social Work Supervisors (SWS) are reviewing small numbers of blind (unannounced) cases each month to assess, inform and improve the system-wide quality of case planning. A person-dependent approach to quality assurance may succeed with the Court Monitor's announced review of 53 cases but will not effectively promote system-wide improvement. Future meetings of the parties will determine revisions to the methodology regarding announced and blind sample reviews.

- Outcome Measure 8 (Adoption) achieved the lowest finding, 25.8%, since the Second Quarter of 2005. This Outcome Measure determines the percentage of children during the quarter who were adopted within 24 months of the child's most recent removal from his/her home.
- Following the filing of the Second Quarter 2010 report, DCF notified the Court Monitor that incorrect data was forwarded regarding Outcome Measure 11 (Re-Entry). The Second Quarter 2010 finding has been corrected to 6.7% on the summary chart rather than the 8.8% erroneously reported. Thus, the Department was in compliance with this measure last quarter. The Department did not meet the standard of 7.0% during the Third Quarter 2010 with a finding of 7.3%. This measure determines the percentage of children who re-enter DCF care and custody within 12 months of being discharged from DCF care and custody.
- Outcome Measure 14 (Placement within Licensed Capacity) was not met for the second consecutive quarter with a finding of 95.4%. This means that 4.6% of the children in foster care were placed in an overcapacity foster home during the period. This measure had been achieved for sixteen quarters prior to the last two quarters.
- Based on the Court Monitor's review of a sample of 53 cases, the Department achieved Outcome Measure 15 (Needs Met) in 58.5% or 31 of the 53 cases. This is an increase from the finding of 52.8% in the Second Quarter 2010. The finding should not be construed as 41.5% of the sample children not having any of their needs met. Rather, in many cases deemed deficient there was one or more identified significant needs that were not addressed adequately. Many other aspects of the child and family's array of needs may have been addressed adequately in these cases.

The ability of the Department to appropriately address the treatment/placement needs of children is compromised by a number of current issues. These issues include the lack of a sufficient number of foster and adoptive resources that is detailed in this report (a net gain of 48 foster homes since 2008 in the face of a reduction of close to 300 homes over the last 4 months) which negatively impacts the Department's ability to maintain children in family settings. Also, the closing of units/cottages at Riverview Hospital and Connecticut Children's Place due to fiscal/staffing considerations, along with the reduction of 46 SAFE Home beds and 12 Permanency Diagnostic Center beds, and the continued lack of appropriate in-state residential services and lack of openings in specialized group homes has meant fewer options to meet children's treatment and placement needs. In addition, wait-lists, some extensive, exist for in-home services, specialized foster care, life skills, transition services, domestic violence, and substance abuse services. These and other issues lead to delays in placement, discharge delays, children being placed in poorly matched, often more restrictive levels of care, multiple disruptions in treatment and placement, and significant delays in implementing essential services that might maintain children in their home or enable a timely reunification.

Other key findings this past quarter include:

- The largest categories of unmet needs involved mental health, behavioral health and substance abuse services, case management deficiencies (timely referrals, timely assessments, and lack of follow-up), dental, medical well-being, and education (Table 7 see page 50).
 - Analysis of the data indicates that when a combined selection of medical, dental and educational needs are selected, 17 of the 53 cases or 32.1% have an identified unmet need. Five of the cases contained a need in all three domains, two had concerns noted in two domains, and 10 cases had one need area or domain outstanding or unmet at the time of review.
 - Utilization of safety plans was noted in the LINK record for 73.7% of the cases that required one. Of the 14 cases with documented safety plans, 12 cases had additional documentation that indicated that the implemented services had mitigated the safety concerns in the home.
 - Only 27.8% of the cases requiring the 90-day Structured Decision Making (SDM) Risk Reassessment or Reunification Assessment/Reassessment had one documented at regular 90-day intervals. This is an important component that must be improved to ensure timely and appropriate case management actions on individual cases.
 - There were 209 discreet unmet needs identified by the reviewers. Within the full sample of the 35 cases in which there was a SDM conducted for a prior case plan development, 17 cases or 48.5% had a similar or identical priority need cited as identified by the Court Monitor at this review. These needs had not been addressed timely, were partially addressed, or remained unmet at the time of the review six months later.
 - Client refusal and case management issues were most frequently noted barriers, but provider issues involving availability of services were increased in comparison to prior review periods.
 - Reviewers noted 53 instances within 18 cases where there was a need noted during the period under review and/or discussed at the time of the ACR that was not addressed in the objectives and action steps of the newly approved case plan.
- Outcome Measure 18 (Caseload Standards) was not met for the Third Quarter 2010. This measure requires 100% compliance with the established caseload standards. The noncompliance involved one DCF social worker that exceeded the caseload for a short period of time beyond the 30 day allowance granted under the measure. It should be noted, at the time of the drafting of the report, the number of staff that are over the caseload capacity on any given day has been steadily increasing. While there are a number of factors that may be influencing this increase, one factor is that the number of reports and open investigations has significantly spiked over the last two months. Currently there are more open investigation cases than at any time since reports in 2002.
 - The finding for Outcome Measure 19 (Residential Reduction) was the lowest percentage recorded since the filing of the Exit Plan at 9.4%. Unfortunately, while the overall use of residential services decreased; the utilization of out-of-state residential services increased by 16 children. The reduction lies solely within the in-state residential population. As indicated in last quarter's report, the preliminary findings of a review of children placed in out-of-state residential programs raised concerns regarding the engagement of family and maintaining connected adults with children placed out-of-state. In addition, case coordination and visitation efforts along with increased, unmet medical and dental needs were concerns that were noted.

- Outcome Measure 21 (Discharge of Mentally Ill or Developmentally Disabled Youth) was not met in the Third Quarter 2010. This measure requires 100% compliance with the requirement that DCF "shall submit a written discharge plan to either DMHAS or DDS for all children who are mentally ill or developmentally disabled and require adult services". Two of 74 children requiring adult services did not have the required written discharge plans submitted.
- The Division of Foster Care monthly report for October 2010 indicates that there are 2,475 licensed DCF foster homes. This is a significant decrease of 300 homes compared with the Second Quarter 2010 report. The number of approved private foster care homes is 955. The number of private foster homes available for placement is 73. The Department's goal as outlined in the Stipulation Regarding Outcome Measures 3 and 15 required (1) a statewide gain of 350 foster homes by June 30, 2009; and (2) an additional statewide gain of 500 foster homes by June 30, 2010. The baseline set in June 2008 was a total of 3,388. The Department's status as of June 2010 is 3,430 homes, a net gain of 42 homes over the baseline set in June 2008. Additional foster care and adoptive resources are an essential component required to address the needs of children, reduce discharge delays, avoid overcapacity placements, and ensure placement in the most appropriate and least restrictive setting.
- As of November 2010, there were 462 children placed in residential facilities. This is a decrease of 13 children in comparison to the 475 reported last quarter. However, the number of children residing and receiving treatment in out-of-state residential facilities increased by 16 to 301 compared to the 285 reported last quarter. The number of children residing in residential care for greater than 12 months decreased to 129 compared with 141 in August 2010.
- The Department has nearly completed the restructuring of the SAFE Home programs. By January 2011, the Department will have adjusted the bed capacities to 142 beds, 10 providers, and 14 sites. In August 2010, 36 beds were eliminated by program closings and 10 additional beds were eliminated by lowered bed capacities of some providers. This restructuring also involved the closing of a Permanency Diagnostic Center (PDC) program with 12 beds in October 2010. These changes along with an effort by the Department to limit if not eliminate SAFE Home placements for young children have resulted in reduced utilization of SAFE Homes. The number of children utilizing SAFE Home temporary placements decreased to 99 as of November 2010 compared with the 125 reported as of August 2010. The number of children in SAFE Home in overstay status (>60 days), decreased by five children to 59 children compared with the 64 reported last quarter. It is important to note that in the Second Quarter 2010, 51% (64 of 125) of the children in SAFE Homes were on overstay status while the Third Quarter 2010 data indicates that 60% (59 of 99) of the children are on overstay status. There were 14 children with lengths of stay in excess of six-months as of November 2010. The lack of sufficient foster/adoptive resources is the most significant barrier to timely discharge. It also should be noted that a significant number of children on overstay status are parts of sibling groups which makes matching a more difficult task given the lack of foster care resources.
- The number of youth in overstay status (>60 days) in STAR placements increased to 44 from the 42 reported for the previous quarter. There were three children with lengths-of-stays longer than six months as of November 2010. The lack of sufficient foster home resources, therapeutic group homes, and specialized residential services along with the loss of available resources due to program closings, hampers the efforts to further reduce the utilization of STAR services and better manage the resident's length of stay.

- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased from 853 in August 2010 to 814 in November 2010. The Department's continued effort to appropriately pursue APPLA goals for youth and the continued age-out of older youth is contributing to the ongoing reduction. There has been a reduction of almost 300 children with APPLA goals since November 2008.
- The number of children age 12 years old or younger in congregate care decreased from 223 in August 2010 to 190 in November 2010. Much of this decrease is supported by the Department's effort to limit placement of young children in SAFE Homes.
- The important effort to implement the Connecticut Comprehensive Outcome Review process (CCOR) has continued. This process is modeled on the Federal Child and Family Services Review (CFSR) which evaluates safety, permanency and well-being. The last review was conducted in September in the Middletown office. Further development of this process to include external, non-DCF staff reviewers and to improve elements of the data/information collection are important next steps that should be undertaken. The CCOR process is also being utilized to review a sample of cases to set baseline data for the Department's Federal Program Improvement Plan (PIP) relative to the CFSR process. A sample of eighty-five cases was reviewed in September 2010. The review was conducted primarily by five Quality Improvement and five Quality Assurance staff and was overseen by Central Office Quality Improvement staff.

- The Monitor's quarterly review of the Department for the period of July 1, 2010 through September 30, 2010 indicates that the Department did not achieve compliance with eight (8) measures:
 - Treatment Plans (66.0%)
 - Adoption (25.8%)
 - Sibling Placements (81.9%)
 - Re-Entry (7.3%)
 - Placement within Licensed Capacity (95.4%)
 - Needs Met (58.5%)
 - Caseload Standards (99.9%)
 - Discharge to DMHAS and DMR (97.3%)

- The Monitor's quarterly review of the Department for the period of July 1, 2010 through September 30, 2010 indicates the Department has achieved compliance with the following 14 Outcome Measures:
 - Commencement of Investigations (97.4%)
 - Completion of Investigations (91.5%)
 - Search for Relatives (90.9%)
 - Repeat Maltreatment (6.5%)
 - Maltreatment of Children in Out-of-Home Care (0.2%)
 - Reunification (68.3%)
 - Transfer of Guardianship (78.6%)
 - Multiple Placements (95.7%)
 - Foster Parent Training (100.0%)
 - Worker-Child Visitation Out-of-Home Cases (95.3% Monthly/98.9% Quarterly)
 - Worker-Child Visitation In-Home Cases (89.4%)
 - Residential Reduction (9.4%)
 - Discharge Measures (88.5%)
 - Multi-disciplinary Exams (96.1%)

- The Department has maintained compliance for at least two (2) consecutive quarters¹ with 16 of the Outcome Measures reported as achieved this quarter. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
 - Commencement of Investigations (twenty-fourth consecutive quarter)
 - Completion of Investigations (twenty-fourth consecutive quarter)
 - Search for Relatives (twentieth consecutive quarter)
 - Repeat Maltreatment (fourteenth consecutive quarter)
 - Maltreatment of Children in Out-of-Home Care (twenty-seventh consecutive quarter)
 - Reunification (fourth consecutive quarter)
 - Transfer of Guardianship (seventh consecutive quarter)
 - Multiple Placements (twenty-sixth consecutive quarter)
 - Foster Parent Training (twenty-sixth consecutive quarter)
 - Visitation Out-of-Home (twentieth consecutive quarter)
 - Visitation In-Home (twentieth consecutive quarter)
 - Residential Reduction (eighteenth consecutive quarter)
 - Discharge Measures (fourth consecutive quarter)
 - Multi-disciplinary Exams (nineteenth consecutive quarter)

A full reporting of the Stipulation Regarding Outcome Measure 3 and 15 and the DCF Action Plan can be found on pages 12 and 17 respectively.

A full copy of the Department's Third Quarter 2010 submission including the Commissioner's Highlights may be found on page 75.

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

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

Stipulation Regarding Outcome Measures 3 and 15

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

A. Recruitment and Retention Plan

During the Third Quarter 2010 (July-September 2010), the Department added 170 DCF homes and 48 Private Foster Care Homes. The number of homes closed during this three month period included 390 DCF homes and 57 Private Foster Care Homes.

The Kid Hero line, operated by the Connecticut Association of Foster and Adoptive Parents (CAFAP), reports that 1,516 calls were received and that 534 resulted in an inquiry moving forward. This is a 35% capture rate. Of the 534 inquiring families, 300 or 56% attended open houses and 58 families were screened out. Once again, the major recruitment source noted by the inquiring families was the internet.

Many individual and co-sponsored events were held during November 2010 including; the American Fashion Girl Show, Support of the Bells of Hope Initiative, and the Expressions of Hope Exhibit as well as numerous articles and website notifications.

CAFAP launched a completely redesigned and enhanced website (CAFAP.com). The new site is updated weekly and the content is continually enhanced. CAFAP's website is averaging 398 unique users each week and 199 page views per day.

B. Recruitment and Retention Goals

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

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

DCF Licensed Foster Homes	2,355
Private Foster Homes	<u>1,033²</u>
	3,388

According to the most recent report, the October 2010 report, the number of foster homes is:

DCF Licensed Foster Homes	2,475
Private Foster Care Homes	<u>955</u>
	3,430

The Department has achieved a net gain of 42 homes since June 2008.

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

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

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

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

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

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

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

- DCF to continue to work with the Annie E. Casey Foundation Child Welfare Strategy Group to set reasonable and achievable targets and timelines for reducing congregate care and prioritizing and making actionable a core set of recommendations for moving forward, and
- DCF to work with the Monitor to have him track the reductions in congregate care and report regularly on the progress being made through the implementation of the strategies mentioned above.

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

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

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

these efforts and specific plans are being developed. The review of APPLA work will now include attendance by Strategy Group staff at ACR's where APPLA are involved as well as attendance at permanency planning focus or MAP meeting.

Stipulation §IV. Practice Model

In September 2010, final approval was given regarding the seven strategies and descriptives for the Practice Model. Weekly management meetings continue in Region 1. These ongoing discussions about what is needed to successfully implement the Practice Model include; system issues, values and purpose of supervising, the supervision model and training and support requirements. In addition, facilitated dialogue with the Social Work Supervisors have taken place. The need for coaching and a variety of training, including the use of genograms emerged from these conversations. Additional facilitated dialogues are planned for a variety of groupings of staff. These efforts are structured to ensure explanation of a variety of issues and to promote effective interactions.

The Training Academy has drafted an outline that is currently being edited. Some portions of the training will utilize existing in-service training such as purposeful visits that will be made a mandatory part of the Practice Model curriculum. It is expected that seven to eight days of training spread over a period of time will occur.

A coaching model has been drafted but requires approval. External funding is set aside from Northeast and Caribbean Implementation Center (NCIC). The coaching will include observation, assistance with preparing and facilitating family conferences or group meetings and regular feedback.

The Project Manager has been hired, is in place and actively engaged in implementation planning and efforts.

A specific start date and timeline must still be set but early 2011 is currently the anticipated timeframe.

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

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

The continued improvements in the ACR process are essential to realizing systemic improvements in the Department's provision of timely and appropriate treatment and permanency services to children. Data has been available regarding the 48-hour notification process. The findings continue to track closely with the Court Monitor's findings with respect to Outcome Measure 3 (Case Planning). The Case Planning areas of Goals and Objectives and Action Steps are most often identified by ACR staff in this initial data as being problematic. Development of additional reporting from the database is needed to more effectively identifying strengths and areas needing improvement.

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

A.-F. Prospective Placement Restrictions

There has been no change since last quarter to the Department's efforts to implement these requirements. Tracking and approvals continue to occur. The Court Monitor has not undertaken formal review of the efforts but has confirmed that reports and approvals are taking place.

B. Health Care Treatment

Stipulation §VIII. Treatment Planning

Additional re-training regarding case planning was completed during the Third Quarter 2010. This training assisted in clarifying and communicating expectations for developing case plans. This training combined with ACR efforts should improve quality of the planning process. The training is only one step in the process which will require continued focus by Social Workers, Social Work Supervisors and in some cases the Program Supervisors, along with the oversight and assistance of Quality Assurance and Quality Improvement staff. The case plans sampled this quarter were deemed appropriate in 66.0% of the reviewed cases for the Third Quarter 2010. While this effort requires continued improvement, case planning is much improved over the last few years.

It remains to be seen if this performance can be generalized to the full population of case plans in the course of normal practice. The current methodology includes attendance by Court Monitor reviewers at the Administrative Case Review and thus alerts the Department to the inclusion of the case in the review sample. This influences the degree of oversight and intensity of efforts related to identified sample cases. While the current methodology will continue in subsequent quarters; additional blind sampling began in the third quarter to assess the level of acculturation that has occurred to date. Findings of the blind sample are being shared with the parties to assist in the identification of strengths and areas needing improvement and the Court Monitor is developing specific suggestions for adjustments in the Outcome Measure 3 and Outcome Measure 15 review methodology as warranted by the ongoing findings. As expected, the findings for the blind sample indicate a much lower rate of compliance than the methodology that includes notification to the Department. Despite these findings, there is evidence that re-training, coaching and improvements in the ACR process can be effective in improving performance.

Stipulation §IX. Interim Performance

A. Baseline Reductions

B. Health Care

1. Dental Service Needs

As of September 30, 2010, Section III.2 Dental Service Needs within Outcome Measure 15 Methodology was determined appropriately met in 81.1% of the cases reviewed. (Target goal is 85.0 %.)

2. Mental Health Service Needs

As of September 30, 2010, Section III.3 Mental Health Service Needs within Outcome Measure 15 Methodology was determined to be appropriately met within 64.2% of the cases reviewed. (Target goal is 85.0 %.)

C. Contracting or Providing Services to Meet the Permanency Goal

As of September 30, 2010, the "DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal component of the Outcome Measure 15 Methodology was determined to be appropriately met in 77.4% of the cases reviewed. (Target goal is 73 %.)

D. Goals for Increasing Family Based Placements

The August 2010 data indicated that 74% of the children in DCF custody were in family-based settings.

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

1. Action Steps to Achieving Goals Identified

As of September 30, 2010, the "Action Steps to Achieving Goals Identified" case planning component of the Outcome Measure 3 Methodology for all cases was determined to be met in 71.7% of the cases reviewed. (Target Goal 85.0%)

2. Determining Goals and Objectives

As of September 30, 2010, the "Determining Goals/Objectives" case planning component of the Outcome Measure 3 Methodology was determined to be met in 77.4% of all the cases reviewed. (Target Goal is 85.0%)

3. Planning for Permanency

As of September 30, 2010, the "Planning for Permanency" case planning component of the Outcome Measure 3 Methodology was determined to be met in 84.9% of the cases reviewed. (Target Goal is 85.0%)

4. Engagement of Child and Family (*Formerly identified as Strengths/Needs/Other Issues*)

As of September 30, 2010, the "Strengths /Need/Other Issues" case planning component of the Outcome Measure 3 Methodology was determined to be met in 81.1% of the cases reviewed. (Target Goal is 85.0%)

5. Progress

As of September 30, 2010, the "Progress" case planning component of the Outcome Measure 3 Methodology was determined to be met in 90.6% of the cases reviewed. (Target Goal is 85.0%)

Juan F. Action Plan-Third Quarter 2010 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 following are 9 identified populations of children outlined in the Juan F. Action Plan for regular updates on progress in meeting the children's permanency needs.

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

Goal = 0 by 3/1/07.

In August 2010 there were 24 children.

As of November 2010 there are 27 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 August 2010 there were 47 cases with no reason for not filing TPR (blank).

As of November 2010 there are 84 cases with no reason for not filing TPR (blank).

Many of our review activities have noted an area needing improvement is 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 August 2010 there are 27 children where the permanency barrier titled "no resource" is identified, 28 children with the permanency barrier of "no barrier identified", and 281 that are blank. In addition, 9 have "ICPC" as a barrier, 19 cite a "pending appeal", 5 have "pending investigations", 45 indicate a "special needs barrier", 16 are "subsidy negotiation", 79 indicate that "support is needed" and 14 have "foster parent indecision" indicated.

As of November 2010 there were 21 children where the permanency barrier titled "no resource" is identified, 51 children with the permanency barrier of "no barrier identified", and 263 that are blank. In addition, 5 have "ICPC" as a barrier, 23 cite a "pending appeal", 43 indicate a "special needs barrier", 13 are "subsidy negotiation", 79 indicate that "support is needed" and 12 have "foster parent indecision" indicated.

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

As of August 2010 there were 140 children in this cohort.

In November 2010 there are 131 children.

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

As of August 2010 there were 202 children in this cohort.

In November 2010 there are 189 children in the cohort.

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

As of August 2010 there were 17 children in this cohort.

In November 2010 there are 13 children in this cohort.

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

As of August 2010 there were 404 children in this population.

In November 2010 there are 362 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.

As of August 2010 there were 110 children in this population.

In November 2010 there are 95 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.

*As of August 2010 there were 604 children in this population (67
are placed with a relative in a long term foster home arrangement).*

*In November 2010 there are 577 children in this population (61 were placed with a
relative in a long term foster home arrangement).*

JUAN F. ACTION PLAN MONITORING REPORT

NOVEMBER 2010

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

A. PERMANENCY ISSUES

Progress Towards Permanency:

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

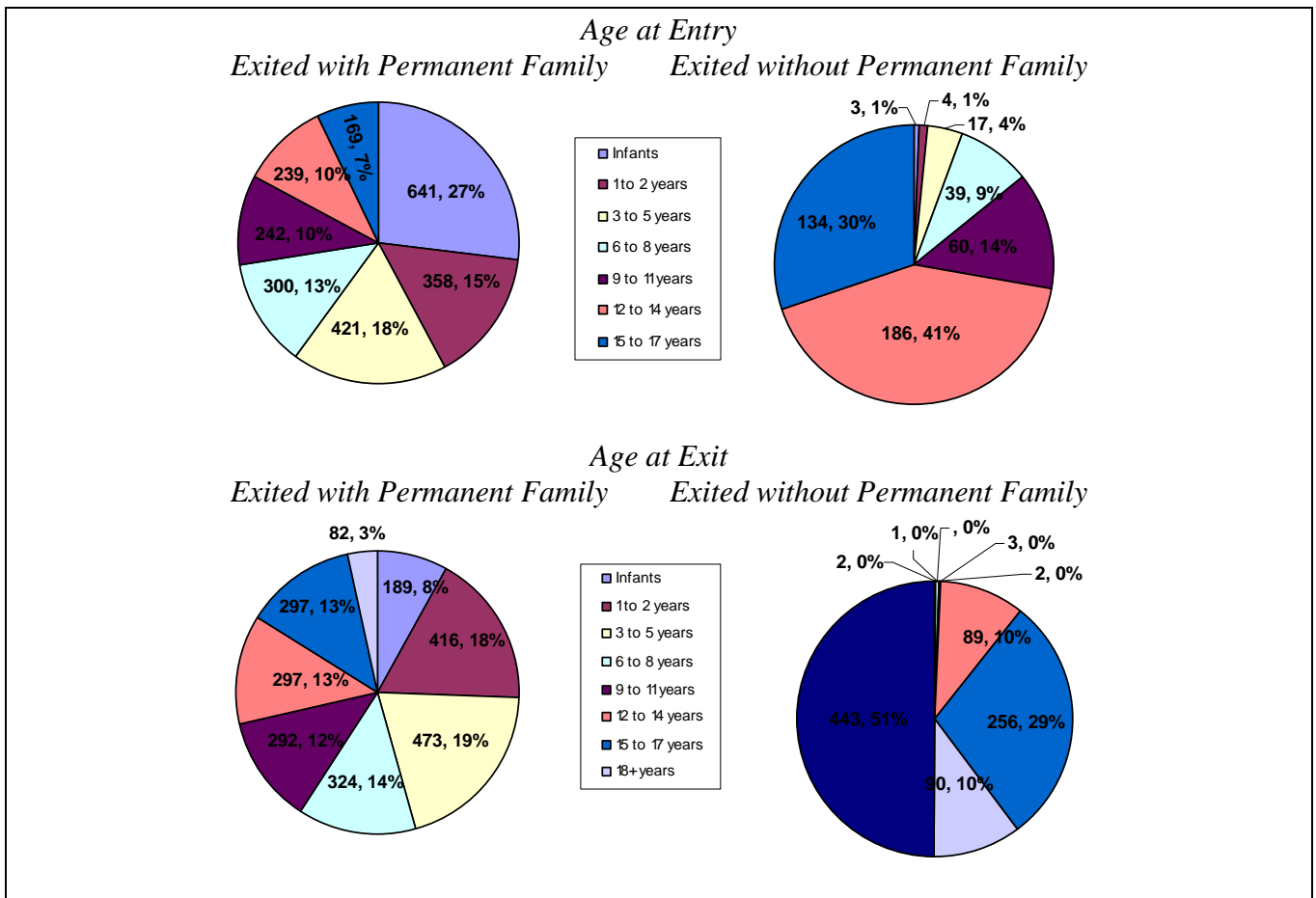
FIGURE 1: CHILDREN EXITING WITH PERMANENCY, EXITING WITHOUT PERMANENCY, UNKNOWN EXITS AND REMAINING IN CARE (ENTRY COHORTS)

	Period of Entry to Care								
	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total Entries	3105	3547	3204	3093	3408	2853	2827	2630	1969
Permanent Exits									
In 1 yr	1182 38.1%	1405 39.6%	1229 38.4%	1132 36.6%	1263 37.1%	1095 38.4%	1097 38.8%		
In 2 yrs	1642 52.9%	2077 58.6%	1805 56.3%	1744 56.4%	1973 57.9%	1675 58.7%			
In 3 yrs	1969 63.4%	2384 67.2%	2092 65.3%	2017 65.2%	2324 68.2%				
In 4 yrs	2140 68.9%	2539 71.6%	2262 70.6%	2162 69.9%					
To Date	2298 74.0%	2692 75.9%	2346 73.2%	2222 71.8%	2535 74.4%	2008 70.4%	1771 62.6%	1224 46.5%	434 22.0%
Non-Permanent Exits									
In 1 yr	274 8.8%	249 7.0%	231 7.2%	289 9.3%	259 7.6%	263 9.2%	250 8.8%		
In 2 yrs	332 10.7%	320 9.0%	301 9.4%	371 12.0%	345 10.1%	318 11.1%			
In 3 yrs	365 11.8%	366 10.3%	366 11.4%	431 13.9%	401 11.8%				
In 4 yrs	406 13.1%	392 11.1%	403 12.6%	461 14.9%					
To Date	477 15.4%	460 13.0%	464 14.5%	500 16.2%	461 13.5%	365 12.8%	331 11.7%	224 8.5%	80 4.1%

	Period of Entry to Care								
	2002	2003	2004	2005	2006	2007	2008	2009	2010
<i>Unknown Exits</i>									
<i>In 1 yr</i>	106 3.4%	154 4.3%	129 4.0%	83 2.7%	76 2.2%	62 2.2%	61 2.2%		
<i>In 2 yrs</i>	136 4.4%	194 5.5%	172 5.4%	124 4.0%	117 3.4%	99 3.5%			
<i>In 3 yrs</i>	161 5.2%	221 6.2%	209 6.5%	163 5.3%	141 4.1%				
<i>In 4 yrs</i>	179 5.8%	245 6.9%	235 7.3%	181 5.9%					
<i>To Date</i>	232 7.5%	300 8.5%	267 8.3%	199 6.4%	158 4.6%	120 4.2%	98 3.5%	73 2.8%	8 .4%
<i>Remain In Care</i>									
<i>In 1 yr</i>	1543 49.7%	1739 49.0%	1615 50.4%	1589 51.4%	1810 53.1%	1433 50.2%	1419 50.2%		
<i>In 2 yrs</i>	995 32.0%	956 27.0%	926 28.9%	854 27.6%	973 28.6%	761 26.7%			
<i>In 3 yrs</i>	610 19.6%	576 16.2%	537 16.8%	482 15.6%	542 15.9%				
<i>In 4 yrs</i>	380 12.2%	371 10.5%	304 9.5%	289 9.3%					
<i>To Date</i>	98 3.2%	95 2.7%	127 4.0%	172 5.6%	254 7.5%	360 12.6%	627 22.2%	1109 42.2%	1447 73.5%

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 (2009 EXIT COHORT)



Permanency Goals:

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

FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON NOVEMBER 1, 2010³)

Is the child legally free (his or her parents' rights have been terminated)?				
Yes	No			
714	↓ 3302			
<i>Goals of:</i>	Has the child been in care more than 15 months?			
525 (74%)	No	Yes		
Adoption	1,895	↓ 1,407		
174 (24%)	Has a TPR proceeding been filed?			
APPLA	Yes		No	
9 (1%)	429		↓ 978	
Relatives	<i>Goals of:</i>			
3 (<1%)	273 (64%)	Yes		No
Blank	Adoption	733		245
1 (<1%)	98 (23%)	<i>Goals of:</i>	<i>Documented</i>	<i>Goals of:</i>
Reunify	APPLA	426 (58%)	<i>Reasons:</i>	117 (48%)
2 (<1%)	33 (8%)	APPLA	77%	Reunify
Trans. of	Reunify	138 (19%)	Compelling	55 (22%)
Guardian:	13 (3%)	Reunify	Reason	APPLA
Unsub	Trans. of	61 (8%)	12%	42 (17%)
	Guardian:	Adoption	Child is with	Adoption
	Sub/Unsub	51 (7%)	relative	18 (7%)
	11 (3%)	Relatives	8%	Trans. of
	Relatives	52 (7%)	Petition in	Guardian:
	1 (<1%)	Trans. of	process	Sub/Unsub
	Blank	Guardian:	4%	9 (4%)
		Sub/Unsub	Service not	Relatives
		5 (<1%)	provided	4 (2%)
		Blank		Blank

³ Children over age 18 are included in these figures.

Preferred Permanency Goals:

Reunification	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010
Total number of children with Reunification goal, pre-TPR and post-TPR	1620	1545	1534	1581	1596	1606
Number of children with Reunification goal pre-TPR	1612	1538	1533	1577	1593	1605
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 15 months in care 	380	359	315	313	310	288
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 36 months in care 	61	48	39	42	36	39
Number of children with Reunification goal, post-TPR	8	7	1	4	3	1

Transfer of Guardianship (Subsidized and Non-Subsidized)	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	198	212	178	196	169	168
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	196	212	178	194	166	166
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months 	54	59	63	62	54	48
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months 	23	26	27	25	18	19
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	2	0	0	2	3	2

Adoption	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010
Total number of children with Adoption goal, pre-TPR and post-TPR	1239	1177	1162	1138	1083	1112
Number of children with Adoption goal, pre-TPR	603	583	590	603	549	587
Number of children with Adoption goal, TPR not filed, >= 15 months in care	93	91	97	114	97	103
<ul style="list-style-type: none"> Reason TPR not filed, Compelling Reason 	24	20	14	14	18	15
<ul style="list-style-type: none"> Reason TPR not filed, petitions in progress 	20	27	41	48	40	38
<ul style="list-style-type: none"> Reason TPR not filed, child is in placement with relative 	6	7	7	13	11	2
<ul style="list-style-type: none"> Reason TPR not filed, services needed not provided 	9	4	3	1	5	6
<ul style="list-style-type: none"> Reason TPR not filed, blank 	34	33	32	39	23	42
Number of cases with Adoption goal post-TPR	636	594	572	535	534	525
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care >= 15 months 	602	563	547	508	501	501
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care >= 22 months 	525	475	481	448	439	420
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	69	44	33	29	21	34
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	304	266	243	221	200	192
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	154	176	187	189	196	198

Progress Towards Permanency:	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	296	257	233	259	241	245

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010
Total number of children with Long Term Foster Care Relative goal	113	102	94	104	93	91
Number of children with Long Term Foster Care Relative goal, pre-TPR	103	92	85	90	83	82
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR 	8	4	5	8	9	8
Long Term Foster Care Rel. goal, post-TPR	10	10	9	14	10	9
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR 	3	2	2	3	2	1

APPLA*	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010
Total number of children with APPLA goal	966	928	922	893	853	814
Number of children with APPLA goal, pre-TPR	729	712	714	688	669	640
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, pre-TPR 	42	40	36	26	34	29
Number of children with APPLA goal, post-TPR	237	216	208	205	184	174
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, post-TPR 	18	16	14	16	13	13

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

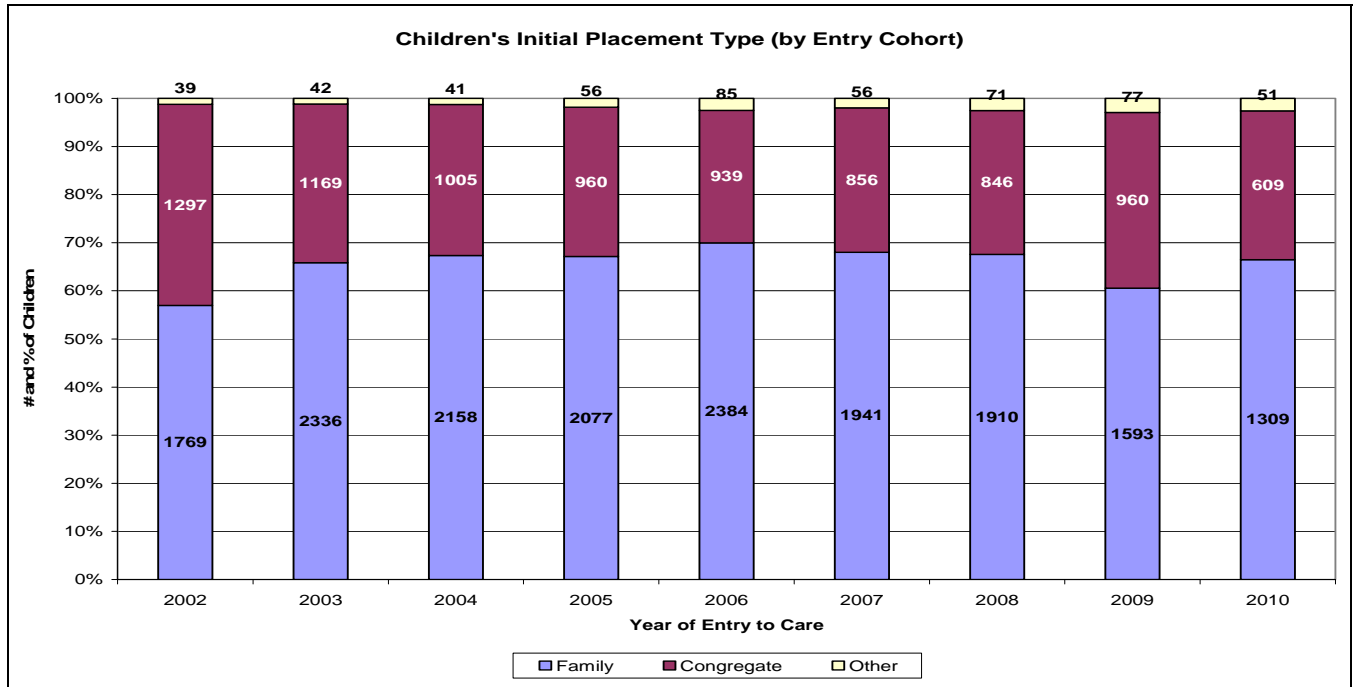
Missing Permanency Goals:

	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	74	83	33	21	32	32
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	26	24	21	14	20	17
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	8	4	3	6	12	10
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	7	1	3	6	11	5

B. PLACEMENT ISSUES

Placement Experiences of Children

The following chart shows the change in use of family and congregate care for admission cohorts between 2002 and 2010.

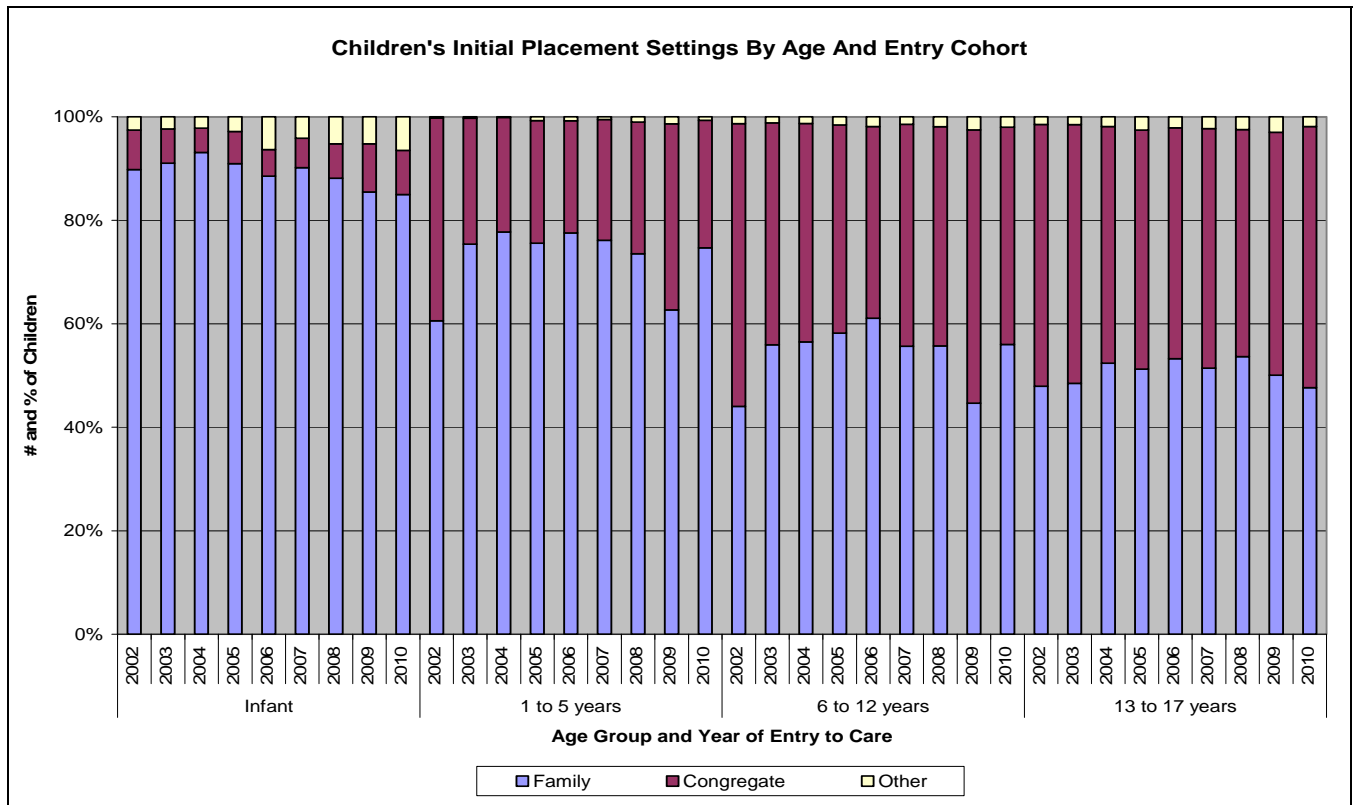


The next table shows specific care types used month-by-month for entries between October 2009 and September 2010.

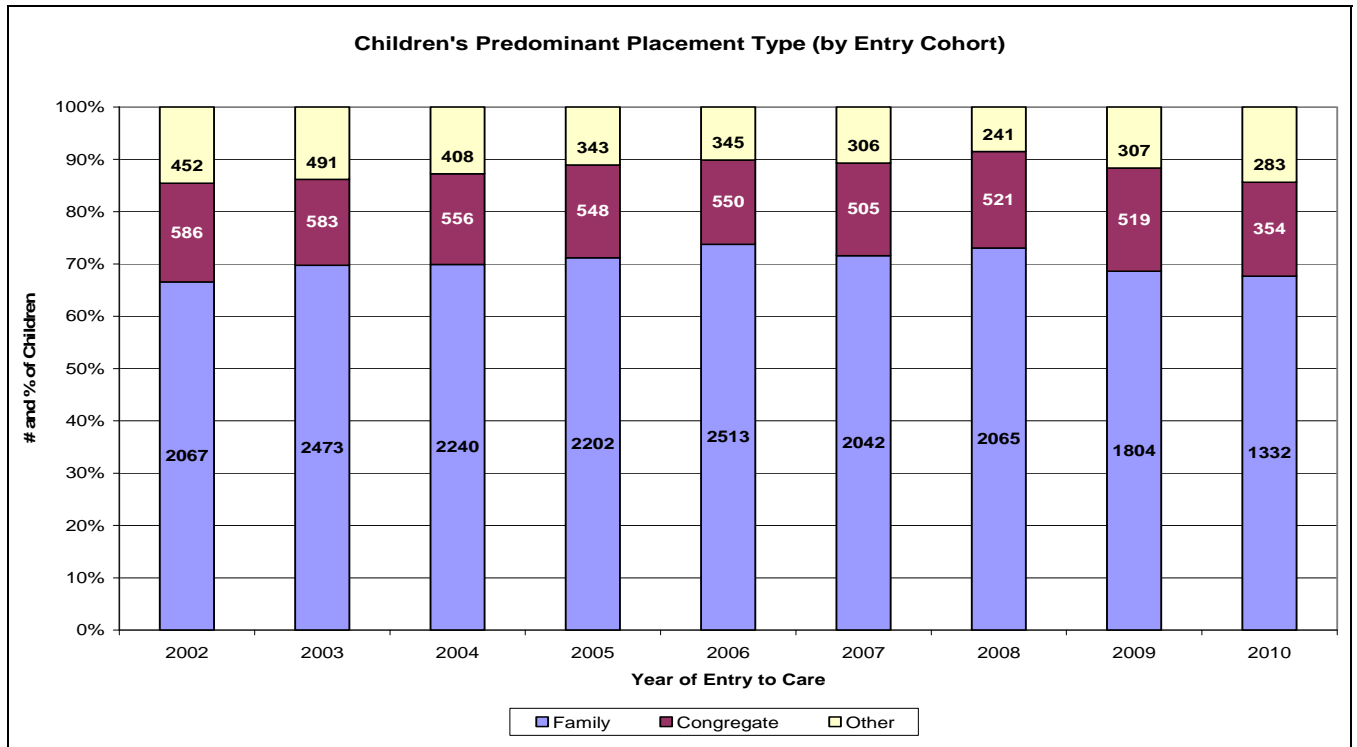
Case Summaries

First placement type		enter Oct09	enter Nov09	enter Dec09	enter Jan10	enter Feb10	enter Mar10	enter Apr10	enter May10	enter Jun10	enter Jul10	enter Aug10	enter Sep10
Residential	N	10	13	18	16	13	15	11	15	18	29	16	14
	%	4.7%	7.1%	8.5%	6.6%	7.6%	6.1%	5.7%	6.7%	9.5%	11.6%	6.0%	7.6%
DCF Facilities	N	5	4	2	2	2	3	3	2	2	3	3	3
	%	2.3%	2.2%	.9%	.8%	1.2%	1.2%	1.6%	.9%	1.1%	1.2%	1.1%	1.6%
Foster Care	N	108	94	88	117	99	129	106	132	107	130	136	114
	%	50.2%	51.1%	41.3%	48.3%	58.2%	52.2%	54.9%	58.7%	56.3%	52.0%	50.7%	62.0%
Group Home	N		3	1	6		2	4		2	4	5	2
	%		1.6%	.5%	2.5%		.8%	2.1%		1.1%	1.6%	1.9%	1.1%
Relative Care	N	29	23	39	24	14	24	19	28	22	18	38	22
	%	13.5%	12.5%	18.3%	9.9%	8.2%	9.7%	9.8%	12.4%	11.6%	7.2%	14.2%	12.0%
Medical	N	9	8	10	5	5	4	3	3	9	5	11	6
	%	4.2%	4.3%	4.7%	2.1%	2.9%	1.6%	1.6%	1.3%	4.7%	2.0%	4.1%	3.3%
Safe Home	N	40	25	42	60	19	49	23	28	13	39	38	11
	%	18.6%	13.6%	19.7%	24.8%	11.2%	19.8%	11.9%	12.4%	6.8%	15.6%	14.2%	6.0%
Shelter	N	9	13	7	7	12	18	21	15	12	19	18	12
	%	4.2%	7.1%	3.3%	2.9%	7.1%	7.3%	10.9%	6.7%	6.3%	7.6%	6.7%	6.5%
Special Study	N	5	1	6	5	6	3	3	2	5	3	3	
	%	2.3%	.5%	2.8%	2.1%	3.5%	1.2%	1.6%	.9%	2.6%	1.2%	1.1%	
Total	N	215	184	213	242	170	247	193	225	190	250	268	184
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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



It is also useful to look at where children spend most of their time in DCF care. The chart below shows this for admission the 2002 through 2010 admission cohorts.



The following chart shows monthly statistics of children who exited from DCF placements between October 2009 and September 2010, and the portion of those exits within each placement type from which they exited.

Case Summaries

Last placement type in spell (as of		exit Oct09	exit Nov09	exit Dec09	exit Jan10	exit Feb10	exit Mar10	exit Apr10	exit May10	exit Jun10	exit Jul10	exit Aug10	exit Sep10
Residential	N	16	17	16	16	14	13	13	16	27	18	33	15
	%	6.9%	6.7%	5.7%	7.8%	6.7%	5.7%	6.3%	7.2%	9.9%	7.8%	11.7%	8.2%
DCF Facilities	N	3	5	3	5	1	3	3	3	5	2	4	2
	%	1.3%	2.0%	1.1%	2.5%	.5%	1.3%	1.5%	1.4%	1.8%	.9%	1.4%	1.1%
Foster Care	N	113	116	130	89	99	118	105	118	137	117	128	84
	%	48.7%	45.8%	45.9%	43.6%	47.4%	51.3%	51.0%	53.2%	50.2%	50.9%	45.6%	46.2%
Group Home	N	10	12	20	16	11	13	8	8	18	22	16	14
	%	4.3%	4.7%	7.1%	7.8%	5.3%	5.7%	3.9%	3.6%	6.6%	9.6%	5.7%	7.7%
Independent Living	N	6	3	4	3	5	7	4	5	6	1	4	1
	%	2.6%	1.2%	1.4%	1.5%	2.4%	3.0%	1.9%	2.3%	2.2%	.4%	1.4%	.5%
Relative Care	N	50	59	64	44	38	31	38	44	43	45	51	35
	%	21.6%	23.3%	22.6%	21.6%	18.2%	13.5%	18.4%	19.8%	15.8%	19.6%	18.1%	19.2%
Medical	N	1	2	1			3	2	1			3	
	%	.4%	.8%	.4%			1.3%	1.0%	.5%			1.1%	
Safe Home	N	10	20	18	15	16	13	12	8	14	6	16	14
	%	4.3%	7.9%	6.4%	7.4%	7.7%	5.7%	5.8%	3.6%	5.1%	2.6%	5.7%	7.7%
Shelter	N	12	6	16	9	13	13	15	10	8	7	7	11
	%	5.2%	2.4%	5.7%	4.4%	6.2%	5.7%	7.3%	4.5%	2.9%	3.0%	2.5%	6.0%
Special Study	N	11	12	10	6	11	14	4	7	15	9	17	5
	%	4.7%	4.7%	3.5%	2.9%	5.3%	6.1%	1.9%	3.2%	5.5%	3.9%	6.0%	2.7%
Unknown	N		1	1	1	1	2	2	2		3	2	1
	%		.4%	.4%	.5%	.5%	.9%	1.0%	.9%		1.3%	.7%	.5%
Total	N	232	253	283	204	209	230	206	222	273	230	281	182
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The next chart shows the primary placement type for children who were in care on November 1, 2010 organized by length of time in care.

Case Summaries

Primary type of spell (>50%)		Incare Oct09	Incare Nov09	Incare Dec09	Incare Jan10	Incare Feb10	Incare Mar10	Incare Apr10	Incare May10	Incare Jun10	Incare Jul10	Incare Aug10	Incare Sep10
Residential	N	477	470	475	480	479	479	477	477	472	478	463	460
	%	9.9%	9.9%	10.2%	10.2%	10.3%	10.2%	10.2%	10.2%	10.2%	10.4%	10.0%	10.0%
DCF Facilities	N	65	63	59	57	57	58	59	60	57	58	56	56
	%	1.3%	1.3%	1.3%	1.2%	1.2%	1.2%	1.3%	1.3%	1.2%	1.3%	1.2%	1.2%
Foster Care	N	2495	2455	2414	2448	2432	2441	2441	2424	2394	2378	2385	2404
	%	51.8%	51.7%	51.7%	52.0%	52.1%	52.0%	52.1%	51.8%	51.9%	51.6%	51.6%	52.3%
Group Home	N	241	237	227	225	220	216	218	217	209	197	194	190
	%	5.0%	5.0%	4.9%	4.8%	4.7%	4.6%	4.7%	4.6%	4.5%	4.3%	4.2%	4.1%
Independent Living	N	17	16	15	15	15	14	13	12	10	10	10	9
	%	.4%	.3%	.3%	.3%	.3%	.3%	.3%	.3%	.2%	.2%	.2%	.2%
Relative Care	N	765	746	733	723	713	720	703	696	683	668	672	654
	%	15.9%	15.7%	15.7%	15.4%	15.3%	15.4%	15.0%	14.9%	14.8%	14.5%	14.5%	14.2%
Medical	N	18	16	18	19	24	26	25	26	28	30	31	36
	%	.4%	.3%	.4%	.4%	.5%	.6%	.5%	.6%	.6%	.7%	.7%	.8%
Mixed (none >50%)	N	391	392	382	375	366	359	350	341	334	323	310	300
	%	8.1%	8.3%	8.2%	8.0%	7.8%	7.7%	7.5%	7.3%	7.2%	7.0%	6.7%	6.5%
Safe Home	N	68	70	77	88	89	110	120	140	141	170	197	194
	%	1.4%	1.5%	1.6%	1.9%	1.9%	2.3%	2.6%	3.0%	3.1%	3.7%	4.3%	4.2%
Shelter	N	35	44	37	38	38	45	54	63	73	90	104	108
	%	.7%	.9%	.8%	.8%	.8%	1.0%	1.2%	1.3%	1.6%	2.0%	2.3%	2.3%
Special Study	N	223	212	211	215	212	199	198	198	190	186	174	166
	%	4.6%	4.5%	4.5%	4.6%	4.5%	4.2%	4.2%	4.2%	4.1%	4.0%	3.8%	3.6%
Unknown	N	22	24	25	25	25	23	23	22	21	24	25	23
	%	.5%	.5%	.5%	.5%	.5%	.5%	.5%	.5%	.5%	.5%	.5%	.5%
Total	N	4817	4745	4673	4708	4670	4690	4681	4676	4612	4612	4621	4600
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Congregate Care Settings

Placement Issues	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010
Total number of children 12 years old and under, in Congregate Care	243	248	230	235	223	190
• Number of children 12 years old and under, in DCF Facilities	15	13	13	10	9	8
• Number of children 12 years old and under, in Group Homes	53	49	46	45	41	40
• Number of children 12 years old and under, in Residential	30	34	33	41	39	41
• Number of children 12 years old and under, in SAFE Home	113	125	116	113	117	90
• Number of children 12 years old and under, in Permanency Diagnostic Center	14	13	12	11	12	8
• Number of children 12 years old and under in Shelter	18	14	10	15	5	3
Total number of children ages 13-17 in Congregate Placements	859	830	803	784	755	756

Use of SAFE Homes, Shelters and PDCs

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

	Period of Entry to Care								
	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total Entries	3105	3547	3204	3093	3408	2853	2827	2630	1969
SAFE Homes & PDCs	728 23%	629 18%	453 14%	395 13%	395 12%	382 13%	335 12%	471 18%	280 14%
Shelters	165 5%	135 4%	147 5%	178 6%	114 3%	136 5%	144 5%	186 7%	134 7%
Total	893 29%	764 22%	600 19%	573 19%	509 15%	518 18%	479 17%	657 25%	414 21%

	Period of Entry to Care								
	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total Initial Plcmnts	894	764	600	573	509	518	479	657	272
<= 30 days	351 39%	308 40%	249 42%	242 42%	186 37%	162 31%	150 31%	229 35%	128 31%
31 - 60	284 32%	180 24%	102 17%	114 20%	73 14%	73 14%	102 21%	110 17%	107 26%
61 - 91	106 12%	121 16%	81 14%	76 13%	87 17%	79 15%	85 18%	157 24%	92 22%
92 - 183	101 11%	107 14%	124 21%	100 17%	118 23%	131 25%	110 23%	124 19%	83 20%
184+	51 6%	48 6%	44 7%	41 7%	45 9%	73 14%	32 7%	37 6%	4 1%

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

Placement Issues	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010
Total number of children in SAFE Home	125	120	132	123	121	125	99
• Number of children in SAFE Home, > 60 days	43	54	58	57	55	64	59
• Number of children in SAFE Home, >= 6 months	9	9	14	8	11	14	14
Total number of children in STAR/Shelter Placement	91	85	80	89	83	78	84
• Number of children in STAR/Shelter Placement, > 60 days	33	40	37	52	38	42	44
• Number of children in STAR/Shelter Placement, >= 6 months	8	4	7	6	10	5	3
Total number of children in Permanency Planning Diagnostic Center	17	18	18	17	17	15	11
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	11	12	11	14	14	11	9
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	6	1	5	3	6	4	1
Total number of children in MH Shelter	3	7	12	8	6	1	2
• Total number of children in MH Shelter, > 60 days	1	3	8	7	4	0	1
• Total number of children in MH Shelter, >= 6 months	1	0	1	1	1	0	0

Time in Residential Care

Placement Issues	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010	Nov 2010
Total number of children in Residential care	530	509	498	496	505	475	462
• Number of children in Residential care, >= 12 months in Residential placement	144	131	133	136	153	141	129
• Number of children in Residential care, >= 60 months in Residential placement	5	5	4	3	2	2	2

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

Summary Findings

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

- The Third Quarter 2010 Monitor's Office Case Review of Outcome Measure 3 and Outcome Measure 15 included a total of 53 cases. The Monitor finds a total of 35 cases or 66.0% of the 53 case plans sampled were deemed appropriate for Outcome Measure 3. This is a decline from the 75.5% deemed appropriate for Outcome Measure 3 in the Second Quarter 2010.
- For Outcome Measure 15 during the Third Quarter 2010, a total of 31 cases or 58.5% of the sample had evidence that DCF was meeting children and families' needs during the last six month period. This is a slight increase over the 52.8% achieved during the Second Quarter 2010.
- 23 cases (43.1%) achieved both the Outcome Measure standards during the quarter. Ten cases (18.9%) failed to achieve both the Outcome Measure standards during the quarter.

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

Overall Score for Outcome Measure 3		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Appropriate Treatment Plan	Count	23	12	35
	% within Outcome Measure 3	65.7%	34.3%	100.0%
	% within Outcome Measure 15	74.2%	54.5%	66.0%
	% of Total	43.4%	22.6%	66.0%
Not an Appropriate Treatment Plan	Count	8	10	18
	% within Outcome Measure 3	44.4%	55.6%	100.0%
	% within Outcome Measure 15	25.8%	45.5%	34.0%
	% of Total	15.1%	18.9%	34.0%
Total	Count	31	22	53
	% within Outcome Measure 3	58.5%	41.5%	100.0%
	% within Outcome Measure 15	100.0%	100.0%	100.0%
	% of Total	58.5%	41.5%	100.0%

Findings Related to Outcome Measure 3

The DCF Outcome Measure 3 (Case Planning) requires 90% compliance. This quarter, the Court Monitor data confirm five of the Area Offices achieved compliance with 100% appropriate rankings. The remaining ten Area Office scores ranged from 0.0% to 83.3% during the quarter.

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

What is the social worker's area office assignment?		Overall Score for OM3		
		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
Bridgeport	Count	2	2	4
	% within Area Office	50.0%	50.0%	100.0%
Danbury	Count	0	2	2
	% within Area Office	.0%	100.0%	100.0%
Milford	Count	2	1	3
	% within Area Office	66.7%	33.3%	100.0%
Hartford	Count	2	4	6
	% within Area Office	33.3%	66.7%	100.0%
Manchester	Count	4	0	4
	% within Area Office	100.0%	.0%	100.0%
Meriden	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Middletown	Count	2	0	2
	% within Area Office	100.0%	.0%	100.0%
New Britain	Count	5	1	6
	% within Area Office	83.3%	16.7%	100.0%
New Haven Metro	Count	2	3	5
	% within Area Office	40.0%	60.0%	100.0%
Norwalk	Count	0	2	2
	% within Area Office	.0%	100.0%	100.0%
Norwich	Count	4	1	5
	% within Area Office	80.0%	20.0%	100.0%
Stamford	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Torrington	Count	2	0	2
	% within Area Office	100.0%	.0%	100.0%
Waterbury	Count	5	0	5
	% within Area Office	100.0%	.0%	100.0%
Willimantic	Count	3	0	3
	% within Area Office	100.0%	.0%	100.0%
Total	Count	35	18	53
	% of Total	66.0%	34.0%	100.0%

During the Third Quarter 2010, the individual domains within Outcome Measure 3 across all 53 cases in the sample fared as follows:

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	30 56.6%	22 41.5%	1 1.9%	0 0.0%	0 0.0%
I.2. Identifying Information	19 35.8%	32 60.4%	1 1.9%	1 1.9%	0 0.0%
I.3. Strengths/Needs/Other Issues	10 18.9%	33 62.3%	9 17.0%	1 1.9%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	17 32.1%	28 52.8%	7 13.2%	1 1.9%	0 0.0%
II.1 Determining the Goals/Objectives	12 22.6%	29 54.7%	9 17.0%	3 5.7%	0 0.0%
II.2. Progress	15 28.3%	33 62.3%	3 5.7%	2 3.8%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	8 15.1%	30 56.6%	13 24.5%	2 3.8%	0 0.0%
II.4 Planning for Permanency	21 39.6%	24 45.3%	8 15.1%	0 0.0%	0 0.0%

Within the 34 Child in Placement Cases at the time of review, the overall rate of compliance was 73.5% and the domains fared as follows:

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	19 55.9%	15 44.1%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	10 29.4%	23 67.6%	1 2.9%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	6 17.6%	21 61.8%	7 20.6%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	12 35.3%	16 47.1%	6 17.6%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	9 26.5%	19 55.9%	4 11.8%	2 5.9%	0 0.0%
II.2. Progress	12 35.3%	20 58.8%	1 2.9%	1 2.9%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	7 20.6%	19 55.9%	7 20.6%	1 2.9%	0 0.0%
II.4 Planning for Permanency	15 44.1%	15 44.1%	4 11.8%	0 0.0%	0 0.0%

Within the in-home population during this quarter the sample set of the case plans achieved the benchmark of 'appropriate case plan' in 52.6% instances. The individual sections fared as follows:

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

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	11 57.9%	7 36.8%	1 5.3%	0 0.0%	0 0.0%
I.2. Identifying Information	9 47.4%	9 47.4%	1 5.3%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	4 21.1%	12 63.2%	2 10.5%	1 5.3%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	5 26.3%	12 63.2%	1 5.3%	1 5.3%	0 0.0%
II.1 Determining the Goals/Objectives	3 15.8%	10 52.6%	5 26.3%	1 5.3%	0 0.0%
II.2. Progress	3 15.8%	13 68.4%	2 10.5%	1 5.3%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	1 5.3%	11 57.9%	6 31.6%	1 5.3%	0 0.0%
II.4 Planning for Permanency	6 31.6%	9 47.4%	4 21.1%	0 0.0%	0 0.0%

A review of findings by case type assignments indicates that this quarter the results were skewed in favor of the children in placement. In total 73.5% of the 34 children in placement had appropriate case plans while only 52.6% of the 19 cases with an in-home case assignment were appropriate. The case plans of children in placement via CPS placement fared best, with 74.2% deemed appropriate versus 66.7% of those in placement via Voluntary Service agreement.

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

		Overall Score for OM3		
		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
CPS In-Home Family Case	Count	10	9	19
	% within LINK Case Type	52.6%	47.4%	100.0%
CPS Child in Placement Case	Count	23	8	31
	% within LINK Case Type	74.2%	25.8%	100.0%
Voluntary Services Child in Placement Case	Count	2	1	3
	% within LINK Case Type	66.7%	33.3%	100.0%
Total	Count	35	18	53
	% within LINK Case Type	66.0%	34.0%	100.0%

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

As indicated earlier, this quarter measured 66.0% of the Case Plans as appropriate across all identified measures. The average performance to-date is 55.6%. Historically, the Department has achieved the following results during our monitoring of Outcome Measure 3.

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

Quarter	Sample (n)	Percent "Appropriate Case Plan"
3 rd Quarter 2006	35	54.3%
4 th Quarter 2006	73	41.1%
1 st Quarter 2007	75	41.3%
2 nd Quarter 2007	76	30.3%
3 rd Quarter 2007	50	32.0%
4 th Quarter 2007	51	51.0%
1 st Quarter 2008	51	58.8%
2 nd Quarter 2008	52	55.8%
3 rd Quarter 2008	53	62.3%
4 th Quarter 2008	53	81.1%
1 st Quarter 2009	52	67.3%
2 nd Quarter 2009	52	73.1%
3 rd Quarter 2009	52	53.8%
4 th Quarter 2009	53	47.2%
1 st Quarter 2010	52	86.5%
2 nd Quarter 2010	53	75.5%
3 rd Quarter 2010	53	66.0%
Total to Date	936	56.2%

Middletown and Willimantic continued to maintain the highest performance to date of the area offices; achieving 100% compliance this quarter and an identical total percentage scores of all cases reviewed to date, with an average of 77.8% compliance since this review process has commenced in 2006.

Race alone did not appear to be a factor as 64.7% of white clients and 62.5% of African American Clients plans were deemed appropriate. 100.0% of those identified as multiracial were deemed appropriate. When factoring in ethnicity, however the rate of compliance did shift among the cases reviewed. Where the client is identified as Hispanic, the reviews found the plan not appropriate in 61.5% versus a rate of not appropriate in 26.3% of the non-Hispanic population and zero percent for the unknown population. This may be an opportunity for further study. A Crosstabulation combining these factors is provided below.

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

Ethnicity (Child or Family Case Named Individual)	Race (Child or Family Case Named Individual)		Overall Score for OM3		
			Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
Hispanic	Black/African American	Count	1	2	3
		% within Race	33.3%	66.7%	100.0%
	White	Count	4	6	10
		% within Race	40.0%	60.0%	100.0%
	Total	Count	5	8	13
		% within Race	38.5%	61.5%	100.0%
Non-Hispanic	Black/African American	Count	8	4	12
		% within Race	66.7%	33.3%	100.0%
	White	Count	17	6	23
		% within Race	73.9%	26.1%	100.0%
	Multiracial (more than one race selected)	Count	3	0	3
		% within Race	100.0%	.0%	100.0%
	Total	Count	28	10	38
		% within Race	73.7%	26.3%	100.0%
Unknown	Black/African American	Count	1		1
		% within Race	100.0%		100.0%
	White	Count	1		1
		% within Race	100.0%		100.0%
	Total	Count	2		2
		% within Race	100.0%		100.0%

This quarter again noted some differences in the level of appropriate case plans for child in placement plans developed for girls and boys. In all, 83.3% of the case plans for boys were deemed appropriate, whereas 62.5% of the girls' case plans were appropriate.

Crosstabulation 5: Sex of Child *Overall Score for OM3

Overall Score for OM3		Gender of Child in Placement		
		Male	Female	Total
Appropriate Case Plan	Count	15	10	25
	% within Gender of Child	83.3%	62.5%	75.8%
Not an Appropriate Case Plan	Count	3	6	8
	% within Gender of Child	16.7%	37.5%	24.2%
Total	Count	18	16	33
	% within Gender of Child	100.0%	100.0%	100.0%

This is the second quarter our office has noted a discrepancy between the rates of compliance in relation to gender. In this quarter, the sample set was more equally representative of both sexes, so the findings may warrant more weight and scrutiny going forward.

The Monitor received 22 requests for override this quarter. Included in these were 14 requests for Outcome Measure 3 and eight requests for Outcome Measure 15. In all 19 requests were granted. Several scenarios included:

- In an override request for Outcome Measure 15 the Area Office provided additional information regarding efforts the social work staff had made to engage an adolescent and her family in multiple identified mental health and educational services. The court sanctioned the parent's decision not to seek the appropriate mental health treatment - approving revocation and denial of requested Protective Supervision which tied DCF hands in meeting the identified needs. An override was granted while maintaining the marginal scores as the needs remained unmet given client's unwillingness to engage.
- An override was granted for Outcome Measure 15 based on updated information regarding the facts surrounding the failure of a local school board to schedule a requested PPT. There was communication and efforts by DCF to address the school issue. Services were in place, as there was a current IEP (in place until May 2011). The Social Worker was able to arrange an 'informal PPT' just after the period under review, and the surrogate parent scheduled a PPT at a second informal meeting later in the fall.
- An override request for Outcome Measure 15 was denied as the need(s) not being met were considered priority issues and a barrier to reunification. While a placement was located (per the area office rebuttal), this did not resolve the issue that the length of stay in a temporary placement and the continued stay out-of-state is a detriment to this child and the family's well being. In this instance the child was sent to an out-of-state diagnostic facility for a 45-day evaluation when no CT placement could be located to meet her needs. DCF was delinquent in efforts to secure an appropriate setting in closer proximity. As a result this stay extended to 140 days. The discharge placement was not found in CT, but also found out-of-state, in neighboring MA; putting a strain on the family therapy/reunification planning.
- An override request for Outcome Measure 15 was approved as documentation reflected that DCF had acted appropriately and requested necessary testing in a timely manner which the school indicated was in process. Contacts occurred regularly throughout the period under review. However, near the end of the period it came to light that the school misinformed DCF as to the testing conducted. DCF, alongside the mother, advocated for an emergency PPT when situation was identified. This child was promoted to the next grade.
- An override request for Outcome Measure 15 is granted as DCF made significant efforts to engage both parents throughout the period as indicated in the reviewer's notes related to the LINK documentation throughout the period. Parents would not engage in the recommended treatment and neglect petitions were filed in a timely manner as parents were not cooperating.
- An override request for Outcome Measure 3 is granted as the reviewer felt that the ACR originally scheduled for July 23, 2010, and rescheduled to August 18, 2010 due to

problems with the invitations, was a positive step in family engagement. In all other aspects the plan is well written. (Mother attended the ACR by teleconference as a result of the re-scheduled date.)

- Three override requests for Outcome Measure 3 were granted for case plans in which there were not a specific overarching case goal included in the in-home family case plan, but the plan otherwise adequately described the objectives and the overall goal is identifiable through reading the plan in its entirety.

Engagement of participants in case planning continues to be a focus for the Department. During the quarter, efforts to engage the case participants in case planning had mixed results as shown in Table 5 below. This table includes both the attendance rates at the ACR and family conferences, and the documented discussions in the case record narratives related to visits with the case participants and the attendance of case participants at administrative case reviews or family conferences where the case plans developed, documents are screened for a common understanding, and necessary edits are finalized prior to supervisory approval.

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

Identified Case Participant	Percentage with documented Participation/ Engagement in Case Planning Discussion	<i>Prior Quarter's Documented Engagement of Participation in Case Planning</i>	Percentage Attending the TPC/ACR or Family Conference (when held)	<i>Rate Of Attendance Prior Quarter</i>
Foster Parent	92.0%	84.0%	72.0%	66.7%
Mother	91.3%	82.2%	74.4%	76.3%
Other Participants	83.3%	74.4%	79.2%	68.4%
Child	79.2%	68.0%	30.0%	52.4%
Active Service Providers	60.6%	68.5%	36.1%	41.2%
Other DCF Staff	60.0%	65.7%	58.1%	63.6%
Father	51.2%	63.6%	26.5%	55.3%
Parents' Attorney	29.7%	29.7%	24.3%	24.2%
Attorney/GAL (Child)	25.6%	26.7%	18.4%	21.4%

Incorporating concurrent plans into the process continues to be an important element for improving the rate of achieving timely permanency. During this quarter there were 18 instances in which concurrent plans may have been required by Department policy. In ten cases there was no concurrent plan identified (two reunification cases, eight APPLA cases). In further review of the reunification cases, it was felt appropriate to not have a concurrent plan as one case was that of a child recently returned home to his parent on a trial home visit with revocation paperwork in preparation and the second case was a Voluntary Services client with invested parents working with providers toward reunification.

To date, no official policy change has been identified in regards to the requirement, identified earlier in this administration, to identify a concurrent goal for children with a goal of Another Planned Permanent Living Arrangement (APPLA). In seven of the eight cases, the reviewers felt that the permanency planning section of the case plan was very good or optimal. In only one case did the reviewers feel that the APPLA goal in isolation did not comport with the expectations for concurrent planning.

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

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?	What is the stated concurrent plan?							Total
	Reunification	Adoption	Transfer of Guardianship	LTFC with a Relative	In-Home Goals - Safety/Well Being Issues	None	APPLA	
Reunification	0	3	3	0	0	2	1	9
Adoption	0	0	1	1	0	5	3	10
Transfer of Guardianship	0	3	0	1	0	1	0	5
LTFC with a Relative	0	0	0	0	0	1	0	1
In-Home Goals - Safety/Well Being Issues	0	0	0	0	2	17	0	19
APPLA	1	0	0	0	0	8	0	9
Total	1	6	4	2	2	34	4	53

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

Given the established ASFA timeframes, our review does consider the length of time in care as one consideration when reviewing efforts toward permanency planning. Fifteen of the children in placement within the sample were in care greater than 24 months. Of these, three continued to have a goal of reunification, five had a goal of adoption, one had a goal of LTFC with a relative and six had APPLA goals.

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

How many consecutive months has this child been in out of home placement as of the date of this review or date of case closure during the period?		What is the child or family's stated goal on the most recent approved treatment plan in place during the period?						
		Reunification	Adoption	Transfer of Guardianship	LTFC with a licensed relative	In-Home Goals - Safety/Well Being Issues	APPLA	Total
7-12 months	Count	4	2	3	0	0	1	10
	% within...period?	40.0%	20.0%	30.0%	.0%	.0%	10.0%	100.0%
13-18 months	Count	1	1	1	0	0	1	4
	% within...period?	25.0%	25.0%	25.0%	.0%	.0%	25.0%	100.0%
19-24 months	Count	1	2	1	0	0	1	5
	% within...period?	20.0%	40.0%	20.0%	.0%	.0%	20.0%	100.0%
Greater than 24 months	Count	3	5	0	1	0	6	15
	% within...period?	20.0%	33.3%	.0%	6.7%	.0%	40.0%	100.0%
N/A - in-home case	Count	0	0	0	0	19	0	19
	% within...period?	.0%	.0%	.0%	.0%	100.0%	.0%	100.0%
Total	Count	9	10	5	1	19	9	53
	% within...period?	17.0%	18.9%	9.4%	1.9%	35.8%	17.0%	100.0%

Our review looked at the reunification and adoption cases greater than 24 months in care. Of the three reunification cases greater than 24 months in care and still open:

- One child was on a trial home visit.
- One child has a goal of reunification by mandate of the court, with a concurrent goal of adoption. Both goals are concurrently being pursued. Child remains placed in a legal risk pre-adoptive placement with intensive visitation/reunification services in place for a mother who has significant cognitive limitations. The DCF position is that adoption is in this child's best interest. However, the court denied the TPR and ordered reunification services to be implemented. Progress continues to be closely monitored. New TPR petitions are likely to be filed given recent AAG consultation as the recent court ordered psychological findings indicate that the prognosis for mother attaining independent parenting competency is poor.
- At the time of review one child was living in the licensed foster home of a relative being ready to transition home to her father. This was a new experience for child who had previously lived with mother, now deceased. Her half sibling remained in care as she requires a higher level of treatment. The transition was set for only a few weeks after the ACR and wrap supports were being planned.

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

- One case was still in OTC status at the time of the review though the child, now over two, has been in the same placement since being placed at two days old from the hospital. The goal was initially transfer of guardianship to an out-of-state relative but that did not materialize. Recently an in-state relative who has not previously expressed interest is now stating they will be a resource and the court is stating they must be considered. The foster parent has consistently been a willing resource. The Department's position is that this process with an out-of-state relative has taken two years and the child has now developed a bond with the caretakers she has resided with for two years. Adoption by the current foster parents is in the best interest of the child and is the stated goal. There is no concurrent goal stated on the case plan.
- One case is a committed child in placement for 33 months at the time of the case plan approval. The TPR is filed and pending. She has been in the same non-relative placement since the date of placement. There was an out-of-state relative willing to be considered, but there were delays in the approval and this resource was still not approved at the time of the case plan approval. The child now age 10 does not wish to be placed out-of-state away from her mother to a relative she barely knows. This foster parent is older and not willing to adopt but is willing to maintain this child in the home as a long term foster care arrangement. There is no stated concurrent goal.
- One committed five year old child has been in care for three years. For part of that time, eight months, the child was placed out of state with his maternal great grandparents. They requested his removal citing his behaviors were beyond their parenting abilities, and requested that he be placed back with the foster parents that were caring for him prior to his placement in their home. This was accomplished, and he remains in that home where the foster parents are willing adoptive resources. The barrier to adoption in this case involves legal considerations. While the mother has consented to the TPR, the father remains involved and is contesting the termination of his parental rights. Court dates are scheduled out through mid-2011. There is no concurrent plan.
- One case is a 12 year old medically complex child who endures seizures and neurological problems and is also presenting with diagnosed mood disorder and mild mental retardation. This child's mother passed away in July and no adult relatives have come forward. As of September the state became the statutory parent. The child has disrupted out of several foster home placements and has been placed in Safe Homes on three occasions over the last year. The Area Office continues to work with the statewide network in attempts to locate a therapeutic family (with the potential to be an adoptive resource) willing to foster this child. The Area Office also is attempting to maintain sibling ties to an older sibling in the CHAPS program. At the time of the approval of the case plan there is no placement resource identified.
- One adoption case is that of a child in placement approximately eight years. The concurrent goal stated is APPLA. An APPLA meeting was being scheduled and it is likely that the APPLA team will recommend APPLA for the case goal given the adolescent's wishes and connections to the current placement of five years. The adolescent does not want adoption nor does the foster family. He does want to change his last name and the SW is investigating the paperwork for Probate Court. The foster family has indicated that child can stay to adulthood. It has been determined given the bonds

established, that this is the most appropriate placement for him as he is doing well is involved in counseling and has sibling contact.

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

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

Categories within Case Plan	3Q 2006	4Q 2006	1Q 2007	2Q 2007	3Q 2007	4Q 2007	1Q 2008	2Q 2008	3Q 2008	4Q 2008	1Q 2009	2Q 2009	3Q 2009	4Q 2009	1Q 2010	2Q 2010	3Q 2010
Reason For Involvement	446	427	463	450	466	471	482	473	481	470	483	485	463	455	460	458	455
Identifying Information	394	389	396	382	392	416	418	415	426	421	412	431	427	436	417	443	430
Strengths, Needs, Other Issues	409	404	407	393	416	425	441	404	413	428	425	429	415	364	410	419	398
Present Situation And Assessment to Date of Review	414	397	396	393	402	429	445	398	425	430	423	429	417	398	413	419	415
Determining Goals/ Objectives	380	348	368	366	370	382	400	391	392	398	400	392	392	375	425	419	394
Progress	400	391	387	386	382	431	435	427	426	428	437	437	425	417	417	426	415
Action Steps for Upcoming 6 Months	371	344	319	330	340	355	361	352	368	396	379	385	363	358	427	377	383
Planning for Permanency	403	404	413	401	408	424	443	431	432	443	440	444	438	413	444	447	425

Findings Related to Outcome Measure 15 - Needs Met

The area offices achieving the 80% benchmark this quarter are the Milford and Meriden, Middletown, Norwalk, Norwich and Stamford Offices with 100.0% achievement. The next highest rated area office is Manchester with 75.0% compliance. A crosstabulation of Outcome Measure 15 by Area Office is provided below.

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

What is the social worker's area office assignment?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Bridgeport	Count	2	2	4
	% within Area Office	50.0%	50.0%	100.0%
Danbury	Count	0	2	2
	% within Area Office	.0%	100.0%	100.0%
Milford	Count	3	0	3
	% within Area Office	100.0%	.0%	100.0%
Hartford	Count	2	4	6
	% within Area Office	33.3%	66.7%	100.0%
Manchester	Count	3	1	4
	% within Area Office	75.0%	25.0%	100.0%
Meriden	Count	2	0	2
	% within Area Office	100.0%	.0%	100.0%
Middletown	Count	2	0	2
	% within Area Office	100.0%	.0%	100.0%
New Britain	Count	3	3	6
	% within Area Office	50.0%	50.0%	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%	100.0%
Norwich	Count	5	0	5
	% within Area Office	100.0%	.0%	100.0%
Stamford	Count	2	0	2
	% within Area Office	100.0%	.0%	100.0%
Torrington	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Waterbury	Count	2	3	5
	% within Area Office	40.0%	60.0%	100.0%
Willimantic	Count	1	2	3
	% within Area Office	33.3%	66.7%	100.0%
Total	Count	31	22	53
	% within Area Office	58.5%	41.5%	100.0%

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

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

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/ Absent “1”	N/A to Case
Safety In Home	3 14.3%	18 76.2%	2 9.5%	0 0.0%	0 0.0%	32
Safety - Child In Placement	16 45.7%	17 48.6%	2 5.7%	0 0.0%	0 0.0%	18
Permanency Securing the Permanent Placement Action Plan for the Next Six Months	21 61.8%	12 35.3%	1 2.9%	0 0.0%	0 0.0%	19
Permanency: DCF Case Management - Legal Action to Achieve Permanency Goal during the Prior Six Months	30 56.6%	19 35.8%	1 1.9%	3 5.7%	0 0.0%	0
Permanency: DCF Case Management - Recruitment for Placement Providers to Achieve the Permanency Goal During the Prior Six Months	21 60.0%	14 40.0%	0 0.0%	0 0.0%	0 0.0%	18
DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	2 3.8%	39 73.6%	8 15.1%	4 7.5%	0 0.0%	0
Well Being - Medical	24 45.3%	19 35.8%	10 18.9%	0 0.0%	0 0.0%	0
Well Being - Dental	29 54.7%	14 26.4%	7 13.2%	3 5.7%	0 0.0%	0
Well Being - Mental Health, Behavioral Health, Substance Abuse Services	8 15.1%	26 49.1%	16 30.2%	3 5.7%	0 0.0%	0
Well Being - Child's Current Placement	10 30.3%	19 57.6%	3 9.1%	1 3.0%	0 0.0%	20
Well Being - Education	10 21.7%	26 56.5%	8 17.4%	2 4.3%	0 0.0%	7

The prior quarterly scores for Outcome Measure 15 have been in the range of 45.3% to 67.3%. Performance has fluctuated. This quarter the Department has achieved a score of 58.5% needs met during the quarter. To date, 519 or 55.5% of the 936 cases reviewed have achieved the measure. These scores are reflected in the Crosstabulation below.

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

Quarter of Review		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
3 Q 2006	Count	22	13	35
	%	62.9%	37.1%	100.0%
4 Q 2006	Count	38	35	73
	%	52.1%	47.9%	100.0%
1 Q 2007	Count	34	41	75
	%	45.3%	54.7%	100.0%
2 Q 2007	Count	39	37	76
	%	51.3%	48.7%	100.0%
3 Q 2007	Count	32	18	50
	%	64.0%	36.0%	100.0%
4 Q 2007	Count	24	27	51
	%	47.1%	52.9%	100.0%
1 Q 2008	Count	30	21	51
	%	58.8%	41.2%	100.0%
2 Q 2008	Count	29	23	52
	%	55.8%	44.2%	100.0%
3 Q 2008	Count	28	25	53
	%	52.8%	47.2%	100.0%
4 Q 2008	Count	31	22	53
	%	58.5%	41.5%	100.0%
1 Q 2009	Count	32	20	52
	%	61.5%	38.5%	100.0%
2 Q 2009	Count	33	19	52
	%	63.5%	36.5%	100.0%
3 Q 2009	Count	29	23	52
	%	55.8%	44.2%	100.0%
4 Q 2009	Count	24	29	53
	%	45.3%	54.7%	100.0%
1 Q 2010	Count	35	17	52
	%	67.3%	32.7%	100.0%
2 Q 2010	Count	28	25	53
	%	52.8%	47.2%	100.0%
3 Q 2010	Count	31	22	53
	%	58.5%	41.5%	100.0%
Total	Count	519	417	936
	%	55.5%	44.5%	100.0%

The use of SDM during the investigations to transition to Ongoing Services establishes needs and identifies risk and safety issues for children and families. As part the Outcome Measure 15 review the Court Monitor reviews the Department's use of its assessment tools - specifically SDM. Safety plans were noted in the LINK record for 14 of 19 or 73.7% of the applicable cases reviewed.

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

	Frequency	Percent	Valid Percent
Yes	14	26.4%	73.7%
No	5	9.4%	26.3%
N/A	34	64.2%	
Total	53	100.0%	

It was further noted that of these cases with documented safety plans, 12 cases, or 85.7% had follow up documentation that indicated the implemented services had mitigated the safety factors within the home.

The 90 day time table for SDM Risk Reassessment or Reunification Assessment/Reassessment appeared problematic, as only 27.8% of the cases requiring the 90 day reassessment showed timely documented follow-through at the 90-day intervals to the point of case plan development.

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

	Frequency	Percent	Valid Percent
Yes	10	18.9%	27.8%
No	26	49.1%	72.2%
N/A	17	32.1%	
Total	53	100.0%	

At the time of preparation for case plans, most cases (50.0%) were assessed in the "low" risk range. Reviewers continue to note issues with the consistency of what is presented, is discussed at ACR or family conference or noted in LINK, versus those facts identified through the SDM scoring.

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

	Frequency	Percent	Valid Percent
Very Low	3	5.7%	8.8%
Low	17	32.1%	50.0%
Moderate	10	18.9%	29.4%
High	4	7.5%	11.8%
Total	34	64.2%	100.0%
N/A	19	35.8%	
Total	53	100.0%	

Needs were met at a higher rate within the combined Child in Placement cases than in other categories of case assignment types, with 67.6% of all Children in Placement having needs met. In this quarter, those in placement via child protective service arrangement vs. Voluntary Service Program had an overall higher rate of having needs met, with 71.0% of those in care under CPS having met the measure in comparison to 33.3% of those in placement via the Voluntary Services Program. Caution needs to be taken in applying an over-emphasis to the disparity given the small number of Voluntary Service Program clients in this sample set.

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

What is the type of case assignment noted in LINK?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
CPS In-Home Family Case	Count	8	11	19
	% within type of case assignment	42.1%	57.9%	100.0%
CPS Child in Placement Case	Count	22	9	31
	% within type of case assignment	71.0%	29.0%	100.0%
Voluntary Services Child in Placement Case	Count	1	2	3
	% within type of case assignment	33.3%	66.7%	100.0%
Total	Count	31	22	53
	% within type of case assignment	58.5%	41.5%	100.0%

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

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

Ethnicity	Race		Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
Hispanic	Black/African American	Count	0	3	3
		% within Race	.0%	100.0%	100.0%
	White	Count	8	2	10
		% within Race	80.0%	20.0%	100.0%
	Total	Count	8	5	13
		% within Race	61.5%	38.5%	100.0%
Non-Hispanic	Black/African American	Count	4	8	12
		% within Race	33.3%	66.7%	100.0%
	White	Count	15	8	23
		% within Race	65.2%	34.8%	100.0%
	Multiracial (more than one race selected)	Count	3	0	3
		% within Race	100.0%	.0%	100.0%
	Total	Count	22	16	38
		% within Race	57.9%	42.1%	100.0%
Unknown	Black/African American	Count	0	1	1
		% within Race	.0%	100.0%	100.0%
	White	Count	1	0	1
		% within Race	100.0%	.0%	100.0%
	Total	Count	1	1	2
		% within Race	50.0%	50.0%	100.0%

This quarter's needs met findings, similar to case planning, had a notable discrepancy in relation to the performance related to females versus males. In the sample of 18 boys in placement reviewed 83.3% had needs met, while only 50.0% of the girls were assessed as having needs met of the 16 girls reviewed. This sample was more equally distributed than last quarter's sample that showed similar skewed results. Investigation by the DCF quality improvement staff may be needed to assess possible areas for focused efforts in relation to this issue.

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

		Overall Score for Outcome Measure 15		
Sex of Child		Needs Met	Needs Not Met	Total
Male	Count	15	3	18
	% within Sex of Child	83.3%	16.7%	100.0%
Female	Count	8	8	16
	% within Sex of Child	50.0%	50.0%	100.0%
N/A - In-home case	Count	8	11	19
	% within Sex of Child	42.1%	57.9%	100.0%
Total	Count	31	22	53
	% within Sex of Child	58.5%	41.5%	100.0%

There are 209 discrete unmet needs identified by the review team across the 53 cases. Of the 35 cases in which there was a prior SDM conducted for the prior case plan development, 17 cases, (48.6%) had a similar or identical priority need as cited by the Court Monitor's reviewer at this review. Unfortunately, these needs had not been addressed timely, were partially addressed, or remained unmet at the time of review six months later. These needs were often one of several identified needs within the case and other needs may have been met/achieved. They are identified in the table below with an associated barrier noted. Client refusal and internal DCF practice are most frequently noted; however provider issues including the unavailability of services are increasing in numbers in comparison to prior review periods.

Table11: Unmet Service Needs and Identified Barriers during the Last Six Month Period

Service Need	Barrier	Frequency
Adoption Recruitment	Provider Issues - Staffing, lack of follow through	1
Adoption Recruitment	UTD from Case Plan or Narratives	1
Adoption Supports (PPSP)	No Service Identified to Meet this Need	1
Adoption Training	No Service Identified to Meet this Need	1
Afterschool Program	Delay in Referral	1
Anger Management - Parents	Client Refusing	5
Anger Management - Parents	Hours of Operation	1
Case management/Support/Advocacy	Delayed referrals	10
Case management/Support/Advocacy	Poor/Lack of Communication with clients or providers	3
Day Treatment/Partial Hospitalization Program - Parent	Client Refusing	1
Dental Screening/Evaluation	Client Refused Service	7
Dental Screening/Evaluation	Delay in Referral	1
Dental Screening/Evaluation	Father has not complied with making appointment	1
Dental Screening/Evaluation	Insurance Issues	1
Dental Screening/Evaluation	No Service Identified to Meet this Need	1
Dental Screening/Evaluation	Youth, age 18 needs to schedule around his calendar	1
Domestic Violence Services for Perpetrators	Client Refusing	3
Domestic Violence Services for Perpetrators	Delay in Referral	1
Domestic Violence Services for Perpetrators	Service no longer a required case priority	1
Domestic Violence Services for Victims	Client Refusing	3
Domestic Violence Services for Victims	Delay in Referral	1
Domestic Violence Services Prevention Programs	No Service Identified to Meet this Need	1
Drug/Alcohol Testing - Parent	Client Refusing	2
Drug/Alcohol Testing - Parent	UTD from Case Plan or Narrative	1
Educational Screening or Evaluation	Delay in Referral	1
Educational Screening or Evaluation	No Service Identified to Meet this Need	1
Educational Screening or Evaluation	Provider Issues - Staffing, lack of follow through	1
Family Preservation Services	Client Refusing	3

Service Need	Barrier	Frequency
Family Preservation Services	Placed on Wait List	1
Family Reunification Services	Client Refusing	1
Family Reunification Services	Delay in Referral	1
Family Reunification Services	Service Deferred Pending Completion of Another	1
Family/Marital Counseling	Client Refused	4
Family/Marital Counseling	Delay in Referral	1
Family/Marital Counseling	Service Deferred Pending Completion of Another	1
Family/Marital Counseling	UTD from Case Plan or Narrative	2
Flex Funds for Basic Needs	Client slow in providing necessary documentation	1
Flex Funds for Basic Needs	UTD from Case Plan or Narrative	1
Foster Care Supports	Lack of Communication between DCF and Provider	1
Group Counseling - Child	Client Refusing	1
Group Counseling - Parents	Placed on Wait List	1
Group Home	Approval Process	1
Health/Medical Screening or Evaluation	Client Refusing	2
Health/Medical Screening or Evaluation	Delay in Referral	1
Health/Medical Screening or Evaluation	Foster Parent failed report missed appointment until ACR	1
Health/Medical Screening or Evaluation	Insurance Issues	1
Health/Medical Screening or Evaluation	Provider Issues - Staffing, lack of follow through	1
Health/Medical Screening or Evaluation	UTD from Case Plan or Narrative	1
Housing Assistance - Section 8	No Service Identified to Meet this Need	1
Housing Assistance - Section 8	Placed on Wait List	2
IEP Programming	Client Refusing	1
IEP Programming	Delay in Referral	1
IEP Programming	Provider Issues - Staffing, lack of follow through	1
Individual Counseling - Child	Client Refusing	7
Individual Counseling - Child	Delay in Referral	3
Individual Counseling - Child	No Service Identified to Meet this Need	1
Individual Counseling - Child	Provider Issues - Staffing, lack of follow through	2
Individual Counseling - Child	Service Deferred Pending Completion of Another	1
Individual Counseling - Parents	Client Refusing	13
Individual Counseling - Parents	Placed on Wait List	1
In-Home Parent Education	Client Refusing	3
In-Home Treatment	Client Refusing	1
In-Home Treatment	Delay in Referral	2
In-Home Treatment	Provider assessment finds they are unable to meet needs of child - requires higher level of care.	1
Inpatient Substance Abuse Treatment - Parent	No Service Identified to Meet this Need	1
Life Skills Training	Delay in Referral	2
Maintaining Family Ties	Delay in Referral	1
Matching/Placement/Processing (includes ICO)	Approval Process	1
Matching/Placement/Processing (includes ICO)	No Slots Available	1
Matching/Placement/Processing (includes ICO)	UTD from Case Plan or Narrative	1
Medication Management - Child	Client Refusing	2
Medication Management - Child	Placed on Wait List	1
Medication Management - Child	Pregnancy - Required Child to come off medications	1
Medication Management - Parent	Client Refusing	1
Medication Management - Parent	Referred Service is unwilling to engage client	1
Mental Health Screening/Evaluation - Child	Client Refusing	1
Mental Health Screening/Evaluation - Child	Delay in Referral	1
Mental Health Screening/Evaluation - Child	No Service Identified to Meet this Need	1
Mental Health Screening/Evaluation - Child	Provider Issues - Staffing, lack of follow through	1
Mental Health Screening/Evaluation - Parent	Client Refusing	3
Mental Health Screening/Evaluation - Parent	Delay in Referral	1
Mental Health Screening/Evaluation - Parent	Service no longer a required case priority	1
Mentoring	No Service Identified to Meet this Need	3
Mentoring	Placed on Wait List	2
Mentoring	Service Deferred Pending Completion of Another	1
Other Medical - Birth to 3 Referral	Lack of Communication between DCF and Provider	1
Other Medical - Cholesterol Screening	Delay in Referral	1

Service Need	Barrier	Frequency
Other Medical - Neurological Evaluation	Service Deferred Pending Completion of Another	1
Other Medical - OBGYN/Sexual Abuse Examination	Client Refused	1
Other Medical - Ophthalmologist	Delay in Referral	1
Other Medical - Ophthalmologist	Insurance Issue	1
Other Mental Health Treatment - Autism Testing	Newly Identified Issue	1
Other State Agency	No Service Identified to Meet this Need	1
Outpatient Substance Abuse Treatment - Child	Client Refusing	1
Outpatient Substance Abuse Treatment - Parent	Client Refusing	9
Outpatient Substance Abuse Treatment - Parent	Placed on Wait List	1
Outreach, Tracking and Reunification Program	Delay in Referral	1
Parenting Classes	Client Refusing	4
Parenting Classes	Hours of Operation	1
Parenting Classes	Lack of Communication between DCF and Provider	1
Parenting Groups	Client Refused	1
Parenting Groups	Delay in Referral	2
Parenting Groups	Placed on Wait List	1
Permanency Diagnostic Center	Court Revoked Commitment - Child Returned Home	1
Physical Therapy	Lack of Communication between DCF and Provider	1
Provider contacts	Lack of Communication between DCF and Provider	4
Psychiatric Evaluation - Child	Client Refusing	1
Psychiatric Evaluation - Child	Delay in Referral	1
Psychiatric Evaluation - Child	Provider Issues - Staffing, lack of follow through	1
Psychological or Psychosocial Evaluation - Child	No Service Identified to Meet this Need	1
Psychological or Psychosocial Evaluation - Parent	Delay in Referral	1
Relapse Prevention Program - Parent	Client Refusing	2
Relative Foster Care	Lack of Communication with DCF and Family Resource	1
Residential Facility	Referred Service is Unwilling to Engage Client	1
Sexual Abuse Therapy - Victim	Service Deferred Pending Completion of Another	1
Social Recreational Program	Client Refusing	1
Substance Abuse Screening - Child	No Service Identified to Meet this Need	1
Substance Abuse Screening - Parent	Client Refusing	3
Supervised Visitation	Provider Issues - Staffing, lack of follow through	1
Supervised Visitation	Service Deferred Pending Completion of Another	1
Supportive Housing for Recovering Families	Service Deferred Pending Completion of Another	1
SW/Child Visitation	SW has not seen 4 year old in two months and other children are not seen alone nor interviewed separately/engaged during home visits	1
SW/Parent Visitation	Gaps in Visitation	3
Therapeutic Foster Care	Child Hospitalized	1
		209

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

Unmet Needs Indicated?	Frequency	Percent	Valid Percent
Yes	17	32.1%	48.6%
No	18	34.0%	51.4%
N/A	8	15.1%	
N/A - There are no unmet needs	10	18.9%	
Total	53	100.0%	

Looking forward, reviewers examined the approved Case Plan to determine if the plan incorporated existing needs and addressed the barriers to service provision that were identified, incorporating SDM, and all of the key stakeholder input. The following tables provide information related to that effort which indicates that in less than half of the plans, or 47.2%, did the reviewers find that the document reflected action steps appropriately identified for all priority needs and services discussed at the ACR or family conference.

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

Unmet Needs Incorporated into Action Steps?	Frequency	Percent
Yes - All	25	47.2%
Yes - Partially	21	39.6%
No - None	0	0.0%
N/A - There were no unmet needs identified	7	13.2%
Total	53	100.0%

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

Needs Not Identified on Case Plan?	Frequency	Percent
Yes	18	34.0%
No	35	66.0%
Total	53	100.0%

In addition this quarter, reviewers found 50 issues within 18 case plans in which they felt there was a lack of identification of a need noted during the period and/or discussed at the ACR and, that the resulting case plan did not address those needs with appropriate assessment or action steps.

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

Service Need	Barrier	Frequency
Adoption Recruitment	Delay in Referral	1
Adoption Training	No Service Identified to Meet this Need	1
Afterschool Program	Delay in Referral	1
Afterschool Program	UTD from Case Plan or Narrative	1
Case Management/Advocacy/Support	Referrals remain outstanding	2
Dental Screenings or Evaluations	No Service Identified to Meet the Need	3
Developmental Screening or Evaluation	Delay in Referral	1
Developmental Screening or Evaluation	UTD from Case Plan or Narrative	2
Domestic Violence Services for Perpetrator	No Service Identified to Meet the Need	1
Educational Screening or Evaluation	Delay in Referral	1
Educational Screening or Evaluation	UTD from Case Plan or Narrative	1
Family or Marital Counseling	No Service Identified to Meet this Need	1
Family Preservation Services	No Service Identified to Meet this Need	2
Flex Funds for Basic Services	No Service Identified to Meet this Need	1
Flex Funds for Basic Services	Service Deferred pending Completion of Another	1
Foster Care Support	Client Refusing	1
Group Home	Approval Process	1
Housing Assistance	UTD from Case Plan or Narrative	1
Housing Assistance - Section 8	No Service Identified to Meet this Need	1
Individual Counseling - Child	Service Deferred Pending Completion of Another	1
Individual Counseling - Child	UTD from Case Plan or Narrative	1
Individual Counseling - Parent	UTD from Case Plan or Narrative	1
In-Home Parent Education and Support	No Service Identified to Meet this Need	2
In-Home Treatment	No Service Identified to Meet this Need	1
Matching/Placement Processing (includes ICO)	UTD from Case Plan or Narratives	1
Medically Fragile Support Services	No Service Identified to Meet this Need	1
Medication Management - Child	Service Deferred Pending Completion of Another	1
Mental Health Screening or Evaluation - Parent	No Service Identified to Meet this Need	2
Mentoring	Delay in Referral	1
Mentoring	No Service Identified to Meet this Need	2
Other In-Home Services (Parent Aide/Resource Management)	No Service Identified to Meet this Need	1
Other Medical Intervention - Children's Support Group Diabetes	No Service Identified to Meet this Need	1
Other Medical Intervention - Weight & Elevated Cholesterol Screening/Evaluation	Delay in Referral	1
Other State Agency	Delay in Referral	1
Positive Youth Development Program	Delay in Referral	1
Provider Contacts	Communication between DCF and Providers not addressed	1
Psychological or Psychosocial Evaluation - Parent	No Service Identified to Meet this Need	1
Respite	No Service Identified to Meet this Need	1
Social Recreational Program	Delay in Referral	1
Supervised Visitation	Delay in Referral	1
SW/Parent Visitation	UTD from Case Plan or Narratives - no plan to address lack of contacts in action steps going forward	2
		50

Appendix 1
Stipulation Regarding Outcome Measure 3 and 15
Target Cohorts

Stipulation Regarding Outcome Measure 3 and 15 -Target Cohorts*

The Target Cohorts shall include the following:

1. All children age 12 and under placed in any non-family congregate care settings (excluding children in SAFE Homes for less than 60 days);
2. All children who have remained in any emergency or temporary facility, including STAR homes or SAFE homes, for more than 60 days;
3. All children on discharge delay for more than 30 days in any nonfamily congregate care setting, with the exception of in-patient psychiatric hospitalization;
4. All children on discharge delay for more than seven days that are placed in an inpatient psychiatric hospital;
5. All children with a permanency goal of Another Planned Permanent Living Arrangement (“APPLA”);
6. All children with a permanency goal of adoption who have been in DCF custody longer than 12 months for whom a petition for termination of parental rights (TPR) for all parents has not been filed, and no compelling reason has been documented for not freeing the child for adoption;
7. All children with a permanency goal of adoption and for whom parental rights have been terminated (except those who are living in an adoptive home with no barrier to adoption and are on a path to finalization); and
8. All children with a permanency goal of reunification who have been in DCF custody longer than 12 months and have not been placed on a trial home reunification, or have not had an approved goal change.

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

Appendix 2
Rank Scores For
Outcome Measure 3 & Outcome Measure 15
3rd Quarter 2010

Case Summaries for 3rd Quarter 2010 Outcome Measure 3

What is the social worker's area office assignment?		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Bridgeport	1	Optimal	Optimal	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	Very Good	Very Good	Very Good	Optimal	Marginal	Optimal	Very Good	Very Good	Not an Appropriate Case Plan
	3	Optimal	Very Good	Very Good	Very Good	Poor	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	4	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Appropriate Case Plan
	Total	N	4	4	4	4	4	4	4	4
Danbury	1	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	2	Optimal	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Total	N	2	2	2	2	2	2	2	2
Milford	1	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Case Plan
	2	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	3	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Total	N	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	Marginal	Poor	Poor	Poor	Poor	Poor	Marginal	Marginal	Not an Appropriate Case Plan
	2	Very Good	Optimal	Marginal	Very Good	Marginal	Very Good	Poor	Very Good	Not an Appropriate Case Plan
	3	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	4	Very Good	Very Good	Marginal	Marginal	Poor	Poor	Marginal	Marginal	Not an Appropriate Case Plan
	5	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	6	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Appropriate Case Plan
	Total	N	6	6	6	6	6	6	6	6
Manchester	1	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	3	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Appropriate Case Plan
	4	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Total	N	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
Meriden	1	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Case Plan
	2	Optimal	Very Good	Marginal	Very Good	Very Good	Marginal	Marginal	Optimal	Not an Appropriate Case Plan
	Total	N	2	2	2	2	2	2	2	2
Middletown	1	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Total	N	2	2	2	2	2	2	2	2
New Britain	1	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Appropriate Case Plan
	3	Optimal	Optimal	Marginal	Very Good	Marginal	Marginal	Poor	Very Good	Not an Appropriate Case Plan
	4	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	5	Optimal	Optimal	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Appropriate Case Plan
	6	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Case Plan
	Total	N	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	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Not an Appropriate Case Plan
	2	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	Optimal	Marginal	Marginal	Marginal	Marginal	Very Good	Marginal	Marginal	Not an Appropriate Case Plan
	4	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	5	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Total	N	5	5	5	5	5	5	5	5
Norwalk	1	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	2	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Marginal	Not an Appropriate Case Plan
	Total	N	2	2	2	2	2	2	2	2
Norwich	1	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	2	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	3	Very Good	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Appropriate Case Plan
	4	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	5	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Appropriate Case Plan
	Total	N	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
Stamford	1	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
	2	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Marginal	Optimal	Not an Appropriate Case Plan
	Total	N	2	2	2	2	2	2	2	2
Torrington	1	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Marginal	Appropriate Case Plan
	Total	N	2	2	2	2	2	2	2	2
Waterbury	1	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Appropriate Case Plan
	2	Optimal	Very Good	Marginal	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
	4	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	5	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	Total	N	5	5	5	5	5	5	5	5
Willimantic	1	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Marginal	Appropriate Case Plan
	3	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Appropriate Case Plan
	Total	N	3	3	3	3	3	3	3	3
Total	N	53	53	53	53	53	53	53	53	53

Case Summaries for 3rd Quarter 2010 Outcome Measure 15

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

What is the social worker's area office assignment?		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Norwich	1	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	N/A to Case Type	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	Optimal	Optimal	Very Good	N/A to Case Type	N/A to Case Type	Needs Met
	3	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
	4	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Needs Met
	5	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Marginal	Optimal	Needs Met
	Total	N	2	3	3	5	3	5	5	5	5	3	4
Stamford	1	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Needs Met
	2	Optimal	N/A to Case Type	N/A to Case Type	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	N/A to Case Type	Optimal	Needs Met
	Total	N	1	1	1	2	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
Torrington	1	N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Very Good	Needs Met
	2	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Very Good	Marginal	Marginal	Marginal	N/A to Case Type	Marginal	Needs Not Met
	Total	N	1	1	1	2	1	2	2	2	2	1	2
Waterbury	1	N/A to Case Type	Optimal	Very Good	Poor	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	N/A to Case Type	Needs Not Met
	2	N/A to Case Type	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Marginal	Very Good	Very Good	Very Good	Needs Met
	3	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	N/A to Case Type	Marginal	Needs Not Met
	4	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Not Met
	5	N/A to Case Type	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	N/A to Case Type	Needs Met
	Total	N	1	4	4	5	4	5	5	5	5	4	3
Willimantic	1	N/A to Case Type	Optimal	Optimal	Optimal	Very Good	Very Good	Marginal	Optimal	Marginal	Marginal	Very Good	Needs Not Met
	2	Optimal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	N/A to Case Type	N/A to Case Type	Needs Met
	3	N/A to Case Type	Optimal	Optimal	Very Good	Optimal	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Needs Not Met
	Total	N	1	2	2	3	2	3	3	3	3	2	2
Total	N	21	35	34	53	35	53	53	53	53	33	46	53

Appendix 3
Commissioner's Highlights from
Department of Children & Families
Third Quarter 2010 Exit Plan Report

Commissioner's Highlights
Third Quarter 2010 Exit Plan Report

Now serving as Commissioner for the past three and a half years and having announced my resignation effective January 4, 2011, this will be my last opportunity to provide my "highlights" as they relate to the Exit Plan. Rather than adhering to the standard summary of our progress and challenges regarding the Exit Plan Outcome Measures, I want to outline what I see as the true highlights of Connecticut's child welfare system, which do not necessarily equate with whether we have "passed" or "failed" a particular measure.

It's important to first underscore that DCF is not the child welfare system, just as the Department of Public Safety and the Department of Corrections are not themselves the criminal justice system. As most are well aware, the children and families served by the child welfare system are often struggling with some of the most difficult societal challenges that exist, including lack of resources, isolation, mental health and substance abuse issues, homelessness and domestic violence to name a few. DCF cannot and does not address these issues alone. We must have the active and accountable participation of families, foster and adoptive parents, service providers, community and civic organizations, schools, law enforcement, the courts, attorneys, advocates, sister state agencies, the legislature and others in order to protect children, improve child and family well-being, and support and preserve families.

Connecticut's child welfare system can only succeed and improve through a shared commitment and collaboration among the many stakeholders that work with vulnerable children and families. To that end, it is clear that we have collectively made significant improvements in the child welfare system over the last several years. Most notably:

- The number of children in care has declined by 25 percent since 2007;
- The rate of child removals per 1,000 in the overall State population declined from 3.0 in CY2008 to 2.79 in CY2009 -- placing Connecticut well below the 4.1 national average;
- Due to increased in-home services, 80% of the children served on Dec. 1, 2009 lived at home compared to 62% in 2000 and 73% in 2007;
- The percentage of children subject to repeat abuse or neglect declined from 6.1% in CY08 to 5.4% in CY09;
- The average time to achieve all three forms of permanency -- reunification, adoption and transfer of guardianship -- has been reduced;
- Due to the availability of in-home behavioral health services for about 3,000 children and families and other community-based services, there has been a 37.5 percent reduction in the number of children in residential care since August 2007 and a 50 percent reduction since April 2004; and
- Reflecting improvements in delinquency prevention and diversion, the number of delinquency commitments to the Department declined from 265 in 2005 to 206 in 2009.

These trends demonstrate practice rooted firmly in the belief that children should live at home whenever safely possible and that families need individualized in-home services to support that goal.

While recognizing important progress, there will always be a need to acknowledge and address those areas of the child welfare system that require improvement. The *Juan F.* Exit Plan Quarterly Reports demonstrate a consistent achievement of the vast majority of the 22 goals and note the continued challenges that impact the outstanding subjective measures, primarily Outcomes Measures 3 and 15. I continue to believe that improving how we engage and support families in our work holds the key to advancing in these and other areas. Accordingly, our Strategic Plan's focus on developing a Practice Model and a Differential Response System promises to significantly improve our overall quality of work.

It has been my distinct honor and privilege over the last 17 years to have worked with the dedicated staff at DCF and others in the child welfare system who have made a positive impact on the lives of the children and families we serve. I deeply appreciate and thank you for your commitment to this difficult work, and I am hopeful that the gains we have seen in the system will continue and advance even further in the years to come.