

*Juan F.* v. Rell Exit Plan  
Quarterly Report  
October 1, 2006 – December 31, 2006  
Civil Action No. H-89-859 (AHN)  
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**Juan F. v Rell Exit Plan Quarterly Report**  
**October 1, 2006 – December 31, 2006**

**Highlights**

1. On November 29, 2005 the Plaintiffs in the *Juan F.* case asserted non-compliance with provisions of the Revised Exit Plan of July 1, 2004. The cited provisions were: Treatment Plans (Outcome Measure 3), Children's Needs Met (Outcome Measure 15) and Multi-Disciplinary Exams (Outcome Measure 22). Negotiations began shortly thereafter, and a set of agreements have been reached since that time.
  - First, modifications were made to the methodology for conducting case reviews for Outcome Measures 3 and 15. The modifications included additional elements for review, which provide increased clarity to critical components of these reviews. In addition, these reviews now include a provision for reviewers' attendance at the Administrative Case Review/Treatment Planning Conference or Family Case Conference for each case reviewed. The Monitor's Office has utilized this methodology for the last two quarters.
  - Second, the parties agreed upon a set of monthly reports that provide point-in-time and longitudinal data. (See Appendix 1 for a copy of the March 21, 2007 Point-in-Time report).
  - Third, the parties agreed to an action plan for addressing key components of case practice related to meeting children's needs. The Action Plan focuses on heightened attention to permanency, placement and treatment issues including 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. The plan details action steps, strategies and implementation time-frames. (See Appendix 2 for a copy of the Plaintiff letter dated March 21, 2007, withdrawing the assertion of non-compliance and Appendix 3 for a copy of the *Juan F.* Action Plan). A monitoring plan is being developed that will integrate the current monitoring activities for the Exit Plan and additional monitoring activities necessary to track the implementation of the *Juan F.* Action Plan. Additional information, including baseline and current data are contained later in the report beginning on page seven (*Juan F.* Action Plan).

The parties are to be commended for their dedicated and collaborative work in reaching agreement on important issues that impact children and families. The implementation of these agreements will benefit Connecticut's most vulnerable children and families.

2. The Monitor's quarterly review of the Department's efforts toward meeting the Exit Plan measures during the period of October 1, 2006 – December 31, 2006 indicates that the Department achieved 16 of the 22 measures. For the first time, the Department has met all three permanency goals Adoption (Outcome Measure 8), Transfer of Guardianship (Outcome Measure 9) and Reunification (Outcome Measure 7) during one quarter.
3. The revised methodology to measure Treatment Planning (Outcome Measure 3) and Needs Met (Outcome Measure 15) was utilized for a full sample of 73 cases during the fourth quarter. The fourth quarter case review data indicates that the Department achieved 41.1% appropriate Treatment Plans (Outcome Measure 3) and 52.1% on Children's Needs Met (Outcome Measure 15). The review indicates that additional work is required to assure that children, families, and relative and non-relative caregivers are engaged as full partners in a team approach. Families should be full participants in the decision-making process.

Improvements in specifying clear, concise action steps for all case participants and identifying short-term goals and objectives are needed to enable the treatment plan to be utilized as the guiding document or "road map" for intervention and collaboration.

The Department continues to struggle to meet the treatment and placement needs of a significant portion of the children and families it serves. Despite the increased resources that have been implemented as a result of the advocacy of the Department and support of the Governor and Legislature, wait-lists for mental health treatment, substance abuse treatment, and in-home services are common. Timely and appropriate treatment and placement alternatives are lacking. Additional foster and adoptive homes are needed to ensure that when appropriate, every child that requires out-of-home placement is matched and placed in a family-type setting. In addition, lapses in dental care and educational needs are noted in the review. The full report on the fourth quarter findings are contained later in this report beginning on page 10 (Monitor's Office Case Review for Outcome Measure 3 and Outcome Measure 15).

4. The Monitor's quarterly review of the Department for the period of October through December 2006; indicates that the Department has achieved compliance with a total of 16 measures.
  - Commencement of Investigations (95.5%)
  - Completion of Investigations (93.7%)
  - Search for Relatives (91.4%)
  - Maltreatment of Children in Out-of-Home Care (0.2%)
  - Reunification (61.3%)
  - Adoption (33.6%)
  - Timely Transfer of Guardianship (76.4%)
  - Multiple Placements (95%)
  - Foster Parent Training (100%)
  - Placement within License Capacity (96.4%)

- Worker to Child Visitation in Out-of-Home Cases (94.7%)
  - Worker to Child Visitation in In-Home Cases (89.2%)
  - Caseload Standards (100%)
  - Reduction in Residential Care (11%)
  - Discharge Measures (100%)
  - Multi-disciplinary Exams (94.2%)
5. The Department has maintained compliance for at least two (2) consecutive quarters<sup>1</sup> with 15 of the Outcome Measures shown above (number of consecutive quarters indicated below):
- Commencement of Investigations (ninth consecutive quarter)
  - Completion of Investigations (ninth consecutive quarter)
  - Search for Relatives (fifth consecutive quarter)
  - Maltreatment of Children in Out-of-Home Care (twelfth consecutive quarter)
  - Reunification (sixth consecutive quarter)
  - Transfer of Guardianship (second consecutive quarter)
  - Multiple Placements (eleventh consecutive quarter)
  - Foster Parent Training (eleventh consecutive quarter)
  - Placement within Licensed Capacity (second consecutive quarter)
  - Worker to Child Visitation in Out-of-Home Care (fourth consecutive quarter)
  - Worker to Child Visitation in In-Home Care (fifth consecutive quarter)
  - Caseloads Standards (eleventh consecutive quarter)
  - Residential Reduction (third consecutive quarter)
  - Discharge Measures (second consecutive quarter)
  - Multi-Disciplinary Exams (fourth consecutive quarter)
6. The Monitor's quarterly review of the Department for the period of October through December 2006 indicates that the Department did not achieve compliance with six (6) of the measures:
- Treatment Plans (41.1%)
  - Repeat Maltreatment (7.9%)
  - Sibling Placement (85.5%)
  - Re-Entry (8.2%)
  - Children's Needs Met (52.1 %)
  - Discharge to DMHAS (97.0%)<sup>2</sup>

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

<sup>2</sup> Discharge to DMHAS and DMR (Outcome Measure 21) is a 100% measure. One child did not have the required discharge plan. The plan for this child has since been completed and forwarded.

7. Beginning with the fourth quarter report, the Results Oriented Management (ROM) reporting system was utilized as the basis for Outcome Measures 1, 2, 4, 5, 7, 8, 9, 10, 11, 16, 17, 22. LINK reporting is used for Outcome Measures 6, 12, 14, 18, 19 and case reviews are required to report on Outcome Measures 3, 13, 15, 20, 21. Enhanced utilization of the ROM reporting system allows staff a real-time view of their case practice and Exit Plan achievements.
8. A joint program review report conducted by the DCF Court Monitor, the Office of the Child Advocate and the Department's Quality Improvement Division was disseminated to the public in December 2006. The Department is finalizing a work plan to address the recommendations in the report. Ongoing Court Monitor activities include review and monitoring of the Riverview Hospital Strategic Plan, updates with Department staff, facility visits, analysis of data, attendance at Advisory Board Meetings, and meetings with the union membership.
9. The Monitor's Office is conducting a Targeted Comprehensive Case Review of the Exit Plan Outcome Measures. This effort encompasses a review of multiple samples totaling approximately 2,000 cases. The review is being directed by the Court Monitor's Office and follows the methodology employed for all Court Monitor reviews which integrates Quality Improvement staff from the Department with staff contracted by the Court Monitor to conduct the work. The full report on this quantitative and qualitative review is expected to be completed in May 2007.

The Department's full, unedited, but verified report to the Court Monitor is incorporated at the end of this Monitor's Report to the Court (See Appendix 4).

4Q October 1-December 31, 2006 Exit Plan Report														
Outcome Measure Overview														
Measure	Measure	Base line	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005	2Q 2005	3Q 2005	4Q 2005	1Q 2006	2Q 2006	3Q 2006	4Q 2006
1: Investigation Commencement	>=90%	X	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%	96.4%	98.7%	95.5%
2: Investigation Completion	>=85%	73.7%	64.2%	68.8%	83.5%	91.7%	92.3%	92.3%	93.1%	94.2%	94.2%	93.1%	94.2%	93.7%
3: Treatment Plans**	>=90%	X	X	X	10%	17%	X	X	X	X	X	X	54%	41%
4: Search for Relatives*	>=85%	58%	93%	82%	44.6%	49.2%	65.1%	89.6%	89.9%	93.9%	93.1%	91.4%	5/15/07*	8/15/07*
5: Repeat Maltreatment	<=7%	9.3%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.3%	6.3%	7.0%	7.9%	7.9%
6: Maltreatment OOH Care	<=2%	1.2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%	0.4%	0.7%	0.7%	0.2%
7: Reunification*	>=60%	57.8%	X	X	X	X	X	X	64.2%	61%	66.4%	64.4%	62.5%	61.3%
8: Adoption	>=32%	12.5%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.8%	36.9%	27%	33.6%
9: Transfer of Guardianship	>=70%	60.5%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%	72.4%	60.7%	63.1%	70.2%	76.4%
10: Sibling Placement*	>=95%	57%	65%	53%	X	X	X	X	96%	94%	75%	77%	83%	85.5%
11: Re-Entry	<=7%	6.9%	X	X	X	X	X	X	7.2%	7.6%	6.7%	7.5%	4.3%	8.2%
12: Multiple Placements	>=85%	X	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%	96.6%	96.8%	95%
13: Foster Parent Training	100%	X	X	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%	94.9%	88.3%	92.0%	93.0%	95.7%	97%	95.9%	94.8%	96.2%	95.2%	94.5%	96.7%	96.4%
15: Needs Met**	>=80%	X	53%	57%	53%	56%	X	X	X	X	X	X	62%	52%
16: Worker-Child Visitation (OOH)*	>=85% 100%	Monthly Quarterly	72% 87%	86% 98%	73% 93%	81% 91%	77.9% 93.3%	86.7% 95.7%	83.3% 92.8%	85.6% 91.9%	86.8% 93.1%	86.5% 90.9%	92.5% 91.5%	94.7% 99.0%
17: Worker-Child Visitation (IH)*	>=85%	X	39%	40%	46%	33%	X	81.9%	78.3%	85.6%	86.2%	87.6%	85.7%	89.2%
18: Caseload Standards+	100%	69.2%	73.1%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%
19: Residential Reduction	<=11%	13.5%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.8%	11.6%	11.3%	10.8%	10.9%	11%
20: Discharge Measures	>=85%	61%	74%	52%	93%	83%	X	X	96%	92%	85%	91%	100%	100%
21: Discharge to DMHAS and DMR	100%	X	43%	64%	56%	60%	X	X	78%	70%	95%	97%	100%	97%
22: MDE	>=85%	5.6%	19.0%	24.5%	48.9%	44.7%	55.4%	52.1%	54.6%	72.1%	91.1%	89.9%	86%	94.2%

### **Juan F. Action Plan**

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During the course of the next month a monitoring plan will be drafted for review and comment by the *Juan F.* parties. The plan will incorporate monitoring to track implementation and progress with the *Juan F.* Action Plan and the current ongoing monitoring activities related to the Exit Plan. The current monitoring activities include: data analysis and reporting on the 22 Outcome Measures, conducting and reporting targeted comprehensive case reviews, monitoring and intervention with emerging issues, and regular or topic specific meetings with stake-holders such as youth and families, foster and adoptive parents, private providers, community advocates, advisory boards, Legislators, DCF staff, the Technical Advisory Committee and the lawyers representing the parties in the *Juan F.* case. The monitoring plan will include provisions for analysis and presentation of data extracted from the agreed upon monthly reports, provisions for monitoring the implementation of strategies and initiatives outlined in the *Juan F.* Action Plan and provisions for conducting targeted case reviews of specific issues such as the population of the children age 12 and under in congregate care and children with Another Planned Permanent Living Arrangement (APPLA) goal.

The following is a presentation of baseline and current data regarding some of the significant areas of concern that are addressed in the Juan F. Action Plan. Future quarterly reports will include both quantitative data (point-in-time and longitudinal) and qualitative updates on specific initiatives outlined in the recent agreement to provide further insight and explanation of the data points below.

	<b>Nov</b>	<b>March</b>
	<b>2006</b>	<b>2007</b>
<b><u>Permanency Issue</u></b>		
Total number of children, pre-TPR, TPR not filed, > 15 months in care, no compelling reason	823	252
	<b>Nov</b>	<b>March</b>
	<b>2006</b>	<b>2007</b>
<b><u>No Permanency Goal</u></b>		
Number of children, with no Permanency goal, pre-TPR, > 2 months in care	93	37
Number of children, with no Permanency goal, pre-TPR, > 6 months in care	29	12
Number of children, with no Permanency goal, pre-TPR, > 15 months in care	11	9
Number of children, with no Permanency goal, pre-TPR, TPR not filed, > 15 months in care, no compelling reason	9	5
	<b>Nov</b>	<b>March</b>
	<b>2006</b>	<b>2007</b>
<b><u>Preferred Permanency Goals</u></b>		
<b><u>Adoption</u></b>		
Total number of children with Adoption goal, pre-TPR and post-TPR	1199	1304
Number of children with Adoption goal, pre-TPR	646	685
Number of children with Adoption goal, TPR not filed, > 15 months in care	129	111
• Reason TPR not filed, compelling reason	16	23
• Reason TPR not filed, petitions in progress	44	56
• Reason TPR not filed, child is placed with a relative	8	13
• Reason TPR not filed, services needed not provided	2	6
• Reason TPR not filed, blank	59	13
Number of cases with Adoption goal post-TPR	553	619
• Number of children with Adoption goal, post-TPR, in care > 15 months	524	576
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	62	88
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	269	307
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	75	62
	<b>Nov</b>	<b>March</b>
	<b>2006</b>	<b>2007</b>
<b><u>Reunification</u></b>		
Total number of children with Reunification goal, pre-TPR and post-TPR	2185	2082
Number of children with Reunification goal, pre-TPR	2177	2075
• Number of children with Reunification goal, pre-TPR, > 15 months in care	450	413
• Number of children with Reunification goal, pre-TPR, > 36 months in care	71	78
Number of children with Reunification goal, post-TPR	8	7

	<b>Nov 2006</b>	<b>March 2007</b>
<b>Transfer of Guardianship (Subsidized and Non-Subsidized)</b>		
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	342	330
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	333	329
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, > 22 months	100	76
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , > 36 months	29	29
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	7	1
	<b>Nov 2006</b>	<b>March 2007</b>
<b><u>Non-Preferred Permanency Goals</u></b>		
<b>APPLA: Foster Care Non-Relative</b>		
Total number of children with APPLA: Foster Care Non-Relative goal	749	735
Number of children with APPLA: Foster Care Non-Relative goal, pre-TPR	546	541
• Number of children with APPLA: Foster Care Non-Relative goal, 12 years old and under, pre-TPR	94	84
Number of children with APPLA: Foster Care Non-Relative goal, post-TPR	203	194
• Number of children with APPLA: Foster Care Non-Relative goal, 12 years old and under, post-TPR	44	35
	<b>Nov 2006</b>	<b>March 2007</b>
<b>APPLA: Other</b>		
Total number of children with APPLA: other goal	858	691
Number of children with APPLA: other goal, pre-TPR	736	563
• Number of children with APPLA: other goal, 12 years old and under, pre-TPR	34	40
Number of children with APPLA: other goal, post-TPR	122	128
• Number of children with APPLA: other goal, 12 years old and under, post-TPR	14	13
	<b>Nov 2006</b>	<b>March 2007</b>
<b>Long Term Foster Care Relative:</b>		
Total number of children with Long Term Foster Care Relative goal	215	199
Number of children with Long Term Foster Care Relative goal, pre-TPR	200	185
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR	37	30
Long Term Foster Care Relative goal, post-TPR	15	14
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR	6	5

	<b>Nov 2006</b>	<b>March 2007</b>
<b><u>Placement Issues</u></b>		
Total number of children 12 years old and under, in Congregate Care	343	336
• Number of children 12 years old and under, in DCF Facilities	21	20
• Number of children 12 years old and under, in Group Homes	54	50
• Number of children 12 years old and under, in Residential	92	80
• Number of children 12 years old and under, in SAFE Home	148	153
• Number of children 12 years old and under, in Permanency Diagnostic Center	17	18
• Number of children 12 years old and under in MH Shelter	11	15
Total number of children ages 13-17 in Congregate Placements	1039	988
Total number of children in Residential care	668	675
• Number of children in Residential care, > 12 months in Residential placement	214	215
• Number of children in Residential care, > 60 months in Residential placement	6	6
Total number of children in SAFE Home	163	179
• Number of children in SAFE Home, > 60 days	79	99
• Number of children in SAFE Home, > 6 months	16	25
Total number of children in STAR/Shelter Placement	65	78
• Number of children in STAR/Shelter Placement, > 60 days	35	35
• Number of children in STAR/Shelter Placement, > 6 months	4	10
Total number of children in Permanency Planning Diagnostic Center	20	18
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	13	15
• Total number of children in Permanency Planning Diagnostic Center, > 6 months	7	8
Total number of children in MH Shelter	13	15
• Total number of children in MH Shelter, > 60 days	10	13
• Total number of children in MH Shelter, > 6 months	7	6

	<b>Nov 2006</b>	<b>Feb 2007</b>
<b><u>Foster/Adoption Recruitment and Retention</u></b>		
• Number of Inquires	113	170
• Number of Open Houses	34	31
• Number of families starting Pride/GAP training	51	55
• Number of families completing Pride/GAP training	68	20
• Number of applications filed	138	93
• Number of applications that were licensed	72	77
• Number of applications pending beyond time frames	140	175
• Number of licensed Foster Homes at end of month	1281	1248
• Number of licensed Adoptive Homes at end of month	388	354
• Number of licensed Special Studies at end of month	236	221
• Number of licensed Independents at end of month	131	105
• Number of licensed Relatives at end of month	690	592
• Number of homes overcapacity (not due to sibling placement)	21	30
Total DCF Foster Care Bed Capacity	2551	2581
Total number of Specialized Foster Care (non-DCF) Homes	838	884

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

### **I. Background and Methodology:**

The *Juan F. v Rell* Revised Exit Plan and subsequent stipulated agreement reached by the parties and court ordered on July 11, 2006 requires the Monitor's Office to conduct a series of quarterly case reviews to monitor Treatment Planning (Outcome Measure 3) and Needs Met (Outcome Measure 15). The implementation of this review began with a pilot sample of 35 cases during the third quarter 2006. During the fourth quarter, 2006 the Monitor's Office reviewed a total of 73 cases<sup>3</sup> and will continue to review at least 70 cases in every subsequent quarter per the agreement.

The 73 case sample was stratified based upon the distribution of area office caseload on September 1, 2006. The sample incorporates both in-home and out-of-home cases based on the overall statewide percentage reflected at the point that the universe was drawn for sampling.

**Table 1: Fourth Quarter Sample Required Based on September 1, 2006 Caseload Universe**

Area Office	Total Caseload	% of State Total	Sample	IH Sample	OOH Sample
Bridgeport	1,109	8.2%	6	2	4
Danbury	297	2.2%	2	1	1
Greater New Haven	961	7.1%	5	1	4
Hartford	1,820	13.4%	9	2	7
Manchester	1,263	9.3%	7	2	5
Meriden	605	4.5%	3	1	2
Middletown	396	2.9%	3	1	2
New Britain	1,467	10.8%	8	3	5
New Haven Metro	1,423	10.5%	7	2	5
Norwalk	230	1.7%	2	1	1
Norwich	1,158	8.6%	6	2	4
Stamford	301	2.2%	2	1	1
Torrington	406	3.0%	3	1	2
Waterbury	1,257	9.3%	6	2	4
<u>Willimantic</u>	<u>849</u>	<u>6.3%</u>	<u>4</u>	<u>1</u>	<u>3</u>
<b>Grand Total</b>	<b>13,542</b>	<b>100.0%</b>	<b>73</b>	<b>23</b>	<b>50</b>

The methodology continues to pair the Department's staff with Monitor's Review staff. Reviewers were assigned to different teams and office locations for the third and fourth quarters so that no office had the same team reviewing their cases.

<sup>3</sup> The Exit Plan required a total of 70 cases be reviewed. Due to rounding and ensuring that each area office had representation of both in-home and out of home case assignments, a total of 73 cases was required.

Each case was subjected to the following methodology (A case review typically requires seven to 12 hours to complete).

1. A review of the Case LINK Record documentation for each sample case concentrating on the most recent six months. This includes narratives, treatment planning documentation, investigation protocols, and the provider narratives for any foster care provider during the last six-month period.
2. Attendance/Observation at the Treatment Planning Conference (TPC)/Administrative Case Review (ACR) or Family Conference (FC)<sup>4</sup>.
3. A subsequent review of the final approved plan is conducted fourteen to twenty days following the date identified within the TPC/ACR/FC schedule from which the sample was drawn. Each reviewer completes an individual assessment of the treatment plan and needs met outcome measures and fills out the scoring forms for each.
4. A final meeting with the assigned teammate is held to jointly arrive at the final scores for each section and overall scoring for OM3 and 15. Individual scoring and joint scoring forms are then submitted to the Monitor. (This step may change as determined appropriate by the DCF Court Monitor after evaluation of the process, feedback from review staff and fiscal/staffing considerations.)

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

In situations where agreement cannot be reached, the team requests that the supervisor become a third voice on those areas of concern. They present their opinions and findings and the supervisor determines the appropriate score to reflect the level of performance for the specific item(s) and assists them in the overall determination of compliance for OM3 and OM15. If the team indicates that there are areas that do not attain the “very good” or “optimal” level, yet the consensus is the overall score should be “an appropriate treatment plan” or “needs met” the team outlines their reasoning for such a determination and it is reviewed by the Court Monitor for approval of an override exception. These cases are also forwarded to the Technical Advisory Committee (TAC) for review. During the fourth quarter, there were 19 cases submitted for override consideration. Of the 19 cases, seven resulted in the approval of an override to allow one or the other measure to achieve a passing score. These cases can be identified in the overall scoring tables later in this document.

To address the areas of disparity identified in the third quarter pilot, a post review team meeting was held in October to address individual reviewer’s and teams’ issues related to the review process. A sample case was identified prior to the meeting for record review and the ACR was attended by all reviewers via teleconference.

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<sup>4</sup> Attendance at the family conference is included where possible. In many cases, while there is a treatment plan due, there is not a family conference scheduled during the quarter we are reviewing. To compensate for this, the Monitoring of in-home cases includes hard copy documentation from any family conference held within the six-month period leading up to the treatment plan due date.

Each subcategory was analyzed as a group. Clarifications were provided, and a better understanding of some of the finer points of the process resulted from this group review process and debriefing. Additional training and group meetings will continue throughout the process, and may include minor revisions to the tool or instructions as needed.

### Sample Demographics

As indicated earlier, the sample consisted of seventy-three cases distributed among the fifteen area offices. Sample cases are identified by Assignment Type. At the point of review, the data indicates that the majority of cases (71.4%) are children in care for child protective service reasons. A full description of the sample is provided below:

**Table 2: Case Assignment Types with the Sample Set (n=73)**

Assignment	Frequency	Percent
CPS In-Home Family	21	28.8%
CPS Child in Placement	46	63.0%
Voluntary Services In-Home Family	1	1.4%
Voluntary Services Child in Placement	4	5.5%
Associated Family to Child in Placement (CPS) <sup>5</sup>	1	1.4%
<b>Total</b>	73	100.1% <sup>6</sup>

Of the children in placement during the quarter, nine children (17.3%) had some involvement with the juvenile justice system during the quarter.

In establishing the reason for the most recent case open date identified, reviewers ascertain all substantiations or voluntary service needs identified at the point of most recent case opening. This was a multiple response question which allowed the reviewers to select more than one response as situations warranted. In total, 133 reasons were identified for the 73 case sample. The data indicates that physical neglect is the most frequent reason for a case opening in treatment, as 61.6% of the cases cited this as one of the factors for the case opening. This was followed by Parental Substance Abuse/Mental Health which was present in 31.5% of the cases reviewed, and Emotional Neglect, which was identified in 23.3% of the cases reviewed.

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<sup>5</sup> One case selected as an in-home case had child come into care shortly after the family conference was held. This is reflected as a difference of 1 in some charts depending upon the time frame and focus of the question.

<sup>6</sup> Due to rounding.

**Table 3: Reasons for DCF involvement at the point of most recent case open/reopen date**

Reason(s) Cited	Number	Percent of Instances Identified (n=133)	Percent of Sample Cases with Identified Reason (n=73)
Physical Neglect	45	33.8%	61.6%
Substance Abuse/Mental Health (Parent)	23	17.3%	31.5%
Emotional Neglect	17	12.8%	23.3%
Child's TPR	11	8.3%	15.1%
Physical Abuse	10	7.5%	13.7%
Domestic Violence	7	5.3%	9.6%
Educational Neglect	7	5.3%	9.6%
Voluntary Services Request	7	5.3%	9.6%
Abandonment	4	3.0%	5.5%
Emotional Abuse/Maltreatment	1	0.8%	1.4%
<u>Sexual Abuse</u>	<u>1</u>	<u>0.8%</u>	<u>1.4%</u>
<b>Total</b>	<b>133</b>		

When asked to isolate the primary reason for case opening among those identified for each case; physical neglect was identified for 37% of the sample set.

**Table 4: What is the primary reason cited for case opening/reopening?**

Primary Reason	Frequency	Percent
Physical Neglect	27	37.0%
Substance Abuse	11	15.1%
Child's TPR	10	13.7%
Emotional Neglect	6	8.2%
Voluntary Services	6	8.2%
Physical Abuse	4	5.5%
Abandonment	3	4.1%
Domestic Violence	2	2.7%
Educational Neglect	2	2.7%
Mental health	1	1.4%
<u>Sexual Abuse/Exploitation</u>	<u>1</u>	<u>1.4%</u>
<b>Total</b>	<b>73</b>	<b>100.0%</b>

Permanency/case goals were identified for 70 of the 73 cases reviewed (95.9%). Of the 21 situations in which “Reunification” was the permanency goal, there was a required concurrent plan documented in 18 cases (85.7%). All three indicated as UTD in the table below are CPS children in placement cases. Of the six cases with the goal of “APPLA: Other”, four identified “Specialized Care to Transition to DMHAS/DMR” and two identified “Independent Living”.

**Table 5: What is the child or family's stated permanency goal on the most recent approved treatment plan in place during the period?**

Permanency Goal	Frequency	Percent
Reunification	21	28.8
In-Home Goals - Safety/Well Being Issues	21	28.8
Adoption	12	16.4
APPLA: Permanent Non-Relative Foster Care	7	9.6
APPLA: Other	6	8.2
UTD - plan incomplete, unapproved/missing for this period	3	4.1
Transfer of Guardianship	2	2.7
Long Term Foster Care with a licensed relative	1	1.4
<b>Total</b>	<b>73</b>	<b>100.0</b>

Children in placement had various lengths of stay at the point of our review. This ranged from less than one month, to greater than 24 months. The distribution of length of stays is provided below with an indication of whether TPR has been filed in relation to both the ASFA requirement and overall length of time in care. In 11 of the cases indicated below, TPR had been granted prior to our review. An additional two cases had TPR pending (filed). There was only one child exceeding the ASFA 15 of the last 22 month time-frame for which neither TPR had been filed nor a Compelling Reason had been identified. This 15 year-old committed child's goal was APPLA: Permanent Non-Relative Foster Care.

**Crosstabulation 1: Has child's length of stay exceeded the 15 of the last 22 benchmark set by ASFA? (Identified by case type) \* For child in placement, has TPR been filed?**

Has child's length of stay exceeded the 15 of the last 22 benchmark set by ASFA?	For child in placement, has TPR been filed?					Total
	yes	no	N/A – Compelling Reason in LINK	N/A - child's goal and length of time in care don't require TPR	N/A - In-Home Case (CPS or Voluntary Services)	
CPS CIP yes	0	1	15	1 <sup>7</sup>	0	17
CPS CIP no <sup>8</sup>	1	2	0	14	0	17
CIP with TPR filed/granted	13	0	0	0	0	13
Voluntary Svc CIP yes	0	0	0	1	0	1
Voluntary Svc CIP no	0	0	0	3	0	3
N/A - In-Home Case (CPS or Voluntary Svc)	0	0	0	0	22	22
<b>Total</b>	<b>14</b>	<b>3</b>	<b>15</b>	<b>19</b>	<b>22</b>	<b>73</b>

<sup>7</sup> This is a child with Transfer of Guardianship as goal at point of review – TOG occurred shortly after review was completed.

<sup>8</sup> Includes the one child in associated family case at point of review.

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

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

The fourth quarter case review data indicates that the Department attained the level of “Appropriate Treatment Plan” in 30 of the 73-case sample or **41.1%**.

The findings of this review indicate that the Department has not been successful in utilizing the treatment plans as the primary outline or “road map” for communicating, evaluating and targeting specific action steps to meet children’s and families needs. Similarly, while there has been improvement in the degree of family engagement and family participation in the development of the treatment plans, the review confirms that many children and families are not actively incorporated or participating in the process. In spite of efforts by the ACR Social Work Supervisor to assist case practice through identification of issues within the course of the meetings, the treatment planning process often remains a “pro-forma” exercise as documented within reviewers’ notes on the cases reviewed. This is demonstrated in many cases, as changes discussed at the TPC/ACR meetings are not reflected in the final approved treatment plan document.

No case failed solely as a result of the language or approval requirement. However, five of the plans not passing due to less than “very good” scores also did not have social work supervisory approval. Four cases had no plan less than 7 months old at the point of review as a result of the failure of the social work supervisor to approve the current plan reviewed for our sample. Seventy cases (95.9%) had documentation that families’ language needs were met. In the three cases without documentation of translation, two were also in the pool of those not approved by a supervisor. The one remaining case without documentation of translation included sections scored less than “very good” and would not have passed had translation been documented.

The overall score designation is similar between the in-home and out of home cases in this quarter’s sample. In nine of twenty two in-home cases (both CPS and Voluntary Services) the treatment plan passed the overall measure with a designation of appropriate treatment plan (40.9%). In 21 of 51 children in placement cases (41.2%), the treatment plan achieved the appropriate treatment plan status. See crosstabulation below.

**Crosstabulation Table 2: What is the type of case assignment noted in LINK? \*  
 Overall Score for OM3**

What is the type of case assignment noted in LINK?	Overall Score for OM3		
	Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
CPS In-Home Family Case (IHF)	9	12	21
CPS Child in Placement Case (CIP)	20	26	46
Voluntary Services In-Home Family Case (VSIHF)	0	1	1
Voluntary Services Child in Placement Case (VSCIP)	1	3	4
Associated Voluntary Services Family Case (ACSCIPF)	0	1	1
<b>Total</b>	<b>30</b>	<b>43</b>	<b>73</b>

The review examined the level of engagement with children, families and providers in the development of the treatment plans as well as the content of the plan document itself. Each case had a unique pool of active participants for the Department to collaborate with in the process. The chart below indicates the degree to which identifiable/active case participants were engaged by the social worker and the extent to which active participants attended the TPC/ACR/FC. Percentages reflect the level or degree to which a valid participant was part of the treatment planning efforts across all the cases reviewed.

**Table 6: Participation and Attendance Rates for Active Case Participants within the Sample Set**

Identified Case Participant	Percentage with documented Participation/Engagement in Treatment Planning Discussion	Percentage Attending the TPC/ACR or Family Conference
Child	79.3%	21.4%
Mother	68.3%	51.8%
Father	47.2%	27.1%
Foster Parent	81.3%	61.3%
Active Service Providers	73.5%	35.1%
Attorney/GAL (Child)	26.9%	6.0%
Parents' Attorney	29.7%	17.1%
Other DCF Staff	58.7%	48.8%
Other Participants	71.7%	64.1%

It is clear from the attendance and engagement rates indicated above that the Department, while improving over time, still requires additional effort to engage and incorporate key participants. Reviewers noted a failure to invite adolescents and fathers, and the overall lack of engagement with both children's and parents' attorneys.

As with the third quarter, this review process looked at eight categories of measurement when determining overall appropriateness of the treatment planning (OM3). Scores were based upon the following rank/scale.

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department’s protocol. As a result there is no treatment plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts. “Reason for Involvement” and “Present Situation to Date” were most frequently ranked with an Optimal Score. Deficits were most frequently noted in two of the eight categories: “Determination of Goals/Objectives” and “Action Steps to Achieve Goals”. The following table provides the scoring for each category for the sample set and the corresponding percentage of cases within the sample that achieved that ranking.

Overall there was no major discrepancy by case type. The set of three tables on page 11 provide at a glance, the scores for each of the eight categories of measurement within Outcome Measure 3. The first is the full sample, the second is the children in out of home placement (CIP) cases and the third is the in-home family cases. For a complete listing of rank scores for Outcome Measure 3 by case, see Appendix 5.

**Table 7: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for All Cases Across All Categories of OM3**

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	30 (41.1%)	34 (46.6%)	8 (11.0%)	1 (1.4%)	0 (0%)
I.2. Identifying Information	13 (17.8%)	41 (56.2%)	18 (24.7%)	1 (1.4%)	0 (0%)
I.3. Strengths/Needs/Other Issues	20 (27.4%)	38 (52.1%)	13 (17.8%)	2 (2.7%)	0 (0%)
I.4. Present Situation and Assessment to Date of Review	19 (26.0%)	34 (46.6%)	19 (26.0%)	1 (1.4%)	0 (0%)
II.1 Determining the Goals/Objectives	7 (9.6%)	29 (39.7%)	30 (41.1%)	6 (8.2%)	1 (1.4%)
II.2. Progress <sup>9</sup>	16 (21.9%)	34 (46.6%)	11 (15.1%)	4 (5.5%)	1 (1.4%)
II.3 Action Steps to Achieving Goals Identified	3 (4.1%)	34 (46.6%)	30 (41.1%)	4 (5.5%)	2 (2.7%)
II.4 Planning for Permanency	21 (28.8%)	39 (53.4%)	8 (11.0%)	5 (6.8%)	0 (0%)

**Table 8: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for Out of Home (CIP) Cases Across All Categories of OM3**

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	19 (38.0%)	25 (50.0%)	5 (10.0%)	1 (2.0%)	0 (0%)
I.2. Identifying Information	8 (16.0%)	28 (56.0%)	13 (26.0%)	1 (2.0%)	0 (0%)
I.3. Strengths/Needs/Other Issues	13 (26.0%)	26 (52.0%)	10 (20.0%)	1 (2.0%)	0 (0%)
I.4. Present Situation and Assessment to Date of Review	14 (28.0%)	23 (46.0%)	13 (26.0%)	0 (0%)	0 (0%)
II.1 Determining the Goals/Objectives	5 (10.0%)	20 (40.0%)	19 (38.0%)	5 (10.0%)	1 (2.0%)
II.2. Progress <sup>10</sup>	9 (18.0%)	26 (52.0%)	9 (18.0%)	2 (4.0%)	1 (2.0%)
II.3 Action Steps to Achieving Goals Identified	1 (2.0%)	25 (50.0%)	19 (38.0%)	3 (6.0%)	2 (4.0%)
II.4 Planning for Permanency	12 (24.0%)	27 (54.0%)	6 (12.0%)	5 (10.0%)	0 (0%)

**Table 9: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for In-Home Family Cases Across All Categories of OM3**

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	11 (47.8%)	9 (39.1%)	3 (13.0%)	0 (0%)	0 (0%)
I.2. Identifying Information	5 (21.7%)	13 (56.5%)	5 (21.7%)	0 (0%)	0 (0%)
I.3. Strengths/Needs/Other Issues	7 (30.4%)	12 (52.2%)	3 (13.0%)	1 (4.3%)	0 (0%)
I.4. Present Situation and Assessment to Date of Review	5 (21.7%)	11 (47.8%)	6 (26.1%)	1 (4.3%)	0 (0%)
II.1 Determining the Goals/Objectives	2 (8.7%)	9 (39.1%)	11 (47.8%)	1 (4.3%)	0 (0%)
II.2. Progress <sup>11</sup>	7 (30.4%)	8 (34.8%)	2 (8.7%)	2 (8.7%)	0 (0%)
II.3 Action Steps to Achieving Goals Identified	2 (8.7%)	9 (39.1%)	11 (47.8%)	1 (4.3%)	0 (0%)
II.4 Planning for Permanency	9 (39.1%)	12 (52.2%)	2 (8.7%)	0 (0%)	0 (0%)

<sup>9</sup> Seven cases were newly opened – ranked as N/A- too early to note progress (2.9%).

<sup>10</sup> Three cases were newly opened – ranked as N/A-too early to note progress (6.0%).

<sup>11</sup> Four cases were newly opened – ranked as N/A-too early to note progress (6.0%).

It is clear from the tables provided regarding these eight categories of measurement that DCF continues to struggle with identifying the goals and objectives for the coming six-month period (II.1), and assignment of action steps for the case participants in relation to those goals (II.3). The highest percentage of “Marginal”, “Poor” or “Adverse” scores were identified for Section II.1 with 50.7% of the cases not achieving a passing grade. It appears that there is still some confusion on the part of the social worker and social work supervisors regarding the distinction between permanency goals, and the short term goals and objectives section. Section II.3 did not pass in 49.3% of the cases. In many instances, the Department failed to incorporate its own responsibilities and action steps for the case over the next six months, minimized parent or provider responsibility, or did not provide clear measurement, time-frames, or identify responsible participants.

Additionally, the “Present Situation and Assessment to Date Section” (I.4) continues to be problematic to many of the area offices. In all, 27.4% of the plans failed to achieve a passing score in relation to this category as the treatment plan did not incorporate all available data or perspectives identified within LINK or at the ACR/TPC/FC meeting. The sample data indicates that 82.2% of the plans did identify an appropriate treatment plan permanency goal for the child or family, and the Department is becoming more adept at including appropriate identifying information for active case participants (74.0%).

#### **IV. Monitor’s Findings Regarding Outcome Measure 15 – Needs Met**

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

The case review data indicates that the Department attained the designation of “Needs Met” in **52.1%** of the 73 case sample.

In addition to the identification of areas requiring improvement to better meet children’s service needs, the review confirms that in many cases the Department fails to embrace the Treatment Planning process as a foundational means of working collaboratively with children, families and other stakeholders. As a result, many treatment plans don’t reflect the input of the family and other stakeholders nor the comments, agreements, evaluation of progress and necessary revisions discussed at the ACR/TPC. This results in a lack of clarity for families and stakeholders regarding progress, expectations, action steps, and service needs and goals for the subsequent six-month period.

There is only a slight variation when looking at the case assignment type in relation to needs met. Of the 23 cases selected as in-home family cases, thirteen or 56.5% achieved “needs met” status. Twenty-five of the 50 cases with children in placement (both CPS and Voluntary) achieved “needs met” status (50.0%).

**Crosstabulation 3: 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 (IHF)	13	8	21
CPS Child in Placement Case (CIP)	23	23	46
Voluntary Services In-Home Family Case (VSIHF)	0	1	1
Voluntary Services Child in Placement Case (VSCIP)	2	2	4
Associated Voluntary Services Family Case (ACSCIPF)	0	1	1
<b>Total</b>	<b>38</b>	<b>35</b>	<b>73</b>

The overall score was also looked at through the filter of the stated permanency goal as shown below:

**Crosstabulation 4: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? \* Overall Score for Outcome Measure 15**

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?	Overall Score for Outcome Measure 15		
	Needs Met	Needs Not Met	Total
Reunification	10	9	19
Adoption	7	5	12
Transfer of Guardianship	1	1	2
Long Term Foster Care with a licensed relative	0	1	1
APPLA: Permanent Non-Relative Foster Care	3	4	7
APPLA: Other	3	3	6
In-Home Goals - Safety/Well Being Issues	12	9	21
UTD - plan incomplete, unapproved/missing for this period	2	3	5
<b>Total</b>	<b>38</b>	<b>35</b>	<b>73</b>

In total, Outcome Measure 15 looked at twelve categories of measurement to determine the level with which the Department was able to meet the needs of families and children. When looking at a break between passing scores (5 or 4) and those not passing (3 or less) there is a marked difference in performance among the categories. It is clear that the Department has the most difficulty in meeting the dental needs of children. This was followed by issues identified for categories of “Safety: In-Home”, “DCF Case Management/Contracting or Providing Services to Achieve the Permanency Goal,”

“Child’s Current Placement”, and “Mental Health, Behavioral Health, and Substance Abuse Services”. DCF scored highest in providing prompt legal action (II.2), attending to medical needs (II.1), and recruitment efforts during the prior six (II.3) months. Of the thirteen cases identifying dental as an unmet need, the barrier was unable to be determined (UTD) for 46.2% (6 cases); was related to DCF case management in 38.5% (5 cases); and was identified as wait list or insurance in one case each or 7.7%. While one may make the assumption that the "UTD's" have to do with availability of service, and perhaps some of the delays in referrals may also be the result of the limited pool of providers, workers often do not document the barriers in the LINK record. A targeted study may be required to get an accurate view of this issue.

**Table 10: Identification of Outcome Measure 3 categories and resulting percentage achieving/not achieving “passing” scores of 4 or 5**

Category	# Passing (Scores 4 or 5)	# Not Passing (Scores 3 or Less)
DCF Case Management – <b>Legal Action</b> to Achieve the Permanency Goal During the Prior Six Months (II.2)	91.8%	8.2%
<b>Medical Needs</b> (III.1)	89.0%	11.0%
<b>DCF Case Management – Recruitment for Placement Providers</b> to achieve the Permanency Goal during the Prior Six Months (II.3)	85.5%	14.5%
<b>Securing the Permanent Placement – Action Plan</b> for the Next Six Months (II.1)	83.3%	16.7%
<b>Safety – Children in Placement</b> (I.2)	83.0%	17.0%
<b>Educational Needs</b> (IV. 2)	81.5%	18.5%
<b>Mental Health, Behavioral and Substance Abuse Services</b> (III.3)	81.2%	18.8%
<b>Child’s Current Placement</b> (IV.1)	79.2%	20.8%
<b>DCF Case Management – Contracting or Providing Services</b> to achieve the Permanency Goal <b>during the Prior Six Months</b> (II.4)	72.5%	27.5%
<b>Safety – In Home</b> (I.1)	67.9%	32.1%
<b>Dental Needs</b> (III.2)	63.0%	37.0%

All categories are in Table 11 below with the frequency and percentage of applicable cases achieving each rank score below.

**Table 11: Measurements of Treatment Plan OM 15 – Percentage of Rank Scores Attained Across All Categories<sup>12</sup>**

Category	# Ranked Optimal “5”	# Ranked Very Good “4”	# Ranked Marginal “3”	# Ranked Poor “2”	# Ranked Adverse/Absent “1”	N/A To Case
<b>I.1 Safety – In Home</b>	3(10.7%)	16 (57.1%)	8 (28.6%)	1 (3.6%)	0 (0%)	45
<b>I.2. Safety – Children in Placement</b>	19 (35.8%)	25 (47.2%)	8 (15.1%)	0 (0%)	1 (1.9%)	20
<b>II.1 Securing the Permanent Placement – Action Plan for the Next Six Months</b>	22 (40.7%)	23 (42.6%)	8 (14.8%)	1 (1.9%)	0 (0%)	19
<b>II.2. DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months</b>	39 (53.4%)	28 (38.4%)	6 (8.2%)	0 (0%)	0 (0%)	0
<b>II.3 DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months</b>	32 (58.2%)	15 (27.3%)	7 (12.7%)	1 (1.8%)	0 (0%)	18
<b>II.4. DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal during the Prior Six Months</b>	25 (36.2%)	25 (36.2%)	15 (21.7%)	4 (5.8%)	0 (0%)	4
<b>III.1 Medical Needs</b>	33 (45.2%)	32 (43.8%)	7 (9.6%)	1 (1.4%)	0 (0%)	0
<b>III.2 Dental Needs</b>	34 (46.6%)	12 (16.4%)	19 (26.0%)	4 (5.5%)	4 (5.5%)	0
<b>III.3 Mental Health, Behavioral and Substance Abuse Services</b>	21 (30.4%)	35 (50.7%)	10 (14.5%)	3 (4.3%)	0 (0%)	4
<b>IV.1 Child’s Current Placement</b>	28 (52.8%)	14 (26.4%)	10 (18.9%)	1 (1.9%)	0 (0%)	20
<b>IV. 2 Educational Needs</b>	29 (44.6%)	24 (36.9%)	12 (18.5%)	0 (0%)	0 (0%)	8

For a complete listing of rank scores for Outcome Measure 15 by case, see Appendix 5.

<sup>12</sup> Percentages are based on applicable cases for the individual measure. Those cases marked N/A are excluded from the denominator in each row’s calculation of percentage. At the point of sampling, the total number identified for the in-home sample was 23 cases. However, a number of cases had both in-home and out of home status at some point during the six-month period of review.

In addition to looking at the twelve categories of Outcome Measure 15, the review collected data on situations in which a case had a need identified at the prior ACR, in the prior treatment plan or within the six-month period of LINK record reviewed. Data was collected on those needs that remained unresolved at the point of the most recent treatment planning efforts. In 34 of the 73 cases, the reviewers found no needs from the six-month period of review that remained unmet at the point of scoring post ACR. Also noted were several situations in which the needs were met but not in a timely manner, which reduced the scoring to less than a “4”. These needs, through not met in a timely manner, would not be captured as unmet per the definitions of the tool. Examples of this would be a child that was in an inappropriate placement for a portion of the review period due to delay in referral, but by the end of the six months was correctly matched to the appropriate level of care, or a parent refusing substance abuse screens up through the end of the treatment planning cycle with no intervention by ARG or legal action to stimulate participation.

A total of 34 cases had no unmet needs identified. In the remaining 39 cases, a total of 84 needs were identified by reviewers, where the action or service was still remaining or necessary at the point of the review. Of those identified needs remaining unmet at the end of the prior treatment planning cycle, “mental health treatment” was the most frequently cited, (23.3% of the cases). Others included in the data collection are listed below:

**Table 12: Unmet Service Needs Identified within the Sample Set Cases**

Identified Category of Service Need Type	Frequency	% of cases
No Unmet Needs Identified	34	46.6%
Mental Health Treatment	17	23.3%
Substance Abuse Treatment	14	19.2%
Dental Care	13	17.8%
In-Home Support Services	11	15.1%
Out of Home Placement	9	12.3%
Educational Need	7	9.6%
Out of Home Support Services	4	5.5%
DCF Case Management	4	5.5%
Medical Care	3	4.1%
Domestic Violence Services	2	2.7%
<b>Total</b>	<b>118</b>	

Additionally barriers were identified for the 84 unmet needs cited above. Most frequently the barrier was identified as delay in referral by worker (23.8%), followed closely by client refusal (20.2%). Anecdotally, although client refusal was cited by the worker as the reason for unmet needs at the ACR or within the LINK record, reviewers often commented in their notes that ARG assistance or collaboration with providers was often not pursued to engage parents. All barriers identified are found in table 13 below:

**Table 13: Barriers for Identified Unmet Service Needs**

<b>Barrier</b>	<b>Frequency</b>	<b>% of Overall Barriers Identified</b>
<b>Delay in referral by worker</b>	20	23.8%
<b>Client refused service</b>	17	20.2%
<b>UTD from treatment plan or narrative</b>	16	19.0%
<b>Other *</b>	6	7.1%
<b>Placed on waiting list</b>	6	7.1%
<b>Referred service is unwilling to engage client</b>	4	4.8%
<b>Service does not exist in the community</b>	3	3.6%
<b>Insurance issues</b>	3	3.6%
<b>No slots available</b>	3	3.6%
<b>Approval process</b>	2	2.4%
<b>No service identified</b>	1	1.2%
<b>Service not available for age group</b>	1	1.2%
<b>Service deferred pending completion of another</b>	1	1.2%
<b>Financing unavailable</b>	1	1.2%
	84	

\* Included: scheduling issues (3), poor communication (2), Provider did not follow through (1)

In addition, when looking specifically at the most recent treatment planning document, 23 cases (31.5%) had a service need that was clearly identified at the ACR/TPC or within LINK documentation that was not incorporated into the treatment plan document. This included a total of 97 service needs. The most frequently noted need is a mental health service. It is important to note that while there were 97 needs that may not have been incorporated into the treatment planning document, in many cases, the ACR/TPC/FC discussions adequately addressed case work, and or the responsibility of participants toward meeting the need.

**Table 14: Service Needs Not Incorporated into the Current Treatment Plan**

<b>Identified Category of Service Need Type</b>	<b>Frequency</b>	<b>% of Needs</b>
<b>All identified needs incorporated into Treatment Plan</b>	50	51.5%
<b>Mental health</b>	12	12.4%
<b>Education</b>	8	8.2%
<b>Dental</b>	6	6.2%
<b>DCF case management</b>	5	5.2%
<b>Medical care</b>	4	4.1%
<b>Out of home support services</b>	3	3.1%
<b>Domestic violence treatment</b>	2	2.1%
<b>Substance abuse treatment</b>	2	2.1%
<b>Training</b>	2	2.1%
<b>Out of home placement</b>	2	2.1%
<b>In-home support services</b>	1	1.0%
	97	