

Juan F. v. Rell Exit Plan Quarterly Report
September 2010

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

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April 1, 2010-June 30, 2010

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**Juan F. v Rell Exit Plan Quarterly Report
April 1, 2010 - June 30, 2010**

Highlights

- The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of April 1, 2010 through June 30, 2010 indicates the Department achieved 16 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." Additional briefs have been filed with the Court and a hearing date is set for September 22, 2010.
- 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. Dronney regarding this matter on December 16, 2009. During the course of this hearing, the defendants indicated that the planned rescission to the DCF-VSP had been rescinded and that the DDS-VSP would continue to conduct intake and processing of applications. It was also agreed that the Court Monitor would be provided with notice of any change in the DDS intake process. Supplemental briefs were submitted and on January 28, 2010, a hearing was held and oral arguments were presented.

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

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

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

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

- Outcome Measure 14 (Placement within Licensed Capacity) was not met for the first time in 16 quarters with a finding of 95.1%. This means that nearly 5.0% of the children in foster care were placed in a overcapacity foster home. The last time this measure was not achieved was the second quarter of 2006.
- Permanency Outcome Measures 7 (Reunification), 8 (Adoption), and 9 (Transfer of Guardianship) were all achieved for the third consecutive quarter as measured by reviewing the timeframes to exit for children achieving permanency during the period.
- Outcome Measure 11 (Re-Entry) was not achieved for the sixth consecutive quarter and rose from 8.4% in the first quarter to 8.8% during the second quarter 2010.
- Based on the Court Monitor's review of a sample of 53 cases, the Department attained a level of "Appropriate Treatment Plan" for Outcome Measure 3 (Treatment Plans) in 40 of 53 cases sampled or 75.5%. This is a notable decrease over the 86.5% attained in the first quarter 2010.

Areas for improvement clearly remain despite the continued focus by DCF's Executive and Regional Management Teams to coordinate the work, improve oversight and better integrate the work of the various divisions within the Department. While gains in case planning have been made over time, there were many instances where the grid/table in the case planning tool was not utilized or not utilized properly. This leads to inconsistencies and outdated sections of the case plan. This problem results in confusing, incomplete, or conflicting information being provided to parents and stakeholders regarding the objectives, goals and timeframes for the actions required in the upcoming six months. It also does not allow for the automated functionality of this section to work properly thereby not correctly showing the completion of or the need for continued work on specific actions, objectives or goals. Additional training commenced during the quarter that is assisting in addressing case planning issues.

It remains to be seen whether improvements in 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. During the third quarter a blind sample of Outcome Measure 3 (Treatment Plans) reviews is being conducted in addition to the sample methodology currently being utilized for Outcome Measure 3. 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. Outcome Measure 3 results during this quarter include findings as follows;

- Challenges remain regarding the consistency and sufficiency of assessments, accurate description of strengths and needs, and appropriate action steps for the next six months.
 - The second quarter data noted some difference in the level of appropriate case plans when controlling for the child's sex. A higher percentage of boys' cases were found to be appropriate. This is the first time a noticeable difference has been demonstrated in a sample.
 - Assessing and then incorporating concurrent plans is an important element for improving the rate of achieving timely permanency. This quarter's review indicates that 22 of the 23 cases that required concurrent plans according to agency policy had them identified as part of the case plan. The degree to which the concurrent plans were developed varied from case to case.
 - Engagement with case participants and key stakeholders remains problematic. While some improvement was noted in participation rates of fathers and service providers, there was a noticeable drop in the engagement of adolescents and foster parents. The attendance rates of children's attorneys, parent's attorneys and active service providers at Administrative Case Reviews (ACR) remain low.
 - The Court Monitor made allowances during the second quarter for some cases where there was poor documentation of engagement efforts with parents and stakeholders in the case plan document when there was supplemental documentation in the LINK record or ACR summaries that clarified the Department's efforts.
- Based on the Court Monitor's review of a sample of 53 cases, the Department achieved Outcome Measure 15 (Needs Met) in 52.8% or 28 of the 52 cases. This is a decrease from the finding of 67.3% in the first quarter 2010. Key findings this past quarter include:
 - The largest categories of unmet needs involved mental health/behavioral health/substance abuse services, case management deficiencies (timely referrals, timely assessments, and lack of follow-up) and medical well-being.
 - Wait lists, some extensive, exist for in-home services, specialized foster care, specialized residential treatment, therapeutic group homes, adoptive resources, behavioral health services, life skills, transition services, and other critical services.
 - Provision of appropriate medical, dental and education services was untimely and insufficient in more than 25% of the cases.
 - Utilization of Safety Plans was noted in the LINK record for 78.9% of the applicable cases reviewed. Of the 15 cases with safety plans, 13 cases had follow-

- up documentation that indicated the implemented services had mitigated the safety concerns in the home.
 - Within the sample only 33.3% of the cases requiring the 90-day Structured Decision Making (SDM) risk re-assessment had a documented timely follow through on this important component.
 - Continued inconsistency between SDM scoring and LINK, ACR, and family conference documentation related to the needs and safety/risk of the child continue to be noted by the Court Monitor reviewers.
 - There were 136 discreet unmet needs identified by the review team within the sample. Of the 36 cases in which there was a prior SDM assessment conducted for utilization in developing the previous case plan, 21 cases had a similar or identical priority need cited as found during this review of the new case plan. These include 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, although provider issues including lack of availability of some services are noted to have increased this quarter.
 - This quarter, reviewers noted 45 issues within 16 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 going forward for the next six month period.
- The Division of Foster Care monthly report for June 2010 indicates that there are 2,751 licensed DCF foster homes. The number of approved private foster care homes is 979. The number of private foster homes available for placement is 106. The Department's goal as outlined in the Stipulation Regarding Outcome Measures 3 and 15 required (1) a statewide gain of 350 foster homes by June 30, 2009; and (2) an additional statewide gain of 500 foster homes by June 30, 2010. The baseline set in June 2008 was a total of 3,388. The Department's status as of June 2010 is a net gain of 342 homes. Additional foster care and adoptive resources are an essential component required to address the needs of children, reduce discharge delays, avoid overcapacity placements, and ensure placement in the most appropriate and least restrictive setting.
- As of August 2010, there were 475 children placed in residential facilities. This is a decrease of 30 children in comparison to the 505 reported last quarter. The number of children residing and receiving treatment in out-of-state residential facilities increased by seven to 285 compared to 278 reported last quarter. The number of children residing in residential care for greater than 12 months decreased to 141 compared with 153 in August 2010.
- During June 2010 the Court Monitor undertook a preliminary review of out-of-state placements. The Court Monitor remains concerned with both the level of oversight of out-of-state residential programs and the treatment, care, and support of Connecticut children residing a considerable distance from their families, communities, and responsible DCF staff. These children are in many instances disconnected from family

and community and their treatment/placement situation clearly warrants additional support, beyond the monthly minimum visitation standard and communication that currently occurs. This preliminary review suggests that:

- LINK narratives reflect that the small group of out-of-state Social Workers, whose primary duty is to visit children placed in congregate care facilities out-of-state, provide more engaged contact to the facilities' staff and in some cases with the children as well than the depth of contact documented by the Area Office Social Workers.
- The level of contact/communication was more frequent and detailed between DCF and the residential provider than that with families or connected adults.
- Efforts to engage family and connected adults by the out-of-state residential providers was far from robust. In 20% of the cases reviewed (5 of 19), there was no contact or effort to engage the family in therapeutic interventions.
- Minimum visitation standards were met 74.1% of the time but reviewers reported that these children/adolescents would have benefitted from additional DCF support resources given their circumstance or lack of visiting resource.
- Medical and dental needs were unmet in 25% of the cases reviewed. In most situations, these were related to routine medical and dental needs.

Follow-up to this preliminary review will continue with plans to potentially include a review of additional factors such as number and type of restraint, lengths of stay, level of therapeutic intervention, and face-to-face interviews with children and parents.

A copy of this report can be found in Appendix 3 and page 77.

- The number of children utilizing SAFE Home temporary placements increased to 125 as of August 2010 compared with the 121 reported as of May 2010. The number of children in SAFE Home in overstay status (>60 days), increased by nine children to 64 children compared with the 55 reported last quarter. There were 14 children with lengths of stay in excess of six months as of August 2010. 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 increased to 42 from the 38 reported for the previous quarter. There were five children with length of stay longer than six months as of August 2010. The lack of sufficient foster home resources, therapeutic group homes, and specialized residential services along with the loss of available resources due to program closings, hampers the efforts to further reduce the utilization of STAR services and better manage the resident's length of stay.
- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased from 893 in May 2010 to 853 in August 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 250 children with APPLA goals since November 2008.
- The number of children age 12 years old or younger in congregate care decreased from 235 in May 2010 to 223 in August 2010.

- The important effort to implement the Connecticut Comprehensive Outcome Review process (CCOR) has continued. This process is modeled on the federal Child and Family Services Review (CFSR) which evaluates safety, permanency and well-being. The next review will be conducted in September in the Middletown office. Further development of this process to include external, non-DCF staff reviewers and to improve elements of the data/information collection are important next steps that should be undertaken. The CCOR process is also being utilized to review a sample of cases to set baseline data for the Department's Federal Program Improvement Plan (PIP) relative to the CFSR process. A sample of eighty-five cases has been selected for review in September 2010. The review will be conducted primarily by five Quality Improvement and five Quality Assurance staff and will be overseen by Central Office Quality Improvement staff.

- The Monitor's quarterly review of the Department for the period of April 1, 2010 through June 30, 2010 indicates that the Department did not achieve compliance with six (6) measures:
 - Treatment Plans (75.5%)
 - Sibling Placements (84.8%)
 - Re-Entry (8.8%)
 - Placement within Licensed Capacity (95.1%)
 - Needs Met (52.8%)
 - Discharge to DMHAS and DMR (98.1%)

- The Monitor's quarterly review of the Department for the period of April 1, 2010 through June 30, 2010 indicates the Department has achieved compliance with the following 16 Outcome Measures:
 - Commencement of Investigations (97.6%)
 - Completion of Investigations (92.9%)
 - Search for Relatives (91.2%)
 - Repeat Maltreatment (6.5%)
 - Maltreatment of Children in Out-of-Home Care (0.1%)
 - Reunification (67.1%)
 - Adoption (36.0%)
 - Transfer of Guardianship (74.6%)
 - Multiple Placements (95.8%)
 - Foster Parent Training (100.0%)
 - Worker-Child Visitation Out-of-Home Cases (95.7% Monthly/99.3% Quarterly)
 - Worker-Child Visitation In-Home Cases (89.7%)
 - Caseloads Standards (100.0%)
 - Residential Reduction (10.1%)
 - Discharge Measures (87.9%)
 - Multi-disciplinary Exams (96.4%)

- The Department has maintained compliance for at least two (2) consecutive quarters¹ with 16 of the Outcome Measures reported as achieved this quarter. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
 - Commencement of Investigations (twenty-third consecutive quarter)
 - Completion of Investigations (twenty-third consecutive quarter)
 - Search for Relatives (nineteenth consecutive quarter)
 - Repeat Maltreatment (thirteenth consecutive quarter)
 - Maltreatment of Children in Out-of-Home Care (twenty-sixth consecutive quarter)
 - Reunification (third consecutive quarter)
 - Adoption (sixth consecutive quarter)
 - Transfer of Guardianship (sixth consecutive quarter)
 - Multiple Placements (twenty-fifth consecutive quarter)
 - Foster Parent Training (twenty-fifth consecutive quarter)
 - Visitation Out-of-Home (nineteenth consecutive quarter)
 - Visitation In-Home (nineteenth consecutive quarter)
 - Caseload Standards (second consecutive quarter)
 - Residential Reduction (seventeenth consecutive quarter)
 - Discharge Measures (third consecutive quarter)
 - Multi-disciplinary Exams (eighteenth 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 second quarter 2010 submission including the Commissioner's highlights may be found on page 88.

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.

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Juan F. Exit Plan Report Outcome Measure Overview																									
2Q 2010 (April 1, 2010 – June 30, 2010)																									
		2 0 0 5 Percentages				2 0 0 6 Percentages				2 0 0 7 Percentages				2 0 0 8 Percentages				2 0 0 9 Percentages				2 0 10 Percentages			
		1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q
1:	Investigation Commencement	>=90%	92.5	95.1	96.2	96.1	96.2	96.4	98.7	95.5	96.5	97.1	97.0	97.4	97.8	97.5	97.4	97.9	97.6	97.7	97.6	97.8	97.4	97.6	
2:	Investigation Completion	>=85%	92.6	92.3	93.1	94.2	94.2	93.1	94.2	93.7	93.0	93.7	94.2	92.9	91.5	93.7	89.9	91.4	91.3	91.8	94.0	94.3	93.7	92.9	
3:	Treatment Plans	>=90%	X	X	X	X	X	X	54.3	41.1	41.3	30.3	32.0	51.0	58.8	55.8	62.3	81.1	67.3	73.1	53.8	47.2	86.5	75.5	
4:	Search for Relatives*	>=85%	44.6	49.2	65.1	89.6	89.9	93.9	93.1	91.4	92.0	93.8	91.4	93.6	95.3	95.8	96.3	94.3	94.3	91.2	91.0	90.0	92.0	91.2	
5:	Repeat Maltreatment	<=7%	8.2	8.5	9.1	7.4	6.3	7.0	7.9	7.9	7.4	6.3	6.1	5.4	5.7	5.9	5.7	6.1	5.8	4.8	5.4	6.0	5.8	6.5	
6:	Maltreatment OOH Care	<=2%	0.8	0.7	0.8	0.6	0.4	0.7	0.7	0.2	0.2	0.0	0.3	0.2	0.2	0.3	0.3	0.2	0.3	0.1	0.4	0.3	0.2	0.1	
7:	Reunification*	>=60%	X	X	64.2	61.0	66.4	64.4	62.5	61.3	70.5	67.9	65.5	58.0	56.5	59.4	57.1	69.6	68.1	71.9	56.0	71.4	61.2	67.1	
8:	Adoption	>=32%	33.0	25.2	34.4	30.7	40.0	36.9	27.0	33.6	34.5	40.6	36.2	35.5	41.5	33.0	32.3	27.2	44.7	33.2	36.7	35.2	34.7	36.0	
9:	Transfer of Guardianship	>=70%	64.0	72.8	64.3	72.4	60.7	63.1	70.2	76.4	78.0	88.0	76.8	80.8	70.4	70.0	71.7	64.9	75.3	75.7	81.8	76.3	82.3	74.6	
10:	Sibling Placement*	>=95%	X	X	96.0	94.0	75.0	77.0	83.0	85.5	84.9	79.1	83.3	85.2	86.7	86.8	82.6	82.1	83.4	83.1	84.7	83.4	85.6	84.8	
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	8.8	
12:	Multiple Placements	>=85%	96.2	95.7	95.8	96.0	96.2	96.6	95.6	95.0	96.3	96.0	94.4	92.7	91.2	96.3	95.9	95.8	96.0	95.8	95.7	95.4	95.9	95.8	
13:	Foster Parent Training	100%	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
14:	Placement Within Licensed Capacity	>=96%	97.0	95.9	94.8	96.2	95.2	94.5	96.7	96.4	96.8	97.1	96.9	96.8	96.4	96.8	97.0	96.6	96.6	96.6	96.3	96.9	96.9	95.1	
15:	Needs Met**	>=80%	X	X	X	X	X	X	62.9	52.1	45.3	51.3	64.0	47.1	58.8	55.8	52.8	58.5	61.5	63.5	55.8	45.3	67.3	52.8	
16:	Worker-Child Visitation (OOH)*	>=85%	77.9	86.7	83.3	85.6	86.8	86.5	92.5	94.7	95.1	94.6	94.8	94.6	95.9	94.9	95.4	95.0	95.7	95.7	95.1	95.8	96.2	95.7	
		100%	93.3	95.7	92.8	93.1	93.1	90.9	91.5	99.0	99.1	98.7	98.7	98.5	99.1	98.7	98.6	98.9	99.2	99.3	99.0	99.7	99.6	99.3	
17:	Worker-Child Visitation (IH)*	>=85%	71.2	81.9	78.3	85.6	86.2	87.6	85.7	89.2	89.0	90.9	89.4	89.9	90.8	91.4	90.3	89.7	90.5	89.6	88.8	88.5	89.6	89.7	
18:	Caseload Standards+	100%	100	100	99.8	100	100	100	100	100	100	100	100	100	100	100	100	100	100	99.6	99.6	99.9	100	100	
19:	Residential Reduction	<=11%	13.7	12.6	11.8	11.6	11.3	10.8	10.9	11.0	10.9	11.0	10.8	10.9	10.5	10.4	10.0	10.1	10.0	9.7	9.6	9.9	10.0	10.1	
20:	Discharge Measures	>=85%	X	X	95.0	92.0	85.0	91.0	100	100	98.0	100	95.0	96.0	92.0	92.0	93.0	92.2	85.3	92.2	80.0	86.9	86.3	87.9	
21:	Discharge to DMHAS and DMR	100%	X	X	78.0	70.0	95.0	97.0	100	97.0	90.0	83.0	95.0	96.0	97.0	98.0	95.0	95.2	96.7	97.2	100	97.6	100	98.1	
22:	MDE	>=85%	55.4	52.1	58.1	72.1	91.1	89.9	86.0	94.2	91.1	96.8	95.2	96.4	98.7	93.6	94.0	90.1	93.6	94.5	91.4	95.7	95.7	96.4	

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 has recently announced the appointment of Program Director Ken Mysogland as the new Director of Foster and Adoptive Services.

During the second quarter 2010 (April-June 2010), the Department added 256 DCF homes and 52 Private Foster Care Homes. The number of homes closed during this 3-month period included 142 DCF homes and 53 Private Foster Care Homes.

The Kid Hero line operated by the Connecticut Association of Foster and Adoptive Parents (CAFAP) reports that 1,587 calls were received and that 560 calls resulted in inquiries. Of the 560 inquiring families, 297 (53%) attended an open house. The major recruitment sources identified were the internet (25%) and foster parents (15%).

A communications and marketing plan was developed with the Durham Group (they recently merged with Cashman and Katz). Elements of the plan include a Supermarket Campaign that will occur in selected stores over a seven month period of time, a CD Project that involves the production of a CD which includes both well known songs and others donated by local artists that are performed by foster and adoptive children, and a Digital Stories component where adoptive parents and children storytellers present creative narratives combining their voices with images, sounds and video.

During May 2010, National Foster Care month, a kick off event was held at a Rock Cats Foster Care Appreciation Night. CAFAP assisted in the planning for this event. A concert, short program and proclamation was featured as well as a special musical production of the CD Project youth participants. Various PSA's were displayed on the field launching the statewide marketing campaign "We All Have Love to Give". CAFAP was also part of the planning committee and acted as one of the sponsors for the "Home is Where the Heart Is" Family Musical Festival. There were many additional special events held throughout the month and they were promoted by a special edition of Communiqué that highlighted the events.

B. Recruitment and Retention Goals

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

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

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

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

DCF Licensed Foster Homes	2,751
Private Foster Care Homes	<u>979</u>
	3,730

The Department has achieved a net gain of 342 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 late 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.

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.

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 end of the six-month period noted in the TAC recommendation and included in the final revised report to share priorities, targets and timelines is thus set for October 16, 2010. On July 8, 2010, the Child Welfare Strategy Group presented their assessment findings to DCF. The ongoing activity includes the development of recommendations.

Stipulation §IV. Practice Model

The Department is in the midst of a 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; most recently the Court Monitor was briefed at a August 11, 2010 meeting. A draft of the DCF Supervision Model was shared which included sections devoted to Practice Philosophy and Approach, Goal of Supervision, Frequency and Format for Supervision, Function and Responsibilities of Supervisors, Case Supervision and Documentation of Supervision. Preparation work with the Bridgeport office (the first office to implement the Practice Model) continues. The Practice Model framework still must be finalized and as described above, the draft Supervision Model is being reviewed and revised. A draft of the Communications plan is completed and must be finalized. Accordingly, the training component of this effort which includes a "certification" program for all staff, revision to the supervisory training and a leadership training component will not proceed until the Case Practice framework is finalized.

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

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

The continued improvements in the ACR process are essential to realizing systemic improvements in the Department's provision of timely and appropriate treatment and permanency services to children. Initial data was recently shared with the Court Monitor by the Department regarding the 48 hour notification process. The findings track closely with the Court Monitor's findings with respect to Outcome Measure 3 (Case Planning). The Case Planning areas of Goals and Objectives and Action Steps are most often identified by ACR staff in this initial data as being problematic.

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

A.-F. Prospective Placement Restrictions

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

B. Health Care Treatment

Stipulation §VIII. Treatment Planning

Additional training regarding case planning is in progress to clarify and communicate expectations for developing case plans. This training combined with ACR efforts appears to have made some inroads on the quality of plans sampled during the last two quarters. The training is only one step in the process which will require continued focus by Social Workers, Social Work Supervisors and in some cases the Program Supervisors, along with the oversight and assistance of Quality Assurance and Quality Improvement staff. The case plans sampled this quarter were deemed appropriate in 75% of the reviewed cases for the second quarter 2010. This represents a decrease of 10% over the previous quarter findings.

It remains to be seen if this performance can be generalized to the full population of case plans in the course of normal practice. The current methodology includes attendance by Court Monitor reviewers at the Administrative Case Review and thus alerts the Department to the inclusion of the case in the review sample. This influences the degree of oversight and intensity of efforts related to identified sample cases. While the current methodology will continue in subsequent quarters; additional blind sampling will be conducted beginning in the third quarter to assess the level of acculturation that has occurred to date. Findings of the blind sample will be shared with the parties to assist in the in the identification of strengths and areas needing improvement and the Court Monitor will make suggestions for adjustments in the Outcome Measure 3 and Outcome Measure 15 review methodology as warranted by the findings.

Stipulation §IX. Interim Performance

A. Baseline Reductions

B. Health Care

1. Dental Service Needs

As of June 30, 2010, Section III.2 Dental Service Needs within Outcome Measure 15 Methodology was determined appropriately met in 88.7% of the cases reviewed. (Target goal is 85.0 %.)

2. Mental Health Service Needs

As of June 30, 2010, Section III.3 Mental Health Service Needs within Outcome Measure 15 Methodology was determined to be appropriately met within 73.1% of the cases reviewed. (Target goal is 85.0 %.)

C. Contracting or Providing Services to Meet the Permanency Goal

As of June 30, 2010, the "DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal component of the Outcome Measure 15 Methodology was determined to be appropriately met in 75.5% of the cases reviewed. (Target goal is 73 %.)

D. Goals for Increasing Family Based Placements

The baseline established utilizing the August 3, 2008 data indicated that 75% of the children in DCF custody were in family-based settings (non-congregate care). The target for the fiscal year ending June 30, 2009 was to increase the baseline by 7% to 82% of the population in care. The Stipulation also indicates a target of an additional annual 3% increase each subsequent fiscal year for the duration of the Stipulation. The August 2010 data indicates that 74% of the children in DCF custody were in family-based settings.

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

1. Action Steps to Achieving Goals Identified

As of June 30, 2010, the "Action Steps to Achieving Goals Identified" case planning component of the Outcome Measure 3 Methodology was determined to be met in 64.2% of the cases reviewed. (Target Goal 85.0%)

2. Determining Goals and Objectives

As of June 30, 2010, the "Determining Goals/Objectives" case planning component of the Outcome Measure 3 Methodology was determined to be met in 86.8% of the cases reviewed. (Target Goal is 85.0%)

3. Planning for Permanency

As of June 30, 2010, the "Planning for Permanency" case planning component of the Outcome Measure 3 Methodology was determined to be met in 100% of the cases reviewed. (Target Goal is 85.0%)

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

As of June 30, 2010, the "Strengths /Need/Other Issues" case planning component of the Outcome Measure 3 Methodology was determined to be met in 86.8% of the cases reviewed. (Target Goal is 85.0%)

5. Progress

As of June 30, 2010, the "Progress" case planning component of the Outcome Measure 3 Methodology was determined to be met in 94.3% of the cases reviewed. (Target Goal is 85.0%)

Juan F. Action Plan-Second 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 May 2010 there were 20 children.

As of August 2010 there are 24 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 May 2010 there were 67 cases with no reason for not filing TPR (blank).

As of August 2010 there are 47 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 May 2010 there were 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.

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

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 May 2010 there were 176 children in this cohort.

In August 2010 there are 140 children.

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

As of May 2010 there were 229 children in this cohort.

In August 2010 there are 202 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 May 2010 there were 15 children in this cohort.

In August 2010 there are 17 children in this cohort.

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

As of May 2010 there were 400 children in this population.

In August 2010 there are 404 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 May 2010 there were 108 children in this population.

In August 2010 there are 110 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 May 2010 there were 632 children in this population (74 are placed with a relative in a long term foster home arrangement).

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

JUAN F. ACTION PLAN MONITORING REPORT**AUGUST 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)

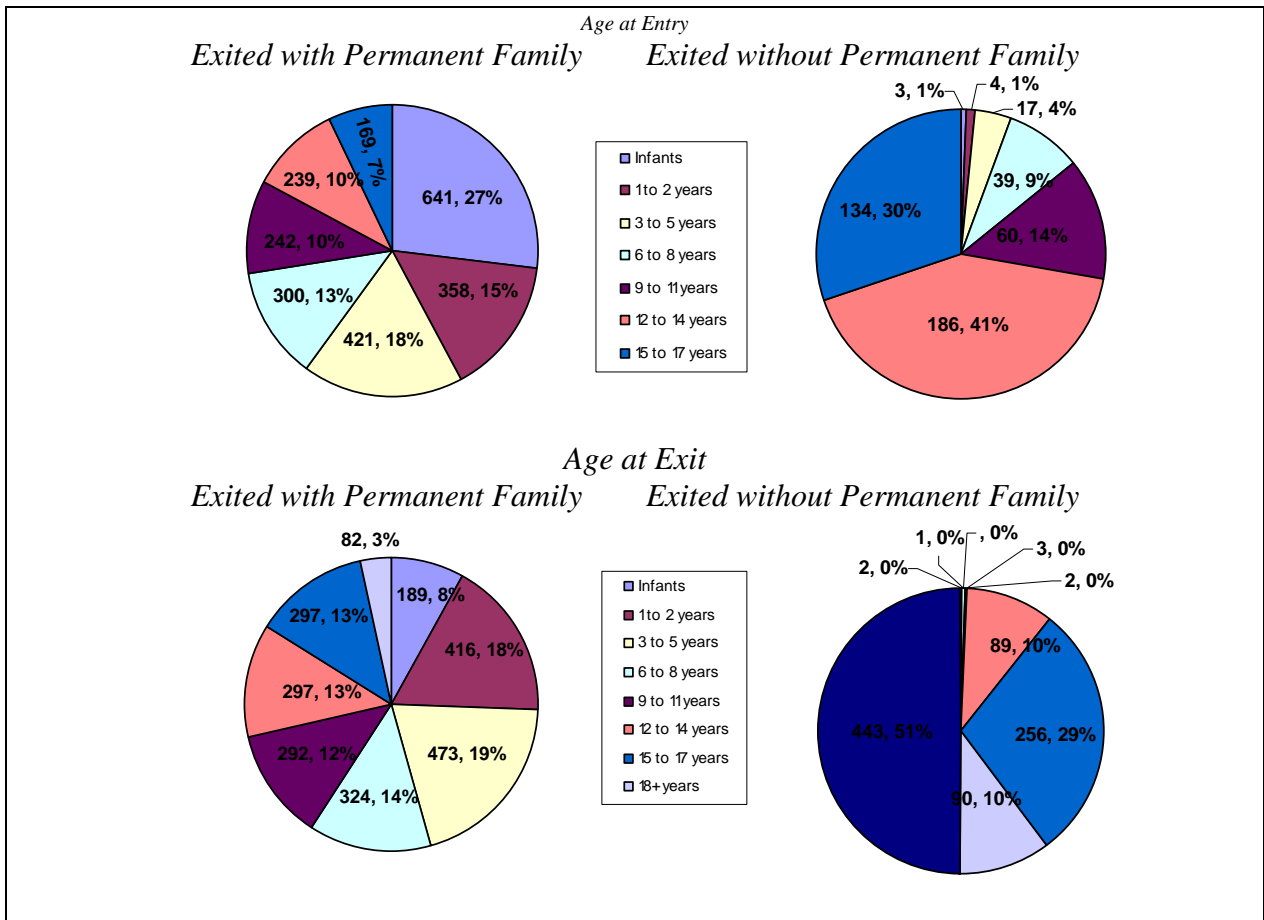
	Period of Entry to Care								
	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total Entries	3106	3547	3206	3093	3408	2854	2827	2630	1246
<i>Permanent Exits</i>									
<i>In 1 yr</i>	1183 38.1%	1404 39.6%	1230 38.4%	1132 36.6%	1263 37.1%	1095 38.4%	1097 38.8%		
<i>In 2 yrs</i>	1643 52.9%	2076 58.5%	1806 56.3%	1744 56.4%	1973 57.9%	1675 58.7%			
<i>In 3 yrs</i>	1970 63.4%	2383 67.2%	2093 65.3%	2017 65.2%	2323 68.2%				
<i>In 4 yrs</i>	2141 68.9%	2538 71.6%	2263 70.6%	2162 69.9%					
<i>To Date</i>	2294 73.9%	2686 75.7%	2346 73.2%	2212 71.5%	2513 73.7%	1972 69.1%	1657 58.6%	1043 39.7%	230 18.5%
<i>Non-Permanent Exits</i>									
<i>In 1 yr</i>	274 8.8%	249 7.0%	231 7.2%	289 9.3%	259 7.6%	263 9.2%	250 8.8%		
<i>In 2 yrs</i>	332 10.7%	320 9.0%	301 9.4%	371 12.0%	345 10.1%	318 11.1%			
<i>In 3 yrs</i>	365 11.8%	366 10.3%	366 11.4%	431 13.9%	401 11.8%				
<i>In 4 yrs</i>	406 13.1%	392 11.1%	403 12.6%	461 14.9%					
<i>To Date</i>	476 15.3%	455 12.8%	452 14.1%	489 15.8%	455 13.4%	357 12.5%	318 11.2%	198 7.5%	41 3.3%

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	Period of Entry to Care								
	2002	2003	2004	2005	2006	2007	2008	2009	2010
<i>Unknown Exits</i>									
<i>In 1 yr</i>	106 3.4%	155 4.4%	129 4.0%	83 2.7%	76 2.2%	62 2.2%	61 2.2%		
<i>In 2 yrs</i>	136 4.4%	195 5.5%	172 5.4%	124 4.0%	118 3.5%	99 3.5%			
<i>In 3 yrs</i>	161 5.2%	222 6.3%	209 6.5%	163 5.3%	142 4.2%				
<i>In 4 yrs</i>	179 5.8%	246 6.9%	235 7.3%	181 5.9%					
<i>To Date</i>	229 7.4%	298 8.4%	260 8.1%	193 6.2%	156 4.6%	113 4.0%	87 3.1%	62 2.4%	4 .3%
<i>Remain In Care</i>									
<i>In 1 yr</i>	1543 49.7%	1739 49.0%	1616 50.4%	1589 51.4%	1810 53.1%	1434 50.2%	1419 50.2%		
<i>In 2 yrs</i>	995 32.0%	956 27.0%	927 28.9%	854 27.6%	972 28.5%	762 26.7%			
<i>In 3 yrs</i>	610 19.6%	576 16.2%	538 16.8%	482 15.6%	542 15.9%				
<i>In 4 yrs</i>	380 12.2%	371 10.5%	305 9.5%	289 9.3%					
<i>To Date</i>	107 3.4%	108 3.0%	148 4.6%	199 6.4%	284 8.3%	412 14.4%	765 27.1%	1327 50.5%	971 77.9%

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 AUGUST 1, 2010³)

Is the child legally free (his or her parents' rights have been terminated)?				
Yes	No			
736	↓ 3245			
<i>Goals of:</i>	Has the child been in care more than 15 months?			
534 (73%)	No	Yes		
Adoption	1,785	↓ 1,460		
184 (25%)	Has a TPR proceeding been filed?			
APPLA	Yes		No	
10 (1%)	437		↓ 1,023	
Relatives	<i>Goals of:</i> Is a reason documented not to file TPR?			
2 (<1%)	281 (64%)	Yes	No	
Blank	Adoption	782	241	
3 (<1%)	96 (22%)	<i>Goals of:</i>	<i>Documented</i>	<i>Goals of:</i>
Reunify	APPLA	445 (57%)	<i>Reasons:</i>	115 (48%)
3 (<1%)	35 (8%)	APPLA	76%	Reunify
Trans. of	Reunify	160 (20%)	Compelling	59 (24%)
Guardian:	19 (5%)	Reunify	Reason	APPLA
Unsub	Trans. of	74 (9%)	12%	23 (10%)
	Guardian:	Adoption	Child is with	Adoption
	Sub/Unsub	55 (7%)	relative	25 (10%)
	6 (1%)	Relatives	7%	Trans. of
	Relatives	47 (6%)	Petition in	Guardian:
		Trans. of	process	Sub/Unsub
		Guardian:	5%	8 (3%)
		Sub/Unsub	Service not	Relatives
		1 (0%)	provided	11 (5%)
		Blank		Blank

³ Children over age 18 are included in these figures.

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Preferred Permanency Goals:

Reunification	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010
Total number of children with Reunification goal, pre-TPR and post-TPR	1627	1620	1545	1534	1581	1596
Number of children with Reunification goal pre-TPR	1622	1612	1538	1533	1577	1593
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 15 months in care 	386	380	359	315	313	310
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 36 months in care 	55	61	48	39	42	36
Number of children with Reunification goal, post-TPR	5	8	7	1	4	3

Transfer of Guardianship (Subsidized and Non-Subsidized)	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	206	198	212	178	196	169
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	203	196	212	178	194	166
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, >= 22 months 	58	54	59	63	62	54
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, >= 36 months 	21	23	26	27	25	18
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	3	2	0	0	2	3

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Adoption	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010
Total number of children with Adoption goal, pre-TPR and post-TPR	1324	1239	1177	1162	1138	1083
Number of children with Adoption goal, pre-TPR	631	603	583	590	603	549
Number of children with Adoption goal, TPR not filed, >= 15 months in care	111	93	91	97	114	97
<ul style="list-style-type: none"> Reason TPR not filed, Compelling Reason 	24	24	20	14	14	18
<ul style="list-style-type: none"> Reason TPR not filed, petitions in progress 	31	20	27	41	48	40
<ul style="list-style-type: none"> Reason TPR not filed, child is in placement with relative 	5	6	7	7	13	11
<ul style="list-style-type: none"> Reason TPR not filed, services needed not provided 	6	9	4	3	1	5
<ul style="list-style-type: none"> Reason TPR not filed, blank 	45	34	33	32	39	23
Number of cases with Adoption goal post-TPR	693	636	594	572	535	534
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care >= 15 months 	656	602	563	547	508	501
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care >= 22 months 	571	525	475	481	448	439
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	74	69	44	33	29	21
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	356	304	266	243	221	200
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	146	154	176	187	189	196

Progress Towards Permanency:	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	290	296	257	233	259	241

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Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010
Total number of children with Long Term Foster Care Relative goal	125	113	102	94	104	93
Number of children with Long Term Foster Care Relative goal, pre-TPR	114	103	92	85	90	83
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR 	13	8	4	5	8	9
Long Term Foster Care Rel. goal, post-TPR	11	10	10	9	14	10
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR 	3	3	2	2	3	2

APPLA*	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010
Total number of children with APPLA goal	1010	966	928	922	893	853
Number of children with APPLA goal, pre-TPR	774	729	712	714	688	669
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, pre-TPR 	51	42	40	36	26	34
Number of children with APPLA goal, post-TPR	236	237	216	208	205	184
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, post-TPR 	17	18	16	14	16	13

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

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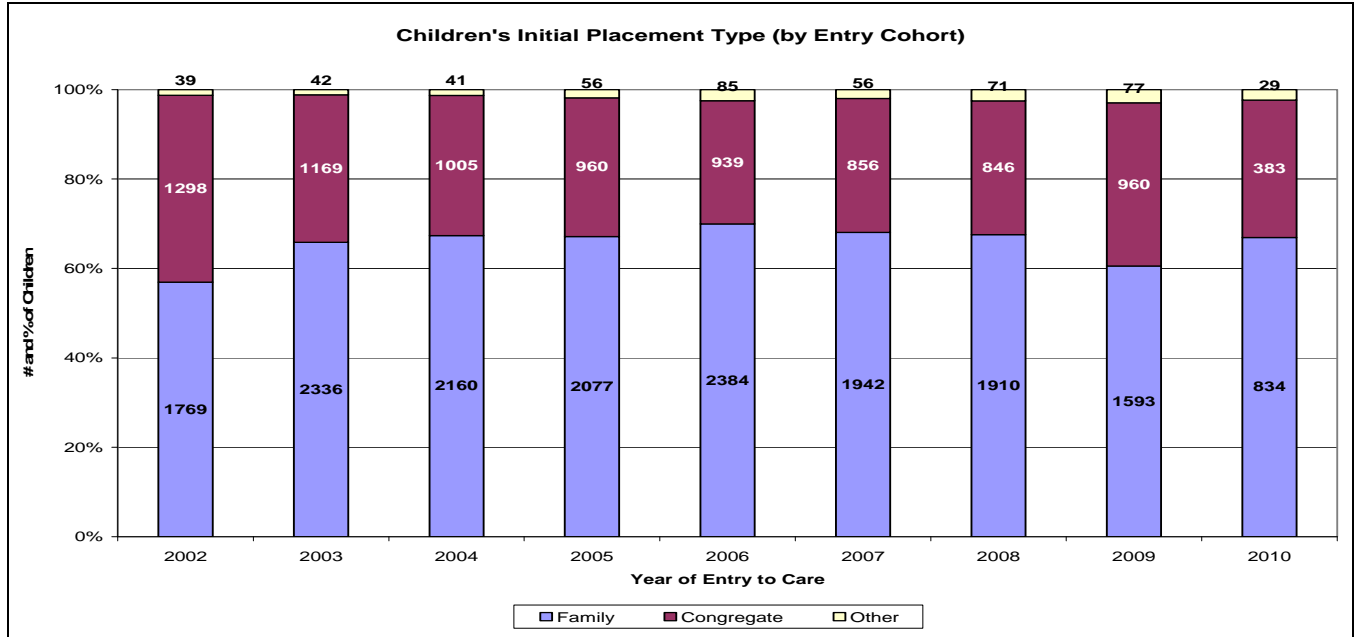
Missing Permanency Goals:

	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	59	74	83	33	21	32
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	14	26	24	21	14	20
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	3	8	4	3	6	12
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	2	7	1	3	6	11

B. PLACEMENT ISSUES

Placement Experiences of Children

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



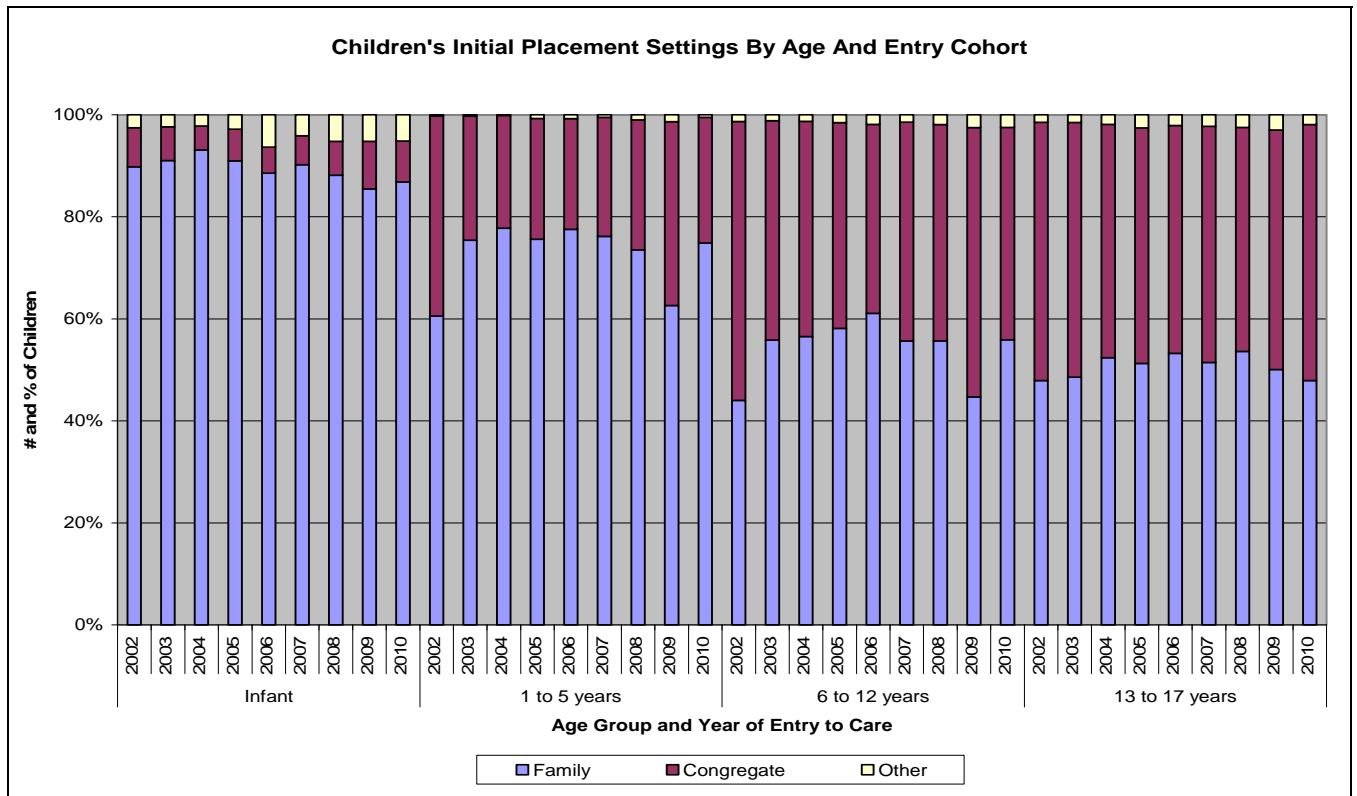
The next table shows specific care types used month-by-month for entries between July 2009 and June 2010.

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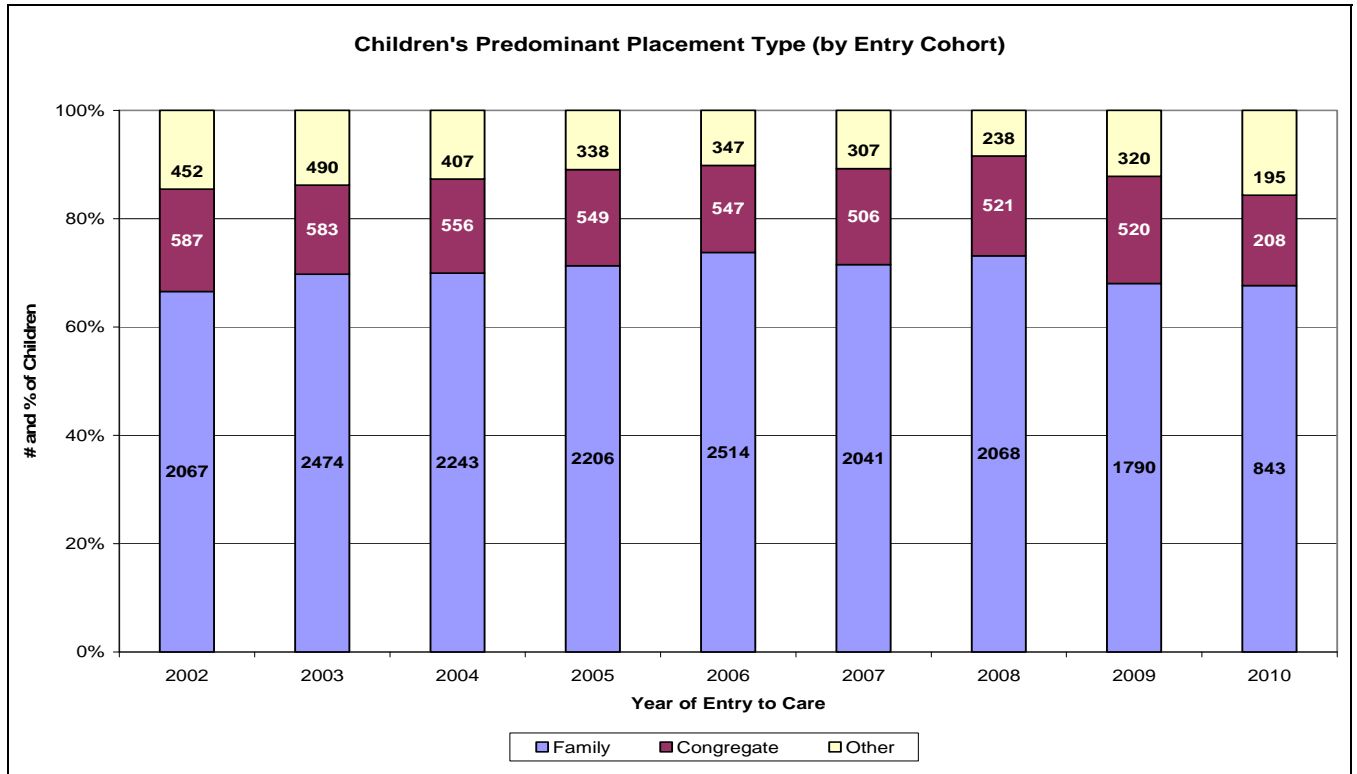
Case Summaries

First placement type		enter Jul09	enter Aug09	enter Sep09	enter Oct09	enter Nov09	enter Dec09	enter Jan10	enter Feb10	enter Mar10	enter Apr10	enter May10	enter Jun10
Residential	N	20	21	20	10	13	18	16	13	15	11	15	15
	%	9.9%	10.0%	9.8%	4.7%	7.1%	8.5%	6.6%	7.6%	6.1%	5.7%	6.7%	8.8%
DCF Facilities	N	6	6	1	5	4	2	2	2	3	3	2	
	%	3.0%	2.9%	.5%	2.3%	2.2%	.9%	.8%	1.2%	1.2%	1.6%	.9%	
Foster Care	N	85	89	102	108	94	88	117	99	129	106	131	100
	%	41.9%	42.6%	49.8%	50.2%	51.1%	41.3%	48.3%	58.2%	52.2%	55.2%	58.5%	58.5%
Group Home	N	9	8	2		3	1	6		2	4		2
	%	4.4%	3.8%	1.0%		1.6%	.5%	2.5%		.8%	2.1%		1.2%
Independent Living	N											1	
	%											.4%	
Relative Care	N	27	17	30	29	23	39	24	14	24	19	28	19
	%	13.3%	8.1%	14.6%	13.5%	12.5%	18.3%	9.9%	8.2%	9.7%	9.9%	12.5%	11.1%
Medical	N	7	4	4	9	8	10	5	5	4	3	2	9
	%	3.4%	1.9%	2.0%	4.2%	4.3%	4.7%	2.1%	2.9%	1.6%	1.6%	.9%	5.3%
Safe Home	N	25	41	30	40	25	42	60	19	49	23	28	13
	%	12.3%	19.6%	14.6%	18.6%	13.6%	19.7%	24.8%	11.2%	19.8%	12.0%	12.5%	7.6%
Shelter	N	18	18	13	9	13	7	7	12	18	20	15	8
	%	8.9%	8.6%	6.3%	4.2%	7.1%	3.3%	2.9%	7.1%	7.3%	10.4%	6.7%	4.7%
Special Study	N	6	5	3	5	1	6	5	6	3	3	2	5
	%	3.0%	2.4%	1.5%	2.3%	.5%	2.8%	2.1%	3.5%	1.2%	1.6%	.9%	2.9%
Total	N	203	209	205	215	184	213	242	170	247	192	224	171
	%	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 July 2009 and June 2010, and the portion of those exits within each placement type from which they exited.

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Case Summaries

Last placement type in spell (as of censor date)		exit Jul09	exit Aug09	exit Sep09	exit Oct09	exit Nov09	exit Dec09	exit Jan10	exit Feb10	exit Mar10	exit Apr10	exit May10	exit Jun10
Residential	N	25	25	22	16	17	16	15	12	11	12	15	19
	%	8.2%	7.3%	9.2%	6.8%	6.7%	5.7%	7.7%	6.2%	5.1%	5.9%	6.9%	8.8%
DCF Facilities	N	2	4	5	3	5	3	5		3	3	3	4
	%	.7%	1.2%	2.1%	1.3%	2.0%	1.1%	2.6%		1.4%	1.5%	1.4%	1.9%
Foster Care	N	147	178	92	115	116	131	85	96	113	106	115	105
	%	48.0%	51.9%	38.5%	49.1%	45.8%	46.3%	43.8%	49.2%	52.1%	52.0%	52.8%	48.6%
Group Home	N	18	27	20	10	12	20	13	6	13	7	8	11
	%	5.9%	7.9%	8.4%	4.3%	4.7%	7.1%	6.7%	3.1%	6.0%	3.4%	3.7%	5.1%
Independent Living	N	8	8	4	6	4	4	2	1	6	4	3	6
	%	2.6%	2.3%	1.7%	2.6%	1.6%	1.4%	1.0%	.5%	2.8%	2.0%	1.4%	2.8%
Relative Care	N	65	57	64	50	59	64	44	38	30	38	44	39
	%	21.2%	16.6%	26.8%	21.4%	23.3%	22.6%	22.7%	19.5%	13.8%	18.6%	20.2%	18.1%
Medical	N	4	3	2	1	2	1			2	2	1	
	%	1.3%	.9%	.8%	.4%	.8%	.4%			.9%	1.0%	.5%	
Safe Home	N	14	13	10	10	20	18	15	16	13	12	8	11
	%	4.6%	3.8%	4.2%	4.3%	7.9%	6.4%	7.7%	8.2%	6.0%	5.9%	3.7%	5.1%
Shelter	N	9	5	11	12	6	15	7	13	13	14	9	6
	%	2.9%	1.5%	4.6%	5.1%	2.4%	5.3%	3.6%	6.7%	6.0%	6.9%	4.1%	2.8%
Special Study	N	13	22	7	11	12	10	5	10	12	4	7	14
	%	4.2%	6.4%	2.9%	4.7%	4.7%	3.5%	2.6%	5.1%	5.5%	2.0%	3.2%	6.5%
Unknown	N	1	1	2			1	3	3	1	2	5	1
	%	.3%	.3%	.8%			.4%	1.5%	1.5%	.5%	1.0%	2.3%	.5%
Total	N	306	343	239	234	253	283	194	195	217	204	218	216
	%	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 August 1, 2010 organized by length of time in care.

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

			Duration Category						Total	
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095		more than 1095
Primary type of spell (>50%)	Residential	Count	15	26	41	93	77	110	110	472
		% of Row	3.2%	5.5%	8.7%	19.7%	16.3%	23.3%	23.3%	100.0%
		% of Col	9.4%	7.9%	8.5%	12.5%	13.2%	11.1%	8.0%	10.1%
	DCF Facilities	Count	0	6	4	12	20	13	8	63
		% of Row	.0%	9.5%	6.3%	19.0%	31.7%	20.6%	12.7%	100.0%
		% of Col	.0%	1.8%	.8%	1.6%	3.4%	1.3%	.6%	1.4%
	Foster Care	Count	83	160	226	329	286	539	781	2404
		% of Row	3.5%	6.7%	9.4%	13.7%	11.9%	22.4%	32.5%	100.0%
		% of Col	52.2%	48.6%	47.1%	44.1%	49.1%	54.4%	56.8%	51.5%
	Group Home	Count	3	4	5	25	26	58	75	196
		% of Row	1.5%	2.0%	2.6%	12.8%	13.3%	29.6%	38.3%	100.0%
		% of Col	1.9%	1.2%	1.0%	3.4%	4.5%	5.9%	5.5%	4.2%
	Independent Living	Count	0	1	0	0	0	8	1	10
		% of Row	.0%	10.0%	.0%	.0%	.0%	80.0%	10.0%	100.0%
		% of Col	.0%	.3%	.0%	.0%	.0%	.8%	.1%	.2%
	Relative Care	Count	23	48	84	176	100	134	99	664
		% of Row	3.5%	7.2%	12.7%	26.5%	15.1%	20.2%	14.9%	100.0%
		% of Col	14.5%	14.6%	17.5%	23.6%	17.2%	13.5%	7.2%	14.2%
	Medical	Count	5	2	6	4	2	3	3	25
		% of Row	20.0%	8.0%	24.0%	16.0%	8.0%	12.0%	12.0%	100.0%
% of Col		3.1%	.6%	1.3%	.5%	.3%	.3%	.2%	.5%	
Mixed (none >50%)	Count	0	1	6	15	19	57	227	325	
	% of Row	.0%	.3%	1.8%	4.6%	5.8%	17.5%	69.8%	100.0%	
	% of Col	.0%	.3%	1.3%	2.0%	3.3%	5.8%	16.5%	7.0%	
Safe Home	Count	14	39	61	44	15	10	4	187	
	% of Row	7.5%	20.9%	32.6%	23.5%	8.0%	5.3%	2.1%	100.0%	
	% of Col	8.8%	11.9%	12.7%	5.9%	2.6%	1.0%	.3%	4.0%	
Shelter	Count	11	34	24	19	9	3	1	101	
	% of Row	10.9%	33.7%	23.8%	18.8%	8.9%	3.0%	1.0%	100.0%	
	% of Col	6.9%	10.3%	5.0%	2.5%	1.5%	.3%	.1%	2.2%	
Special Study	Count	3	8	19	26	29	52	58	195	
	% of Row	1.5%	4.1%	9.7%	13.3%	14.9%	26.7%	29.7%	100.0%	
	% of Col	1.9%	2.4%	4.0%	3.5%	5.0%	5.2%	4.2%	4.2%	
Unknown	Count	2	0	4	3	0	4	9	22	
	% of Row	9.1%	.0%	18.2%	13.6%	.0%	18.2%	40.9%	100.0%	
	% of Col	1.3%	.0%	.8%	.4%	.0%	.4%	.7%	.5%	
Total	Count	159	329	480	746	583	991	1376	4664	
	% of Row	3.4%	7.1%	10.3%	16.0%	12.5%	21.2%	29.5%	100.0%	
	% of Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Congregate Care Settings

Placement Issues	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010
Total number of children 12 years old and under, in Congregate Care	238	243	248	230	235	223
• Number of children 12 years old and under, in DCF Facilities	9	15	13	13	10	9
• Number of children 12 years old and under, in Group Homes	47	53	49	46	45	41
• Number of children 12 years old and under, in Residential	45	30	34	33	41	39
• Number of children 12 years old and under, in SAFE Home	115	113	125	116	113	117
• Number of children 12 years old and under, in Permanency Diagnostic Center	13	14	13	12	11	12
• Number of children 12 years old and under in MH Shelter	9	18	14	10	15	5
Total number of children ages 13-17 in Congregate Placements	878	859	830	803	784	755

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	3547	3206	3093	3408	2854	2827	2630	1246
SAFE Homes & PDCs	728 23%	629 18%	453 14%	395 13%	395 12%	382 13%	335 12%	471 18%	192 15%
Shelters	166 5%	135 4%	147 5%	178 6%	114 3%	136 5%	144 5%	186 7%	80 6%
Total	894 29%	764 22%	600 19%	573 19%	509 15%	518 18%	479 17%	657 25%	272 22%

	Period of Entry to Care								
	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total Initial Plcmnts	894	764	600	573	509	518	479	657	272
<= 30 days	351 39%	308 40%	249 42%	242 42%	186 37%	162 31%	150 31%	229 35%	90 33%
31 - 60	285 32%	180 24%	102 17%	114 20%	73 14%	73 14%	102 21%	110 17%	82 30%
61 - 91	106 12%	121 16%	81 14%	76 13%	87 17%	79 15%	85 18%	157 24%	57 21%

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	Period of Entry to Care								
	2002	2003	2004	2005	2006	2007	2008	2009	2010
Total Initial Plcmnts	894	764	600	573	509	518	479	657	272
92 - 183	101 11%	107 14%	124 21%	100 17%	118 23%	131 25%	110 23%	124 19%	43 16%
184+	51 6%	48 6%	44 7%	41 7%	45 9%	73 14%	32 7%	37 6%	0 0%

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

Placement Issues	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010
Total number of children in SAFE Home	115	125	120	132	123	121	125
• Number of children in SAFE Home, > 60 days	44	43	54	58	57	55	64
• Number of children in SAFE Home, >= 6 months	14	9	9	14	8	11	14
Total number of children in STAR/Shelter Placement	77	91	85	80	89	83	78
• Number of children in STAR/Shelter Placement, > 60 days	36	33	40	37	52	38	42
• Number of children in STAR/Shelter Placement, >= 6 months	8	8	4	7	6	10	5
Total number of children in Permanency Planning Diagnostic Center	14	17	18	18	17	17	15
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	8	11	12	11	14	14	11
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	6	6	1	5	3	6	4
Total number of children in MH Shelter	4	3	7	12	8	6	1
• Total number of children in MH Shelter, > 60 days	4	1	3	8	7	4	0
• Total number of children in MH Shelter, >= 6 months	2	1	0	1	1	1	0

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Time in Residential Care

Placement Issues	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010	May 2010	Aug 2010
Total number of children in Residential care	534	530	509	498	496	505	475
<ul style="list-style-type: none"> Number of children in Residential care, >= 12 months in Residential placement 	119	144	131	133	136	153	141
<ul style="list-style-type: none"> Number of children in Residential care, >= 60 months in Residential placement 	4	5	5	4	3	2	2

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

Summary Findings

The Department's second quarter 2010 performance with respect to the Outcome Measure 3 (Case Plans) and Outcome Measure 15 (Needs Met) declined compared with the prior quarter's performance.

- The second quarter 2010 Monitor's Office Case Review of Outcome Measure 3 and Outcome Measure 15 included a total of 53 cases. The Monitor finds **a total of 40 cases or 75.5% of the 53 case plans sampled were deemed appropriate for Outcome Measure 3.**
- **For Outcome Measure 15 during the Second Quarter 2010, a total of 28 cases or 52.8% of the sample had evidence that DCF was meeting children and families' needs during the last six month period.**
- **26 cases (49.1%) achieved both the Outcome Measure standards during the quarter.** Eleven cases (20.8%) failed to achieve both the Outcome Measure standards during the quarter.
- The second quarter 2010 review of Outcome Measures 3 and 15 included 10 cases that were reviewed by teams of reviewers (one DCF Quality Assurance Program Supervisor, one DCF Quality Improvement Program Supervisor, and one Court Monitor Reviewer). This collaboration was mutually beneficial to both DCF and the Court Monitor as it provided an excellent forum for detailed discussion of a variety of case specific scenarios and assisted in increased understanding and competency with the Outcome Measure 3 and 15 methodology. The Court Monitor is convinced that collaboration of this type is an important precursor to successful exit from the Consent Decree. Unfortunately, the Department has notified the Court Monitor that a continuation of this collaboration cannot occur due to the need to utilize these same DCF Quality Assurance and Quality Improvement staff to conduct a CFSR Program Improvement Plan mandated review of 85 cases during September. While some cases in the third quarter will be reviewed by these collaborative teams, DCF has made the decision to not participate in others due to work and time constraints this project entails.

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 Case Plan	Count	26	14	40
	% within Outcome Measure 3	65.0%	35.0%	100.0%
	% within Outcome Measure 15	92.9%	56.0%	75.5%
	% of Total	49.1%	26.4%	75.5%
Not an Appropriate Case Plan	Count	2	11	13
	% within Outcome Measure 3	15.4%	84.6%	100.0%
	% within Outcome Measure 15	7.1%	44.0%	24.5%
	% of Total	3.8%	20.8%	24.5%
Total	Count	28	25	53
	% within Outcome Measure 3	52.8%	47.2%	100.0%
	% within Outcome Measure 15	100.0%	100.0%	100.0%
	% of Total	52.8%	47.2%	100.0%

Findings Related to Outcome Measure 3

The DCF Outcome Measure 3 (Case Planning) requires 90% compliance. This quarter, the Court Monitor data confirm seven of the Area Offices achieved compliance with 100% appropriate rankings. Bridgeport achieved 100% compliance for the first time since we have been measuring this process. The remaining eight Area Office scores ranged from 50.0% to 66.7% during the quarter. See Crosstabulation 2 for full details.

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**Crosstabulation 2: What is the social worker's area office assignment? *Overall Score for OM3
Second 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	4	0	4
	% Office	100.0%	.0%	100.0%
Danbury	Count	1	1	2
	% Office	50.0%	50.0%	100.0%
Milford	Count	2	1	3
	% Office	66.7%	33.3%	100.0%
Hartford	Count	3	4	7
	% Office	42.9%	57.1%	100.0%
Manchester	Count	2	2	4
	% Office	50.0%	50.0%	100.0%
Meriden	Count	2	1	3
	% Office	66.7%	33.3%	100.0%
Middletown	Count	2	0	2
	% Office	100.0%	.0%	100.0%
New Britain	Count	6	0	6
	% Office	100.0%	.0%	100.0%
New Haven Metro	Count	3	2	5
	% Office	60.0%	40.0%	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	1	1	2
	% Office	50.0%	50.0%	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	40	13	53
	% Office	75.5%	24.5%	100.0%

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

Table 1: Case Plan OM 3 – Number and Percent of Rank Scores for All Cases Across All Categories of OM3 - 2nd Quarter 2010

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	32 60.4%	20 37.7%	1 1.9%	0 0.0%	0 0.0%
I.2. Identifying Information	23 43.4%	30 56.6%	0 0.0%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	17 32.1%	29 54.7%	7 13.2%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	17 32.1%	29 54.7%	7 13.2%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	17 32.1%	29 54.7%	7 13.2%	0 0.0%	0 0.0%
II.2. Progress	17 32.1%	33 62.3%	3 5.7%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	7 13.2%	27 50.9%	19 35.8%	0 0.0%	0 0.0%
II.4 Planning for Permanency	25 47.2%	28 52.8%	0 0.0%	0 0.0%	0 0.0%

Within the Child in Placement Cases at the time of review, the overall rate of compliance was 78.8% and the domains fared as follows:

Table 2: Case 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	21 63.6%	11 33.3%	1 3.0%	0 0.0%	0 0.0%
I.2. Identifying Information	10 30.3%	23 69.7%	0 0.0%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	10 30.3%	19 57.6%	4 12.1%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	11 33.3%	18 54.5%	4 12.1%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	12 36.4%	17 51.5%	4 12.1%	0 0.0%	0 0.0%
II.2. Progress	8 24.2%	22 66.7%	3 9.1%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	4 12.1%	16 45.5%	13 39.4%	0 0.0%	0 0.0%
II.4 Planning for Permanency	15 45.5%	18 54.5%	0 0.0%	0 0.0%	0 0.0%

Within the in-home population within the sample set 70.0% of the cases achieved the benchmark of appropriate case plan. The individual sections fared as follows:

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

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	11 55.0%	9 45.0%	0 0.0%	0 0.0%	0 0.0%
I.2. Identifying Information	13 65.0%	7 35.0%	0 0.0%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	7 35.0%	10 50.0%	3 15.0%	0 0.0%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	6 30.0%	11 55.0%	3 15.0%	0 0.0%	0 0.0%
II.1 Determining the Goals/Objectives	5 25.0%	12 60.0%	3 15.0%	0 0.0%	0 0.0%
II.2. Progress	9 45.0%	11 55.0%	0 0.0%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	3 15.0%	11 55.0%	6 30.0%	0 0.0%	0 0.0%
II.4 Planning for Permanency	10 50.0%	10 50.0%	0 0.0%	0 0.0%	0 0.0%

A lack of utilization of the required elements on the grid/table section of the case plan resulted in the majority of the marginal scores. The failure to utilize the grid hinders communication to the parents and other key stakeholders of identified objectives, goals and timeframes expected, and does not allow the automated functionality related to compiling activities to work properly.

As indicated earlier, this quarter measured 75.5% of the Case Plans as appropriate across all identified measures. The average performance to date is 55.6%. Historically, the Department has achieved the following results during our monitoring of Outcome Measure 3.

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

Quarter	Sample (n)	Percent "Appropriate Case Plan"
3 rd Quarter 2006	35	54.3%
4 th Quarter 2006	73	41.1%
1 st Quarter 2007	75	41.3%
2 nd Quarter 2007	76	30.3%
3 rd Quarter 2007	50	32.0%
4 th Quarter 2007	51	51.0%
1 st Quarter 2008	51	58.8%
2 nd Quarter 2008	52	55.8%
3 rd Quarter 2008	53	62.3%
4 th Quarter 2008	53	81.1%
1 st Quarter 2009	52	67.3%
2 nd Quarter 2009	52	73.1%
3 rd Quarter 2009	52	53.8%
4 th Quarter 2009	53	47.2%
1 st Quarter 2010	52	86.5%
2 nd Quarter 2010	53	75.5%
Total to Date	883	55.6%

Middletown and Willimantic have the highest performance to date of the area offices, with a total percentage of all cases reviewed in 76.5% compliance.

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

Overall Score for OM3		What is the type of case assignment noted in LINK?				
		CPS In-Home Family Case	CPS Child in Placement Case	Voluntary Services Child in Placement Case	Associated CIP Family Case	Total
Appropriate Treatment Plan	Count	14	23	3	0	40
	% type of case	73.7%	76.7%	100.0%	.0%	75.5%
Not an Appropriate Treatment Plan	Count	5	7	0	1	13
	% type of case	26.3%	23.3%	.0%	100.0%	24.5%
Total	Count	19	30	3	1	53
	% type of case	100.0%	100.0%	100.0%	100.0%	100.0%

A glimpse of findings by race and ethnicity are in Crosstabulation 4.

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

Ethnicity (Child or Family Case Named Individual)				Race (Child or Family Case Named Individual)				
				Black/African American	White	UTD	Multiracial (more than one race)	Total
Hispanic	Overall Score OM3	Appropriate Case Plan	Count	1	9	4		14
			% within Race	100.0%	100.0%	80.0%		93.3%
		Not an Appropriate Case Plan	Count	0	0	1		1
		% within Race	.0%	.0%	20.0%		6.7%	
		Total	Count	1	9	5		15
			% within Race	100.0%	100.0%	100.0%		100.0%
Non-Hispanic	Overall Score OM3	Appropriate Case Plan	Count	8	11	1	5	25
			% within Race	72.7%	57.9%	100.0%	100.0%	69.4%
		Not an Appropriate Case Plan	Count	3	8	0	0	11
		% within Race	27.3%	42.1%	.0%	.0%	30.6%	
		Total	Count	11	19	1	5	36
			% within Race	100.0%	100.0%	100.0%	100.0%	100.0%
Blank (no ethnicity selected in LINK)	Overall Score OM3	Appropriate Case Plan	Count		1			1
			% within Race		100.0%			100.0%
		Total	Count		1			1
			% within Race		100.0%			100.0%
Unknown	Overall Score OM3	Not an Appropriate Case Plan	Count	1				1
			% within Race	100.0%				100.0%
		Total	Count	1				1
			% within Race	100.0%				100.0%

As shown in the following crosstabulation (Crosstabulation 5) this quarter noted some differences in the level of appropriate case plans for child in placement plans developed for girls and boys during the quarter. In all, 85.0% of the case plans for boys were deemed appropriate, whereas 69.2% of the girls' case plans were appropriate. This sex discrepancy has not historically been an issue, and given the low number of females in the sample caution must be taken in any conclusions drawn, but this will be tracked in future reviews and studied more closely should the trend continue into subsequent quarters.

Crosstabulation 5: Sex of Child *Overall Score for OM3

Overall Score for OM3		Sex of Child in Placement		
		Male	Female	Total
Appropriate Case Plan	Count	17	9	26
	% within Sex of Child	85.0%	69.2%	78.8%
Not an Appropriate Case Plan	Count	3	4	7
	% within Sex of Child	15.0%	30.8%	21.2%
Total	Count	20	13	33
	% within Sex of Child	100.0%	100.0%	100.0%

The Monitor received 21 requests for override this quarter. Included in these were 14 requests for Outcome Measure 3 and seven requests for Outcome Measure 15. In all 17 requests were granted. Several scenarios included:

- Based on a review of the Area Office rebuttal documentation, an override was granted for Section II.3 of Outcome Measure 3 changing the finding for OM3 to Appropriate Plan. The issue of visitation was addressed at the ACR and incorporated into the DCF-553 and the 48-hour notice. The visitation plan was updated with an effective date of April 21, 2010.
- An Override Request for Outcome Measure 15 was denied as the child was not seen by a DCF SW during October, January, or February. Though all other aspects of engagement appear positive and recent months have been compliant with visitation standards, this earlier case management issue led to continued delays in processing of adoption paperwork as well as applying mandated protocols to monitor safety, and well being of child per the policy standard.
- An Override Request for Outcome Measure 15 is granted for a case which was initially open as a Voluntary Services Case for the mental health needs of a ten year old boy who is one of five siblings. In January 2010, a CPS referral was received when the father assaulted this child. During that investigation it came to light that siblings, who were not a focus in the Voluntary Service case, were behind in well-child medical and dental care. This investigation was substantiated and the Voluntary Services Program case was then opened as a CPS family case effective February 2010. This mother has been cooperative with the expanded focus to her other children living in the home and has since engaged with nearly all necessary services. Children have been brought up to date on dental and are up to date on immunizations. Three of the siblings are now timely according to EPSDT and the other siblings have scheduled appointments in the very near future. Given the changing priorities in this case and actions taken and plans in place since February, it seems appropriate to grant the override for Medical III.1.
- An Override Request for OM15 was granted related to a delay in well-child dental care related to a situation in which a mother who was cognitively limited had not appropriately followed through with necessary dental care. At the time of the case plan development, the delinquent appointments for all but one child had been taken care of, so that only one child still remained to be taken to the dentist. Documentation reflected appropriate engagement/discussion with mother to remind her of the missed appointment and need to resolve the issue as well as providing assistance needed. Given the focus and multiple documented efforts to assist mother in taking an active role in tending to her children's dental health it was felt an appropriate case for override.
- An Override Request for OM15 was denied in relation to an unmet need for visual examination from July 2009 to April 2010. This child was in need of eye glasses and was failing in school. It is felt that the period of eight months without reading glasses was too lengthy, and may have contributed to the educational concerns.

- Multiple requests for Outcome Measure 3 were granted based on poor documentation of engagement within the case plan (family feedback narrative) or other identified LINK narratives, but in which other LINK sources or Area Office feedback provided insight into appropriate engagement of the child, family or providers.
- An Override Request for OM3 was granted in a few cases for a plan in which the action step grid's "by-when" dates were out of sync with feasible time frames, but overall the plan presented a well written assessment including an outline of expectations for the next six months .
- An Override that was requested for Outcome Measure 3 was denied for a plan that did not address the need for the family to refrain from contact with the perpetrator sibling. It is not sufficient that this expectation was indicated through the ACR discussion and that all parties understood this was an expectation. The conversation was robust at the ACR. However, the lack of action steps to address safety concerns related to this individual's access to the home and family members, and the lack of family engagement narrative within the plan related to this expectation among others discussed, justify a marginal scoring.
- A request for Override on Outcome Measure 15 was denied in a case which although there were some extenuating circumstances beyond DCF control, the child's mental health needs were not met during the period. In this instance, the child's therapist went on a three month leave of absence after child had just engaged with her. This after being waitlisted from January, for specific trauma based therapy. As of June this therapist still had not returned. Further, the parents were appropriately referred for a non-offending sex abuse education class but were also wait listed for services and did not begin until May. In relation to dental care for this family, all children in the home were behind in well care. This issue is being resolved with DCF assistance, but appointments were not scheduled until June. The Court Monitor also calls into question the level of compliance with case management regarding in-home case visitation as unannounced visits were not made throughout the period with the expected frequency; and the issue of family contact with a perpetrating sibling was raised at ACR and needed to be clarified.

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. This quarter's engagement shows a notable increase in the rate of engagement with fathers, but similarly notable drop in inclusion of adolescents, and foster parents.

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

Identified Case Participant	Percentage with documented Participation/ Engagement in Case Planning Discussion	<i>Prior Quarter's Documented Engagement of Participation in Case Planning</i>	Percentage Attending the TPC/ACR or Family Conference (when held)	<i>Rate Of Attendance Prior Quarter</i>
Foster Parent	84.0%	95.2%	66.7%	76.2%
Mother	82.2%	80.0%	76.3%	65.8%
Other Participants	74.4%	75.0%	68.4%	63.6%
Active Service Providers	68.5%	58.0%	41.2%	37.0%
Child	68.0%	85.3%	52.4%	48.4%
Other DCF Staff	65.7%	57.1%	63.6%	45.5%
Father	63.6%	54.5%	55.3%	40.5%
Parents' Attorney	29.7%	27.3%	24.2%	27.3%
Attorney/GAL (Child)	26.7%	28.9%	21.4%	16.7%

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 in all but one that concurrent plan was identified in the case plan. In all of the 19 reunification cases there was a stated concurrent plan identified.

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.

To date, no official policy change has been identified in regards to the requirement, identified earlier in this Administration, to identify a concurrent goal for children with a goal of Another Planned Permanent Living Arrangement (APPLA). Therefore we will continue to report on these matters during this quarter and seek further clarification for the next quarter's review. In the three of four APPLA cases there was an identified concurrent plan. In the fourth case, an adolescent was nearing 18 and awaiting a TLAP placement. APPLA was an appropriate goal without the need for an identified concurrent plan. However our review did make note of an issue with continuation of services to support family connections as recent funding cuts ended the service of the Life Long Family Ties program. Per the response of the Area Office, the DMHAS Case Manager was going to take on the role of securing/providing this service but there were no clear action steps to do so.

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	LTFC with Relative	In-Home - Safety/Well Being Issues	None	APPLA	Total
Reunification	0	4	6	2	0	0	7	19
Adoption	0	0	0	0	0	7	0	7
Transfer of Guardianship	0	1	0	0	0	0	0	1
LTFC with Relative	0	0	1	0	0	0	1	2
In-Home - Safety/Well Being Issues	0	0	0	0	7	13	0	20
APPLA	1	1	1	0	0	1	0	4
Total	1	6	8	2	7	21	8	53

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

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

How many consecutive months has this child been in out of home placement as of the date of this review or date of case closure during the period?		What is the child or family's stated goal on the most recent approved treatment plan in place during the period?						
		Reunification	Adoption	Transfer of Guardianship	LTFC with Relative	In-Home Goals - Safety/Well Being Issues	APPLA	Total
7-12 months	Count	13	0	0	0	0	1	14
	% Consecutive Months	92.9%	.0%	.0%	.0%	.0%	7.1%	100.0%
13-18 months	Count	1	0	0	0	0	0	1
	% Consecutive Months	100.0%	.0%	.0%	.0%	.0%	.0%	100.0%
19-24 months	Count	2	1	1	1	0	0	5
	% Consecutive Months	40.0%	20.0%	20.0%	20.0%	.0%	.0%	100.0%
Greater than 24 months	Count	3	6	0	1	0	3	13
	% Consecutive Months	23.1%	46.2%	.0%	7.7%	.0%	23.1%	100.0%
N/A - no child in placement (in-home case)	Count	0	0	0	0	20	0	20
	% Consecutive Months	.0%	.0%	.0%	.0%	100.0%	.0%	100.0%
Total	Count	19	7	1	2	20	4	53
	% Consecutive Months	35.8%	13.2%	1.9%	3.8%	37.7%	7.5%	100.0%

The categorical means for Outcome Measure 3 for the second quarter have fluctuated slightly across the categories in comparison to last quarter's reporting, with the most notable decline in the area of action steps.

Categories within Case Plan	3Q2006	4Q2006	1Q2007	2Q2007	3Q2007	4Q2007	1Q2008	2Q2008	3Q2008	4Q2008	1Q2009	2Q2009	3Q2009	4Q2009	1Q2010	2Q2010
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	4.58
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	4.43
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	4.19
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	4.19
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	4.19
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	4.26
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	3.77
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	4.47

Findings Related to Outcome Measure 15 - Needs Met

The area offices achieving the 80% benchmark this quarter are the Meriden and Norwalk Offices with 100.0% achievement, New Britain with 83.3% compliance within the sample set, and New Haven with 80.0% compliance. The next highest rated area offices are Bridgeport and Waterbury both with 75.0% compliance. A crosstabulation of Outcome Measure 15 by Area Office is provided below.

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

What is the social worker's area office assignment?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Meriden	Count	3	0	3
	% within Area Office	100.0%	.0%	100.0%
Norwalk	Count	2	0	2
	% within Area Office	100.0%	.0%	100.0%
New Britain	Count	5	1	6
	% within Area Office	83.3%	16.7%	100.0%
New Haven Metro	Count	4	1	5
	% within Area Office	80.0%	20.0%	100.0%
Bridgeport	Count	3	1	4
	% within Area Office	75.0%	25.0%	100.0%
Waterbury	Count	3	1	4
	% within Area Office	75.0%	25.0%	100.0%
Willimantic	Count	2	1	3
	% within Area Office	66.7%	33.3%	100.0%
Danbury	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Middletown	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Norwich	Count	2	2	4
	% within Area Office	50.0%	50.0%	100.0%
Manchester	Count	1	3	4
	% within Area Office	25.0%	75.0%	100.0%
Hartford	Count	1	6	7
	% within Area Office	14.3%	85.7%	100.0%
Stamford	Count	0	2	2
	% within Area Office	.0%	100.0%	100.0%
Milford	Count	0	3	3
	% within Area Office	.0%	100.0%	100.0%
Torrington	Count	0	2	2
	% within Area Office	.0%	100.0%	100.0%
Total	Count	28	25	53
	% within Area Office	52.8%	47.2%	100.0%

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

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

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/ Absent “1”	N/A to Case
Safety In Home	2 10.0%	16 80.0%	1 1.9%	1 1.9%	0 0.0%	33
Safety - Child In Placement	16 44.4%	18 50.0%	2 5.6%	0 0.0%	0 0.0%	17
Permanency Securing the Permanent Placement Action Plan for the Next Six Months	18 50.0%	17 32.1%	1 1.9%	0 0.0%	0 0.0%	17
Permanency: DCF Case Management - Legal Action to Achieve Permanency Goal during the Prior Six Months	44 83.0%	8 15.1%	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	20 57.1%	15 42.9%	0 0.0%	0 0.0%	0 0.0%	18
DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	16 30.2%	24 45.3%	11 20.8%	2 3.8%	0 0.0%	0
Well Being - Medical	29 54.7%	15 28.3%	8 15.1%	1 1.9%	0 0.0%	0
Well Being - Dental	40 75.5%	7 13.2%	5 9.4%	1 1.9%	0 0.0%	0
Well Being - Mental Health, Behavioral Health, Substance Abuse Services	12 23.1%	26 50.0%	14 26.9%	0 0.0%	0 0.0%	1
Well Being - Child's Placement	13 38.2%	16 47.1%	3 8.8%	2 5.9%	0 0.0%	19
Well Being - Education	14 31.1%	24 53.3%	6 13.3%	1 2.2%	0 0.0%	8

The prior quarterly scores for Outcome Measure 15 have been in the range of 45.3% to 67.3%. Performance has fluctuated. This quarter the Department has declined from that high point, to 52.8% needs met during the quarter. To date, 488 or 55.3% of the 883 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%
2 Q 2010	Count	28	25	53
	%	52.8%	47.2%	100.0
Total	Count	488	395	883
	%	55.3%	44.7%	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. Safety plans were noted in the LINK record for 78.9% of the applicable cases reviewed.

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

	Frequency	Percent	Valid Percent
Yes	15	28.3%	78.9%
No	4	7.5%	21.1%
N/A	34	64.2%	
Total	53	100.0%	

It was further noted that of these cases with documented safety plans, 13 cases, or 87.7% had follow up documentation that indicated the implemented services had mitigated the safety factors within the home.

The 90 day time table for SDM Risk Reassessment or Reunification Assessment/Reassessment appeared problematic, as only 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	15	28.3%	38.5%
No	24	45.3%	61.5%
N/A	14	26.4%	
Total	53	100.0%	

Reviewers continue to note issues with the inconsistency in what is presented in the documentation and at ACR or family conference discussions 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	6	11.3%	15.4%
Low	12	22.6%	30.8%
Moderate	17	32.1%	43.6%
High	4	7.5%	10.3%
N/A	14	26.4%	
Total	53	100.0%	

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Needs were met at a higher rate within the Voluntary Child in Placement cases than in other categories of case assignment types, with 66.7% of the three cases having needs met. During this quarter, Child in Placement cases had a significantly lower number of plans achieving needs met than in the in-home cases.

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	12	7	19
	% within Case Type	63.2%	36.8%	100.0%
CPS Child in Placement Case	Count	14	16	30
	% within Case Type	46.7%	53.3%	100.0%
Voluntary Services Child in Placement Case	Count	2	1	3
	% within Case Type	66.7%	33.3%	100.0%
Associated CIP Family Case*	Count	0	1	1
	% within Case Type	.0%	100.0%	100.0%
Total	Count	28	25	53
	% within Case Type	52.8%	47.2%	100.0%

* In Home Family Case upon selection and initial reading for review. Upon final development of Case Plan children had gone into placement. Focus of review was the family case plan.

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

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

Ethnicity	Race (Child or Family Named Individual)		Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
Hispanic	Black/African American	Count	1	0	1
		% within Race	100.0%	.0%	100.0%
	White	Count	5	4	9
		% within Race	55.6%	44.4%	100.0%
	UTD	Count	3	2	5
		% within Race	60.0%	40.0%	100.0%
	Total	Count	9	6	15
		% within Race	60.0%	40.0%	100.0%
Non-Hispanic	Black/African American	Count	4	7	11
		% within Race	36.4%	63.6%	100.0%
	White	Count	9	10	19
		% within Race	47.4%	52.6%	100.0%
	UTD	Count	1	0	1
		% within Race	100.0%	.0%	100.0%
	Multiracial (more than one race selected)	Count	4	1	5
		% within Race	80.0%	20.0%	100.0%
Total	Count	18	18	36	
	% within Race	50.0%	50.0%	100.0%	
Blank (no ethnicity selected in LINK)	White	Count	1		1
		% within Race	100.0%		100.0%
	Total	Count	1		1
		% within Race	100.0%		100.0%
Unknown	Black/African American	Count		1	1
		% within Race		100.0%	100.0%
	Total	Count		1	1
		% within Race		100.0%	100.0%

This quarter's needs met, similar to case planning, had a notable discrepancy in relation to the performance related to females versus males. As in OM3, while not meeting the measure, males fared better in relation to the outcome measure achievement. This will be monitored in the next quarter to determine if further investigation related to sex is warranted.

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	12	8	20
	% within Sex of Child	60.0%	40.0%	100.0%
Female	Count	4	9	13
	% within Sex of Child	30.8%	69.2%	100.0%
Total	Count	16	17	33
	% within Sex of Child	48.5%	51.5%	100.0%

There are 136 discrete unmet needs identified by the review team across the 53 cases. Of the 36 cases in which there was a prior SDM conducted for the prior case plan development, 21 cases, (58.3%) had a similar or identical priority need as cited by the Court Monitor's reviewer at this review. Unfortunately, these needs had not been addressed timely, were partially addressed, or remained unmet at the time of review. 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 internal DCF practice are most frequently noted, however provider issues are increasing in numbers in comparison to prior review periods.

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

Service Need	Barrier	Frequency
Case Management/Support/Advocacy	Delays in referrals for services across period	4
Case Management/Support/Advocacy	Lack of supervisory narratives	1
Case Management/Support/Advocacy	Permanency Planning Discussion needed and not held regarding adoption vs TOG	1
Case Management/Support/Advocacy	Safety Assessment/Plan for youth experience AWOL and unsafe behaviors weekly not implemented timely.	1
Case Management/Support/Advocacy - Administrative Hearing	Client Refusing Services	1
Childcare/Daycare Program	Client Refusing	1
Dental or Orthodontic Services	Client Refusing	1
Dental or Orthodontic Services	Provider Issues	1
Dental or Orthodontic Services	UTD	1
Dental Screening/Evaluation	Delay in Referral	2
Dental Screening/Evaluation	Parent's prior outstanding unpaid balance/current financial crisis	1
Dental Screening/Evaluation	Insurance Issues	1
Dental Screening/Evaluation	Provider Issues	1
Dental Screening/Evaluation	UTD	1
Developmental Screening/Evaluation	Client Refusing	1
Developmental Screening/Evaluation	Placed on Wait List	1
Domestic Violence Services for Perpetrators	Client Refusing	1
Domestic Violence Services for Perpetrators	Referred Services is Unwilling to engage client	1
Domestic Violence Services for Victims	Client Refusing	1
Domestic Violence Services Prevention Programs	Client Refusing	2
Domestic Violence Services Prevention Programs	Delay in Referral	1
Drug/Alcohol Testing - Parent	Client Refusing	2
Educational Screening or Evaluation	Delay in Referral	2
Educational Screening or Evaluation	Approval Process	1
Educational Screening or Evaluation	UTD	1
Educational Screening or Evaluation	Board of Education	1

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Service Need	Barrier	Frequency
Emergency Adult/Family Shelter	Client Refusing	1
Family/Marital Counseling	Client Refused	3
Family/Marital Counseling	Lack of Communication between DCF and Provider	1
Family/Marital Counseling	Service Deferred Pending Completion of Another	1
Family/Marital Counseling	Provider Issues - Staffing, lack of follow through	1
Flex Funds	UTD	1
Foster Parent Training	Participant Refused	1
Group Counseling - Parents	Client Refusing	1
Group Home	Approval Process	2
Group Home	No Slots Available	1
Health/Medical Screening or Evaluation	Insurance Issues	1
Health/Medical Screening or Evaluation	Provider Issues - Staffing, lack of follow through	1
Health/Medical Screening or Evaluation	UTD	1
Housing Assistance - Section 8	Ineligible due to criminal history and drug involvement	1
IEP Programming	Client Refusing	1
IEP Programming	IEP Goals need to be revisited - expanded to age 21	1
IEP Programming	Provider Issues - Staffing, lack of follow through	1
Individual Counseling - Child	Client Refusing	6
Individual Counseling - Child	Delay in Referral	2
Individual Counseling - Parents	Client Refusing	6
Individual Counseling - Parents	Service Deferred Pending Completion of Another	1
Individual Counseling - Parents	Placed on Wait List	1
In-Home Parent Education & Support	Client Refusing	3
In-Home Treatment	Client Refusing	1
Inpatient Substance Abuse Treatment - Parent	Client Refusing	2
Inpatient Substance Abuse Treatment - Parent	Provider Issues - Staffing, lack of follow through	1
Job Coaching	No Service Identified to Meet this Need	1
Job Coaching	Client Refusing	1
Life Skills Training	Child Hospitalized	1
Life Skills Training	Service Deferred Pending Completion of Another	1
Matching/Placement Processing (Includes ICO)	Provider Issues - Staffing, lack of follow through	1
Medication Management - Child	Client Refusing	1
Medication Management - Parent	Client Refusing	1
Mental Health Screening/Evaluation - Child	Appointment changed due to FM schedule	1
Mental Health Screening/Evaluation - Child	Delay in Referral	1
Mental Health Screening/Evaluation - Parent	Client Refusing	1
Mentoring	Placed on Wait List	2
Mentoring	Client Refusing	1
Mentoring	Service Deferred Pending Completion of Another	1
Mentoring	No Service Identified to Meet this Need	1
One - to - One Service	Financing Unavailable	1
Other Medical - OBGYN, optometrist	No Services Identified to meet these needs	1
Other Medical - orthopedic	UTD	1
Other Medical - Passport Information not up to date in relation to Asthma and Allergies	Case Management	1
Other Mental Health Treatment - Parent Sexual Abuse Non-Offender	Placed on Wait List	1
Other Mental Health Treatment - Sibling Perpetrator/Victim Sexual Abuse Treatment	Deferred Pending Completion of Another Service	1
Other Mental Health Treatment - Trauma Based Therapy	Hours of Service	1
Other OOH Service - Supervised Sibling Visitation	Service Deferred Pending Completion of Another	1
Other OOH Service - Supervised Visitation	Client Inconsistency	1
Other OOH Service - Tutoring	Poor Communication with Caretaker	1
Other OOH Service ALANON - Foster Mother	Participant Refusing	1
Other State Agency - DDS	Application Process Underway - Delayed by Parent who is now in agreement with DCF position to apply	1
Other State Agency - DDS	Referred Service Unwilling to Engage Client	1
Outpatient Substance Abuse Treatment - Parent	Placed on Wait List	1
Outpatient Substance Abuse Treatment - Parent	Placed on Wait List	1

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Service Need	Barrier	Frequency
Parenting Classes	Client Refusing	1
Parenting Classes	Hours of Operation	1
Problem Sexual Behavior Evaluation	No Service Identified to Meet this Need	2
Problem Sexual Behavior Therapy	Provider Issues - Staffing, lack of follow through	1
Provider Contacts	No Contact or Lack of Communication/Delayed Contacts by DCF	5
Provider Contacts	Foster parent non-responsive to SW contacts	1
Provider Contacts	UTD	1
Psychological or Psychosocial Evaluation - Parent	UTD	1
Relapse Prevention Program	Client Refusing	2
Residential Facility	Client Refusing	1
Substance Abuse Prevention Program - Parent	Financing Unavailable	1
Substance Abuse Screening - Parent	Hours of Operation	1
Supportive Housing for Recovering Families	Service Deferred Pending Completion of Another	1
SW/Child Visitation	Case Management/Delays Issues of SW	4
SW/Child Visitation	Issues in Foster Home, Weather or factors outside of agency	1
SW/Parent Visitation	Case Management/Delays Issues of SW	3
SW/Parent Visitation	Client Refusal	1
Therapeutic Foster Care	Placed on Wait List	1
Transitional Living Program	Placed on Wait List	1
		136

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

Unmet Needs Indicated?	Frequency	Valid Percent
Yes	21	58.3%
No	15	41.7%
N/A - No SDM completed	11	
N/A - there are no unmet needs	6	
Total	53	

Looking forward, reviewers examined the approved Case Plan to determine if the plan incorporated existing needs and addressed the barriers to service provision that were identified, incorporating SDM, and all 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 case plan?

Unmet Needs Incorporated into Action Steps?	Frequency	Percent
Yes - All	31	58.5%
Yes - Partially	18	34.0%
No - None	2	3.8%
N/A - There were no unmet needs identified	2	3.8%
Total	53	100.0%

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

Needs Not Identified on Case Plan?	Frequency	Percent
Yes	16	30.2%
No	37	69.8%
Total	53	100.0%

This quarter, reviewers found 45 issues within 16 case plans in which they felt there was a lack of identification of a need noted during the period and/or discussed at the ACR and, that the resulting case plan did not address those needs with appropriate assessment or action steps.

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

Service Need	Barrier	Frequency
Anger Management - Parent	Insurance Issue	1
Extended Day Treatment	No Service Identified to Meet this Need	1
Family/Marital Counseling	Service not Available in Primary Language	1
Family/Marital Counseling	No Service Identified to Meet this Need	1
Family/Marital Counseling	No Service Identified to Meet this Need	1
Family/Marital Counseling	No Service Identified to Meet this Need	1
Family/Marital Counseling	Provider Issues - Staffing	1
Dental Screenings or evaluations	No Service Identified to Meet the Need	1
Domestic Violence Services for Victims	Delay in Referral	1
Domestic Violence Services for Perpetrator	No Service Identified to Meet the Need	1
Domestic Violence Prevention Programs	Delay in Referral	1
Educational Screening or Evaluation	No Service Identified to Meet this Need	2
IEP Programming	UTD	1
Job Coaching/Placement	Service Deferred Pending Completion of Another	1
Housing Assistance - Section 8	Delay in Referral	1
Developmental Screening or Evaluation	Delay in Referral	1
Health/Medical Screening or Evaluation	Delay in Referral	1
Health/Medical Screening or Evaluation	No Service Identified to Meet this Need	1
Health/Medical Screening or Evaluation	UTD	1
Medication Management - Child	No Service Identified to Meet this Need	1
Other Medical Intervention - Optometrist	No Service Identified to Meet this Need	1
One-to-One Service	Financing Unavailable	1
Basic Foster Care	Approval Process	1
Group Home	Approval Process	1
Group Home	No Slot Available	1
Matching Process (includes ICO)	Approval Process	1
Matching Process (includes ICO)	Provider Issues - Staffing	1
Residential Facility	Approval Process	1
Flex Funds	UTD	1
In-Home Parent Education and Support	No Service Identified to Meet this Need	1
Mentoring	No Service Identified to Meet this Need	1
Mentoring	Placed on Wait List	1
Mentoring	Discrepant Information between Assessment in Case Plan and Documentation in record regarding need/fit for mentoring service	1
Social Recreational Program	No Service Identified to Meet this Need	1
Supervised Visitation	Placed on Wait List	1

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Service Need	Barrier	Frequency
Other OOH Service - Socialization Group	No Service Identified to Meet this Need	1
Delinquency Prevention	No Service Identified to Meet this Need	1
SW/Child Visitation	Case Management/SW Issues	2
SW/Parent Visitation	Case Management/SW Issues	1
Provider Contacts	Lack of Communication/Case Management	2
Case Management/Support Advocacy	Supervision Issues	1
Case Management/Support Advocacy	Lack of Referral(s) to be addressed	1
		45

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
2nd Quarter 2010

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Case Summaries 2nd Quarter 2010 Outcome Measure 3

Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Bridgeport	1	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
	2	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Appropriate Case Plan
	3	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Marginal	Optimal	Appropriate Case Plan
	4	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	Total	N	4	4	4	4	4	4	4	4
Danbury	1	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	Very Good	Optimal	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Total	N	2	2	2	2	2	2	2	2
Milford	1	Very Good	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	2	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
	Total	N	3	3	3	3	3	3	3	3

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Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Hartford	1	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	2	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	3	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Appropriate Case Plan
	4	Very Good	Optimal	Marginal	Very Good	Optimal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	5	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	6	Very Good	Optimal	Marginal	Very Good	Optimal	Very Good	Very Good	Very Good	Appropriate Case Plan
	7	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	Total	N	7	7	7	7	7	7	7	7

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Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Manchester	1	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Appropriate Case Plan
	2	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	3	Very Good	Optimal	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	4	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	Total N	4	4	4	4	4	4	4	4	4
Meriden	1	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	Optimal	Very Good	Very Good	Optimal	Very Good	Marginal	Marginal	Optimal	Not an Appropriate Case Plan
	3	Optimal	Optimal	Marginal	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
	Total N	3	3	3	3	3	3	3	3	3

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Area Office		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
Middletown	1	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Appropriate Case Plan
	2	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Appropriate Case Plan
	Total N	2	2	2	2	2	2	2	2	2
New Britain	1	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
	3	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Appropriate Case Plan
	4	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	5	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Appropriate Case Plan
	6	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	Total N	6	6	6	6	6	6	6	6	6

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

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Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Norwich	1	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Marginal	Optimal	Appropriate Case Plan
	2	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate Case Plan
	3	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
	4	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
	Total N	4	4	4	4	4	4	4	4	4
Stamford	1	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	Total N	2	2	2	2	2	2	2	2	2
Torrington	1	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Marginal	Very Good	Appropriate Case Plan
	2	Very Good	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Optimal	Not an Appropriate Case Plan
	Total N	2	2	2	2	2	2	2	2	2

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Area Office		Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Waterbury	1	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	3	Very Good	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Optimal	Appropriate Case Plan
	4	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	Total N	4	4	4	4	4	4	4	4	4
Willimantic	1	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Appropriate Case Plan
	2	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Marginal	Very Good	Appropriate Case Plan
	3	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Appropriate Case Plan
	Total N	3	3	3	3	3	3	3	3	3
Total	N	53	53	53	53	53	53	53	53	53

Case Summaries for Second Quarter 2010 Outcome Measure 15

Area Office		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	Very Good	Optimal	Optimal	Optimal	N/A to Case	Optimal	Optimal	Optimal	Optimal	N/A to Case	Optimal	Needs Met
	2	N/A to Case	Optimal	Optimal	Optimal	N/A to Case	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Needs Met
	3	N/A to Case	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Needs Met
	4	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
	N	2	3	3	4	1	4	4	4	4	2	4	4
Danbury	1	N/A to Case	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	N/A to Case	Needs Met
	2	Marginal	N/A to Case	N/A to Case	Optimal	Very Good	Marginal	Marginal	Optimal	Marginal	N/A to Case	Very Good	Needs Not Met
	N	1	1	1	2	2	2	2	2	2	1	1	2

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Area Office		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	Poor	N/A to Case	N/A to Case	Marginal	Very Good	Marginal	Poor	Very Good	Marginal	N/A to Case	N/A to Case	Needs Not Met
	2	N/A to Case	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Needs Not Met
	3	N/A to Case	Very Good	Optimal	Optimal	N/A to Case	Very Good	Optimal	Optimal	Marginal	Very Good	Marginal	Needs Not Met
	N	1	2	2	3	2	3	3	3	3	2	2	3

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Area Office		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well- Being: Medical Needs	Well- Being: Dental Needs	Well- Being: Mental Health, Behavioral and Substance Abuse Services	Well- Being: Child's Current Placement	Well- Being: Education	Overall Score for Outcome Measure 15
Hartford	1	N/A to Case	Marginal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Marginal	Very Good	Needs Not Met
	2	N/A to Case	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Needs Not Met
	3	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	Very Good	Needs Met
	4	Optimal	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Optimal	Marginal	Marginal	N/A to Case	Optimal	Needs Not Met
	5	N/A to Case	Very Good	Very Good	Very Good	N/A to Case	Very Good	Very Good	Optimal	Marginal	Poor	Poor	Needs Not Met
	6	N/A to Case	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Marginal	Needs Not Met
	7	N/A to Case	Optimal	Very Good	Optimal	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Needs Not Met
	N	2	5	5	7	4	7	7	7	7	5	7	7

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Area Office		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	Very Good	Very Good	Very Good	Optimal	Marginal	Poor	Very Good	Needs Not Met
	2	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Marginal	Very Good	Very Good	Needs Not Met
	3	N/A to Case	Very Good	Marginal	Optimal	Optimal	Poor	Marginal	Optimal	Marginal	Optimal	Optimal	Needs Not Met
	4	N/A to Case	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	N/A to Case	Needs Met
	N	1	4	4	4	4	4	4	4	4	4	3	4
Meriden	1	Very Good	N/A to Case	N/A to Case	Optimal	Optimal	Very Good	Optimal	Optimal	Marginal	N/A to Case	Marginal	Needs Met
	2	N/A to Case	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Needs Met
	3	N/A to Case	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Needs Met
	N	1	2	2	3	3	3	3	3	3	2	3	3

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

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

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

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Area Office		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Waterbury	1	N/A to Case	Very Good	Optimal	Optimal	N/A to Case	Marginal	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Not Met
	2	Very Good	Very Good	Optimal	Optimal	N/A to Case	Very Good	Optimal	Optimal	Very Good	N/A to Case	Very Good	Needs Met
	3	N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
	4	N/A to Case	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Needs Met
	N	1	4	4	4	2	4	4	4	4	3	4	4
Willimantic	1	N/A to Case	Marginal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Marginal	Marginal	Very Good	Needs Not Met
	2	N/A to Case	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
	3	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Marginal	Very Good	Very Good	N/A to Case	Marginal	Needs Met
	N	1	2	2	3	2	3	3	3	3	2	3	3
Total		20	36	36	53	35	53	53	53	52	34	45	53

Appendix 3
Court Monitor's Ad Hoc Review
Of Out of State Children

Court Monitor's Ad Hoc Review of Out of State Children (n=27)

The Court Monitor has ongoing concerns with the level of oversight of out-of-state residential treatment programs, as well as the care and support afforded to Connecticut's children residing a considerable distance from their family, communities, and their assigned DCF Social Work staff. These concerns were raised through cases scattered throughout our review populations over the past year or so, of children in out of state placements. In these past reviews narratives provided indicators of children feeling disconnected from family, DCF and their Connecticut communities, or of situations within the treatment facility that warranted additional support, engagement or additional oversight beyond what the monthly minimum standard mandates.

The Monitor's Office undertook an ad hoc review of children in out of state placements during June 2010. It included 27 children distributed across the area offices as follows:

Table 1: Out of State Sample Set Area Office Assignment (n=27)

	Frequency	Percent	Cumulative Percent
Bridgeport	3	11.1	11.1
Danbury	1	3.7	14.8
Milford	2	7.4	22.2
Hartford	4	14.8	37.0
Manchester	2	7.4	44.4
Middletown	1	3.7	48.1
New Britain	2	7.4	55.6
New Haven	3	11.1	66.7
Norwalk	1	3.7	70.4
Norwich	2	7.4	77.8
Stamford	1	3.7	81.5
Torrington	1	3.7	85.2
Waterbury	2	7.4	92.6
Willimantic	2	7.4	100.0
Total	27	100.0	

This limited review focused on the levels of visitation and communication with the facility and family/guardian (if involved) concerning the facility's treatment planning, discharge planning, and the DCF case plan for the child.

The children within the sample population most frequently were located in the neighboring state of Massachusetts, but the sample represented placement within nine states as follows:

Table 2: Geographic Distribution of Sample state of placement (n = 27)

	Frequency	Percent	Cumulative Percent
FL	1	3.7	3.7
IL	2	7.4	11.1
MA	10	37.0	48.1
ME	2	7.4	55.6
NH	1	3.7	59.3
PA	5	18.5	77.8
RI	1	3.7	81.5
TX	1	3.7	85.2
VT	4	14.8	100.0
Total	27	100.0	

At the point of review, the ages of the children ranged from 10 years 2 months to 17 years 11 months. The range of placement episode was vast with one child having been in custody for 17 years and one recently placed in December 2009. There were 18 boys and 9 girls included in the sample set. The legal status was most frequently committed; however there were eight children for whom DCF was the statutory parent. Placements at the current location had occurred as recent as February 2010 and as long ago as November 2005. In 48.1% cases, the prior placement was a more restrictive setting than the current placement.

Table 3: Child's Legal Status within the Out of State Sample Set (n=27)

	Frequency	Percent	Cumulative Percent
Committed	10	37.0	37.0
Not Committed	7	25.9	63.0
Dually Committed	2	7.4	70.4
TPR/Statutory parent	8	29.6	100.0
Total	27	100.0	

Seven of the cases were Voluntary Service Program case assignments. The remaining, were Child Protective Services child-in-placement case assignments.

The most frequently cited goal for the sample of children was APPLA, followed by reunification. The APPLA goal was seen most frequently for those children with TPR status (7 of the 8) or dually committed youth (2 of 2).

Crosstabulation 1: Case plan goal * Child's legal status

Case Plan Goal		Child's Legal Status				Total
		Committed	Not Committed	Dually Committed	TPR/Statutory Parent	
Reunification	Count	4	7	0	0	11
	% within plan goal	36.4%	63.6%	.0%	.0%	100.0%
Adoption	Count	0	0	0	1	1
	% within plan goal	.0%	.0%	.0%	100.0%	100.0%
LTFC	Count	1	0	0	0	1
	% within plan goal	100.0%	.0%	.0%	.0%	100.0%
APPLA	Count	5	0	2	7	14
	% within plan goal	35.7%	.0%	14.3%	50.0%	100.0%
Total	Count	10	7	2	8	27
	% within plan goal	37.0%	25.9%	7.4%	29.6%	100.0%

With respect to visitation our review found that statewide 74.1% of the visitation reflected a level of visitation that met the visitation standard when taking into account both the visits of the assigned Child Protective Services or Voluntary Service Program Social Worker and the Central Office Out-of-State Social Worker. Reviewers identified 25.9% cases of the sample in which the visitation provided by the Department failed to meet the standard during the prior six month period, or was not appropriate for the child's need for contact due to: case circumstance, level of crisis during the period, lack of familial visitation resource, or compensation for those recently placed and needing additional support.

On a positive note, reviewers were impressed by the depth of the Out-of-State Social Worker narratives. In many instances, it was this social worker's visitation that met or exceeded the standard for visitation, or provided insight into the child's situation.

The addition of the Out of State Social Work staff appears to be a positive addition to improving the level of oversight and quality review in the out of state facilities as it is apparent just through these reviews that safety issues were brought to light by these Out of State Social Workers. During several of the documented visits issues were identified and addressed in situations that would have likely gone unnoticed in prior years.

While this Office finds that the Out of State Social Worker visits help ensure that the Department achieves the quota for the visitation standard, and is clearly a step forward in quality assurance and program review, these visits cannot be seen as a replacement for the primary social worker visits, which appears to often be the case as visits are alternating between the two workers monthly. This level of contact with the primary worker seems to do little to improve the working in relationship and engagement between the primary social worker and adolescents that often do not have other visitation resources or a clear understanding of what it will take to achieve discharge planning back to CT.

Crosstabulation 2: Area office * Was the pattern of visitation appropriate to needs of child?

Area Office		Was the pattern of visitation appropriate to needs of child?		
		Yes	No	Total
Bridgeport	Count	2	1	3
	% within area office	66.7%	33.3%	100.0%
Danbury	Count	1	0	1
	% within area office	100.0%	.0%	100.0%
Milford	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Hartford	Count	4	0	4
	% within area office	100.0%	.0%	100.0%
Manchester	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Middletown	Count	1	0	1
	% within area office	100.0%	.0%	100.0%
New Britain	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
New Haven	Count	2	1	3
	% within area office	66.7%	33.3%	100.0%
Norwalk	Count	0	1	1
	% within area office	.0%	100.0%	100.0%
Norwich	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Stamford	Count	0	1	1
	% within area office	.0%	100.0%	100.0%
Torrington	Count	0	1	1
	% within area office	.0%	100.0%	100.0%
Waterbury	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Willimantic	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Total	Count	20	7	27
	% within area office	74.1%	25.9%	100.0%

In regard to the level of communication between DCF and the residential provider regarding the facility's treatment plan, the review found that the documentation in 88.9% of the cases reflected ongoing communication regarding the facility's treatment plan issues for the child. In most instances the reviewer could identify the facility was providing reports to DCF, and that DCF was participating in treatment team meetings, and met with the residential staff and clinician during the trips to the facility. The better documented cases combined phone, email and in-person contacts that provided insight into the progress of the client with the facility's treatment plan including daily living, compliance with goals and requirements of program, educational program and therapeutic progress

and visitation. The ARG was also incorporated regarding medication or health issues routinely in many of the cases. Some cases included additional input from others such as MHPD and ECC.

Crosstabulation 3: Area office * Does LINK reflect communication between DCF and caregiver/residential regarding the facility's plan?

Area Office		Does LINK reflect communication between DCF and caregiver/residential regarding the facility's plan?		
		Yes	No	Total
Bridgeport	Count	3	0	3
	% within area office	100.0%	.0%	100.0%
Danbury	Count	1	0	1
	% within area office	100.0%	.0%	100.0%
Milford	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Hartford	Count	4	0	4
	% within area office	100.0%	.0%	100.0%
Manchester	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Middletown	Count	0	1	1
	% within area office	.0%	100.0%	100.0%
New Britain	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
New Haven	Count	3	0	3
	% within area office	100.0%	.0%	100.0%
Norwalk	Count	1	0	1
	% within area office	100.0%	.0%	100.0%
Norwich	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Stamford	Count	0	1	1
	% within area office	.0%	100.0%	100.0%
Torrington	Count	1	0	1
	% within area office	100.0%	.0%	100.0%
Waterbury	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Willimantic	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Total	Count	24	3	27
	% within area office	88.9%	11.1%	100.0%

In 25.9% of the cases it was noted that there was an unmet health need. These mostly included the need for routine medical or dental well child care but also included some specialist appointments as well. One case was felt to be of a significant nature and was raised to the Manchester Area Office Program Director. This was addressed with a plan of action in under 24 hours. PD Shanley was able to facilitate approval for several appointments for specialist care that the ARG had been unable to secure since December due to insurance issues in IL. The appointments were made by the residential facility with the promise of flex fund reimbursement.

Educational issues appeared briefly discussed in the majority of cases with the identification of PPT participation and IEP dates difficult. Similar to what we have seen in some of the OM3 and OM15 reviews, a lack of timely probate legal filings were found to be an issue in some of the voluntary services cases.

Looking at whether DCF engaged the facility in the DCF case planning, the reviewers found documented efforts of varying degrees of communication related to case planning that included the facility staff for 88.9% of the case records.

Crosstabulation 4: Area office * Does LINK reflect communication between DCF and the residential regarding the DCF case plan?

Area Office		Does LINK reflect communication between DCF and residential regarding the DCF case plan?		
		Yes	No	Total
Bridgeport	Count	3	0	3
	% within area office	100.0%	.0%	100.0%
Danbury	Count	1	0	1
	% within area office	100.0%	.0%	100.0%
Milford	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Hartford	Count	4	0	4
	% within area office	100.0%	.0%	100.0%
Manchester	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Middletown	Count	0	1	1
	% within area office	.0%	100.0%	100.0%
New Britain	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
New Haven	Count	3	0	3
	% within area office	100.0%	.0%	100.0%
Norwalk	Count	1	0	1
	% within area office	100.0%	.0%	100.0%
Norwich	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Stamford	Count	0	1	1
	% within area office	.0%	100.0%	100.0%
Torrington	Count	1	0	1
	% within area office	100.0%	.0%	100.0%
Waterbury	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Willimantic	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Total	Count	24	3	27
	% within area office	88.9%	11.1%	100.0%

There was less documentation related to engagement of the families or connected adults to the children living out of state then with the out of state facility staff. In looking at the cases in which there was no connected adult to the child and removing them from the table (n= 3) the result would be that 19 or 79.2% of the cases had documented therapeutic efforts by the Department to maintain or engage identified adults in the life of the child while in the out of state placement.

Crosstabulation 5: Area office * Is there contact with adult family or efforts to engage family through therapeutic interventions?

Area Office		Is there contact with adult family or efforts to engage family through therapeutic interventions?			
		yes	no	N/A	Total
Bridgeport	Count	2	1	0	3
	% within area office	66.7%	33.3%	.0%	100.0%
Danbury	Count	1	0	0	1
	% within area office	100.0%	.0%	.0%	100.0%
Milford	Count	2	0	0	2
	% within area office	100.0%	.0%	.0%	100.0%
Hartford	Count	3	1	0	4
	% within area office	75.0%	25.0%	.0%	100.0%
Manchester	Count	1	0	1	2
	% within area office	50.0%	.0%	50.0%	100.0%
Middletown	Count	1	0	0	1
	% within area office	100.0%	.0%	.0%	100.0%
New Britain	Count	1	1	0	2
	% within area office	50.0%	50.0%	.0%	100.0%
New Haven	Count	2	1	0	3
	% within area office	66.7%	33.3%	.0%	100.0%
Norwalk	Count	0	1	0	1
	% within area office	.0%	100.0%	.0%	100.0%
Norwich	Count	2	0	0	2
	% within area office	100.0%	.0%	.0%	100.0%
Stamford	Count	0	0	1	1
	% within area office	.0%	.0%	100.0%	100.0%
Torrington	Count	1	0	0	1
	% within area office	100.0%	.0%	.0%	100.0%
Waterbury	Count	2	0	0	2
	% within area office	100.0%	.0%	.0%	100.0%
Willimantic	Count	1	0	1	2
	% within area office	50.0%	.0%	50.0%	100.0%
Total	Count	19	5	3	27
	% within area office	70.4%	18.5%	11.1%	100.0%

In 77.8% of the cases there was documentation of discharge planning discussions in the LINK record during the prior six month period.

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Crosstabulation 6: Area office * Is there evidence of discharge planning?

Area Office		Is there evidence of discharge planning?		
		Yes	No	Total
Bridgeport	Count	3	0	3
	% within area office	100.0%	.0%	100.0%
Danbury	Count	1	0	1
	% within area office	100.0%	.0%	100.0%
Milford	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Hartford	Count	3	1	4
	% within area office	75.0%	25.0%	100.0%
Manchester	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Middletown	Count	0	1	1
	% within area office	.0%	100.0%	100.0%
New Britain	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
New Haven	Count	3	0	3
	% within area office	100.0%	.0%	100.0%
Norwalk	Count	0	1	1
	% within area office	.0%	100.0%	100.0%
Norwich	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Stamford	Count	0	1	1
	% within area office	.0%	100.0%	100.0%
Torrington	Count	1	0	1
	% within area office	100.0%	.0%	100.0%
Waterbury	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Willimantic	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
Total	Count	21	6	27
	% within area office	77.8%	22.2%	100.0%

Within the documentation available reviewers attempted to locate the identification of a barrier(s) to the discharge of the child from the out of state placement. In thirteen cases there was clear evidence of a barrier to discharge whether or not discharge planning was being discussed

Is there evidence of discharge planning? * Is a barrier identified?
Crosstabulation 7:

Is there evidence of discharge planning?		Is a barrier identified?		
		Yes	No	Total
Yes	Count	11	10	21
	%	52.4%	47.6%	100.0%
No	Count	2	4	6
	%	33.3%	66.7%	100.0%
Total	Count	13	14	27
	%	48.1%	51.9%	100.0%

Within the 21 cases that had documentation of discharge planning, 52.4% had a clearly identifiable barrier.

Appendix 4
Commissioner's Highlights from
Department of Children & Families
Second Quarter 2010 Exit Plan Report

Commissioner's Highlights
Second Quarter 2010 Exit Plan Report
August 2010

The Department's first agency-wide strategic plan demonstrates that a sweeping reform of the State's child welfare system has led to important improvements in the lives of Connecticut's children and families. Comparing Calendar Year 2009 to Calendar Year 2008 shows that we are continuing progress in a number of key outcome areas:

- Reducing child removals from 2,374 in CY2008 to 2,196 in CY2009;
- Reducing the rate of children removed per 1,000 children in the overall State population from 3.0 in CY2008 to 2.79 in CY2009 -- thereby placing the State well below the 4.1 national average;
- Reducing repeat victimization from 6.1 percent in CY2008 to 5.4 percent in CY2009;
- Increasing the timeliness of permanency for those in care, with the average time for achieving reunification, adoption, and transfer of guardianship all declining from CY2008 to CY2009;
- Reducing recidivism (defined as a repeated delinquency commitment within 18 months of ending a prior delinquency commitment) among committed delinquents from 4 percent in CY2008 to 1.1 percent in CY2009;
- Reducing inpatient hospital discharge delays from an average of 128.5 days to 107.05 days for children experiencing a delay, and
- Increasing the number of children in care who are enrolled in a post-secondary education program from 490 in CY2008 to 668 in CY2009:

Supported by better assessment tools, lower caseloads, more timely permanency and greater access to in-home services that allow children to remain safely at home, we have also witnessed a significant reduction in the number of children in care. There is a 24.9 percent reduction in the number of children under age 18 who are in care due to abuse and neglect in the three-year period ending August 2010 -- going from 5,173 in August 2007 to 3,880. The above data from the Departments' own strategic plan and research and evaluation unit capture long-term trends that mark the evolution in Connecticut's child welfare system -- a system comprised of many parts. The Department's work with so many partners -- including, most importantly, the children and families themselves -- has led to remarkable progress to improve child safety, permanency and well-being.

Similarly, the Quarterly Report for the second quarter of 2010 also highlights other successes: 16 outcome measures were met outright, and an additional three measures came within 10.2 percentage points of the goal. The goal for reducing repeat maltreatment was met for the 13th consecutive quarter. All three measurements for timely permanency were met again for the third consecutive quarter and for five of the last six quarters.

ACCOMPLISHMENTS

The following 16 outcomes were met:

- **Commencement of Investigations**: For the 23rd consecutive quarter, investigators exceeded the 90 percent goal with a performance of 97.6 percent.
- **Completion of Investigations**: Investigators completed timely investigations in 92.9 percent of cases, exceeding the 85 percent goal for the 23rd consecutive quarter.
- **Search for Relatives**: For the 19th consecutive quarter, staff achieved the 85 percent goal for relative searches and met this requirement for 91.2 percent of children.
- **Repeat Maltreatment**: The rate of repeat maltreatment was 6.5 percent and surpassed the goal of 7 percent or less for the 13th consecutive quarter.
- **Maltreatment of Children in Out-of-Home Care**: For the 26th consecutive quarter, the Department exceeded the goal of 2 percent or less with an actual measure of 0.1 percent.
- **Reunification**: The 60 percent goal for timely reunification was met for the third consecutive quarter and six of the last seven quarters -- with 67.1 percent of reunifications occurring within the 12 month timeline.
- **Adoption**: For the sixth consecutive quarter, and 16 quarters of the last 19, the 32 percent goal for completing adoptions within two years was met with an actual achievement of 36 percent.
- **Transfer of Guardianship**: For the sixth consecutive quarter, and 15 of the last 16 quarters, the Department exceeded the 70 percent goal for timely transfers of guardianship with an actual rate of 74.6 percent.
- **Multiple Placements**: For the 25th consecutive quarter, the Department exceeded the 85 percent goal with a rate of 95.8 percent.
- **Foster Parent Training**: For the 25th consecutive quarter, the Department met the 100 percent goal.
- **Worker-To-Child Visitation In Out Of Home Cases**: For the 19th consecutive quarter, staff exceeded the 85 percent goal for monthly visitation of children in out-of-home cases by hitting the mark in 95.7 percent of applicable cases.
- **Worker to Child Visitation in In-Home Cases**: For the 19th consecutive quarter, workers met required visitation frequency in 89.6 percent of cases, thereby exceeding the 85 percent standard.
- **Caseload Standards**: The Department met the 100 percent goal for the second consecutive quarter and for the 21st time since 2004.
- **Reduction in Residential Care**: For the 17th 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 10.1 percent. There has been a 37.5 percent reduction in the number of children in residential care since August 2007 and a 50 percent reduction since April 2004.
- **Discharge Measures**: For the third consecutive quarter and 19 of the last 20 quarters, Department staff met the 85 percent goal for this measure with an actual performance of 87.9 percent.
- **Multi-disciplinary Exams**: For the 18th consecutive quarter, staff met the 85 percent goal by ensuring that 96.4 percent of children entering care received a timely multi-disciplinary exam.

CHALLENGES

While the long-term trends and quarterly data both show substantial improvements in outcomes for children and families, the Department continues efforts to expand our progress in areas that have proven most difficult. Outcome Measures 3 and 15, which saw sizable gains in the first quarter of 2010, showed some dip in performance in the second quarter. Despite the dip this most recent quarter, the measure for treatment plans has generally trended higher and came in at 75.5 percent -- less than 15 percentage points below the goal.

Case planning has benefitted from a number of efforts at the Department, 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. The new automated ACR 48 Hour/Collaborative Team Meeting process began in April. In addition to the basic issues identified, the ACRs are also evaluating the eight case plan areas reviewed by the Court Monitor to address Exit Outcomes 3 and 15. This includes a "manager-response" process and a follow-up at the subsequent ACR to determine whether the issues at hand were addressed. Currently, the system is able to produce data reports from a statewide, regional, and area office view. Sharing of the data reports began in August at regional leadership meetings, unit meetings, and Regional Director meetings. ACR staff is also randomly reviewing cases to ensure consistency in the identification of these issues, to determine some of the underlying issues and barriers impacting case activity, and to address any technical difficulties that may arise. Finally, the "Case Plan Revisited" training has been well received and conducted in 10 offices as of August. The remaining area offices are scheduled for training through October. Policy and practice changes have been approved and communicated.

Several other reforms are continuing forward as well, including two designed to build upon family strengths and support family engagement: a Differential Response System (DRS) and the new Practice Model. DRS will begin in Region 3 (Middletown, Norwich, Willimantic), and the Practice Model will begin in Region 1 (Bridgeport, Danbury, Norwalk/Stamford). The training and necessary materials are currently being developed to support the Practice Model. In the area of quality improvement, the Department's 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 Middletown office is participating in September, and the Waterbury office will participate in November. At that point, every area office will have undergone a review in this initial round of reviews that began in 2008.

Finally, the Department launched during this quarter a new recruitment campaign to find additional foster and adoptive families that featured radio, Internet and print media. Work with the National Resource Center at AdoptUSKids is ongoing to continue to sharpen our recruitment efforts to make them as targeted and effective as possible. We continue to work closely with current foster and adoptive families to recruit new families for children who need them.

All of these efforts are aimed at improving the partnerships necessary to continue to advance outcomes for children and families, and I am grateful to our staff, our providers, our foster and adoptive parents and the children and families we serve for their commitment to working together to achieve these goals. Together we have made real and lasting changes to Connecticut's child welfare system, and I am confident that further advancements will be realized as part of our system's ongoing quality improvement focus.