Juan F. v. Rell Exit Plan
Quarterly Report
January 1, 2010 - March 31, 2010
Civil Action No. 2:89 CV 859 (CFD)

Submitted by:
DCF Court Monitor's Office
300 Church St, 4th Floor
Wallingford, CT 06492
Tel: 203-741-0458
Fax: 203-741-0462
E-Mail: Raymond.Mancuso@CT.GOV

Table of Contents
***Juan F.* v. Rell Exit Plan Quarterly Report**
January 1, 2010 - March 31, 2010

Juan F. v Rell Exit Plan Quarterly Report
January 1, 2010 - March 31, 2010

Highlights

- The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of January 1, 2010 through March 31, 2010 indicates the Department achieved 18 of the 22 Outcome Measures.

- 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 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) states 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." A timeframe for additional briefs has been established by the Court.

- Based on the Court Monitor's review of a sample of 52 cases, the Department attained a level of "Appropriate Treatment Plan" for Outcome Measure 3 (Treatment Plans) in 45 of 52 cases sampled or 86.5%. This is a significant improvement over the percentage attained in the fourth quarter 2009 and the highest recorded finding since the inception of the Exit Plan.

  The improvements noted during the quarter coincide with a coordinated effort by the Department to focus attention on the quality of their case planning efforts.

  Heightened focus by Management Teams to both coordinate the work, improve oversight and integration of the Area Office staff, Quality Improvement and Quality Assurance staff, Training Academy staff, and Information Technology staff, efforts have resulted in the improved findings within the sample.

  While the findings are encouraging, it remains to be seen whether this level of 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 (ACR) and thus alerts the Department to the inclusion of case in the review sample. This influences the degree of oversight and the intensity of efforts related to the identified sample cases. Thus, beginning in the third quarter a blind sample of Outcome Measure 3 (Treatment Plans) reviews will be conducted in addition to the sample methodology currently being utilized for this

reporting purpose. The blind sample results will be utilized to assess the level of acculturation that has occurred and the findings will be shared with the parties. Other Outcome Measure 3 findings include;

- Improvements in long standing deficits of case planning were noted. While there are still challenges in the consistency of sufficient assessments, accurate description of strengths and needs and appropriate action steps, the Department's increased and focused efforts have resulted in improved findings.
- Assessing and then incorporating concurrent plans is an important element for improving the rate of achieving timely permanency. This quarter's review indicates improvement in the assessment and implementation of concurrent plans for the cases sampled.
- Engagement with case participants and key stakeholders remains problematic. While some improvement was noted in participation rates of fathers, adolescents, "other participants", and parents' attorneys, the overall rates for most of these groups remains low. The attendance rates of mothers, service providers, other DCF staff and children's attorneys at Administrative Case Review (ACR), remains unchanged or declined slightly in comparison to the previous quarter.
- Allowances have been made by the Court Monitor during the course of transition to the new case planning format to allow information that was mis-located but still identifiable within case plans to be considered acceptable. We have found however, that the section designated for goals, objectives, action steps, and progress are not always updated. Instead, comments are being inserted in the assessment. This leads to inconsistencies in the case plan document and outdated sections of the case plan. Reviewers have now been instructed, and the Quality Improvement and Quality Assurance Program Supervisors and Regional Directors have been notified that we will be expecting to find information in the appropriate sections of the case plan. Mis-placing information hinders the effectiveness in communicating the plan to parents and stakeholders and does not allow the automated functionality of the new format to work properly.

- Based on the Court Monitor's review of a sample of 52 cases, the Department achieved Outcome Measure 15 (Needs Met) in 67.3% or 35 of the 52 cases. This is the highest score achieved to date for this outcome measure. Key findings this past quarter include:

  - The largest categories of unmet needs once again involved mental health/behavioral health/substance abuse services and case management deficiencies (timely referrals, timely assessments, and lack of follow-up).
  - Utilization of Safety Plans were noted in the LINK record for 75.0% of the applicable cases reviewed. Of the 15 cases with safety plans, 12 cases had follow-up documentation that indicated the implemented services had mitigated the safety functions.
  - Within the sample 33.3% of the cases requiring the 90-day Structured Decision Making (SDM) risk re-assessment had documented timely follow through on this important component.

- Continued inconsistency in LINK documentation related to the needs and safety/risk of the child versus SDM scoring was noted by the Court Monitor reviewers.
- There were 160 discreet unmet needs identified by the review team involving 47 of the 52 cases. These are unmet needs that were not fully addressed during the six month period prior to the development of a new case plan. In some instances, the needs were partially addressed, in others; the needs were not addressed in a timely manner, or remained unmet at the time of the review. Client refusal and delays in referrals continue to be the most reported barriers to service provision.
- Improvements in the newly formatted case plan and the ACR process have had an impact on the planning process. The approved plans that were reviewed better reflect the objectives and needs discussed at the ACR meetings then we have seen in past quarters. Last quarter there were 95 needs identified involving 37 case plans. This quarter, reviewers noted 25 issues within 14 case plans where there was a need noted during the period and/or discussed at the ACR that was not addressed in the approved case plan.

- Outcome Measure 11 (Re-Entry) was not achieved for the sixth consecutive quarter and rose from 7.8% in the fourth quarter to 8.4% during the first quarter 2010.

- Permanency Outcome Measures 7 (Reunification), 8 (Adoption), and 9 (Transfer of Guardianship) were all achieved for the second consecutive quarter.

- 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 VSP 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 the 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.

  At the time of this report, a decision has not been rendered by the Court.

- The Court Monitor undertook a special review of flex funds in light of the additional substantial cuts proposed for these funds during the past Legislative session. The goal of the review was to ascertain the impact that utilization of flex funding has had on service provision, case practice and the impact on the lives of the children and families served in the last several months of the current fiscal year. Key findings include the following:

- In 84.5% of the 187 cases reviewed, the Court Monitor found that the use of Flex Funds demonstrated good case practice. In an additional 8.5% there was questionable electronic documentation upon which to draw a firm conclusion. Of the sample, 7.0% of the cases presented situations for which the reviewers questioned the appropriateness of the utilization of the funds. (Defined for this purpose as meeting the need of the child/family in a meaningful manner - attempting to address a core issue that brought the child and family to the attention of DCF (or that had been recently identified) - this could also pertain to meeting a concrete need not otherwise obtainable.
- 61 of the 89 cases had Structured Decision Making (SDM) in place and of those, 68.5% had a flex fund request that corresponded to the need that was identified as an SDM priority need and that need was met.
- In 80.7% of the cases reviewed, the funding/services purchased through flex funds was documented as meeting the identified need of the child and family.
- There was LINK documentation that the child and/or family were aware of the service need and flex funding request in 54.5% of the cases.
- Permanency goals changed in 71 instances during the period from point of request to the April 2010 review. In many cases the changes reflected positive movement for the child. While the flex funding cannot be pointed to as the causal factor for every positive change, at minimum, it is noted as a contributing factor in each case. For example, 13 of the 41 cases identified as reunification had achieved trial reunification or successfully reunified with cases closed from the point of request to point or review. Adoption was achieved for 3 of 13 cases. Of the in-home cases within the sample (n=65) 23 cases had achieved case closure by the point of review.
- Results indicate that 86 of the 187 requests were for services in one of the identified categories listed on the ABHCT.org website. Of those 86 providers a total of 67, or 77.9%, were identified as credentialed providers.

A full reporting of the Flex Fund Report findings can be found on page 58.

- The important efforts to implement the Connecticut Comprehensive Outcome Reviews (CCOR) has continued. This process is modeled on the federal Child and Family Services Review (CFSR) which evaluates safety, permanency and well-being. The Danbury office and the Willimantic office have recently completed CCOR efforts. Thus, every DCF Area Office has now completed a CCOR. The Court Monitor continues to attend CCOR reviews and was able to allow a Court Monitor Reviewer to join the review effort with DCF staff in Willimantic. Utilization of the findings of this process in conjunction with the current Outcome Measure 3 and 15 methodology is being pursued. Further development of this process to include outside, non-DCF staff reviewers and to improve elements of the data/information collection are important next steps that should be considered.

- The Division of Foster Care monthly report for April 2010 indicates that there are 2,688 licensed DCF foster homes. The number of approved private foster care homes is 977. The number of private foster homes available for placement is 134. The baseline set in

June 2008 was a total of 3,388. The Department's current status is a net gain of 277 homes. Additional foster care and adoptive resources are an essential component required to address the needs of children, reduce discharge delays and ensure placement in the most appropriate and least restrictive setting.

- As of May 2010, there were 505 children placed in residential facilities. This is an increase of nine children in comparison to the 496 reported last quarter. The number of children residing and receiving treatment in out-of-state residential facilities increased by six to 278 compared to 272 reported last quarter. The number of children residing in residential care for greater than 12 months increased to 153 compared with 136 in February 2010.
- The number of children utilizing SAFE Home temporary placements decreased to 121 as of May 2010 compared with the 123 reported as of February 2010. The number of children in SAFE Home in overstay status (>60 days), decreased by two children to 55 children compared with the 57 reported last quarter. The lack of sufficient foster/adoptive resources is the most significant barrier to timely discharge.
- The number of youth in overstay status (>60 days) in STAR placements decreased significantly to 38 from the 52 reported for the previous quarter. 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 922 in February 2010 to 893 in May 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 more than 200 children with APPLA goals since November 2008.
- The number of children age 12 years old or younger in congregate care increased from 230 in February 2010 to 235 in May 2010. The increase is primarily tied to the number of children placed in SAFE Home settings.

The Monitor's quarterly review of the Department for the period of January 2010 through March 31, 2010 indicates that the Department did not achieve compliance with four (4) measures:

- Treatment Plans (86.5%)
- Re-Entry (8.4%)
- Sibling Placements (85.6%)
- Needs Met (67.3%)

The Monitor's quarterly review of the Department for the period of January 1, 2010 through March 31, 2010 indicates the Department has achieved compliance with the following 18 Outcome Measures:

- Commencement of Investigations (97.4%)
- Completion of Investigations (93.7%)
- Search for Relatives (92.0%)
- Repeat Maltreatment (5.8%)
- Maltreatment of Children in Out-of-Home Care (0.2%)
- Reunification (61.2%)
- Adoption (34.7%)
- Transfer of Guardianship (82.3%)
- Multiple Placements (95.9%)
- Foster Parent Training (100.0%)
- Placement within Licensed Capacity (96.9%)
- Worker-Child Visitation Out-of-Home Cases (96.2% Monthly/99.6% Quarterly)
- Worker-Child Visitation In-Home Cases (89.6%)
- Caseloads Standards (100.0%)
- Residential Reduction (10.0%)
- Discharge Measures (86.3%)
- Discharge to DMHAS and DMR (100.0%)
- Multi-disciplinary Exams (95.7%)

The Department has maintained compliance for at least two (2) consecutive quarters[1] with 14 of the Outcome Measures reported as achieved this quarter. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):

- Commencement of Investigations (twenty-second consecutive quarter)
- Completion of Investigations (twenty-second consecutive quarter)
- Search for Relatives (eighteenth consecutive quarter)
- Repeat Maltreatment (twelfth consecutive quarter)
- Maltreatment of Children in Out-of-Home Care (twenty-fifth consecutive quarter)
- Reunification (second consecutive quarter)
- Adoption (fifth consecutive quarter)
- Transfer of Guardianship (fifth consecutive quarter)
- Multiple Placements (twenty-fourth consecutive quarter)
- Foster Parent Training (twenty-fourth consecutive quarter)
- Placement within Licensed Capacity (fifteenth consecutive quarter)
- Visitation Out-of-Home (eighteenth consecutive quarter)
- Visitation In-Home (eighteenth consecutive quarter)
- Residential Reduction (sixteenth consecutive quarter)
- Discharge Measures (second consecutive quarter)
- Multi-disciplinary Exams (seventeenth consecutive quarter)

A full reporting of the Stipulation Regarding Outcome Measure 3 and 15 and the DCF Action Plan can be found on pages 11 and 17 respectively.

A full copy of the Department's first quarter 2010 submission including the Commissioner's highlights may be found on page 96.

[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 1Q 2010 (January 1, 2010 – March 31, 2010)**																								
		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			
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			
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			
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			
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: 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			
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			
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			
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			
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			
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			
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			
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			
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			
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			
16: Worker-Child Visitation (OOH)*	>=85% 100%	77.9 93.3	86.7 95.7	83.3 92.8	85.6 93.1	86.8 93.1	86.5 90.9	92.5 91.5	94.7 99.0	95.1 99.1	94.6 98.7	94.8 98.7	94.6 98.5	95.9 99.1	94.9 98.7	95.4 98.6	95.0 98.9	95.7 99.2	95.7 99.3	95.1 99.0	95.8 99.7	96.2 99.6			
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			
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			
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			
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			
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			
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			

Stipulation Regarding Outcome Measures 3 and 15

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

A. Recruitment and Retention Plan

The Department is in the process of interviewing candidates for the vacant position of Director of Foster and Adoptive Services.

As requested by the Court Monitor, the Department forwarded a summary update regarding their progress with Foster Care Recruitment and Retention Plans. The summary attached as Appendix 3, notes that between March 2009 and April 2010, 449 foster homes closed. The reasons for closing are broken down into sixteen specific categories. The first nine are deemed by the Department to be either positive or with no negative implication for DCF. These nine categories total 354 of 449 closed homes cited above. The remaining seven reasons for closings that have negative implications total 95 of 449 total closings.

As part of the ongoing joint discussions between managers in the Office of Foster Care and the Court Monitor regarding the ongoing strengths and challenges of their efforts we have discussed the value of keeping homes with recent adoptions, where a relative child left the home, or they discontinue for personal reasons, etc. open for a period of time, with the intent of revisiting the families willingness of resuming foster care in the near future. Obviously each of these decisions to keep the home open, or formally close the home, needs to be made after consideration and assessment of the family's circumstances. There was agreement that the homes need to be contacted periodically and supported based on their current identified needs. Every foster home represents an invaluable resource for a Connecticut child and must be coveted and supported. An approach that planfully attempts to reengage appropriately assessed families that have discontinued foster care while technically keeping the home open is an additional important component to recruitment/retention efforts. Keeping the home open prevents redundancies and inefficiencies that would occur since potential foster families are required to submit a great deal of information and formal documentation to begin the licensing procedure.

The summary provides an update on the Department's work in conjunction with ADOPT US KID, the National Resource Center for the Recruitment and Retention of Foster and Adoption Families. During the past quarter, the Department completed its work on the "market segmentation" plan by contracting with the Durham Group to develop a statewide foster care communications and marketing plan.

The Office of Foster and Adoptive Services (OFAS) has continued to develop a Minority Family Recruitment initiative. The Department is targeting professional organizations that have large minority memberships.

The information supplied by the Connecticut Association of Foster Parents indicates that the number of open house events and an expansion in the number of PRIDE classes has continued. These efforts along with a refocusing of staff resources on recruitment efforts have resulted in over 200 additional homes being added when compared with June 2008 baseline.

OFAS has established an ongoing social worker for each office with the intent to dedicate this staff person's efforts to communicate and engage with all new families about foster or adoptive care.

The ongoing collaboration with CAFAP, including the work of Pre-Licensing Retention Specialist at CAFAP who contacts and supports potential families who attended Open Houses is noted. In addition, improvements in timely entry of new inquiries in LINK and ongoing efforts to create a report that provides "Time to Licensing data" will potentially aide in identifying barriers and systemic improvements.

Effective April 15, 2010, the redesigned Therapeutic Foster Care service was implemented. The new system is targeted to better address children with complex mental and behavioral health needs that require a specialized level of foster care. A host of changes are outlined in the summary including; the provision of Life Skills, use of objective assessment tolls, individualized wrap around funds, aftercare services and 0.5 full time equivalent recruiters for each program. Finally, the statewide provider of Therapeutic Foster Care was chosen. Community Care Services (CSS) is contracted to provide 100 slots that will be primarily dedicated for children in Safe Homes, Permanency Diagnostic Centers (PDC), and STAR programs that are deemed appropriate for therapeutic foster care. CSS is finalizing its license at this time.

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	1,033[2]
	3,388

[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.

According to the April 2010 report, the number of foster homes is:

DCF Licensed Foster Homes	2,688
Private Foster Care Homes	977
	3,665

The Department has achieved a net gain of 277 homes since June 2008.

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

Planning and development of the automated ACR data continues with an implementation time-frame set for mid-2010.

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. The six-month period noted in the TAC recommendation and included in the report for sharing priorities, targets and timelines is thus set for October 16, 2010.

Stipulation §IV. Practice Model

The Department is in the midst of a six-month planning phase that began in January 2010. Development of curriculum and production of practice guides are in progress. Meetings with Area Offices have continued and implementation efforts are continuously being assessed by the team overseeing the Practice Model implementation. Regular briefings to the Executive Team occurred during the quarter.

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 automated process to support the "48 hour notification" has been developed and at the time of this report, is being tested prior to release.

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.

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
Under Stipulation § VII.B, the Department is responsible for the health care treatment needs of all children in care for any medically necessary treatment that is identified not only by the EPSDT screen but through the various assessments that are completed by DCF and providers serving the children. The Department's performance in meeting this requirement is routinely captured in the Court Monitor's Quarterly Review of Outcome Measure 15 (Needs Met). In the first quarter, unmet Mental Health and Substance Abuse Treatment Needs for children in the sample were present in 11 cases or 21.2% of the cases reviewed in which both children and/or parents' needs were not adequately addressed, thus impacting the children's overall

progress toward case goals. During this period, dental needs were not timely or adequately addressed in five cases or 9.6% of the sample. Medical needs were not timely or adequately addressed in two cases or 3.8% of the sample.

Stipulation §VIII. Treatment Planning

The first quarter 2010 was the second quarter to utilize the new case plan format. A number of technical and training issues have been resolved that impacted the Department's performance. A LINK release in April addressed many of the technical issues, and the development of a revised training guide is proceeding. Training combined with ACR efforts appear to have begun to made inroads on the quality of plans sampled. With heightened focus by Social Workers, Social Work Supervisors and in some cases the Program Supervisors, and with the oversight and assistance of Quality Assurance and Quality Improvement staff the case plans sampled this quarter were much improved regarding the proper identification of objectives and action steps as well as the appropriate engagement of parents and significant stakeholders in developing case plans.

As indicated above, improvements have been noted to address the prior quarter's precipitous drop in the percentage of case plans deemed appropriate by the Court Monitor. In all, 86.5% of the sampled case plans were deemed appropriate in the first quarter 2010. It remains to be seen if this level of 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 will be conducted beginning in the third quarter in addition to the Outcome Measure 3 and Outcome Measure 15 reviews to assess the level of acculturation that has occurred to date. Findings of the blind sample will be shared with the parties and the Court Monitor will make suggestions for adjustments in the Outcome Measure 3 and Outcome Measure15 review methodology as warranted by the findings.

Stipulation §IX. Interim Performance

A. Baseline Reductions

B. Health Care

1. Dental Service Needs

As of March 31, 2010, Section III.2 Dental Service Needs within Outcome Measure 15 Methodology was determined appropriately met in 90.3% of the cases reviewed. (Target goal is 85.0 %.)

2. Mental Health Service Needs

As of March 31, 2010, Section III.3 Mental Health Service Needs within Outcome Measure 15 Methodology was determined to be appropriately met within 78.8% of the cases reviewed. (Target goal is 85.0 %.)

C. Contracting or Providing Services to Meet the Permanency Goal

As of March 31, 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 76.9% of the cases reviewed. (Target goal is 73 %.)

D. Goals for Increasing Family Based Placements

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

1. Action Steps to Achieving Goals Identified

As of March 31, 2010, the "Action Steps to Achieving Goals Identified" case planning component of the Outcome Measure 3 Methodology was determined to be met in 90.4% of the cases reviewed. (Target Goal 85.0%)

2. Determining Goals and Objectives

As of March 31, 2010, the "Determining Goals/Objectives" case planning component of the Outcome Measure 3 Methodology was determined to be met in 98.1% of the cases reviewed. (Target Goal is 85.0%)

3. Planning for Permanency

As of March 31, 2010, the "Planning for Permanency" case planning component of the Outcome Measure 3 Methodology was determined to be met in 96.2% of the cases reviewed. (Target Goal is 85.0%)

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

As of March 31, 2010, the "Strengths /Need/Other Issues" case planning component of the Outcome Measure 3 Methodology was determined to be met in 88.5% of the cases reviewed. (Target Goal is 85.0%)

5. Progress

As of March 31, 2010, the "Progress" case planning component of the Outcome Measure 3 Methodology was determined to be met in 96.2% of the cases reviewed. (Target Goal is 85.0%)

***Juan F.* Action Plan-First 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 February 2010 there were 27 children.

   As of May 2010 there are 20 children.

2. Child pre-TPR + goal of adoption + in care > 12 months + no compelling reason for not filing TPR (N=70) as of November 2006.
   Goal = 0 by 4/1/07.

   Previously, this category included the number of all cases with a reason indicated. This was a Department decision. The correct reported number should include all cases where no reason was chosen (it is blank).

   As of February 2010 there were 65 cases with no reason for not filing TPR (blank).

   As of May 2010 there are 67 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 February 2010 there were 35 children where the permanency barrier titled "no resource" is identified, 44 children with the permanency barrier of "no barrier identified", and 261 that are blank. In addition, 12 have "ICPC" as a barrier, 23 cite a "pending appeal", 1 has "pending investigations", 60 indicate a "special needs barrier", 19 are "subsidy negotiation", 91 indicate that "support is needed" and 13 have "foster parent indecision" indicated.

   As of May 2010 there are 30 children where the permanency barrier titled "no resource" is identified, 37 children with the permanency barrier of "no barrier identified", and 257 that are blank. In addition, 13 have "ICPC" as a barrier, 20 cite a "pending appeal", 1 has "pending investigations", 58 indicate a "special needs barrier", 18 are "subsidy negotiation", 96 indicate that "support is needed" and 13 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 February 2010 there were 211 children in this cohort.

   In May 2010 there are 176 children.

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

   As of February 2010 there were 220 children in this cohort.

   In May 2010 there are 229 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 February 2010 there were 9 children in this cohort.

   In May 2010 there are 15 children in this cohort.

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

   As of February 2010 there were 408 children in this population.

   In May 2010 there are 400 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 February 2010 there were 110 children in this population.

   In May 2010 there are 108 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 February 2010 there were 636 children in this population (72 are placed with a relative in a long term foster home arrangement).

   In May 2010 there are 632 children in this population (74 were placed with a relative in a long term foster home arrangement).

JUAN F. ACTION PLAN MONITORING REPORT

MAY 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.

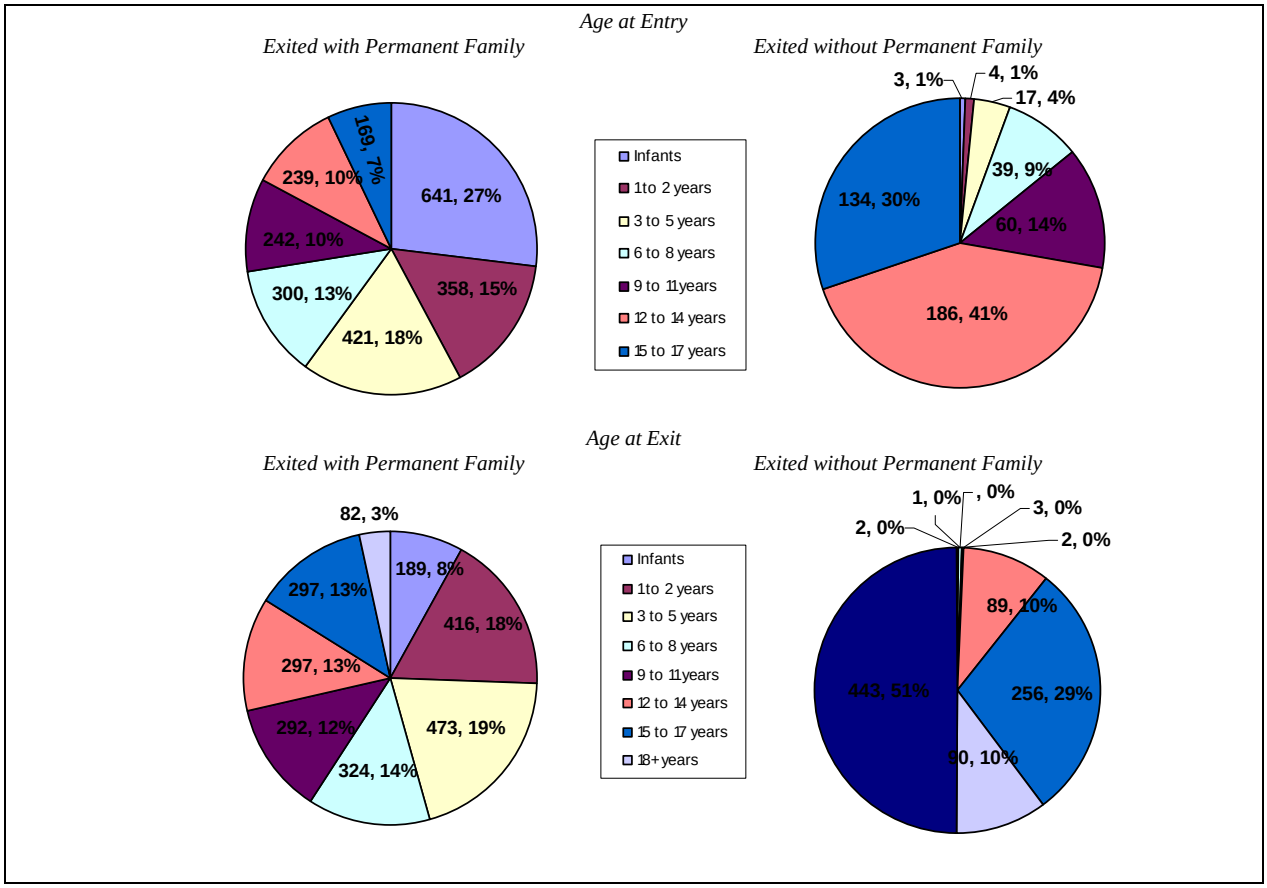
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care								
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Total Entries	3106	3548	3206	3093	3408	2854	2827	2629	644
Permanent Exits									
In 1 yr	1183 38.1%	1404 39.6%	1230 38.4%	1132 36.6%	1263 37.1%	1095 38.4%	1097 38.8%		
In 2 yrs	1643 52.9%	2076 58.5%	1806 56.3%	1744 56.4%	1973 57.9%	1675 58.7%			
In 3 yrs	1970 63.4%	2383 67.2%	2093 65.3%	2017 65.2%	2323 68.2%				
In 4 yrs	1970 63.4%	2383 67.2%	2093 65.3%	2017 65.2%					
To Date	2294 73.9%	2683 75.6%	2344 73.1%	2201 71.2%	2477 72.7%	1919 67.2%	1543 54.6%	873 33.2%	94 14.6%
Non-Permanent Exits									
In 1 yr	274 8.8%	250 7.0%	231 7.2%	289 9.3%	259 7.6%	263 9.2%	250 8.8%		
In 2 yrs	332 10.7%	321 9.0%	301 9.4%	371 12.0%	345 10.1%	318 11.1%			
In 3 yrs	365 11.8%	367 10.3%	366 11.4%	431 13.9%	401 11.8%				
In 4 yrs	406 13.1%	393 11.1%	403 12.6%	462 14.9%					
To Date	474 15.3%	447 12.6%	448 14.0%	483 15.6%	438 12.9%	348 12.2%	300 10.6%	175 6.7%	10 1.6%

	Period of Entry to Care								
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Unknown Exits									
In 1 yr	106 3.4%	155 4.4%	129 4.0%	83 2.7%	76 2.2%	62 2.2%	63 2.2%		
In 2 yrs	136 4.4%	195 5.5%	172 5.4%	124 4.0%	118 3.5%	101 3.5%			
In 3 yrs	161 5.2%	222 6.3%	209 6.5%	163 5.3%	142 4.2%				
In 4 yrs	179 5.8%	246 6.9%	236 7.4%	180 5.8%					
To Date	228 7.3%	296 8.3%	258 8.0%	190 6.1%	154 4.5%	110 3.9%	87 3.1%	52 2.0%	0 .0%
Remain In Care									
In 1 yr	1543 49.7%	1739 49.0%	1616 50.4%	1589 51.4%	1810 53.1%	1434 50.2%	1417 50.1%		
In 2 yrs	995 32.0%	956 26.9%	927 28.9%	854 27.6%	972 28.5%	760 26.6%			
In 3 yrs	610 19.6%	576 16.2%	538 16.8%	482 15.6%	542 15.9%				
In 4 yrs	380 12.2%	371 10.5%	304 9.5%	289 9.3%					
To Date	110 3.5%	122 3.4%	156 4.9%	219 7.1%	339 9.9%	477 16.7%	897 31.7%	1529 58.2%	540 83.9%

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 MARCH 31, 2010[3])

Is the child legally free (his or her parents' rights have been terminated)?

Yes
764

535 (70%)
Adoption

205 (27%)
APPLA

14 (2%)
Relatives

4 (1%)
Blank

4 (1%)
Reunify

2 (0%)
Trans. of Guardian: Unsub

No
↓ 3,300

Goals of:

Has the child been in care more than 15 months?

No
1,805

Yes
↓ 1,495

Has a TPR proceeding been filed?

Yes
425

Goals of:

282 (66%)
Adoption

89 (21%)
APPLA

25 (6%)
Reunify

22 (5%)
Trans. of Guardian: Sub/Unsub

7 (2%)
Relatives

No
↓ 1,070

Is a reason documented not to file TPR?

Yes
811

Goals of:

461 (57%)
APPLA

165 (20%)
Reunify

75 (9%)
Adoption

59 (7%)
Relatives

50 (6%)
Trans. of Guardian: Sub/Unsub

1 (0%)
Not Applicable

Documented Reasons:

78%
Compelling Reason

11%
Child is with relative

8%
Petition in process

3%
Service not provided

No
259

Goals of:

123 (48%)
Reunify

55 (21%)
APPLA

39 (15%)
Adoption

27 (10%)
Trans. of Guardian: Sub/Unsub

9 (4%)
Relatives

6 (2%)
Blank

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

Preferred Permanency Goals:

Reunification	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010
Total number of children with Reunification goal, pre-TPR and post-TPR	1661	1627	1620	1545	1534	1581
Number of children with Reunification goal pre-TPR	1658	1622	1612	1538	1533	1577
• Number of children with Reunification goal, pre-TPR, >= 15 months in care	368	386	380	359	315	313
• Number of children with Reunification goal, pre-TPR, >= 36 months in care	51	55	61	48	39	42
Number of children with Reunification goal, post-TPR	3	5	8	7	1	4

Transfer of Guardianship (Subsidized and Non-Subsidized)	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	195	206	198	212	178	196
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	193	203	196	212	178	194
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, >= 22 months	63	58	54	59	63	62
• Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , >= 36 months	26	21	23	26	27	25
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	2	3	2	0	0	2

Adoption	**Feb 2009**	**May 2009**	**Aug 2009**	**Nov 2009**	**Feb 2010**	**May 2010**
Total number of children with Adoption goal, pre-TPR and post-TPR	1341	1324	1239	1177	1162	1138
Number of children with Adoption goal, pre-TPR	664	631	603	583	590	603
Number of children with Adoption goal, TPR not filed, >= 15 months in care	109	111	93	91	97	114
• Reason TPR not filed, Compelling Reason	27	24	24	20	14	14
• Reason TPR not filed, petitions in progress	33	31	20	27	41	48
• Reason TPR not filed , child is in placement with relative	10	5	6	7	7	13
• Reason TPR not filed, services needed not provided	7	6	9	4	3	1
• Reason TPR not filed, blank	32	45	34	33	32	39
Number of cases with Adoption goal post-TPR	677	693	636	594	572	535
• Number of children with Adoption goal, post-TPR, in care >= 15 months	636	656	602	563	547	508
• Number of children with Adoption goal, post-TPR, in care >= 22 months	552	571	525	475	481	448
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	64	74	69	44	33	29
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	355	356	304	266	243	221
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	113	146	154	176	187	189

Progress Towards Permanency:	**Feb 2009**	**May 2009**	**Aug 2009**	**Nov 2009**	**Feb 2010**	**May 2010**
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	253	290	296	257	233	259

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010
Total number of children with Long Term Foster Care Relative goal	129	125	113	102	94	104
Number of children with Long Term Foster Care Relative goal, pre-TPR	118	114	103	92	85	90
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR	12	13	8	4	5	8
Long Term Foster Care Rel. goal, post-TPR	11	11	10	10	9	14
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR	3	3	3	2	2	3

APPLA*	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010
Total number of children with APPLA goal	1039	1010	966	928	922	893
Number of children with APPLA goal, pre-TPR	798	774	729	712	714	688
• Number of children with APPLA goal, 12 years old and under, pre-TPR	51	51	42	40	36	26
Number of children with APPLA goal, post-TPR	241	236	237	216	208	205
• Number of children with APPLA goal, 12 years old and under, post-TPR	20	17	18	16	14	16
* 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.						

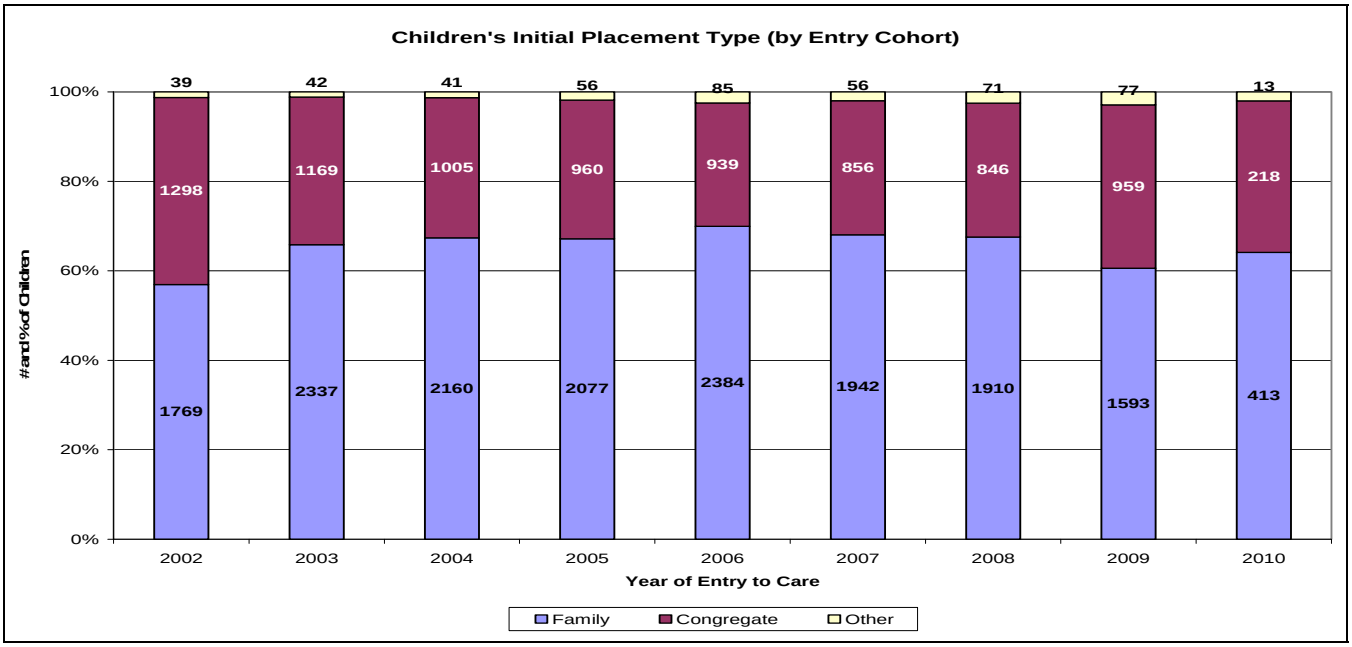
Missing Permanency Goals:

	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	78	59	74	83	33	21
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	19	14	26	24	21	14
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	5	3	8	4	3	6
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	2	2	7	1	3	6

B. PLACEMENT ISSUES

Placement Experiences of Children

The following chart shows the change in use of family and congregate care for admission cohorts between 2002 and 2009.

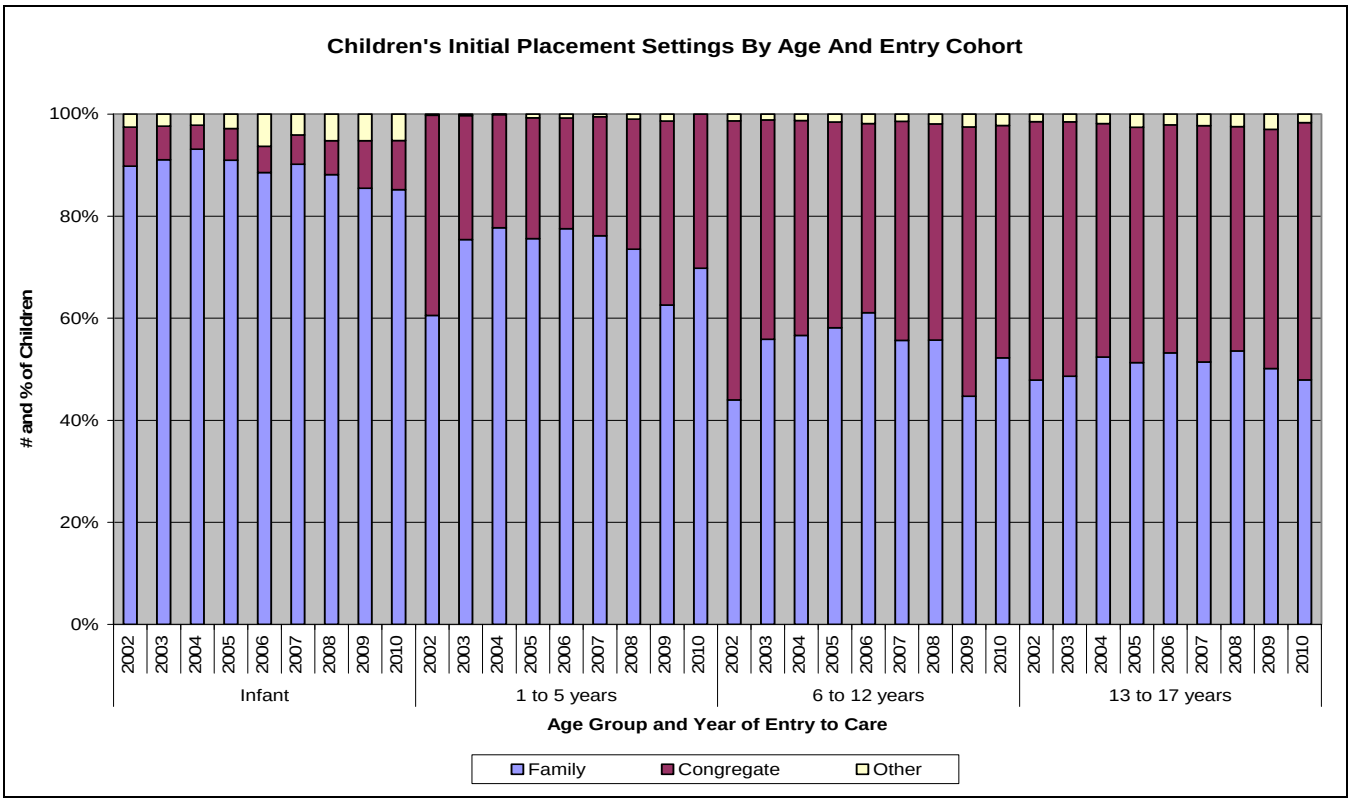


The next table shows specific care types used month-by-month for entries between April 2009 and March 2010.

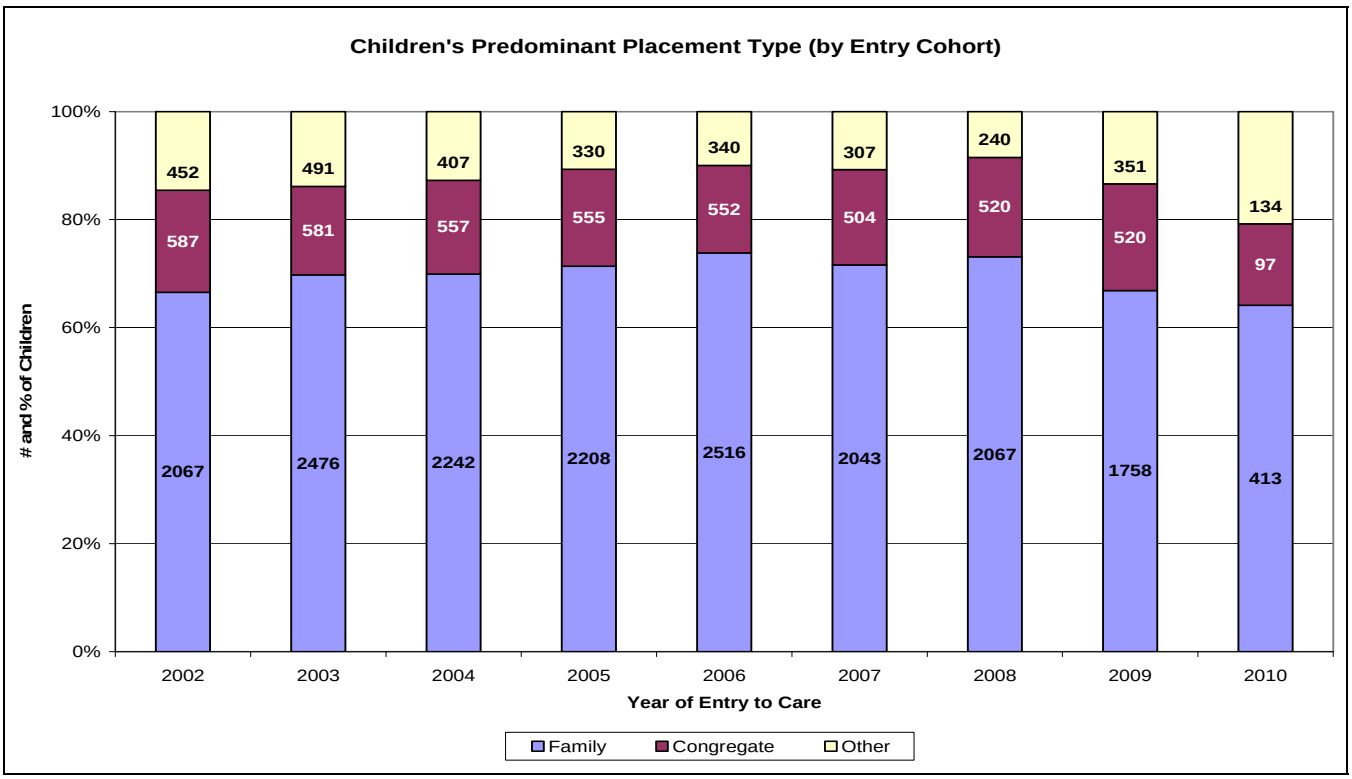
Case Summaries

First placement type		enter Apr09	enter May09	enter Jun09	enter Jul09	enter Aug09	enter Sep09	enter Oct09	enter Nov09	enter Dec09	enter Jan10	enter Feb10	enter Mar10
Residential	N	9	19	17	20	21	20	10	13	18	16	13	14
	%	3.6%	7.7%	7.0%	9.9%	10.1%	9.8%	4.7%	7.1%	8.5%	6.6%	7.6%	6.0%
DCF Facilities	N	7	7	5	6	6	1	5	4	2	2	2	2
	%	2.8%	2.8%	2.0%	3.0%	2.9%	.5%	2.3%	2.2%	.9%	.8%	1.2%	.9%
Foster Care	N	122	122	131	85	89	102	108	94	88	117	99	122
	%	49.4%	49.4%	53.7%	41.9%	42.8%	49.8%	50.2%	51.1%	41.3%	48.3%	58.2%	52.6%
Group Home	N	3	6	4	9	7	2		3	1	6		2
	%	1.2%	2.4%	1.6%	4.4%	3.4%	1.0%		1.6%	.5%	2.5%		.9%
Relative Care	N	25	14	19	27	17	30	29	23	39	24	14	23
	%	10.1%	5.7%	7.8%	13.3%	8.2%	14.6%	13.5%	12.5%	18.3%	9.9%	8.2%	9.9%
Medical	N	4	8	2	7	4	4	9	8	10	5	5	3
	%	1.6%	3.2%	.8%	3.4%	1.9%	2.0%	4.2%	4.3%	4.7%	2.1%	2.9%	1.3%
Safe Home	N	42	38	43	25	41	30	40	25	42	60	19	49
	%	17.0%	15.4%	17.6%	12.3%	19.7%	14.6%	18.6%	13.6%	19.7%	24.8%	11.2%	21.1%
Shelter	N	26	27	19	18	18	13	9	13	7	7	12	14
	%	10.5%	10.9%	7.8%	8.9%	8.7%	6.3%	4.2%	7.1%	3.3%	2.9%	7.1%	6.0%
Special Study	N	9	6	4	6	5	3	5	1	6	5	6	3
	%	3.6%	2.4%	1.6%	3.0%	2.4%	1.5%	2.3%	.5%	2.8%	2.1%	3.5%	1.3%
Total	N	247	247	244	203	208	205	215	184	213	242	170	232
	%	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 April 2009 and March 2010, and the portion of those exits within each placement type from which they exited.

Case Summaries

Last placement type in spell (as of censor date)		exit Apr09	exit May09	exit Jun09	exit Jul09	exit Aug09	exit Sep09	exit Oct09	exit Nov09	exit Dec09	exit Jan10	exit Feb10	exit Mar10
Residential	N	22	16	40	25	26	22	14	17	16	14	12	9
	%	8.4%	6.5%	11.5%	8.2%	7.4%	9.1%	6.3%	6.9%	6.0%	7.4%	6.2%	4.8%
DCF Facilities	N	4	2	8	2	4	5	2	5	2	5		3
	%	1.5%	.8%	2.3%	.7%	1.1%	2.1%	.9%	2.0%	.8%	2.6%		1.6%
Foster Care	N	120	121	168	146	184	93	110	113	123	85	95	103
	%	45.6%	49.4%	48.3%	47.7%	52.6%	38.6%	49.5%	45.7%	46.2%	45.0%	49.0%	54.5%
Group Home	N	12	8	22	18	27	21	9	10	15	13	6	13
	%	4.6%	3.3%	6.3%	5.9%	7.7%	8.7%	4.1%	4.0%	5.6%	6.9%	3.1%	6.9%
Independent Living	N	3	2	3	8	8	4	5	4	2	2	2	5
	%	1.1%	.8%	.9%	2.6%	2.3%	1.7%	2.3%	1.6%	.8%	1.1%	1.0%	2.6%
Relative Care	N	53	59	63	65	57	64	50	59	63	42	39	20
	%	20.2%	24.1%	18.1%	21.2%	16.3%	26.6%	22.5%	23.9%	23.7%	22.2%	20.1%	10.6%
Medical	N	1	4	4	4	3	2	1	2	1			2
	%	.4%	1.6%	1.1%	1.3%	.9%	.8%	.5%	.8%	.4%			1.1%
Safe Home	N	24	5	15	14	13	10	10	20	18	15	16	13
	%	9.1%	2.0%	4.3%	4.6%	3.7%	4.1%	4.5%	8.1%	6.8%	7.9%	8.2%	6.9%
Shelter	N	13	14	9	9	5	11	12	6	14	6	13	9
	%	4.9%	5.7%	2.6%	2.9%	1.4%	4.6%	5.4%	2.4%	5.3%	3.2%	6.7%	4.8%
Special Study	N	10	13	15	13	22	8	9	11	10	5	10	11
	%	3.8%	5.3%	4.3%	4.2%	6.3%	3.3%	4.1%	4.5%	3.8%	2.6%	5.2%	5.8%
Uknown	N	1	1	1	2	1	1			2	2	1	1
	%	.4%	.4%	.3%	.7%	.3%	.4%			.8%	1.1%	.5%	.5%
Total	N	263	245	348	306	350	241	222	247	266	189	194	189
	%	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 March 31, 2010 organized by length of time in care.

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

			Duration Category							
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095	more than 1095	Total
Primary type of spell (>50%)	Residential	Count	14	31	43	105	61	114	124	492
		% of Row	2.8%	6.3%	8.7%	21.3%	12.4%	23.2%	25.2%	100.0%
		% of Col	6.7%	9.4%	10.1%	13.0%	11.5%	11.0%	8.8%	10.4%
	DCF Facilities	Count	2	3	6	17	18	12	9	67
		% of Row	3.0%	4.5%	9.0%	25.4%	26.9%	17.9%	13.4%	100.0%
		% of Col	1.0%	.9%	1.4%	2.1%	3.4%	1.2%	.6%	1.4%
	Foster Care	Count	112	150	173	377	261	556	801	2430
		% of Row	4.6%	6.2%	7.1%	15.5%	10.7%	22.9%	33.0%	100.0%
		% of Col	53.6%	45.3%	40.5%	46.7%	49.1%	53.8%	56.7%	51.1%
	Group Home	Count	2	5	4	30	26	42	75	184
		% of Row	1.1%	2.7%	2.2%	16.3%	14.1%	22.8%	40.8%	100.0%
		% of Col	1.0%	1.5%	.9%	3.7%	4.9%	4.1%	5.3%	3.9%
	Independent Living	Count	0	0	0	0	0	7	3	10
		% of Row	.0%	.0%	.0%	.0%	.0%	70.0%	30.0%	100.0%
		% of Col	.0%	.0%	.0%	.0%	.0%	.7%	.2%	.2%
	Relative Care	Count	23	45	106	159	93	164	105	695
		% of Row	3.3%	6.5%	15.3%	22.9%	13.4%	23.6%	15.1%	100.0%
		% of Col	11.0%	13.6%	24.8%	19.7%	17.5%	15.9%	7.4%	14.6%
	Medical	Count	2	6	2	4	5	3	3	25
		% of Row	8.0%	24.0%	8.0%	16.0%	20.0%	12.0%	12.0%	100.0%
		% of Col	1.0%	1.8%	.5%	.5%	.9%	.3%	.2%	.5%
	Mixed (none >50%)	Count	0	3	11	19	27	65	220	345
		% of Row	.0%	.9%	3.2%	5.5%	7.8%	18.8%	63.8%	100.0%
		% of Col	.0%	.9%	2.6%	2.4%	5.1%	6.3%	15.6%	7.3%
	Safe Home	Count	37	55	47	29	10	13	3	194
		% of Row	19.1%	28.4%	24.2%	14.9%	5.2%	6.7%	1.5%	100.0%
		% of Col	17.7%	16.6%	11.0%	3.6%	1.9%	1.3%	.2%	4.1%
	Shelter	Count	13	19	18	30	6	2	1	89
		% of Row	14.6%	21.3%	20.2%	33.7%	6.7%	2.2%	1.1%	100.0%
		% of Col	6.2%	5.7%	4.2%	3.7%	1.1%	.2%	.1%	1.9%
	Special Study	Count	3	11	10	34	24	56	59	197
		% of Row	1.5%	5.6%	5.1%	17.3%	12.2%	28.4%	29.9%	100.0%
		% of Col	1.4%	3.3%	2.3%	4.2%	4.5%	5.4%	4.2%	4.1%
	Unknown	Count	1	3	7	3	1	0	9	24
		% of Row	4.2%	12.5%	29.2%	12.5%	4.2%	.0%	37.5%	100.0%
		% of Col	.5%	.9%	1.6%	.4%	.2%	.0%	.6%	.5%
Total		Count	209	331	427	807	532	1034	1412	4752
		% of Row	4.4%	7.0%	9.0%	17.0%	11.2%	21.8%	29.7%	100.0%
		% of Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Congregate Care Settings

Placement Issues	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010
Total number of children 12 years old and under, in Congregate Care	222	238	243	248	230	235
• Number of children 12 years old and under, in DCF Facilities	16	9	15	13	13	10
• Number of children 12 years old and under, in Group Homes	44	47	53	49	46	45
• Number of children 12 years old and under, in Residential	45	45	30	34	33	41
• Number of children 12 years old and under, in SAFE Home	97	115	113	125	116	113
• Number of children 12 years old and under, in Permanency Diagnostic Center	12	13	14	13	12	11
• Number of children 12 years old and under in MH Shelter	4	9	7	11	10	6
Total number of children ages 13-17 in Congregate Placements	853	878	859	830	803	784

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	3106	3548	3206	3093	3409	2855	2827	2606	2607
SAFE Homes & PDCs	728 23%	629 18%	453 14%	395 13%	395 12%	382 13%	335 12%	471 18%	128 5%
Shelters	166 5%	135 4%	147 5%	178 6%	114 3%	136 5%	144 5%	186 7%	33 1%
Total	894 29%	764 22%	600 19%	573 19%	509 15%	518 18%	479 17%	657 25%	161 6%

	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	161
<= 30 days	351	308	249	242	186	162	150	229	90
	39%	40%	42%	42%	37%	31%	31%	35%	56%
31 - 60	285	180	102	114	73	73	102	110	50
	32%	24%	17%	20%	14%	14%	21%	17%	31%
61 - 91	106	121	81	76	87	79	85	157	21
	12%	16%	14%	13%	17%	15%	18%	24%	13%
92 - 183	101	107	124	100	118	131	110	134	0
	11%	14%	21%	17%	23%	25%	23%	20%	0%
	51	48	44	41	45	73	32	27	0
184+	6%	6%	7%	7%	9%	14%	7%	4%	0%

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

Placement Issues	**Nov 2008**	**Feb 2009**	**May 2009**	**Aug 2009**	**Nov 2009**	**Feb 2010**	**May 2010**
Total number of children in SAFE Home	102	115	125	120	132	123	121
• Number of children in SAFE Home, > 60 days	50	44	43	54	58	57	55
• Number of children in SAFE Home, >= 6 months	9	14	9	9	14	8	11
Total number of children in STAR/Shelter Placement	73	77	91	85	80	89	83
• Number of children in STAR/Shelter Placement, > 60 days	30	36	33	40	37	52	38
• Number of children in STAR/Shelter Placement, >= 6 months	4	8	8	4	7	6	10
Total number of children in Permanency Planning Diagnostic Center	18	14	17	18	18	17	17
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	13	8	11	12	11	14	14
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	8	6	6	1	5	3	6
Total number of children in MH Shelter	5	4	3	7	12	8	6
• Total number of children in MH Shelter, > 60 days	5	4	1	3	8	7	4
• Total number of children in MH Shelter, >= 6 months	0	2	1	0	1	1	1

Time in Residential Care

Placement Issues	Nov 2008	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010
Total number of children in Residential care	529	534	530	509	498	496	505
• Number of children in Residential care, >= 12 months in Residential placement	125	119	144	131	133	136	153
• Number of children in Residential care, >= 60 months in Residential placement	4	4	5	5	4	3	2

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

Summary Findings
The Department's performance in relation to the Outcome Measure 3 (Treatment Plans) and Outcome Measure 15 (Needs Met) standards improved as measured during the first quarter 2010.

- The first quarter 2010 Monitor's Office Case Review of Outcome Measure 3 and Outcome Measure 15 included a total of 52 cases. The Monitor finds **a total of 45 cases or 86.5% of the 52 case plans sampled were deemed appropriate for Outcome Measure 3**.

- **For Outcome Measure 15** during the first quarter 2010, **a total of 35 cases or 67.3% of the sample had evidence that DCF was meeting children and families' needs during the last six month period.**

- 33 cases (63.5%) achieved both the Outcome Measure standards during the quarter. Five cases (9.6%) failed to achieve both the Outcome Measure standards during the quarter.

- In an effort to improve the understanding of the Outcome Measure 3 and Outcome Measure 15 review process and to assist in building the internal capacity to self monitor the quality of case planning and provision of services to meet children's needs the Court Monitor and DCF agreed to implement a two quarter (minimum) collaborative project. The project entails a Court Monitor reviewer joining with a DCF Quality Improvement Program Supervisor (ACR) and a DCF Quality Assurance Program Supervisor from the Area Office to form a three person team to review ten of the sample set each quarter. These reviews will occur in the second and third quarters of 2010. All involved received training regarding the Outcome Measure 3 and Outcome Measure15 methodology and ongoing support is being provided by Court Monitor staff.

Findings Related to Outcome Measure 3
Outcome Measure 3 (Treatment Plans) requires 90% compliance. The Court Monitor is encouraged by the significant improvements represented within the sample set during the first quarter 2010. Ten of the Area Offices achieved 100% compliance. The remaining Area Office's scores ranged from 85.7% to a low of 25.0% in the quarter. The Hartford Area Office initially had a lower ranked scoring in the preliminary findings related to Outcome Measure 3 of 57.1%. However, discussions with the area office and the provision of additional information that was not available to the Court Monitor Reviewer during the initial LINK review assisted the Court Monitor's Office in revising the scores to the 85.7% scoring reflected in this report.

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

Overall Score for OM3		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Appropriate Treatment Plan	Count	33	12	45
	% within Score for OM3	73.3%	26.7%	100.0%
	% within Score for Outcome Measure 15	94.3%	70.6%	86.5%
	% of Total	63.5%	23.1%	86.5%
Not an Appropriate Treatment Plan	Count	2	5	7
	% within Score for OM3	28.6%	71.4%	100.0%
	% within Score for Outcome Measure 15	5.7%	29.4%	13.5%
	% of Total	3.8%	9.6%	13.5%
Total	Count	35	17	52
	% within Score for OM3	67.3%	32.7%	100.0%
	% within Score for Outcome Measure 15	100.0%	100.0%	100.0%
	% of Total	67.3%	32.7%	100.0%

Crosstabulation 2: What is the social worker's area office assignment? *Overall Score for OM3 First 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	1	3	4
	% Office	25.0%	75.0%	100.0%
Danbury	Count	2	0	2
	% Office	100.0%	.0%	100.0%
Milford	Count	2	1	3
	% Office	66.7%	33.3%	100.0%
Hartford	Count	6	1	7
	% Office	85.7%	14.3%	100.0%
Manchester	Count	4	0	4
	% Office	100.0%	.0%	100.0%
Meriden	Count	3	0	3
	% Office	100.0%	.0%	100.0%
Middletown	Count	2	0	2
	% Office	100.0%	.0%	100.0%
New Britain	Count	4	1	5
	% Office	80.0%	20.0%	100.0%
New Haven Metro	Count	5	0	5
	% Office	100.0%	.0%	100.0%
Norwalk	Count	2	0	2
	% Office	100.0%	.0%	100.0%
Norwich	Count	4	0	4
	% Office	100.0%	.0%	100.0%
Stamford	Count	1	1	2
	% Office	50.0%	50.0%	100.0%
Torrington	Count	2	0	2
	% Office	100.0%	.0%	100.0%
Waterbury	Count	4	0	4
	% Office	100.0%	.0%	100.0%
Willimantic	Count	3	0	3
	% Office	100.0%	.0%	100.0%
Total	Count	44	8	52
	% Office	86.5%	13.5%	100.0%

The individual domains within OM3 across all cases within the sample fared as follows:

Table 1: Treatment Plan OM 3 – Number and Percent of Rank Scores for All Cases Across All Categories of OM3 - 1st Quarter 2010

Category	Optimal "5"	Very Good "4"	Marginal "3"	Poor "2"	Adverse/Absent "1"
I.1 Reason for DCF Involvement	31 59.6%	21 41.0%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	10 19.2%	41 78.8%	1 1.9%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	11 21.2%	35 67.3%	6 11.5%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	16 30.8%	27 51.9%	9 17.3%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	14 26.9%	37 71.2%	1 1.9%	0 0.0%	0 0.0%
II.2. Progress	17 32.7%	33 63.5%	1 1.9%	1 1.9%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	14 26.9%	33 63.5%	5 9.6%	0 0.0%	0 0.0%
II.4 Planning for Permanency	25 48.1%	25 48.1%	2 3.8%	0 0.0%	0 0.0%

Within the Child in Placement Cases at the time of review, the domains fared as follows:

Table 2: 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	22 64.7%	 35.3%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	6 17.6%	28 82.4%	0 0.0%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	6 17.6%	24 70.6%	4 11.8%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	10 29.4%	18 52.9%	6 17.6%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	8 23.5%	25 73.5%	1 2.9%	0 0.0%	0 0.0%
II.2. Progress	11 32.4%	22 64.7%	1 2.9%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	10 29.4%	21 61.8%	3 8.8%	0 0.0%	0 0.0%
II.4 Planning for Permanency	16 47.1%	17 50.0%	1 2.9%	0 0.0%	0 0.0%

Within the in-home population within the sample set the domains fared as follows:

Table 3: 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	9 50.0%	9 50.0%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	4 22.2%	13 72.2%	1 5.6%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	5 27.8%	11 61.1%	2 11.1%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	6 33.3%	9 50.0%	3 16.7%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	6 33.3%	12 66.7%	0 0.0%	0 0.0%	0 0.0%
II.2. Progress	6 33.3%	11 61.1%	0 0.0%	1 5.6%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	4 22.2%	12 66.7%	2 11.1%	0 0.0%	0 0.0%
II.4 Planning for Permanency	9 50.0%	8 44.4%	1 5.6%	0 0.0%	0 0.0%

Allowances continued to be made by the Court Monitor's review process so that information mis-located but still identifiable within the case plans was considered acceptable. We have found, however, that the sections designated for goals, objectives, action steps and progress are not always being updated. Instead, comments are being inserted in the assessment. This leads to inconsistencies in the treatment plan document and outdated sections of the case plan. Reviewers have been instructed and the QIPS/QAPS and Regional Directors have been notified that reviewers will be looking to find the information in the appropriate section of the treatment plan. A lack of attention to the required elements on the grid/table section of the treatment plan will result in a marginal score, as it defeats the purpose and effectiveness of communication to the parents and does not allow the automated functionality related to compiling activities to work properly. Overrides will not be granted if action step time frames are not forward dated, or there are inconsistencies present between narrative sections of the treatment plan, the "grid" of the treatment plan and/or the DCF-553 documentation due to a lack of updating within the approved treatment plan.

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

Quarter	Sample (n)	Percent "Appropriate Treatment Plan"
3rd Quarter 2006	35	54.3%
4th Quarter 2006	73	41.1%
1st Quarter 2007	75	41.3%
2nd Quarter 2007	76	30.3%
3rd Quarter 2007	50	32.0%
4th Quarter 2007	51	51.0%
1st Quarter 2008	51	58.8%
2nd Quarter 2008	52	55.8%
3rd Quarter 2008	53	62.3%
4th Quarter 2008	53	81.1%
1st Quarter 2009	52	67.3%
2nd Quarter 2009	52	73.1%
3rd Quarter 2009	52	53.8%
4th Quarter 2009	53	47.2%
1st Quarter 2010	52	86.5%
Total to Date	830	54.3%

Crosstabulation 3: Overall Score for Outcome Measure 3 *Type of Case Assignment

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	Count	14	2	16
	% within case type	87.5%	12.5%	100.0%
CPS Child in Placement Case	Count	28	3	31
	% within case type	90.3%	9.7%	100.0%
Voluntary Services In-Home Family Case	Count	1	1	2
	% within case type	50.0%	50.0%	100.0%
Voluntary Services Child in Placement Case	Count	2	1	3
	% within case type	66.7%	33.3%	100.0%
Total	Count	45	7	52
	% within case type	86.5%	13.5%	100.0%

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

Ethnicity				Overall Score for OM3		
				Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
Hispanic	Race	Black/African American	Count	3	0	3
			% within Race	100.0%	.0%	100.0%
		White	Count	7	0	7
			% within Race	100.0%	.0%	100.0%
		UTD	Count	1	2	3
			% within Race	33.3%	66.7%	100.0%
		Multiracial (more than one race)	Count	1	0	1
			% within Race	100.0%	.0%	100.0%
		Total	Count	12	2	14
			% within Race	85.7%	14.3%	100.0%
Non-Hispanic	Race	Black/African American	Count	15	1	16
			% within Race	93.8%	6.3%	100.0%
		White	Count	14	3	17
			% within Race	82.4%	17.6%	100.0%
		Multiracial (more than one race)	Count	3	1	4
			% within Race	75.0%	25.0%	100.0%
		Total	Count	32	5	37
			% within Race	86.5%	13.5%	100.0%
Unknown	Race	Unknown	Count	1	0	1
			% within Race	100.0%	.0%	100.0%
		Total	Count	1	0	1
			% within Race	.0%	.0%	100.0%

Crosstabulation 5: Sex of Child *Overall Score for OM3

Sex of Child in Placement		Overall Score for OM3		
		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
Male	Count	18	3	21
	% within males	85.7%	14.3%	100.0%
Female	Count	14	1	15
	% within females	93.3%	6.7%	100.0%
All Children in Placement	Count	32	4	36
	% within CIP	88.9%	11.1%	100.0%

The Monitor received multiple requests for override this quarter. Included in these were seven requests for Outcome Measure 3 and eight requests for Outcome Measure 15. In all, 13 requests were granted. Scenarios included:

- Several overrides were granted in relation to OM 15 after discussions with area office staff who provided additional information related to services and circumstances within the prior six month period that were not fully reflected in the LINK narrative. These issues related to needs that appear to be unmet/case management issues identified during the review process.
- As indicated earlier in this summary, OM 3 overrides were granted to allow for circumstances in which information related to action steps, progress and objectives were incorporated in the assessment section of the treatment plan rather than the intended portion of the treatment plan, or family feedback narratives were entered outside of the required window or mis-entered so that they were not included on the treatment plan document but attendance at the ACR or family conference, or reading of the case narratives provided evidence of engagement and the family's perspective being considered and incorporated.
- In one instance related to Needs Met, a child's endocrinologist appointment had been cancelled due to child's schedule in the fall and re-scheduled for December. A winter storm caused the second appointment to be cancelled as well. As a result the need for the endocrinologist follow-up remained unmet. However, the child had been routinely seen by the pediatrician and the ARG nurse had been out to see the child and is well versed on his issues. An appointment was secured prior to the ACR. Per the discussion that occurred at the ACR there was no medical repercussion from this delay of treatment in this voluntary services case.
- A 13 year old child had not participated in the development of her plan and there was no feedback section in the treatment plan or information detailed in the record from her perspective. However, an override was sought based on the feedback from the Area Office which indicated that the child's cognitive/behavioral level would preclude her from successful participation, as well as, the treating clinician expressing concerns related to her stability at the time of the meeting.
- A denial of an override was based on the fact that the full time-frame of six months case management and practice must be considered when looking at whether needs have been met. In the identified case, the newly assigned current worker had taken stock of the situation and addressed the unmet need promptly by attending to the case per Department standards related to case management and visitation. However, the family had no visitation in four of the six months under the prior worker. A marginal score was felt appropriate given the earlier lack of appropriate case management.

Engagement with case participants was captured through the review and was noted through documentation within the narratives and/or attendance at the ACR or Family Conference. Permanency planning that includes the engagement of the child and family is a focus of the new case planning process. While there was improvement in participation rates of fathers, adolescents, "other participants" and parents' attorneys, the attendance rates of mothers, service providers, other DCF staff and children's attorneys at the administrative case reviews appears to be unchanged or declined slightly in comparison to the prior quarter.

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

Identified Case Participant	Percentage with documented Participation/ Engagement in Treatment Planning Discussion	*Prior Quarter's Documented Engagement of Participation in Treatment Planning*	Percentage Attending the TPC/ACR or Family Conference (when held)	*Rate Of Attendance Prior Quarter*
Foster Parent	95.2%	85.2%	76.2%	76.0%
Mother	80.0%	82.2%	65.8%	71.4%
Other DCF Staff	57.1%	60.9%	45.5%	52.2%
Child	85.3%	60.0%	48.4%	29.4%
Active Service Providers	58.0%	56.6%	37.0%	37.8%
Other Participants	75.0%	46.2%	63.6%	46.2%
Father	54.5%	44.4%	40.5%	28.6%
Attorney/GAL (Child)	28.9%	27.5%	16.7%	18.9%
Parents' Attorney	27.3%	23.5%	27.3%	16.1%

Reviewers commented on some technical difficulties this quarter in relation to the inability of some offices to dial out during reviews to reach participants once the review was underway. It is unclear if this is a widespread issue, as it was our understanding that all telephone conferencing issues had been resolved a number of years ago.

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 23 instances in which concurrent plans would have been required by Department policy but were not identified in the treatment plans. In two of the 14 reunification cases there was no required concurrent plan identified. In one instance the child was on a trial home visit with intensive in-home reunification service (IICAR) involvement at the time of the plan approval. In the other, it was the initial plan. In the six of the nine APPLA cases there was no identified concurrent plan. Each of these cases did include an assessment of the need for concurrent planning at the time of the ACR through the discussion led by the ACR SWS. Upon review of the supporting documentation reviewers did not find any of these plans to be deficient in relation to the permanency plan section of the review process.

It has recently been called to our attention at a training session with ACR SWS staff that there is an uncertainty in the regions related to the requirement identified earlier in this Administration to identify a concurrent goal for children with a goal of APPLA. However, no official change has been identified to our office in regard to this issue. Therefore we will continue to report on these matters during this quarter and seek further clarification for the next quarter's review.

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?							
		Reunification	Adoption	Transfer of Guardianship	Long Term Foster Care with a Licensed Relative	In-Home Goals - Safety/Well Being Issues	None	APPLA	Total
Reunification	Count	0	4	2	1	0	2	5	14
	% within goal	.0%	28.6%	14.3%	7.1%	.0%	14.3%	35.7%	100.0%
Adoption	Count	1	0	1	1	0	5	2	10
	% within goal	10.0%	.0%	10.0%	10.0%	.0%	50.0%	20.0%	100.0%
Transfer of Guardianship	Count	0	0	0	0	0	1	0	1
	% within goal	.0%	.0%	.0%	.0%	.0%	100.0%	.0%	100.0%
Long Term Foster Care with a Licensed Relative	Count	0	0	1	0	0	0	0	1
	% within goal	.0%	.0%	100.0%	.0%	.0%	.0%	.0%	100.0%
In-Home Goals - Safety/Well Being Issues	Count	0	0	0	0	7	9	0	16
	% within goal	.0%	.0%	.0%	.0%	43.8%	56.3%	.0%	100.0%
UTD - plan incomplete, Unapproved/missing	Count	0	0	0	0	0	1	0	1
	% within goal	.0%	.0%	.0%	.0%	.0%	100.0%	.0%	100.0%
APPLA	Count	1	1	0	0	0	6	1	9
	% within goal	11.1%	11.1%	.0%	.0%	.0%	66.7%	11.1%	100.0%
Total	Count	2	5	4	2	7	24	8	52
	% within goal	3.8%	9.6%	7.7%	3.8%	13.5%	46.2%	15.4%	100.0%

The extent and timeliness to which the permanency plans and concurrent planning was implemented on the 28 cases is reflected within the scoring sections of OM15 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. Our reviewers expressed some concerns related to the feasibility of continuing to focus so intently on reunification in two cases where reunification goals were identified for the children at the 24 month mark. Given the planning efforts and subsequent outcomes to date at the point of the review the reviewers felt that more effort related to the concurrent plan should be implemented.

In looking at the two APPLA cases identified for children in care less than 12 months, the reviewers concurred that these permanency plans were appropriate for the 17 and recently turned 18 year old adolescents' cases that were reviewed. In both situations the adolescents and the adults in their lives were well informed of the options and had determined along with DCF that this plan was in the best interest of the child. See the Crosstabulation below for more information on the timeframes and permanency decisions related to the sample set (n=52).

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 Treatment 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	UTD - plan incomplete/ unapproved for this period	APPLA	Total
1-6 months	Count	3	0	0	0	0	0	0	3
	%	100.0%	.0%	.0%	.0%	.0%	.0%	.0%	100.0%
7-12 months	Count	7	0	0	1	0	0	2	10
	%	70.0%	.0%	.0%	10.0%	.0%	.0%	20.0%	100.0%
13-18 months	Count	2	5	0	0	0	0	2	9
	%	22.2%	55.6%	.0%	.0%	.0%	.0%	22.2%	100.0%
19-24 months	Count	0	3	0	0	0	0	0	3
	%	.0%	100.0%	.0%	.0%	.0%	.0%	.0%	100.0%
Greater than 24 months	Count	2	2	1	0	0	0	5	10
	%	20.0%	20.0%	10.0%	.0%	.0%	.0%	50.0%	100.0%
N/A - (In-home case)	Count	0	0	0	0	16	1	0	17
	%	.0%	.0%	.0%	.0%	94.1%	5.9%	.0%	100.0%
Total	Count	14	10	1	1	16	1	9	52
	%	26.9%	19.2%	1.9%	1.9%	30.8%	1.9%	17.3%	100.0%

-The categorical means for Outcome Measure 3 for the first quarter have improved in the majority of categories from the lows of last quarter's reporting.

Table 6: Mean Averages for Outcome Measure 3 - Treatment Planning (3rd Quarter 2006 - 1st Quarter 2010)

Categories within Treatment Plan	3Q2006	4Q2006	1Q2007	2Q2007	3Q2007	4Q2007	1Q2008	2Q2008	3Q2008	4Q2008	1Q2009	2Q2009	3Q2009	4Q2009	1Q2010
Reason For Involvement	4.46	4.27	4.63	4.50	4.66	4.71	4.82	4.73	4.81	4.70	4.83	4.85	4.63	4.55	4.60
Identifying Information	3.94	3.89	3.96	3.82	3.92	4.16	4.18	4.15	4.26	4.21	4.12	4.31	4.27	4.36	4.17
Strengths, Needs, Other Issues	4.09	4.04	4.07	3.93	4.16	4.25	4.41	4.04	4.13	4.28	4.25	4.29	4.15	3.64	4.10
Present Situation And Assessment to Date of Review	4.14	3.97	3.96	3.93	4.02	4.29	4.45	3.98	4.25	4.30	4.23	4.29	4.17	3.98	4.13
Determining Goals/Objectives	3.80	3.48	3.68	3.66	3.70	3.82	4.00	3.91	3.92	3.98	4.00	3.92	3.92	3.75	4.25
Progress	4.00	3.91	3.87	3.86	3.82	4.31	4.35	4.27	4.26	4.28	4.37	4.37	4.25	4.17	4.17
Action Steps for Upcoming 6 Months	3.71	3.44	3.19	3.30	3.40	3.55	3.61	3.52	3.68	3.96	3.79	3.85	3.63	3.58	4.27
Planning for Permanency	4.03	4.04	4.13	4.01	4.08	4.24	4.43	4.31	4.32	4.43	4.40	4.44	4.38	4.13	4.44

Findings Related to Outcome Measure 15 - Needs Met

As shown, four area offices achieved or exceeded the 80% benchmark this quarter with Middletown and Norwalk achieving 100%. The next highest rated area office is Hartford, with 85.7% of its sample attaining needs met. 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 First 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 Office	50.0%	50.0%	100.0%
Danbury	Count	1	1	2
	% within Office	50.0%	50.0%	100.0%
Milford	Count	1	2	3
	% within Office	33.3%	66.7%	100.0%
Hartford	Count	6	1	7
	% within Office	85.7%	14.3%	100.0%
Manchester	Count	3	1	4
	% within Office	75.0%	25.0%	100.0%
Meriden	Count	2	1	3
	% within Office	66.7%	33.3%	100.0%
Middletown	Count	2	0	2
	% within Office	100.0%	.0%	100.0%
New Britain	Count	4	1	5
	% within Office	80.0%	20.0%	100.0%
New Haven	Count	3	2	5
	% within Office	60.0%	40.0%	100.0%
Norwalk	Count	2	0	2
	% within Office	100.0%	.0%	100.0%
Norwich	Count	3	1	4
	% within Office	75.0%	25.0%	100.0%
Stamford	Count	1	1	2
	% within Office	50.0%	50.0%	100.0%
Torrington	Count	0	2	2
	% within Office	.0%	100.0%	100.0%
Waterbury	Count	3	1	4
	% within Office	75.0%	25.0%	100.0%
Willimantic	Count	2	1	3
	% within Office	66.7%	33.3%	100.0%
Total	Count	35	17	52
	% within Office	67.3%	32.7%	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 Treatment 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	2 10.0%	15 75.0%	3 15.0%	0 0.0%	0 0.0%	32
Safety - Child In Placement	13 37.1%	21 60.0%	1 2.9%	0 0.0%	0 0.0%	17
Permanency Securing the Permanent Placement Action Plan for the Next Six Months	23 65.7%	12 34.3%	0 0.0%	0 0.0%	0 0.0%	17
Permanency: DCF Case Management - Legal Action to Achieve Permanency Goal during the Prior Six Months	35 67.3%	16 30.8%	1 1.9%	0 0.0%	0 0.0%	0
Permanency: DCF Case Management - Recruitment for Placement Providers to Achieve the Permanency Goal During the Prior Six Months	22 62.9%	11 31.4%	1 2.9%	1 2.9%	0 0.0%	17
DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	15 28.8%	25 48.1%	10 19.2%	2 3.8%	0 0.0%	0
Well Being - Medical	32 61.5%	18 34.6%	2 3.8%	0 0.0%	0 0.0%	0
Well Being - Dental	31 59.6%	16 30.8%	4 7.7%	1 1.9%	0 0.0%	0
Well Being - Mental Health, Behavioral Health, Substance Abuse Services	5 9.6%	36 69.2%	10 19.2%	1 1.9%	0 0.0%	0
Well Being - Child's Placement	20 55.6%	15 41.7	1 2.8	0 0.0%	0 0.0%	16
Well Being - Education	13 27.7	28 59.6%	4 8.5%	2 4.3%	0 0.0%	5

The prior quarterly scores for Outcome Measure 15 have been in the range of 45.3% to 64.0%. Performance has fluctuated. This quarter marks the highest score achieved to date with 67.3% of the sample set achieving the measure. To date, 460 or 55.6% of the 830 cases reviewed have achieved the measure.

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%
Total	Count	460	370	830
	%	55.4%	44.6%	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 OM 15 review the Court Monitor reviews the Department's use of its assessment tools - specifically SDM. Documentation in this quarter was improved. Safety plans were noted in the LINK record for 75.0% of the applicable cases reviewed. (These were cases where investigations occurred and in which a plan would be applicable since the onset of SDM in May 2007.) It was further noted that of these 15 cases with documented safety plans, 12 cases (80.0%) had follow up documentation that indicated the implemented services had mitigated the safety factors within the home.

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	15	28.9%	75.0%
No	5	9.6%	25.0%
N/A	32	61.5%	
Total	52	100.0%	

The 90 day time table for SDM Risk Reassessment or Reunification Assessment/Reassessment appeared problematic, as only 33.3% of the cases requiring the 90 day reassessment showed timely documented follow through at the appropriate 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	12	25.0%	33.3%
No	24	46.2%	66.7%
N/A	15	28.8%	
Total	52	100.0%	

Reviewers continue to note issues with the inconsistency in documentation versus 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	2	3.8%	5.6%
Low	10	19.2%	27.8%
Moderate	14	26.9%	38.9%
High	10	19.2%	27.8%
N/A	16	30.8%	
Total	52	100.0%	

Needs were met at a higher rate within the CPS Child in Placement cases than in the CPS in-home family cases during the quarter, with 83.9% of the children in placement having the designation of needs met versus 43.8% of the children within in-home family cases. Voluntary Services Cases scored at 50% compliance for in-home and 33.3% for the child in placement cases. All three Voluntary Service Program cases that did not achieve needs met, had issues of case management related to social worker visitation and contacts. In the child in placement case, case management issues appeared to be a contributing factor to the areas of concern noted in behavioral health, education and medical needs

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	7	9	16
	% within case type	43.8%	56.3%	100.0%
CPS Child in Placement Case	Count	26	5	31
	% within case type	83.9%	16.1%	100.0%
Voluntary Services In-Home Family Case	Count	1	1	2
	% within case type	50.0%	50.0%	100.0%
Voluntary Services Child in Placement Case	Count	1	2	3
	% within case type	33.3%	66.7%	100.0%
Total	Count	35	17	52
	% within case type	67.3%	32.7%	100.0%

Fluctuations in rates of achievement for Outcome Measure 15 by race and gender 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				Overall Score for Outcome Measure 15		
				Needs Met	Needs Not Met	Total
Hispanic	Race	Black/African American	Count	3	0	3
			% within Race	100.0%	.0%	100.0%
		White	Count	4	3	7
			% within Race	57.1%	42.9%	100.0%
		UTD	Count	2	1	3
			% within Race	66.7%	33.3%	100.0%
		Multiracial (more than one race selected)	Count	1	0	1
			% within Race	100.0%	.0%	100.0%
		Total	Count	10	4	14
			% within Race	71.4%	28.6%	100.0%
Non-Hispanic	Race	Black/African American	Count	13	3	16
			% within Race	81.3%	18.8%	100.0%
		White	Count	8	9	17
			% within Race	47.1%	52.9%	100.0%
		Multiracial (more than one race selected)	Count	3	1	4
			% within Race	75.0%	25.0%	100.0%
		Total	Count	24	13	37
			% within Race	64.9%	35.1%	100.0%
Unknown	Race	Unknown	Count	1		1
			% within Race	100.0%		100.0%
		Total	Count	1		1
			% within Race	100.0%		100.0%

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

Sex of Child		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Male	Count	15	6	21
	% within Sex of Child	71.4%	28.6%	100.0%
Female	Count	12	3	15
	% within Sex of Child	80.0%	20.0%	100.0%
Total Child in Placement	Count	27	9	36
	% within Sex of Child	75.0%	25.0%	100.0%

There are 160 discrete unmet needs identified by the review team across 47 of the 52 cases. In 64.3% of the cases the need identified by the reviewer was cited/identified by the prior SDM. Unfortunately, these needs had not been addressed timely, were partially addressed, or remained unmet at the time of review. These needs were often one of several identified needs within the case and where other needs may have been met/achieved. They are identified in the table below with an associated barrier noted. Client refusal and delays in referrals continue to be the most reported barriers to service provision.

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

Service Need	Barrier	Frequency
Adoption Supports (PPSP)	Delay in Referral	1
Adoption Supports (PPSP)	Service Deferred Pending Completion of Another	1
Anger Management for Parent(s)	Service Deferred Pending Completion of Another	1
Behavior Management	Client Refusing	3
Case Management/Support/Advocacy	ARG Consultation not timely from directive	1
Case Management/Support/Advocacy	Delays in referrals for services	5
Case Management/Support/Advocacy	Lack of supervisory narratives	1
Case Management/Support/Advocacy	Need for Adolescent Worker Assignment	1
Case Management/Support/Advocacy	Probate Court Filing not timely for Voluntary Services	1
Crisis Stabilization Beds	No Slot Available	1
Dental Screening/Evaluation	Delay in Referral	3
Dental Screening/Evaluation	Insurance Issues	1
Dental Screening/Evaluation	No Service Identified to Meet this Need	1
Dental Screening/Evaluation	Parent is Barrier	1
Domestic Violence Services for Perpetrators	Client Refusing	2
Domestic Violence Services for Victims	Client Refusing	2
Domestic Violence Services for Victims	Service Deferred Pending Completion of Another	1
Domestic Violence Services Prevention Programs	Client Refusing	1
Drug/Alcohol Testing - Child	Insurance Issues	1
Drug/Alcohol Testing - Parent	Client Refusing	3
Educational Screening or Evaluation	Delay in Referral	5
Educational Screening or Evaluation	Lack of Communication between DCF and School	1
Educational Screening or Evaluation	Provider Issues - Staffing, lack of follow through	2
Family Reunification Services	Client Refusing	2
Family Reunification Services	Service Deferred Pending Completion of Another	1
Family/Marital Counseling	Client Refused	4
Family/Marital Counseling	Lack of Communication between DCF and Provider	1
Flex Funds	Delay in Referral	1
Group Counseling - Child	Lack of Communication between DCF and Provider	1
Health/Medical Screening or Evaluation	Client Refused	1
Housing Assistance - Section 8	Client Refused	1

Service Need	Barrier	Frequency
IEP Programming	IEP needs to be extended through Age 21 but BOE will only commit to 6 month intervals and revisit	1
IEP Programming	Item accidentally omitted on IEP	1
IEP Programming	Provider Issues - Staffing, lack of follow through	1
Individual Counseling - Child	Client Refusing	8
Individual Counseling - Child	Delay in Referral	1
Individual Counseling - Child	Provider Issue - Staffing	1
Individual Counseling - Parents	Client Refusing	9
Individual Counseling - Parents	Placed on Wait List	2
Individual Counseling - Parents	Provider Issues - Staffing	2
In-Home Treatment	Placed on Wait List	1
Inpatient Substance Abuse Treatment - Parent	Client Refusing	2
Job Coaching	No Service Identified to Meet this Need	1
Life Skills	Client Refusing	1
Life Skills	Delay in Referral by SW	1
Life Skills	Placed on Wait List	1
Life Skills	Residential is not providing level of Life Skills Training necessary	1
Matching Placing Processing	Delay in Referral	2
Medication Management - Child	Client Refusing	1
Medication Management - Parent	Client Refusing	1
Mental Health Screening/Evaluation - Child	Client Refusing	1
Mental Health Screening/Evaluation - Child	Delay in Referral	1
Mental Health Screening/Evaluation - Parent	Client Refusing	3
Mental Health Screening/Evaluation - Parent	Delay in Referral	1
Mentoring	Client Refusing	1
Mentoring	Delay in Referral	2
Mentoring	Provider Issues - Staffing, Lack of Follow Through	1
Other - Legal referral	UTD delays regarding basic SW assistance to assist Mother re: Immigration Status	1
Other Medical - Audiology Appointment	Delay in Referral	1
Other Medical - ENT and Endocrinologist Appointments	Delay in Referral	1
Other State Agency	Client Refusing	1
Outpatient Substance Abuse Treatment - Child	Client Refusing	1
Outpatient Substance Abuse Treatment - Parent	Client Refusing	8
Outpatient Substance Abuse Treatment - Parent	Placed on Wait List	1
Parenting Classes	Client Refusing	2
Provider Contacts	Lack of Communication between DCF and Provider	12
Psychiatric Evaluation - Child	Client Refusing	1
Psychiatric Evaluation - Child	Provider Scheduling - Conducted just after review period	1
Psychiatric Evaluation - Parent	Client Refusing	1
Psychological or Psychosocial Evaluation - Child	Delay in Referral	1
Respite	Lack of Information regarding provider services	1
Sex Abuse Evaluation	No Service Identified to Meet this Need	2
Substance Abuse Prevention Program - Parent	Client Refused	1
Substance Abuse Screening - Child	Client Refusing	1
Substance Abuse Screening - Child	Service Deferred Pending Completion of Another	1
Substance Abuse Screening - Parent	Client Refusing	6
Supervised Visitation	Client Refusing	1
Supportive Housing for Recovering Families	Service Deferred Pending Completion of Another	1
SW/Child Visitation	Case Management/Delays by SW	8
SW/Parent Visitation	Case Management/Delays by SW	5
SW/Parent Visitation	No unannounced visits	1
		160

Looking back, the reviewers established whether SDM accurately identified the need and whether that need was pulled into the treatment plan in place during the prior six month period. The following table represents the responses to that question.

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 treatment plan?

Unmet Needs Indicated?	Frequency	Valid Percent
Yes	18	64.3%
No	10	35.7%
N/A - No SDM completed	19	
N/A - there are no unmet needs	5	
Total	52	

Looking forward, reviewers examined the newly drafted and approved treatment plan to determine if the plan incorporated existing needs and addressed the barriers to service provision that were identified, incorporating SDM, and all key stakeholder input. The following tables provide input related to that effort.

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 treatment plan?

Unmet Needs Incorporated into Action Steps?	Frequency	Percent
Yes - All	35	67.3%
Yes - Partially	12	23.1%
No - None	0	0.0%
N/A - There were no unmet needs identified	5	9.6%
Total	52	100.0%

Table 14: Are there cases in which there were service needs not identified on the current treatment 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	14	26.9%
No	38	73.1%
Total	52	100.0%

The improvements in the newly formatted plan and ACR process have shown impact in the planning process as the approved plans reviewed better reflect the objectives and needs discussed at the ACR meetings. Last quarter there were 95 needs identified by the reviewers across 37 case plans. This quarter, reviewers found 25 issues within 14 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 that the resulting case plan did not address those needs.

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

Service Need	Barrier	Frequency
Adoption Supports (PPSP)	Client Refusing	1
Adoption Supports (PPSP)	Delay in Referral	1
Case Management/Support/Advocacy	Child needs focus on Adolescent Services that are not incorporated in the case plan	1
Case Management/Support/Advocacy	DCF needs to reach out to mother's providers to understand the impact of her medical conditions on her ability to parent her child before making case planning decisions	1
Dental/Orthodontic Services	No Service Identified to Meet the Need	1
Family Preservation Services	No Service Identified to Meet this Need	1
Housing Assistance (Section 8)	No Service Identified to Meet the Need	1
Individual Counseling - Child	Client Refusing	1
Life Skills	No Service Identified to Meet this Need	1
Other Medical Intervention - ADHD Medication Management	Delay in Referral	1
Other OOH Service - Math Tutoring	Delay in Referral	1
Other State Agency	No Service Identified to Meet this Need	1
Parenting Classes	Service Deferred Pending Completion of Another	1
Provider Contacts	Need for Case Management/Poor Communication between DCF and Providers during the period not addressed in Action Steps going forward	4
Respite Services	No Service Identified to Meet this Need	1
Sex Abuse Evaluation	UTD	1
Sex Abuse Evaluation	No Service Identified to Meet this Need	1
Sibling Visitation	No Service Identified to Meet this Need	1
Substance Abuse Screening - Child	No Service Identified to Meet this Need	1
Substance Abuse Screening - Parent	No Service Identified to Meet this Need	1
SW/Child Visitation	Benchmarks not Achieved during the period - visitation expectations not addressed	2
		25

DCF Court Monitor's 2010 Flex Fund Review

Introduction

The Court Monitor undertook a special review of flex funds in light of the substantial additional cuts proposed for these funds during the past Legislative session to ascertain the impact that utilization of flex funding has had on service provision, case practice and the impact on the lives of the children and families served in the last several months of the current fiscal year.

Highlights

- In 84.5% of the 187 cases reviewed, the Court Monitor found that the use of Flex Funds demonstrated good case practice. In an additional 8.5% there was questionable electronic documentation upon which to draw a firm conclusion. Of the sample, 7.0% of the cases presented situations for which the reviewers questioned the appropriateness of the utilization of the funds. (Defined for this purpose as meeting the need of the child/family in a meaningful manner - attempting to address a core issue that brought the child and family to the attention of DCF, or that had been recently identified. This may also pertain to meeting a concrete need not otherwise obtainable.)
- 61 of the 89 cases that required SDM use had Structured Decision Making (SDM) information in place and of those, 68.5% had a flex fund request that corresponded to the need that was identified as an SDM priority need and that need was met.
- In 80.7% of the cases reviewed, the funding/services purchased through flex funds was documented as meeting the identified need of the child and family.
- There was LINK documentation that there was a discussion with the child and/or family regarding of the service need and flex funding request in 54.5% of the cases.
- Permanency goals changed in 71 instances during the period from point of request to the April 2010 review. In many cases the changes reflected positive movement for the child. While the flex funding cannot be pointed to as the primary causal factor for every positive change, at minimum, it is noted as a clear contributing factor in each case. For example, 13 of the 41 cases identified as reunification had achieved trial reunification or successfully reunified with cases closed from the point of request to point or review. Adoption was achieved for 3 of 13 cases. Of the in-home cases within the sample (n=65) 23 cases had achieved case closure by the point of review.
- Results indicate that 86 of the 187 requests were for services in one of the identified categories listed on the ABHCT.org website. Of those 86 providers a total of 67, or 77.9%, were identified as credentialed providers.

Methodology

We selected a random sampled of 187 requests for flex funds which had been approved and paid. We reviewed the LINK case records for information regarding the services provided and the impact on meeting the identified needs of the child and family and progress toward the overall case goal. To further our efforts we later reviewed hard copy file documentation within a subsample of 31 cases to assess additional information available within that resource.

The Monitor's Office received a data file from DCF Accounting, encompassing flex fund expenditures during the fiscal year 2010 through February 28, 2010. From that file we excluded "court fees-printing", and miscellaneous petty cash in amounts less than $25.00. Also excluded

were payments to cases open only as a subsidized adoption. At the point of selection, given these parameters, flex expenditures were identified by region as follows:

Table 1: Year to Date Flex Funds Distributed as of February 28, 2010

Area Office	Funds Issued To Date	Percent
Bridgeport	$1,296,835	8.6%
Danbury	$261,974	1.7%
Hartford	$4,082,009	27.2%
Manchester	$1,523,903	10.2%
Meriden	$793,398	5.2%
Middletown	$521,353	3.5%
Milford	$927,935	6.2%
New Britain	$505,856	3.4%
New Haven	$824,935	5.5%
Norwalk/Stamford	$456,773	3.0%
Norwich	$1,330,452	8.9%
Torrington	$748,264	5.0%
Waterbury	$1,189,829	7.9%
Willimantic	$569,967	3.8%
Statewide	$15,013,474	

The sample includes a total of 187 individual requests for flex payment and was based on the percentages indicated above with some slight deviations to ensure that each office had no less than 5 requests for payment represented. Within each office the requests were randomly selected. The resulting sample is statistically valid at 90%.

Table 2: Court Monitor's Office Flex Fund Sample for Fiscal Year 2010 at YTD February 28, 2010 (n = 187)

Area Office	Number	Percent
Bridgeport	20	10.7%
Danbury	5	2.7%
Hartford	44	23.5%
Manchester	20	10.7%
Meriden	10	5.3%
Middletown	6	3.2%
Milford	12	6.4%
New Britain	6	3.2%
New Haven	10	5.3%
Norwalk/Stamford	6	3.2%
Norwich	17	9.1%
Torrington	9	4.8%
Waterbury	15	8.0%
Willimantic	7	3.7%
Statewide	187	100.0%

The case records related to the flex fund sample were reviewed to focus on the following areas related to utilization of flex funding:

1. Was there a clear need/purpose for the flex funding identified?
2. Did the flex funded service or item(s) secured meet the identified need?
3. In the opinion of the reviewer, did the use of the flex funds reflect appropriate case practice? (Defined for this purpose as meeting the need of the child/family in a meaningful manner - attempting to address a core issue that brought the child and family to the attention of DCF, or that had been recently identified. This may also pertain to meeting a concrete need not otherwise obtainable.)
4. Specific areas of impact to Outcome Measure 15 were highlighted for data collection such as:
    - Did flex funding contribute to provision of services toward: medical, dental, mental health or other need to assist family in obtaining case plan goal?
    - Did flex funding support Structured Decision Making (SDM) priorities if established?
    - Did flex funding contribute to keeping a family intact (avoiding placement)?
    - Did flex funding contribute to maintaining a placement (avoiding disruption)?
    - Did flex funding contribute to a child "stepping down" to a lower level of care in out of home placement?
    - Did flex funding contribute to the placement of a child with a relative or special study provider?
    - Did flex funding contribute to preservation of family ties?

5. Additionally the review looked at possible barriers that the regions may face in utilization of contracted services, and whether the services utilized were credential via the ABHCt.Com website.

This review was limited by parameters which included a review of electronic documentation (LINK) with follow-up via email or phone call to the Social Worker or Social Work Supervisor only if they were still the assigned worker(s) on the case. Further, the response rate to the email requests was low. Given the number of cases closed, the turnover of staff, and the response rate, this sometimes made it difficult to accurately assess the impact of the selected service provider as in many instances the documentation did not offer insight into why a contracted provider was not selected in favor of the non-contracted service, and/or what direct impact resulted.

We were advised by one Regional Director that in his region there is hard copy documentation that is generated that offers additional documentation related to efforts to secure contracted services prior to pursuit of flex funding. Upon further discussion with the Department we decided to evaluate the hard copy documentation that existed within the five regions through a subsample randomly selected from the 187 sample set. In all, 31 cases were selected to represent the 15 offices. Hard copy information was located where it existed and was reviewed for additional information regarding the selected cases.

The sample includes 187 requests for payment for 187 individuals within 186 cases. The 186 cases have most recently been open within a range of November 1991 through a case recently reopened just prior to our review in March 2010. The case assignments associated with the 187 individuals receiving the flex included:

Table 3: Case Assignments for the Sample Set Requests (n=187)

Case Assignment	Frequency	Percent
CPS In-Home Family	63	33.7%
CPS Child in Placement	100	53.5%
Voluntary Services Program: In-Home Family	12	6.4%
Voluntary Services Program: Child in Placement	6	3.2%
Family With Service Needs (FWSN)	1	0.5%
Not a DCF Ongoing Services Case - Open in Intake & Investigations	5	2.7%
	187	100.00%

The most current investigation activity prior to the used of flex funds was also established. For the sample set, investigation activity in the period prior to flex fund utilization was documented as recent as February 4, 2010 and as long ago as September 1994. Eighteen of the sample set had no intakes documented (Children with newly opened TPR cases). Of the intakes captured:

Table 4: Identified Investigation Results

Substantiation	Frequency	Substantiation	Frequency
Abandonment	7	Sexual Abuse	9
Domestic Violence	11	Voluntary Services Request	16
Educational Neglect	5	Investigation with No Substantiation: Includes Cases Transferred to Ongoing Services, and/or those with risks to be Addressed by Ongoing Services Worker via already Open Treatment Cases	54
Emotional Abuse/Maltreatment	4		
Emotional Neglect	20		
Medical Neglect	4		
Moral Neglect	1		
Physical Abuse	15		
Physical Neglect	74	TPR Case Opening	18

The identified recipient of the flex funding per the reviewers were most frequently identified as a child in placement (53.5%) followed by a child in the home (29.4%), family unit (10.2%) and lastly parent or legal guardian (7.0%). On occasion it was noted that the identified recipient on the request to accounting, and the actual recipient were not accurate. In most instances it is believed this is related to the need to identify one person on the form, when in reality, the service or good may be secured to service the family as a whole.

Reviewers established the case goal at two junctures to assist in determining if there was any progress toward the goal in the interim period from request for the service to date of review. This data collection found the following:

Table 5: Permanency Goal at Time of Request for Flex Funding (June 2009 - February 2010)

Permanency Goal	Frequency	Percent
In-Home Goals (Safety/Well Being)	65	34.8%
APPLA	46	24.6%
Reunification	41	21.9%
Adoption	13	7.0%
Long Term Foster Care with Relative	12	6.4%
Transfer of Guardianship	5	2.7%
UTD - Plan is Incomplete, Unapproved, or Missing during this period	3	1.6%
N/A - Case is open only in Intake/ Investigation - No Case Plan Required	2	1.1%
	187	100.0%

Table 6: Permanency Goal at Time of Review (April 2010)

Permanency Goal	Frequency	Percent
In-Home Goals (Safety/Well Being)	44	23.5%
APPLA	43	23.0%
Reunification	24	12.8%
Adoption	14	7.5%
Long Term Foster Care with Relative	8	4.3%
Transfer of Guardianship	4	2.1%
UTD - Plan is Incomplete, Unapproved, or Missing during this period	5	2.7%
N/A - Case is open only in Intake/ Investigation - No Case Plan Required	3	1.6%
Case Closed	42	22.5%
	187	100.0%

In analyzing changes in permanency goals that occurred from the time that the funds were requested, and the date of the review in April 2010; the reviewers noted that the permanency goals changed in 71 instances. In many cases the changes reflected positive movement for the child. For example, 13 of the 41 cases identified as reunification had achieved trial reunification or successfully reunified with cases closed from the point of request to point or review. Adoption was achieved for 3 of 13 cases. Of the in-home cases within the sample (n=65) 23 cases had achieved case closure by the point of review. Full information is provided below.

- In 22 cases that identified changes from reunification as the permanency goal:
  - 6 children returned home and were being monitored as in-home cases
  - 6 children reunified successfully and the cases were closed
  - 5 cases had goal changes to adoption
  - 1 case had a goal change to designate a goal of Transfer of Guardianship,
  - 1 case had a goal changed to APPLA,
  - 1 case had a goal changed to LTFC with a Relative, and
  - 1 case had closed, but since was reopened in Investigation and did not yet require permanency planning.
  - 1 case had a case plan with a goal of reunification at the time of request now had a plan that was incomplete/unapproved at the time of review.
- In the four cases that identified changes from adoption:
  - 3 children successfully achieved permanency and cases were closed.
  - 1 case recently had a goal change to APPLA.
- In the three Transfer of Guardianship cases which experienced changes:
  - 1 child achieved permanency.
  - 1 child returned home and was being served via an in-home case, and

  - 1 case had a goal changed to APPLA.
- In the seven APPLA goal cases with changes:
  - 3 children exited the system to adulthood and cases closed.
- Two of the three did so successfully achieving identified goals.
  - 2 cases changed to LTFC Relative
  - 1 case had a goal change to Transfer of Guardianship, and
  - 1 child left placement and was receiving services via In-Home Services with a Family case plan in place.
- In the two cases with a stated goal of LTFC Relative that changed:
  - 1 child had a goal change to APPLA, and
  - 1 case plan was incomplete/unapproved at the time of review at the time of review.
- For the 29 In-Home cases that changed by the point of review:
  - 23 cases were closed by the point of review.
  - 5 cases now had goals of reunification.
  - 1 case had closed but was subsequently reopen in Investigation.
- Two cases that were Investigation Cases at the time of Request for Funds were now closed.
- Two cases that were open in Ongoing Services with no plan in place were now closed.

Most frequently the Social Worker was the person documented in the LINK record as the party responsible with identifying the need for which flex funds were secured. A total of 76 included the ongoing DCF Social Worker as party to determining the initial need for flex funds. For 37 case records the social worker individually, was identified as the identifier of the need for the funds. In 11 cases there was consultative narrative between Social Worker and Social Work Supervisor. Other cases included collaboration with other area staff including Area Resource Group, Program Supervisor, Program Director, Area Director, Assistant Attorney General as well as Central Office, private providers, family and foster families. While it could usually be determined at what point the need for service was established, it could not be determined with certainty in many instances why the specific service provider was selected as the provider for the service.

There was LINK documentation that the child and/or family were aware of the service need and flex funding request in 54.5% of the cases.

While each review concentrated on one request, it also took into account the full range of requests paid to that identified person and case during the fiscal year to date July 1, 2009 through February 28, 2010. In some instances services were ongoing, with the identified request being one of several being paid for an identical/similar service billed over a course of treatment.

Each case was reviewed to determine how many requests for flex fund payments were processed. The range of requests for each case is reported from one payment to 63 payments. In all, a total of 1,919 flex fund requests were processed for the 186 cases during the eight months. While mode of sample participants reported one request (40 requests or 21.4%) the review found that the average (median) within the sample had 5 flex fund requests processed for $560.00 (median). The median per case within the sample set was six requests during that same period of time.

The amount of funding requested ranged from the low range of $25.00 for reimbursement for chiropractic services paid out of pocket by a foster parent due to an insurance issue to the high end of $6,630.68 for a psychological evaluation.

In all, 134 providers were included in the sample. While most providers were represented only one time, there were several that had repeated utilization. The most utilized was Walmart which was included eight times within the sample for the purchase of clothing or concrete goods. The next highly represented provider was Kaleidoscope Family Solutions which was represented six times within the sample set, and Abundant Life Family Center and All Pointe Care both represented five times within the sample.

Reviewers searched the ABHCt.com website to establish if the identified provider was listed as credentialed if the service provided was listed as one of those identified under the purview of the board. Searches were done by both agency and individual name if that could be established. These include agencies conducting: assessments, assessments: perpetrators of domestic violence, behavioral management, supervised visitation, temporary care, therapeutic support staff, CHAP case management and support staff. Reviewers found that 86 of the 187 requests fell into a suitable category applicable to credentialing. Of those 86, there was evidence of 67 providers being listed on the ABHCT.com as of the date of review (77.9%).

Case narratives, treatment plan documentation and the DCF-553 were reviewed to establish the genesis of the request as well as the onset of the service up to the date of the review in April to determine if in fact there was provision of the flex funding. In that process, the reviewers attempted to establish whether the client's needs were assisted by the provision of flex funding. The tool requested that the reviewer identify whether there was a service needed, and then, whether flex funding was the source used to meet that need during the period. Two overarching questions were posed.

First:

"In reviewing the record since the receipt of the service or goods provided, is there indication that the funding/service met the identified need?"

	Frequency	Percent
Yes	151	80.7%
No	18	9.6%
UTD	18	9.6%
Total	187	100.0%

Second:

"In the opinion of the reviewer, was the use of flex funding in line with appropriate case practice…?"

	Frequency	Percent
Yes	158	84.5%
No	13	7.0%
UTD	16	8.5%
Total	187	100.0%

This question was cross-tabulated with several other questions posed throughout the tool. The resulting data was reported:

Crosstabulation 1: Case Type at point of request for funds* In the opinion of the reviewer, was the use of flex funds…appropriate case practice?"

Case Type at Point of Request	In the opinion of the reviewer was the use of flex funds in line with appropriate case practice?			
	Yes	No	UTD	Total
Voluntary Services Child in Placement Cases	6 100.0%	0 0.0%	0 0.0%	6 100.0%
Family With Service Needs Case	1 100.0%	0 0.0%	0 0.0%	1 100.0%
Voluntary Services In-Home Family Cases	11 91.6%	1 8.3%	0 0.0%	12 100.0%
CPS Child in Placement Cases	84 84.0%	5 5.0%	11 11.0%	100 100.0%
CPS In-Home Family Cases	52 82.5%	6 9.5%	5 7.9%	63 100.0%
Intake/Investigations Assignment - Not an Open Ongoing Services Case	4 80.0%	1 20.0%	0 0.0%	5 100.0%
Total Combined Sample	158 84.5%	13 7.0%	16 8.5%	187 100.0%

The rate of appropriate case practice was 80% or higher across all types, as shown above. The Voluntary Services Program Cases and Family with Service Needs Case that were included in the sample had a higher rate of appropriate/good case practice compared with the flex funds for the child protection services or investigation assignments. Of the Voluntary Services cases, reviewers opinioned that 17 of the 18 cases or 94.4% reflected good case practice decisions in the use of flex funded services to meet the identified need. In 136 of the 163 CPS cases, or 83.4%, this same opinion was shared. The lowest percent fell to the Intake/Investigations requests, with a rate of 80.0%. However, given the low number of cases in that category, caution should be taken in the weight applied.

In looking at the convergence of the impact of flex funding and the role of Structured Decision Making in case practice the tools posed the following questions:

Crosstabulation 2: Was the use of flex funds necessary to support SDM FSNA priority need, or Risk Assessment Reassessment?*In reviewing the record since the receipt of the service or goods provided is there an indication that the funding met the identified need?

Was the use of flex funds necessary to support SDM FSNA priority need, or Risk Assessment Reassessment?	In reviewing the record since the receipt of the service or goods provided is there an indication that the funding met the identified need?				
		Yes	No	UTD	Total
Yes	Count	61	7	2	70
	%	87.1%	10.0%	2.9%	100.0%
No	Count	11	2	6	19
	%	57.9%	10.5%	31.6%	100.0%
Total	Count	72	9	8	89
	%	80.9%	10.1%	9.0%	100.0%

Of the 187 cases in the sample 89 cases had the SDM tool documented. In all, 61 of the 89 cases, or 68.5%, the flex fund request corresponded to need that was identified as a priority need and that need was met. In 7 instances, the use of the funds was intended to meet a priority need but the need remained unmet (7.9%). In two instances, the priority need identified may, or may not have been met as the documentation was not clear (2.2%). In 19 instances there were needs identified that were not identified as priority needs on the SDM in place at the time of the request (21.3%). In eleven of these 19 cases, the flex funds met the need. In two cases, flex funds were issued but the need remained unmet. In six cases the reviewer could not determine with certainty if the need had been met from the documentation available.

The following tables report the number of times during the period of the last eight months in which flex funding was utilized to meet an identified need across the 187 cases that were part of the sample set. It is clearly evident in the cases reviewed, that the use of flex funding is greatly utilized for mental health and "other service categories". This would be noticeable in the SDM Priority Needs as well, given many of those identifiable needs are related to the mental, behavioral and substance abuse treatment needs of clients. We emphasize for the reader that data below does not suggest that a "no" response means the need was not met. Reviewers found needs in many of these instances were met through contracted services.

Table 7: Data Related to Flex Funding and Identified Service Needs (OM15)

Identified Service Area	Yes	No	Not Applicable	UTD	Total
Did Flex Funding contribute to provision of services for a MEDICAL need?	15	26	144	2	187
Did Flex Funding contribute to provision of services for a DENTAL need?	4	33	148	2	187
Did Flex Funding contribute to provision of services for a MENTAL HEALTH need?	107	26	52	2	187
Did Flex Funding contribute to provision of services for a need OTHER than medical/dental/mental health Directly Impacting Goal?	110	27	44	6	187
Was the use of flex funding necessary to support SDM FSNA Priority Need or Risk Assessment/ Reassessment?	70	19	88	10	187

Table 8: Data Related to Flex Funding and Permanency (OM15)

Identified Objectives	Yes	No	Not Applicable	UTD	Total
Did Flex Funding Contribute to Keeping a Family Intact (Avoiding Placement)?	49	23	112	3	187
Did Flex Funding contribute to the Achievement of the Stated Permanency Goal?	57	40	80	10	187
Did Flex Funding contribute to the Placement of a child With a Relative or Special Study Caretaker?	16	22	147	2	187
Did Flex Funding contribute to the Preservation of Family Ties?	40	20	123	4	187

Table 9: Data Related to Flex Funding and Well-Being (OM15)

Identified Objective	Yes	No	Not Applicable	UTD	Total
Did Flex Funding contribute to the preservation of the child's placement (avoiding disruption?)	40	22	121	4	187
Did Flex Funding contribute to allowing a child to step down to a lower level of care in the placement continuum within the foster care system?	4	16	167	0	187

Reviewers found evidence of the following potential barriers to use of contracted or alternative services that led to the request for flex funding. Note that a few cases did identify more than one barrier leading to a total slightly higher than the sample total.

Table 10: Potential Barriers to Utilization of Contracted Services

Potential Barrier	Frequency	Percent
Wait List, Lack of Service in the Area Office	20	10.7%
Other Provider Issue Related to Non-Wait List Issue such as Quality of Service, Language Needs, Hours of Operation, Etc.	32	17.1%
Case Management Barriers such as Delays in Referrals, Lack of Knowledge Related to DCF Contracted Services, WR Funding, Etc.	5	2.7%
Other	49	26.2%
No Barriers Noted	85	45.5%

Examples of the "Other" category potentially presenting barriers to the use of contracted services, or other state or available community agencies:

- Insurance issues.
- Lack of therapeutic contracted services for PDD/MR clients.
- Issues with Board of Education not covering summer educational programming and transportation costs for foster children.
- Court Ordered Services with time frames associated.
- Overtime not being approved for DCF to facilitate visitation
- Need in excess of USDA clothing allowance due to weight gain or a growth spurt.
- Unforeseen circumstances, economy leading to homelessness. No safety net or services available through DSS.
- Care 4 Kids Criteria
- Medically complex or therapeutic foster care respite rates.

The reviewers were assigned cases spanning across the 15 area offices so that no one reviewer had a concentrated number in any one location. Results of the review have been aggregated by area office to determine if there are any trends by area office. The following cross-tabulations are analyzed on the two overarching questions to determine if there are trends/conditions by location. Stamford and Willimantic achieved 100% compliance in achievement of meeting the need. Waterbury, New Haven, Bridgeport, Manchester, Middletown, Milford, New Britain and Meriden all achieved 80.0% or greater rate of compliance.

Crosstabulation 3: In reviewing the record since the receipt of the service or goods provided is there indication that the funding met the identified need?* Area Office

	In reviewing the record since the receipt of the service or goods provided is there indication that the funding met the identified need?			
Area Office	**Yes**	**No**	**UTD**	**Total**
Stamford	3 100.0%	0 0.0%	0 0.0%	3 100.0%
Willimantic	7 100.0%	0 0.0%	0 0.0%	7 100.0%
Waterbury	14 93.3%	0 0.0%	1 6.7%	15 100.0%
New Haven	9 90.0%	1 10.0%	0 0.0%	10 100.0%
Bridgeport	17 85.0%	3 15.0%	0 0.0%	20 100.0%
Manchester	17 85.0%	2 10.0%	1 5.0%	20 100.0%
Middletown	5 83.3%	0 0.0%	1 16.7%	6 100.0%
Milford	10 83.3%	1 7.0%	1 7.0%	12 100.0%
New Britain	5 83.3%	0 0.0%	1 16.7%	6 100.0%
Meriden	8 80.0%	2 20.0%	0 0.0%	10 100.0%
Torrington	7 77.8%	1 11.1%	1 11.1%	9 100.0%
Hartford	33 75.0%	7 15.9%	4 9.1%	44 100.0%
Norwich	12 70.6%	1 5.9%	4 23.5%	17 100.0%
Norwalk	2 66.7%	0 0.0%	1 33.3%	3 100.0%
Danbury	2 40.0%	0 0.0%	3 60.0%	5 100.0%
Statewide	151 80.7%	18 9.6%	18 9.6%	187 100.0%

In relation to case practice across the area offices, the reviewers found that the majority of offices efforts represented appropriate case practice in the overwhelming majority of cases (84.5%) and in another 8.6% the electronic documentation was not specific/clear enough upon which to base this determination and the limitations of this review as discussed earlier were a factor. In 13 cases or 7.0% of the sample the reviewers opinioned that the flex funding did not appear to be in line with good case practice.

The hardcopy documentation within the subsample of cases reviewed found that the majority of the 31 cases did in fact have additional documentation related to services provided in the record. The amount of hard copy documentation varied depending upon the services provided and did appear to increase with the intensity and/or frequency of the service or if the terms required reporting and provider feedback/collateral contact for case planning purposes. Interactional Evaluations, Supervised visitation, and observational notes were located within documentation,

available only in hard copy format. Copies of handwritten approvals containing required signatures at the Social Work Supervisor or Program Supervisor level similar in nature to the LINK accounting requests were also provided.

Crosstabulation 4: In the opinion of the reviewer was the use of flex funding in line with good case practice…?*Area Office

	In the opinion of the reviewer was the use of flex funding in line with good case practice…?			
Area Office	**Yes**	**No**	**UTD**	**Total**
Middletown	6 100.0%	0 0.0%	0 0.0%	6 100.0%
Meriden	10 100.0%	0 0.0%	0 0.0%	10 100.0%
New Britain	6 100.0%	0 0.0%	0 0.0%	6 100.0%
Stamford	3 100.0%	0 0.0%	0 0.0%	3 100.0%
Willimantic	7 100.0%	0 0.0%	0 0.0%	7 100.0%
Bridgeport	19 95.0%	0 0.0%	1 5.0%	20 100.0%
Waterbury	14 93.3%	0 0.0%	1 6.7%	15 100.0%
Milford	11 91.7%	0 0.0%	1 8.3%	12 100.0%
Torrington	8 88.9%	0 0%	1 11.1%	9 100.0%
Norwich	15 88.2%	0 0.0%	2 11.8%	17 100.0%
Manchester	17 85.0%	2 10.0%	1 5.0%	20 100.0%
New Haven	8 80.0%	2 20.0%	0 0.0%	10 100.0%
Norwalk	2 66.7%	0 0.0%	1 33.3%	3 100.0%
Hartford	29 65.9%	8 18.2%	7 15.9%	44 100.0%
Danbury	3 60.0%	1 20.0%	1 20.0%	5 100.0%
Statewide	158 84.5%	13 7.0%	16 8.6%	187 100.0%

DCF encourages its staff to utilize credentialed providers versus non-credentialed providers for services related to: Assessments, Assessments of Perpetrators of Domestic Violence, Behavioral Management Services, Supervised Visitation, Temporary Care, Therapeutic Support Staffing, and CHAP Case Management & Support Services when securing services outside of contracted agency slots. The reviewers attempted to identify whether the flex funds expended within this sample were spent on credentialed providers when services were in these identified categories. Results indicate that 86 of the 187 requests were for services in one of the identified categories listed on the ABHCT.org website. Of those 86 providers a total of 67, or 77.9%, were identified as credentialed providers. By Area Office the rate of compliance with this practice expectation is:

Table 11: If applicable, is the provider listed on the ABHCt.com website as a credentialed provider?

Area Office	Percent Listed on ABHCt.com
Bridgeport	50.0%
Danbury	100.0%
Hartford	85.7%
Manchester	50.0%
Meriden	100.0%
Middletown	100.0%
Milford	71.4%
New Britain	66.7%
New Haven	60.0%
Norwalk	66.7%
Norwich	77.8%
Stamford	100.0%
Torrington	100.0%
Waterbury	87.5%
Willimantic	100.0%
Statewide	77.9%

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
Outcome Measure 3 & Outcome Measure 15
1st Quarter 2010

Outcome Measure 3 Case Summaries 1st Quarter 2010

What is the social worker's area office assignment?		Has the treatment plan been approved by the SWS?	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	yes	Very Good	Marginal	Very Good	Marginal	Very Good	Poor	Marginal	Marginal	Not an Appropriate Treatment Plan
	2	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Appropriate Treatment Plan
	3	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Marginal	Marginal	Very Good	Not an Appropriate Treatment Plan
	4	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Treatment Plan
	Total N	4	4	4	4	4	4	4	4	4	4
Danbury	1	yes	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	yes	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	Total N	2	2	2	2	2	2	2	2	2	2

		Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Milford	1	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Optimal	Not an Appropriate Treatment Plan
	2	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	3	yes	Very Good	Very Good	Very Good	Marginal	Optimal	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	Total N	3	3	3	3	3	3	3	3	3	3
Hartford	1	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Appropriate Treatment Plan
	3	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	4	yes	Optimal	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Treatment Plan
	5	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan

		Has the treatment plan been approved by the SWS?	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
	6	yes	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	7	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Marginal	Appropriate Treatment Plan
	Total N	7	7	7	7	7	7	7	7	7	7
Manchester	1	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	2	yes	Very Good	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Appropriate Treatment Plan
	3	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	4	yes	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	Total N	4	4	4	4	4	4	4	4	4	4

		Has the treatment plan been approved by the SWS?	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	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	3	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Appropriate Treatment Plan
	Total N	3	3	3	3	3	3	3	3	3	3
Middletown	1	yes	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	2	yes	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Appropriate Treatment Plan
	Total N	2	2	2	2	2	2	2	2	2	2
New Britain	1	yes	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Treatment Plan
	3	yes	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan

		Has the treatment plan been approved by the SWS?	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
	4	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	5	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Treatment Plan
	Total N	5	5	5	5	5	5	5	5	5	5
New Haven Metro	1	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	3	yes	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	4	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	5	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	Total N	5	5	5	5	5	5	5	5	5	5

		Has the treatment plan been approved by the SWS?	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
Norwalk	1	yes	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	Total N	2	2	2	2	2	2	2	2	2	2
Norwich	1	yes	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Appropriate Treatment Plan
	2	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	3	yes	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	4	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	Total N	4	4	4	4	4	4	4	4	4	4
Stamford	1	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Not an Appropriate Treatment Plan
	Total N	2	2	2	2	2	2	2	2	2	2

		Has the treatment plan been approved by the SWS?	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
Torrington	1	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	2	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	Total N	2	2	2	2	2	2	2	2	2	2
Waterbury	1	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	2	yes	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Treatment Plan
	3	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Appropriate Treatment Plan
	4	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Treatment Plan
	Total N	4	4	4	4	4	4	4	4	4	4

		Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Willimantic	1	yes	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	2	yes	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Appropriate Treatment Plan
	3	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Treatment Plan
	Total N	3	3	3	3	3	3	3	3	3	3
Total	N	52	52	52	52	52	52	52	52	52	52

Outcome Measure 15 Case Summaries 1st Quarter 2010

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		Marginal	N/A to Case	N/A to Case	Optimal	N/A to Case	Poor	Very Good	Very Good	Very Good	N/A to Case	Very Good	Needs Not Met
	2		N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Needs Met
	3		N/A to Case	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
	4		N/A to Case	Very Good	Very Good	Optimal	Very Good	Marginal	Optimal	Optimal	Marginal	Very Good	Marginal	Needs Not Met
	Total	N	1	3	3	4	3	4	4	4	4	3	4	4
Danbury	1		Very Good	N/A to Case	N/A to Case	Very Good	Very Good	Very Good	Optimal	Marginal	Marginal	N/A to Case	Optimal	Needs Not Met
	2		Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Needs Met
	Total	N	2	1	1	2	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
Milford	1		Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Optimal	Marginal	Optimal	Optimal	Needs Not Met
	2		N/A to Case	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Needs Met
	3		N/A to Case	Very Good	Optimal	Poor	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Not Met
	Total	N	1	2	2	3	2	3	3	3	3	3	3	3
Hartford	1		N/A to Case	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met
	2		N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	N/A to Case	Needs Met
	3		N/A to Case	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Needs Met
	4		N/A to Case	Very Good	Optimal	Very Good	Optimal	Marginal	Very Good	Very Good	Very Good	Optimal	N/A to Case	Needs Met
	5		Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Poor	Marginal	N/A to Case	Very Good	Needs Not Met
	6		Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Optimal	Marginal	N/A to Case	Very Good	Needs Met
	7		Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Marginal	Optimal	Very Good	Very Good	Very Good	Needs Met
	Total	N	3	5	5	7	5	7	7	7	7	5	5	7

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

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

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

What is the social worker's area office assignment?			Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Torrington	1		N/A to Case	Very Good	Very Good	Optimal	Optimal	Marginal	Optimal	Very Good	Poor	Very Good	Poor	Needs Not Met
	2		Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Marginal	N/A to Case	Very Good	Needs Not Met
	Total	N	1	1	1	2	1	2	2	2	2	1	2	2
Waterbury	1		N/A to Case	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	N/A to Case	Needs Met
	2		Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Optimal	Very Good	Optimal	Very Good	N/A to Case	Optimal	Needs Met
	3		N/A to Case	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Poor	Needs Not Met
	4		N/A to Case	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met
	Total	N	1	3	3	4	3	4	4	4	4	3	3	4
Willimantic	1		N/A to Case	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Needs Met
	2		N/A to Case	Very Good	Optimal	Optimal	Optimal	Optimal	Marginal	Very Good	Optimal	Optimal	Very Good	Needs Met
	3		Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Very Good	Very Good	Very Good	N/A to Case	Optimal	Needs Not Met
	Total	N	1	2	2	3	2	3	3	3	3	2	3	3
Total	N		20	35	35	52	35	52	52	52	52	36	47	52

Appendix 3

Second Year First Quarter Report
to the Federal Court Monitor (Foster Care)

SECOND YEAR
FIRST QUARTER REPORT
to the
FEDERAL COURT MONITOR

May 14, 2009

Submitted by:
Department of Children and Families
Office of Foster and Adoption Services

Retooling of the Recruitment and Retention Action Plan

On July 15, 2008, DCF and the Plaintiffs in Juan F. entered into a stipulated agreement that, among numerous other things, provided for the Department to work towards a goal of 350 foster homes by June 30, 2009 and a net gain of an additional 500 foster homes by June 30, 2010. It was anticipated that in order to realize a net gain of 350 new homes, 500 new homes would have to be licensed. To further this objective, the Department, in cooperation with the Technical Advisory Committee, developed a Recruitment and Retention Action Plan that detailed the efforts the Department would undertake to realize this goal. The Department did not meet the target goal of 350 by Jun 2009. Not only did we not reach the goal of a net gain of 350 homes, but during most months that following state fiscal year the Department saw a decrease in the number of licensed homes. While the Office of Foster Care and adoptive licensed 975 new foster homes during that first SFY, we closed nearly as many that same SFY.

Foster homes continue to close for a number of reasons. While there are homes that close for negative reasons such as abuse and neglect substantiations and dissatisfaction with the agency, there are large number of homes that close for positive reasons. These include the adoption of the foster child by the foster family, the transfer of guardianship to the foster family, reunification of the foster child with his/her family of origin.

As noted in Table 1, reasons homes closed, we have articulated the reasons why homes have closed in the last 12 months March 2009 - April 2010. OFAS closed 449 homes in this twelve (12) month period. The first nine (9) reasons are viewed as positive reasons or reasons with no negative implication toward the Department. It is noted that 354 homes were closed for these positive reasons (i.e. adoptions, transfer of guardianship etc.). That is to say that 78.8% of the homes that closed were closed for positive reasons.

Table 1

Reasons Homes Closed						
March 2009 to April 2010						
Reasons Homes Closed	**FC**	**AD**	**SS**	**Indep**	**Rel**	**State Wide Total**
1. Finalized an adoption	9	31	22	6	62	130
2. Transfer of Guardianship	1	0	2	2	54	59
3. Retired In Good Standing	15	1	3	1	4	24
4. Transferred to TFC Agency	6	6	0	0	2	14
5. Family Relocated - Out Of State	10	0	1	0	0	11
6. Personal Issues (including health issues, change family demographics, death in family)	16	8	2	3	3	32
7. Retiring (disinterest in providing care to children - burn out - no negative implication to DCF)	14	3	3	0	4	24
8. Child reunified	0	0	9	1	20	30
9. Child transitioned to CHAPS/independent living/college	0	0	16	0	14	30
Sub Total	**71**	**49**	**58**	**13**	**163**	**354**
10. No longer able to meet DCF Requirements	14	4	2	0	1	21
11. Licensing Concerns Voluntary Closure	11	3	0	0	1	15
12. Unwilling to meet child's needs	0	0	0	1	3	4
13. Child left the home (disrupted / run away)	1	0	13	4	12	30
14. Foster home reports negative impact to family due to DCF child	2	0	0	0	0	2
15. Closed after an investigation	4	1	3	0	4	12
16. Revocation of License	4	1	3	0	3	11
Sub Total Closed	**36**	**9**	**21**	**5**	**24**	**95**
Grand Total Closed	**107**	**58**	**79**	**18**	**187**	**449**

A. Recruitment

In conjunction with ADOPT US KID, the National Resource Center for the Recruitment and Retention of Foster and Adoption Families, OFAS has conducted a "market segmentation" plan. This plan was supplemented and expanded by the DCF Office of Research and Evaluation, which helped further refine the data and added a geo-mapping component to create a more comprehensive picture of foster care in Connecticut.

The data essentially divides the Connecticut population into clusters and then determines which clusters best represent the profile of our current successful foster families in Connecticut. Based upon this data, four segments were identified as providing the greatest foster care recruitment opportunities.

This data, while extremely helpful in focusing our work, did not provide the next necessary next step which was to develop a communications plan that would allow us to reach out to perspective foster families with a targeted message on the need for foster families and the benefits of being a foster family.

OFAS then contracted with the Connecticut based marketing firm, Durham Group, who has, based upon the market segmentation data, has developed a statewide foster care communications and marketing plan.

Additional recruitment and retention efforts are also taking shape and include the following initiatives:

OFAS continues to develop its Minority Family Recruitment initiative. OFAS wants to explore the feasibility of maximizing the broader socio-economic diversity that exists in communities of color (e.g., African American and Latino). We are targeting professional organizations that have large minority memberships (e.g., sororities, fraternities, Urban League, NAACP, Jack and Jill, CT Hispanic Bar Association, Black Social Workers Association, etc.). The goals for this endeavor are as follows:

- Increase the numbers of licensed African-American and Latino Foster/Adoptive parents in the state of Connecticut.
- Achieve permanency and finalization of adoptions for older African-American and Latino children in the agency's care.
- Increase knowledge of and favorable opinion about DCF foster care and adoption in African-American and Latino communities.
- Obtain research, including engage in surveying and focus groups, on adoption attitudes, practices, trends and beliefs in the African-American and Latino communities.

Currently, we are identifying the sites to conduct a forum in the Greater Hartford area and one in for New Haven/ Greater Fairfield County. In addition, we are identifying some local groups and organization into which to engage in outreach to support participation. A surveying tool has also

been developed to support the receipt of standard information about how the pool of African American and Latino foster homes may be increased.

Net gain

Over the last six months OFAS has experienced a growth in the number of licensed foster and adoptive homes. This growth is directed correlated to the increased efforts made by each Area Office (AO) to expand the number of open house events and expand the number of PRIDE classes. AO's have also conducted mass personal interviews in order to process a larger number of foster and adoptive homes. This provisional focus on recruitment efforts was possible through reassignment of support cases and reassignment of staff functions. Each AO was tasked with triaging all licensed homes to determine those families that require monthly home visits, quarterly home visits, and biennial home visits. If decreasing home visits there must be an increase in phone contact.

Table 2 illustrates this gain over the last 6 months. A gain of 280 DCF licensed homes since the baseline was established in Jun 2008 and an overall net gain of 210 licensed homes, once the therapeutic foster homes are factored in.

08-Jun Baseline	2009 Oct	2009 Nov	2009 Dec	2010 Jan	2010 Feb	2010 Mar
2,355	2,358	2,470	2,371	2,545	2,593	2,635
1,033	989	982	982	988	986	963
3,388	3,347	3,452	3,353	3,533	3,577	3,598

B. Retention

A greater attention has been placed on those homes that have expressed an interest in becoming a licensed home and remain in the application phase. Each AO has identified a social worker whose principle responsibility will be to focus on all new inquiries. Dedicating this staff person to reach out and contact all new families inquiring about foster or adoptive care will ensure timely communication and exchange of critical information. The Inquiry Social Worker will serve as a connection to the prospective home during all aspects of the licensing process.

- OFAS continues to work closely with the CT Association of Foster and Adoptive Parents (CAFAP) to enhance the pre-licensing phase. CAFAP has a Pre-Licensing Retention Specialist who continues to contact and support all who have attended an Open House, but are not yet participating in PRIDE.
- In addition, OFAS has established one point person, located at central office who enters all new inquiries into the LINK system which then enables the Department to track progress within the system.

- OFAS is also actively meeting with the IT division in order to develop a "Time To License Report". The report will aide managers in addressing bottlenecks and system issues that delay the timely licensing of prospective homes.

C. Therapeutic Foster Care

The new Therapeutic Foster Care (TFC) contracts were launched effective April 15, 2010. The redesigned service is intended to better support timely access to high quality, well resourced and standardized TFC programming for children with complex mental and behavioral health needs. The new system is expected to support greater accountability, enhanced communication, and improved collaboration.
The TFC service system includes, but is not limited to, the following changes and new components:

- Collapsed Levels. A reduction from multiple levels to only two (e.g., Therapeutic Foster Care and Therapeutic Foster Care Enhanced) clinical level of care
- Increased training for TFC staff and foster parents
- Five Service Area Lead Agencies (SALA will aid in ensuring that each of the partnering TFC agencies for a given area office and catchment are performing efficiently and effectively (e.g., timely matches and placements).
- Ansell Casey Life Skills (ACLS) provision to the youth in TFC. The Department is providing training to all the TFC care managers on the ACLS curriculum.
- Uniform, Objective Assessment Tool. The TFC Eligibility Instrument (TEI) has been developed to support a more objective admission of children into TFC. This is an Excel document that has embedded scoring to allow for immediate determination of a child's eligibility. It is based upon the Child and Adolescent Needs and Strengths (CAN) used in other jurisdictions to assess eligibility for TFC.
- Family Profile Form. This is a document that provides CPS staff with core information about a family to support the most effective match and successful placement.
- Pre-placement and Planned Placement Transition Form. This document provides a schedule and plan to support children's transition to their TFC family.
- Wraparound dollars of an average of $3650 per child to allow for the purchase of individualized clinical supports and services.
- Progress updates are sent to DCF social workers regarding the children on their caseload to ensure the regular sharing of information.
- There is an emphasis on permanency so that the work within and through TFC supports children returning back to their family of origin, being adopted, or transitioning to independence.
- Aftercare services are expected to be provided. Children will receive aftercare for at least 2 months and up to 6 months.
- All TFC agencies are funded to provide at least a .5 FTE recruiter. This is expected to aid with maintaining a sufficient pool of licensed TFC homes and respite resources.

- We are working with John Lyons, Ph.D., author of the CAN tool, to support a refinement of the TEI. Dr. Lyons will be offering any recommendations to hone, as needed, the domains, weighting and score tiers.

- Through an Request For Qualifications (RFQ), Community Care Services, Inc. (CCS) was awarded the right to negotiate for the provision of Statewide TFC. This new contract will provide 100 slots dedicated to ensuring timely TFC placements for children in Safe Homes, PDCs and STARs. The team's recommendation has been submitted to the DCF Contract's Unit and OFAS will begin negotiations with the awarded provided. CCS is currently finalizing its licensing. They are expected to be running by the first of June.

- Client level TFC data continues to be collected through the Program and Services Data Collection and Reporting System (PSDCRS). Earlier this spring, TFC providers were given a "missing data" report on select elements (e.g., diagnosis, presenting problem, foster parent ID, etc.) to aid in their remediation of incomplete datasets. All TFC agencies have real time access to their own TFC program specific data and attending reports to facilitate their monitoring of performance and outcomes.

Appendix 4

Commissioner's Highlights from
Department of Children & Families
First Quarter 2010 Exit Plan Report

Commissioner's Highlights
First Quarter 2010 Exit Plan Report
May 2010

The Department continues to make remarkable strides in improving outcomes for children and families since the inception of this Exit Plan. The evidence of this progress is very clear:

- There has been a 31 percent reduction in children in care over the last six years;
- Due primarily to increased in-home services, the number of intact families receiving services grew 43 percent over the last eight years;
- Intensive in-home clinical services for children with behavioral health needs have doubled since 2006;
- The number of children in residential treatment centers declined by 46 percent since 2004 and the number of children in congregate care settings overall has declined by one-third since 2004;
- The percentage of children adopted in two years or less has more than tripled compared to the first quarter of 2004;
- The amount of time a child waits to be reunified fell by more than 20 percent – to 11.2 months in 2009 from 14.2 months in 2006;
- Of all the children who entered foster care in 2006, 61 percent achieved permanency in less than two years and 77 percent within four years. That compares to 42 percent and 59 percent, respectively, for children entering care in 1997; and
- Current maximum caseloads for social workers range from 15 to 20 cases compared to 40 to 60 cases prior to the Consent Decree. For social work investigators, the actual average caseload over the last six years is 10 cases.

These long-term trends demonstrate that major structural reforms have taken hold and that child safety, permanency and well-being has dramatically improved as a result. The outcome data contained in the Quarterly Report for the first quarter of 2010 also highlights the success of our staff in bringing positive change to the way the Department conducts business and to the lives of Connecticut children and families. During this quarter, 18 of 22 measures were met outright, and an additional three measures came within 10 percentage points of the goal.

Two of the outcomes that have so far eluded achievement showed major improvement. The measurement for treatment planning jumped nearly 40 percentage points compared to last quarter and came within 3.5 percentage points of goal at 86.5 percent -- the highest to date under the Exit Plan. The measurement for needs met, although still not an adequate reflection of our work at providing appropriate services to meet the individual needs of children, increased to 67.3 percent -- also the highest to date. That represents an increase of 22 percentage points compared to the last quarter. In addition, all three permanency outcomes were met for the second consecutive quarter and for the fourth time in the last five quarters. The goal for minimizing repeat maltreatment has been met for three years running.

While there can be no question that wide-ranging, substantial and long-term improvements have taken hold, Connecticut's child welfare system remains focused on seeing further improvement, particularly in the areas of family engagement, staff supervision and resource utilization. However, it is beyond dispute that the commitment and tireless effort of Department staff is resulting in a reformed child welfare practice and a higher quality of service for children and families.

Following are the 18 outcome measures where goals were met during the quarter:

ACCOMPLISHMENTS

The following 18 outcomes were met:

- Commencement of Investigations: For the 22nd consecutive quarter, investigators exceeded the 90 percent goal with a performance of 97.4 percent.
- Completion of Investigations: Investigators completed timely investigations in 93.7 percent of cases, exceeding the 85 percent goal for the 22nd consecutive quarter.
- Search for Relatives: For the 18th consecutive quarter, staff achieved the 85 percent goal for relative searches and met this requirement for 92 percent of children.
- Repeat Maltreatment: The rate of repeat maltreatment was 5.8 percent and surpassed the goal of 7 percent or less for the 12th consecutive quarter.
- Maltreatment of Children in Out-of-Home Care: For the 25th consecutive quarter, the Department exceeded the goal of 2 percent or less with an actual measure of 0.2 percent.
- Reunification: The 60 percent goal for timely reunification was met for the second consecutive quarter and five of the last six quarters -- with 61.2 percent of reunifications occurring within the 12 month timeline.
- Adoption: For the fifth consecutive quarter, and 15 quarters of the last 18, the 32 percent goal for completing adoptions within two years was met with an actual achievement of 34.7 percent.
- Transfer of Guardianship: For the fifth consecutive quarter, and 14 of the last 15 quarters, the Department exceeded the 70 percent goal for timely transfers of guardianship with an actual rate of 82.3 percent.
- Multiple Placements: For the 24th consecutive quarter, the Department exceeded the 85 percent goal with a rate of 95.9 percent.
- Foster Parent Training: For the 24th consecutive quarter, the Department met the 100 percent goal.
- Placement within Licensed Capacity: For the 15th consecutive quarter, staff met the 96 percent goal with an actual rate of 96.9 percent.
- Worker-To-Child Visitation In Out Of Home Cases: For the 18th consecutive quarter, staff exceeded the 85 percent goal for monthly visitation of children in out-of-home cases by hitting the mark in 96.2 percent of applicable cases.

- Worker to Child Visitation in In-Home Cases: For the 18th consecutive quarter, workers met required visitation frequency in 89.6 percent of cases, thereby exceeding the 85 percent standard.
- Caseload Standards: After missing the 100 percent goal by a fraction of one percent the last three quarters, the Department met the 100 percent goal again, the 20th time since 2004.
- Reduction in Residential Care: For the 16th consecutive quarter, staff met the requirement that no more than 11 percent of children in DCF care are in a residential placement. For the quarter, the measure stood at 10 percent. There has been a 20 percent reduction in the number of children in residential care since June 2008.
- Discharge Measures: For 18 of the last 19 quarters, Department staff met the 85 percent goal for this measure with an actual performance of 86.3 percent.
- Discharge to DMHAS or DDS: For the third time under the Exit Plan, the Department met the 100 percent goal for discharge planning for youth transitioning to DMHAS and DDS.
- Multi-disciplinary Exams: For the 17th consecutive quarter, staff met the 85 percent goal by ensuring that 95.7 percent of children entering care received a timely multi-disciplinary exam.

CHALLENGES

As noted, the substantial progress already made does not detract from our efforts to identify and address areas in need of further improvement and implement ongoing reforms. The Connecticut Comprehensive Outcome Review (CCOR), a case review process modeled on the federal Child and Family Services Review (CFSR), is continuing to assess the agency's performance across seven outcomes in the areas of safety, permanency and well-being. The CCOR develops a better understanding of case practice using qualitative data to identify strengths and areas for improvement. A review of case records provides basic information relating to documentation and progress toward case goals. The reviewers consist of staff from the Department's Central Office and volunteer reviewers from several area offices. Interviews with social workers, families, providers, and youth (when appropriate) provide additional information on what occurred and how decisions were made. The result is a deeper and more focused understanding of outcomes and practice within the child welfare system. In 2009, CCOR reviews occurred in the Hartford, Stamford/Norwalk, New Haven, Torrington, Meriden and Milford area offices. In April 2010, a CCOR took place in the Danbury Area Office, and one will occur this month (May 2010) in the Willimantic Area Office. All 14 area offices will have a CCOR completed by the end of this calendar year. A new round will commence in 2011.

The CCOR already has revealed several overall trends in case practice. The area offices demonstrated particularly strong performance in meeting children's identified educational, medical and mental health needs across all case types, including both in-home and out-of-home cases. In addition, the CCOR also saw promising evidence of effective engagement of age-appropriate children and custodial parents in case planning. Conversely, non-custodial parents were not as effectively engaged in case planning activities. This is consistent with the federal

CFSR finding that our practice needs improvement in engaging fathers. The recently-completed CCOR in the Danbury Area Office identified the meeting of child needs and the provision of services as a particular area of strength.

The Department is carefully integrating the CCOR with the federal CFSR and the related Program Improvement Plan (PIP). For example, the CCOR is being used for PIP reporting. The Department recently submitted its first quarterly report for the PIP. To date, we have organized a statewide Steering Committee and convened a work group of supervisors to develop a supervision model that will support implementation of the Practice Model. We have also begun to present the Practice Model at all-staff meetings in area offices and at area advisory council meetings.

In addition to the Department's own quality improvement efforts, the Exit Plan Outcome Measures have focused attention on Outcome Measures 3 and 15. It is gratifying to note that both measures saw their highest level of performance during the quarter and that large percentage point increases were recorded. Treatment planning measured at 86.5 percent -- almost 40 percentage points above the previous quarter and only 3.5 percent shy of the goal. Needs met measured at 67.3 percent -- 22 percentage points above the previous quarter and 12.7 percentage points from the goal.

A variety of factors explain the improvement in case planning, including a new case plan format, the transition of the Administrative Case Review (ACR) from the Bureau of Continuous Quality Improvement to the Bureau of Child Welfare, and an overall heightened prioritization from all levels of the Department.

One of the early outgrowths of the transition of the ACR to the Bureau of Child Welfare was the new "48-hour notification/Collaborative Team Meeting" process that began in January. This process requires that within 48 hours of the ACR, a notification goes from the ACR reviewer to the Social Worker and Supervisor responsible for signing off on the treatment plan and the Program Supervisor. The notification identifies:

- any safety, permanency or well being concerns that require significant attention and consideration;
- whether the child is part of any of the cohorts connected to the previous Service Needs Reviews, how long the child has been in the cohort, and whether the child was previously in the cohort; and
- whether the child's needs require that a Collaborative Team Meeting take place 90 days after the ACR to ensure that the child's needs are being met and that the case is properly addressing those needs. The reviewer identifies who should be invited to the Collaborative Team Meeting, including family members, service providers and others. For children who do not require a Collaborative Team Meeting, a standard review will occur 90 days after the ACR.

Also in January, area office and Bureau of Child Welfare QI/QA management teams began conducting random reviews and identifying trends that assist the area offices in improving treatment planning overall. The timely completion of the formal ACR notification process and the DCF-553 for evaluating the agency's compliance with federal case plan mandates and for updating case plans was significantly increased. In addition, ACR staff incorporated a more collaborative approach by connecting with Area Office staff before, during and after the ACR to discuss case plan domains needing attention or updates. In late March, training to improve the quality of the writing of the case plan was offered to staff. Beginning in April, an automated 48 hrs/CTM notification process enabling the Department to collect aggregated data was established.

In the effort to increase and enhance family involvement in case planning, the Department continues its work on the "Better Together" initiative. Each Area Office has a designee to organize and coordinate the scheduling of this workshop, which will include local birth parents, DCF staff and community providers. In 2010, each Area Office is required to have at least one two-day workshop with joint DCF and birth parent trainers. Following implementation, the Department will collect feedback from the facilitators and workshop participants to assess the program's effectiveness in fostering relationships and developing partnerships between birth parents, DCF staff and local community providers.

With regard to Outcome Measure 15, the Collaborative Team Meetings will also improve how the needs of children are met as measured by the current methodology. In addition, resource development remains an area of focus. The Department continues to engage in discussions with several in-state private providers to develop a variety of services to mitigate the necessity for out-of-state placements for children with treatment needs requiring clinical services that have been insufficiently available in Connecticut. This includes expansion of the in-state capacity to provide specialized residential treatment services for youth with mental retardation and/or other significant developmental delays or disorders, the development of specialized living and outpatient treatment programs for youth with problem sexual behavior, and the creation of specialized programs for youth with significant behavioral dyscontrol and aggression.

The Department issued specifications for several fee for service program types to be developed in Connecticut to reduce the need to utilize out of state services. A number of service providers responded, and the Department currently is in the process of determining next steps. It should be noted, however, that the number of out-of-state placements is not an outcome measure and is only relevant for Exit Plan purposes to the extent such placements give rise to an unmet need under the current methodology.

Another vitally important initiative to build upon family strengths and support family engagement is the development of a Differential Response System (DRS). The Department has been working earnestly to develop a statewide DRS to work with families following acceptance of a report of child abuse and neglect. The goal of DRS is to establish an alternative response track for accepted child abuse/neglect reports involving low-risk neglect cases that offers a more flexible strength-based, family-driven and service-oriented approach.

In August 2008, the Department issued a Request For Information to solicit recommendations on the design and statewide implementation of a DRS. The Department received overwhelming support from the community to move forward with this model and an endorsement to move forward with implementation. Supporting the belief that this work is done best at the local level, the Department's next step was to coordinate with our community partners and develop five regional DRS implementation plans to assure success. With the assistance of Casey Family Services, who provided facilitation and expert consultation, these plans were submitted after months of development on April 15, 2010. Following a period of review of these plans and other internal readiness activities, including IT changes, policy development and training, it is anticipated the roll out of DRS will occur at the end of this calendar year in at least one DCF region and then to other regions over time, commensurate with resource availability.

Another critical initiative to improve how the Department meets the needs of children is the work to increase available foster homes. After months of research and planning, a new campaign to recruit foster families is launching in May with funding from a federal grant received last year by the Department for its success in completing adoptions. The campaign theme of "We All Have Love To Give" was the outgrowth of focus groups held with current foster parents and community providers where foster parents said they experience great rewards from their relationships with foster and adoptive children. The campaign speaks very directly to these emotional benefits of being a foster parent.

Additional research conducted with guidance from the National Resource Center at AdoptUSKids helped the Department hone its target audience to design the most effective recruitment campaign possible. Derived from an analysis conducted of a selection of approximately 1,200 successful foster parents, the campaign is targeted at families of color as well as a group of older Connecticut residents. The research showed that more than 50 percent of the Department's current successful foster families consist of persons of color and that more than three quarters of the parents were 40 years of age or older. Nearly 40 percent were age 50 or older. "Geo-mapping" also indicated that foster parents are concentrated along the I-84 and I-91 corridors between Hartford west to Waterbury and south to New Haven. Accordingly, radio ads are being aired on stations that have an audience concentrated in those areas as well as in Bridgeport and New London to ensure statewide coverage. Several of the stations feature audiences with large numbers of persons of color and older listeners. Additionally, ads being inserted in supermarket shopping carts will also carry the message to targeted audiences. A newly created Webpage with information on fostering and adopting can be accessed at www.ctfosteradopt.com, and people can continue to call 1-888-KID-HERO.

Even as the Department worked to establish this new campaign, multi-pronged recruitment efforts continued and, during the first nine months of the 2010 State Fiscal Year, a net increase of 229 licensed homes was achieved. By comparison, during the same nine-month period during FY2009, the Department saw a net increase of 17 homes. The Department believes that the new recruitment campaign will continue the progress already made in the licensure of new foster families.

Taken together with the systemic trends in the number of children in care, the capacity to serve intact families, and the timeliness of permanency, I am very proud of and thankful to Department staff and our many partners, including our biological families, foster parents, the private provider community, and others for the notable performance in improving outcomes for the children and families we serve.