

**Juan F. v. Malloy Exit Plan  
Quarterly Report  
July 1, 2011 - September 30, 2011  
Civil Action No. 2:89 CV 859 (CFD)**

Submitted by:  
DCF Court Monitor's Office  
300 Church St, 4<sup>th</sup> Floor  
Wallingford, CT 06492  
Tel: 203-741-0458  
Fax: 203-741-0462  
E-Mail: [Raymond.Mancuso@CT.GOV](mailto:Raymond.Mancuso@CT.GOV)

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## **Juan F. v Malloy Exit Plan Quarterly Report July 1, 2011 - September 30, 2011**

During the Third Quarter 2011 (July-September), DCF has continued to make headway on a number of critical system reform issues. DCF staff, especially the front-line staff in the Area Offices and the Albert J. Solnit Children's Psychiatric Center, should be commended for the continued and inspired efforts to serve the most vulnerable children and families in Connecticut. DCF staff has persevered despite the significant challenges presented by the layoffs that caused an inordinate number of case transfers concurrent with a strategic restructuring that holds the promise of improving service delivery and communication. In addition, there was the implementation of new policy directives to improve outcomes and reduce trauma to children that have required new and additional work by staff, the need to address barriers and significant service gaps that complicate planning and service provision, and extensive staff training efforts to prepare DCF for these system changes taking place.

The information and data presented in this report demonstrates considerable progress as well as identifying significant challenges. Progress was made on many fronts during the reporting period.

- The continued reduction in congregate care use, especially for younger children and those placed out-of-state continued during this quarter.
- The Department sustained most of the gains made on the 22 Outcome Measures.
- The increased use of relative and kinship care is evident in all six regions as is a focus on placing children in family type settings.
- The Department initiated a major culture change to its day to day practice of engaging and partnering with children, families, and stakeholders. They have commenced utilization of announced home visits (only when assessed as appropriate) and soon will implement a Differential Response System (DRS) and Strengthening Families Practice Model that will promote collaborative, holistic intervention and community based assistance.
- The restructuring of the agency continues and holds the promise of better service provision and communication with all stakeholders.
- A variety of internal and external working committees were convened to address core issues including; congregate care right sizing, service provision, foster care, family engagement, and data/quality efforts.

Significant challenges were also evident in our review of the Department's efforts.

- While noting the reduction in the use of congregate care, the Department must be rigorous in ensuring that diverted children have adequate planning and service provision.
- In spite of the increased use of relatives and kin for children who need placement, the diversion from congregate care utilization is hampered by the lack of appropriate foster care resources.
- There was a slight overall reduction in the number of foster care resources for the Third Quarter 2011. The Department's plans to address foster care deficiencies will be primarily focused on retention efforts via improved support, training and communication. There is also a continued need for better collaboration and utilization of services with private foster care agencies.

- The goal of placing children in family and community settings is hampered by the unavailability of services and existing service gaps. Besides the foster care needs described above, other areas of service gap include mental health services, in-home services, substance abuse treatment, domestic violence services, and limited life skills training opportunities.
- There is clear evidence that there are concerted efforts underway to improve case planning and better meet children's and family's needs but it is equally obvious that there are areas where considerable improvement is needed.
- The agency's commitment to embrace family engagement and collaboration with all stakeholders is critical and must become imbedded with all staff.
- Discharge delays and excessive lengths of stay must still be addressed, especially in short term facilities (i.e. SAFE Homes, STAR programs and in-patient hospitals).
- The Monitor's Certification Review of Visitation for In-Home Cases (Outcome Measure 17) reveals that while staff document efforts to visit families twice a month, many children are not seen or spoken to alone on a regular basis. Purposeful visitation, along with the management of the in-home cases, was assessed as uneven and in some instances, inadequate.

Commissioner Katz and her team are committed to the system change currently underway. A primary challenge is managing the change and transition. Identifying and clarifying roles and responsibilities is a continued need that is necessary and is ongoing. Finally, it is essential that DCF be allowed to reallocate funds from the back end of the system (congregate care) to the front (community-based services) thereby providing increased hope for tomorrow's children while ensuring that today's children also have their needs met. This is critical to ensure that the system reform will be successful.

### **Highlights**

- The Monitor's quarterly review of the Department's efforts to meet the Exit Plan Outcome Measures during the period of July 1, 2011 through September 30, 2011 indicates that the Department achieved 16 of the 22 Outcome Measures reported in this document. The six measures not met included; Outcome Measure 3 (Case Plans (formerly Treatment Plans)), Outcome Measure 10 (Sibling Placement), Outcome Measure 11 (Re-Entry into DCF Custody), Outcome Measure 14 (Placement within Licensed Bed Capacity), Outcome Measure 15 (Children's Needs Met), and Outcome Measure 21 (Discharge of Youth to the Department of Mental Health and Addiction Services and the Department of Developmental Services).
- Statewide, a total of 27 cases or 50.9% of those sampled achieved Outcome Measure 3 (Case Planning):
  - The biggest challenge areas in case planning continue to be in engagement of the family and adolescents in case planning and including their input on the case plan document (engagement of child and family); incorporating accurate and complete assessments with input from involved collaterals/providers (present situation/assessment of child to date of review); identifying priority goals and objectives consistent with the ongoing needs of the child and family (determining priority goals and objectives); identifying specific action steps with responsible

- parties, concrete measurements and timeframes (action steps to achieving goals); and updating the progress on prior action steps and objectives (progress).
  - There were eight case plans (15.1%) that were not approved by the Social Work Supervisor at the time of our review. This is a critical finding. Oversight through effective supervision is a key tenet for providing consistent case management services to families with complex needs. These eight case plans were also designated as not appropriate in one or more of the measurement domains, and therefore did not fail solely based upon the lack of approval in LINK.
  - In-Home Cases achieved a higher compliance rate with Outcome Measure 3 this quarter (59.1% versus 45.2%). However, had the comments of the ACR Social Work Supervisors been better utilized in the review process, including the recommendations for changes made to the case plans, nine additional case plans would have likely been corrected in areas similarly identified as deficient by the Administrative Case Reviewer and Court Monitor Reviewer. If revisions had been included and approved, these revisions would have raised the child in placement score for the quarter to 74.2%.
- Statewide, a total of 32 cases, or 60.4% of those sampled achieved Outcome Measure 15 during the last three month period.
  - The biggest challenge areas were in the domains of *Permanency: DCF Case Management-Contracting or Providing Services to Achieve the Permanency Goal in Prior 6 Months* and *Well Being: Mental Health, Behavioral Health & Substance Abuse Treatment Services*.
    - Under these domains, it is noted that service gaps exist for mental health services, substance abuse services, domestic violence treatment, life skills and transitional programs, in-home services, and foster care resources.
    - There were delays in referrals and other case management deficiencies evident in cases reviewed by the Court Monitor.
- The "*Juan F. v Malloy Revised Exit Plan Outcome Measure 17 (In-Home Visitation) Certification Case Review*" was completed and the full report can be found beginning on page 32 of this report. Outcome Measure 17 indicates that "DCF shall visit 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases." It further defines that "twice monthly visitation must be documented with each active child participant in the case" and that "visitation in the home, school or other community setting will be considered for Outcome Measure 17."
  - The review findings indicate that of the 247 sampled cases reviewed from the Fourth Quarter 2010, 53.7% included documentation of all active child participants being seen an average of two times per month. Of the 248 cases reviewed for the First Quarter 2011, 54.5% of the sample cases included documentation of all active child participants seen an average of twice a month.
  - LINK computer-generated reporting methodology does not report in a manner that provides for evaluation of visitation consistency for all active case participants. Rather, every open case is looked at as one opportunity to make two visits with any case participant(s) to achieve the measure and contribute to a monthly performance percentage. The findings for the three months in any quarter are then averaged to determine the quarterly performance. The Department reported that for the fourth

quarter of 2010, DCF achieved Outcome Measure 17 with a percentage of 89.7% and 88.5% for the First Quarter 2011. Using similar logic to that of the LINK system reporting, our findings indicate that the Fourth Quarter 2010 quarterly average was 85.0% and the First Quarter 2011 quarterly average was 83.2%.

- A qualitative review of visitation practices for the sampled cases found that the quality, as documented in the LINK record during the Fourth Quarter 2010 was deemed Optimal for 2.0% of those reviewed, while 19.8% of cases were deemed Very Good, 54.3% were deemed Marginal, 21.9% were deemed Poor and 2.0% were deemed Adverse/Absent. For the First Quarter 2011 quality was deemed Optimal for 2.0% of the cases reviewed, while 19.4% of cases were deemed Very Good, 52.0% were deemed Marginal, 23.4% were deemed Poor and 3.2% were deemed Adverse/Absent.
- As of November 2011, there were 403 *Juan F.* children placed in residential facilities. This is a decrease of 51 children compared to the 454 children reported last quarter. The number of children residing in residential care for greater than 12 months was 119, which is a decrease of seven (7) children in comparison to the 126 reported last quarter.
- The number of children residing and receiving treatment in out-of-state residential facilities decreased by 56 to 213 compared to the 269 reported July 2011.
- The number of children age 12 years old or younger in congregate care decreased from 132 in August 2011 to 105 as of November 2011. This reduction was primarily in SAFE Home and Residential placements.
- As of November 2011, there were two (2) children aged 1 to 5 years of age residing in a SAFE Home placement. This is a decrease of five (5) children from August 2011.
- The number of children utilizing SAFE Home temporary placements decreased to 63 as of November 2011 compared with the 79 reported as of August 2011. The number of children in SAFE Home overstay status (>60 days), decreased to 35 children compared with the 42 children reported last quarter. It is important to note that the Third Quarter data indicates 55.6% (35 of 63) of the children are in overstay status. There were 14 children with lengths of stay in excess of six months as of November 2011. The lack of sufficient foster/adoptive resources remains the most significant barrier to timely discharge. It also should be noted that a portion of children on overstay status are part of a sibling group which makes matching a more difficult task given the lack of foster care resources willing or able to accommodate multiple siblings.
- There were 79 youth in STAR programs as of November 2011, one less than the 80 reported in August 2011. The number of youth in overstay status (>60 days) in STAR placements decreased to 43 youth, compared with the 48 youth noted last quarter. Fifty-four percent (54.4%) of the youth (43 of 79) in STAR programs were in overstay status as of August 2011. There were 11 children with lengths of stay longer than six months as of November 2011. The lack of sufficient and appropriate therapeutic foster home resources, therapeutic group homes, and specialized residential services, hampers the efforts to further reduce the utilization of STAR services and better manage the resident's length of stay.

- The Division of Foster Care's monthly report for September 2011 indicates that there are 2,317 licensed DCF foster homes. This is a decrease of 35 homes compared with the Second Quarter 2011 report. The number of approved private provider foster care homes is 848. The number of private provider foster homes currently available for placement is 71. 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 and revised during the Second Quarter 2011 is 3,287 foster homes. The Department's status as of July 2011 is 3,165 homes, a net loss of 122 homes compared with the baseline set in June 2008. Additional foster care and adoptive resources remain 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.
- The three permanency measures are Outcome Measure 7 (Reunification), Outcome Measure 8 (Adoption), and Outcome Measure 9 (Transfer of Guardianship) and all three were met for the Third Quarter 2011. This is the fourth consecutive quarter that these three measures were met. These measures examine the number of children achieving these permanency goals within the prescribed timeframes (12 months for Outcome Measure 7 and 24 months for Outcome Measure 8 and Outcome Measure 9) as they exit the Department's custody upon achieving the permanency goal.
- Outcome Measure 20 (Discharge Measures) was met in the Third Quarter 2011. This measure requires 85% of the youth age 18 or older to have achieved educational and/or vocational goals at the time of their discharge from DCF custody. Sixty-six (66) of the seventy-five (75) youth in this quarter's universe or 88.0% achieved one or more of the measures. This measure had been met for 5 consecutive quarters and 22 of 24 quarters prior to the last two quarters. This Outcome Measure is part of the initial round of "certification" reviews being conducted by the Court Monitor.
- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased by one from the 752 to 751 this quarter. The Department's efforts to appropriately pursue APPLA goals for youth, including modifying the goal of children with an APPLA goal to a preferred goal, and the continued age-out of older youth is contributed to a sizeable reduction in the number of children with APPLA over the last few years. This is the first quarter since 2008 where a significant reduction has not occurred.
- In light of the Court decision regarding Voluntary Services (Docket No. 633) and given the recent request of the Plaintiffs, the Court Monitor is working with the Department to identify and validate any child who is waiting for Voluntary Service from either DCF or DDS.

- The Monitor's quarterly review of the Department for the period of July 1, 2011 through September 30, 2011 indicates that the Department did not achieve compliance with six (6) measures:
  - Treatment Planning (50.9%)
  - Sibling Placements (86.7%)
  - Re-Entry into DCF custody (7.2%)
  - Placement within Licensed Capacity (95.6%)
  - Children's Needs Met (60.4%)
  - Discharge to DMHAS and DMR (97.0%)
  
- The Monitor's quarterly review of the Department for the period of July 1, 2011 through September 30, 2011 indicates the Department has achieved compliance with the following 16 Outcome Measures:
  - Commencement of Investigations (97.3%)
  - Completion of Investigations (94.0%)
  - Search for Relatives (94.5%)
  - Repeat Maltreatment (6.1%)
  - Maltreatment of Children in Out-of Home Cases (0.02%)
  - Reunification (65.3%)
  - Adoption (40.0%)
  - Transfer of Guardianship (83.6%)
  - Multiple Placements (96.4%)
  - Foster Parent Training (100.0%)
  - Worker-Child Visitation Out-of Home Cases (95.0% Monthly/99.0% Quarterly)
  - Worker-Child Visitation In-Home Cases (86.3%)
  - Caseload Standards (100.0%)
  - Residential Reduction (8.8%)
  - Discharge Measures (88.0%)
  - Multi-disciplinary Exams (96.3%)



- The Department has maintained compliance for at least two (2) consecutive quarters<sup>1</sup> with 15 of the Outcome Measures reported as achieved this quarter. (Measures are shown designating the number of consecutive quarters for which the measure was achieved):
  - Commencement of Investigations (twenty-eighth consecutive quarter)
  - Completion of Investigations (twenty-eighth consecutive quarter)
  - Search for Relatives (twenty-third consecutive quarter)
  - Repeat Maltreatment (eighteenth consecutive quarter)
  - Maltreatment of Children in Out-of-Home Care (thirty-first consecutive quarter)
  - Reunification (eighth consecutive quarter)
  - Adoption (fourth consecutive quarter)
  - Transfer of Guardianship (eleventh consecutive quarter)
  - Multiple Placements (thirtieth consecutive quarter)
  - Foster Parent Training (thirtieth consecutive quarter)
  - Visitation Out-of-Home (twenty-fourth consecutive quarter)
  - Visitation In-Home (twenty-fourth consecutive quarter)
  - Caseload Standards (fourth consecutive quarter)
  - Residential Reduction (twenty-second consecutive quarter)
  - Multi-disciplinary Exams (twenty-third consecutive quarter)

A full reporting of the Stipulation Regarding Outcome Measure 3 and Outcome Measure 15 can be found beginning on page 55.

A full copy of the Department's Third Quarter 2011 submission including the Commissioner's Highlights may be found on page 76.

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

| Statewide Juan F. Exit Plan Report Outcome Measure Overview        |                   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |        |
|--|-------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|--------|
| Measure  | Measure Base-line | 3Q 2011 | 2Q 2011 | 1Q 2011 | 4Q 2010 | 3Q 2010 | 2Q 2010 | 1Q 2010 | 4Q 2009 | 3Q 2009 | 2Q 2009 | 1Q 2009 | 4Q 2008 | 3Q 2008 | 2Q 2008 | 1Q 2008 | 4Q 2007 | 3Q 2007 | 2Q 2007 | 1Q 2007 | 4Q 2006 | 3Q 2006 |        |
| 1: Commencement of Investigation                                   | >=90%             | X       | 97.3%   | 97.2%   | 97.2%   | 96.8%   | 97.4%   | 97.6%   | 97.4%   | 97.8%   | 97.6%   | 97.7%   | 97.6%   | 97.9%   | 97.4%   | 97.5%   | 97.8%   | 97.4%   | 97.0%   | 97.1%   | 96.5%   | 95.5%   | 98.7%  |
| 2: Completion of the Investigation                                 | >=85%             | 73.7%   | 94.0%   | 94.4%   | 92.7%   | 90.0%   | 91.5%   | 92.9%   | 93.7%   | 94.3%   | 94.0%   | 91.8%   | 91.3%   | 91.4%   | 89.9%   | 93.7%   | 91.5%   | 92.9%   | 94.2%   | 93.7%   | 93.0%   | 93.7%   | 94.2%  |
| 3: Treatment Plans   | >=90%             | X       | 50.9%   | N/A     | 81.1%   | 67.9%   | 66.0%   | 75.5%   | 86.5%   | 47.2%   | 53.8%   | 73.1%   | 65.4%   | 81.1%   | 62.3%   | 55.8%   | 58.8%   | 51.0%   | 30.0%   | 30.3%   | 41.3%   | 41.1%   | 54.3%  |
| 4: Search for Relatives  | >=85%             | 58%     | 94.5%   | 94.5%   | 90.1%   | 88.8%   | 90.9%   | 91.2%   | 92.0%   | 90.0%   | 91.0%   | 91.2%   | 94.3%   | 94.3%   | 96.3%   | 95.8%   | 95.3%   | 93.6%   | 91.4%   | 93.8%   | 92.0%   | 91.4%   | 93.1%  |
| 5: Repeat Maltreatment of In-Home Children                         | <=7%              | 9.3%    | 6.1%    | 5.4%    | 5.7%    | 6.2%    | 6.5%    | 6.5%    | 5.8%    | 6.0%    | 5.4%    | 4.8%    | 5.8%    | 6.1%    | 5.7%    | 5.9%    | 5.7%    | 5.4%    | 6.1%    | 6.3%    | 7.4%    | 7.9%    | 7.9%   |
| 6: Maltreatment of Children in Out-of-Home Care                    | <=2%              | 1.2%    | 0.2%    | 0.1%    | 0.1%    | 0.4%    | 0.2%    | 0.1%    | 0.2%    | 0.3%    | 0.4%    | 0.1%    | 0.3%    | 0.2%    | 0.3%    | 0.3%    | 0.2%    | 0.2%    | 0.3%    | 0.0%    | 0.2%    | 0.2%    | 0.7%   |
| 7: Reunification   | >=60%             | 57.8%   | 65.3%   | 73.1%   | 61.7%   | 64.9%   | 68.3%   | 67.1%   | 61.2%   | 71.4%   | 56.0%   | 71.9%   | 68.1%   | 69.6%   | 57.1%   | 59.4%   | 56.5%   | 58.0%   | 65.5%   | 67.9%   | 70.5%   | 61.3%   | 62.5%  |
| 8: Adoption  | >=32%             | 12.5%   | 40.0%   | 32.7%   | 35.6%   | 38.5%   | 25.8%   | 36.0%   | 34.7%   | 35.2%   | 36.7%   | 33.2%   | 44.7%   | 27.2%   | 32.3%   | 33.0%   | 41.5%   | 35.5%   | 36.2%   | 40.6%   | 34.5%   | 33.6%   | 27.0%  |
| 9: Transfer of Guardianship  | >=70%             | 60.5%   | 83.6%   | 78.4%   | 86.2%   | 87.3%   | 78.6%   | 74.6%   | 82.3%   | 76.3%   | 81.8%   | 75.7%   | 75.3%   | 64.9%   | 71.7%   | 70.0%   | 70.4%   | 80.8%   | 76.8%   | 88.0%   | 78.0%   | 76.4%   | 70.2%  |
| 10: Sibling Placement  | >=95%             | 57%     | 89.3%   | 85.8%   | 86.7%   | 83.3%   | 81.9%   | 84.8%   | 85.6%   | 83.4%   | 84.7%   | 83.1%   | 83.4%   | 82.1%   | 82.6%   | 86.8%   | 86.7%   | 85.2%   | 83.3%   | 79.1%   | 84.9%   | 85.5%   | 84.8%  |
| 11: Re-Entry into DCF Custody                                      | <=7%              | 6.9%    | 7.2%    | 4.4%    | 7.7%    | 6.3%    | 7.3%    | 6.7%    | 8.4%    | 7.8%    | 9.9%    | 8.8%    | 8.2%    | 7.4%    | 6.7%    | 6.7%    | 11.0%   | 7.8%    | 9.0%    | 8.5%    | 7.5%    | 8.2%    | 4.3%   |
| 12: Multiple Placements  | >=85%             | X       | 96.4%   | 96.1%   | 96.1%   | 96.1%   | 95.7%   | 95.8%   | 95.9%   | 95.4%   | 95.7%   | 95.8%   | 96.0%   | 95.8%   | 95.9%   | 96.3%   | 91.2%   | 92.7%   | 94.4%   | 96.0%   | 96.3%   | 95.0%   | 95.6%  |
| 13: Foster Parent Training   | 100%              | X       | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0% |
| 14: Placement Within Licensed Capacity                             | >=96%             | 94.9%   | 95.2%   | 95.6%   | 96.8%   | 96.8%   | 95.4%   | 95.1%   | 96.9%   | 96.9%   | 96.3%   | 96.6%   | 96.6%   | 96.6%   | 97.0%   | 96.8%   | 96.4%   | 96.8%   | 96.9%   | 97.1%   | 96.8%   | 96.5%   | 96.7%  |
| 15: Children's Needs Met   | >=80%             | X       | 60.4%   | N/A     | 58.5%   | 56.6%   | 58.5%   | 52.8%   | 67.3%   | 45.3%   | 55.8%   | 63.5%   | 61.5%   | 58.5%   | 52.8%   | 55.8%   | 58.8%   | 47.1%   | 64.0%   | 51.3%   | 45.3%   | 52.1%   | 62.0%  |
| 16: Worker-Child Visitation (Out-of-Home)                          | >=85%(M)          | X       | 95.0%   | 95.1%   | 95.8%   | 95.3%   | 95.3%   | 95.7%   | 96.2%   | 95.8%   | 95.1%   | 95.7%   | 95.7%   | 95.0%   | 95.4%   | 94.9%   | 95.9%   | 94.6%   | 94.8%   | 94.6%   | 95.1%   | 94.7%   | 92.5%  |
|  | =100%(Q)          | X       | 99.0%   | 99.2%   | 99.2%   | 98.9%   | 98.9%   | 99.3%   | 99.6%   | 99.7%   | 99.0%   | 99.3%   | 99.2%   | 98.9%   | 98.6%   | 98.7%   | 99.1%   | 98.5%   | 98.7%   | 98.7%   | 99.1%   | 99.0%   | 91.5%  |
| 17: Worker-Child Visitation (In-Home)                              | >=85%             | X       | 86.3%   | 89.7%   | 88.5%   | 89.7%   | 89.4%   | 89.7%   | 89.6%   | 88.5%   | 88.8%   | 89.6%   | 90.5%   | 89.7%   | 90.3%   | 91.4%   | 90.8%   | 89.9%   | 89.4%   | 90.9%   | 89.0%   | 89.2%   | 85.7%  |
| 18: Caseload Standards   | 100%              | 69.2%   | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 99.9%   | 100.0%  | 100.0%  | 99.9%   | 99.6%   | 99.6%   | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0%  | 100.0% |
| 19: Reduction in the Number of Children Placed in Residential Care | <=11%             | 13.5%   | 8.8%    | 9.8%    | 10.0%   | 9.9%    | 9.4%    | 10.1%   | 10.0%   | 9.9%    | 9.6%    | 9.7%    | 10.0%   | 10.0%   | 10.0%   | 10.4%   | 10.5%   | 10.9%   | 10.8%   | 11.0%   | 10.9%   | 11.0%   | 10.9%  |
| 20: Discharge Measures   | >=85%             | 61%     | 88.0%   | 79.4%   | 82.9%   | 87.2%   | 88.5%   | 87.9%   | 86.0%   | 86.9%   | 80.0%   | 92.2%   | 85.3%   | 92.2%   | 93.0%   | 92.0%   | 92.0%   | 96.0%   | 95.0%   | 100.0%  | 98.0%   | 100.0%  | 100.0% |
| 21: Discharge of Mentally Ill or Mentally Retarded Children        | 100%              | X       | 95.7%   | 92.0%   | 97.0%   | 96.1%   | 97.3%   | 98.1%   | 100.0%  | 97.6%   | 100.0%  | 97.2%   | 96.7%   | 95.0%   | 95.0%   | 98.0%   | 97.0%   | 96.0%   | 95.0%   | 83.0%   | 90.0%   | 97.0%   | 100.0% |
| 22: Multi-disciplinary Exams (MDE)                                 | >=85%             | 5.6%    | 93.3%   | 96.3%   | 91.9%   | 97.5%   | 96.1%   | 96.4%   | 95.7%   | 95.7%   | 91.4%   | 94.5%   | 93.6%   | 90.1%   | 94.0%   | 93.6%   | 98.7%   | 96.4%   | 95.2%   | 96.8%   | 91.1%   | 94.2%   | 86.0%  |

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

### Third Quarter 2011 - Blind Review of 53 Cases

As reported in our prior quarterly report, this third quarter review represents the first official reporting of a new methodology entailing a blind review sample of 53 cases selected across the state for monitoring progress within Outcome Measure 3 (Case Plans) and Outcome Measure 15 (Needs Met). While the selection process remains consistent with the prior methodology, in this newly established process, the cases are reviewed without notification to the Department. Each review occurs approximately 20 days after the approval is supposed to occur as established within the Administrative Case Review process (within 60 days of case opening in Ongoing Services, and every 181 days thereafter).

The sample stratification was selected based upon the caseload percentages in place in July 2011.

**Table 1: Sample Identification and Office Caseload on July 5, 2011 (Excludes ICO, Probate and Investigation)**

| Area Office Sample | Ongoing Services Caseload | % of Statewide Caseload | % Caseload Designated In-Home | Sample Cases |
|--------------------|---------------------------|-------------------------|-------------------------------|--------------|
| Bridgeport         | 993                       | 8.6%                    | 39.4%                         | 4            |
| Danbury            | 252                       | 2.2%                    | 32.5%                         | 2            |
| Hartford           | 1,744                     | 15.2%                   | 28.0%                         | 6            |
| Manchester         | 1,027                     | 8.9%                    | 35.3%                         | 5            |
| Meriden            | 521                       | 4.5%                    | 36.3%                         | 2            |
| Middletown         | 580                       | 5.0%                    | 22.4%                         | 3            |
| Milford            | 740                       | 6.4%                    | 35.3%                         | 3            |
| New Britain        | 1,115                     | 9.7%                    | 33.9%                         | 5            |
| New Haven          | 1,057                     | 9.2%                    | 36.3%                         | 5            |
| Norwalk            | 208                       | 1.8%                    | 36.1%                         | 2            |
| Norwich            | 1,043                     | 9.1%                    | 35.6%                         | 5            |
| Stamford           | 206                       | 1.8%                    | 39.8%                         | 2            |
| Torrington         | 447                       | 3.9%                    | 24.4%                         | 2            |
| Waterbury          | 971                       | 8.4%                    | 27.6%                         | 4            |
| Willimantic        | 599                       | 5.2%                    | 36.7%                         | 3            |
|                    | <b>11,503</b>             | <b>100.0%</b>           | -----                         | <b>53</b>    |

### Summary Findings

The Department achieved the following statewide results within our randomly selected 53-case sample.

- **Statewide, a total of 27 cases or 50.9% of those sampled achieved Outcome Measure 3 - Case Plans deemed appropriate.**
  - The biggest challenge areas in case planning continue to be in engagement of the family and adolescents in case planning and including their input on the case plan document (engagement of child and family); incorporating accurate and complete assessments with input from involved collaterals/providers (present situation/assessment of child to date of review); identifying priority goals and

- objectives consistent with the ongoing needs of the child and family (determining priority goals and objectives); identifying specific action steps with responsible parties, concrete measurements and timeframes (action steps to achieving goals); and updating the progress on prior action steps and objectives (progress).
- There were eight case plans (15.1%) that were not approved by the Social Work Supervisor at the time of our review. These eight case plans were also designated as not appropriate in one or more of the domains of measurement and, therefore, did not fail solely based upon the lack of approval in LINK.
  - In-Home Cases achieved a higher compliance rate with Outcome Measure 3 this quarter than those of the children in placement reviewed (59.1% versus 45.2% compliance). However, had the comments of the ACR Social Work Supervisors including the recommendations for changes to the case plans been better utilized after the review process, nine additional case plans would have likely been corrected in areas that both the Administrative Case Reviewer and Court Monitor Reviewer similarly identified as deficient. These revisions, if included and approved, would have raised the child in placement subsample score for the quarter to 74.2%.
  - **Statewide, a total of 32 cases, or 60.4% of those sampled achieved Outcome Measure 15 - Needs Met, during the last six month period.**
    - The biggest challenge areas are in the domains of Permanency: DCF Case Management-Contracting or Providing Services to Achieve the Permanency Goal in Prior 6 Months, and Well Being: Mental Health, Behavioral Health & Substance Abuse Treatment Services.
      - Within these domains service gaps exist for a variety of mental health services, substance abuse services, domestic violence treatment programs, life skills and transitional programs, in-home services, and foster care resources (including specialized foster care).
  - Slightly higher rates of priority needs were met in the prior six month period for those cases of children in placement than with children served via in-home family services (61.3% versus 59.1%).
  - Statewide, there were 24 cases, or 45.3%, that achieved both outcome measures during the period under review.
  - Statewide, there were 18 cases, or 34.0% that failed to achieve either outcome measure during the period under review.

### **Area Office Findings Related to Outcome Measure 3**

This quarter marks the first official undertaking of the Court Monitor's Blind Review of 53 cases quarterly as a new methodological approach to measure the Connecticut Department of Children and Families' success in transference of knowledge in regard to the case plan training and initial practice model work in the last several months. While we did undergo a pilot testing last quarter, these results were not shared given the agreement of the *Juan F.* parties to allow for a period of adjustment as both the Monitor's Office and Area Offices became conversant with the new protocol. It is notable, however, that this third quarter does show improvement in both Outcome Measures from what was identified in the data collected in the piloted quarter.

During the Third Quarter 2011, Regions II and V showed the greatest overall performance for Outcome Measure 3. Individually, the area offices with the overall strongest performances were Danbury, Meriden, Torrington, and Willimantic all with 100.0% appropriate case plans. Only

Torrington achieved this score without the benefit of an override. In all other regions, one or more domains received scores in the marginal realm that were granted an override based on additional information provided by Department staff or located in other areas of the LINK documentation outside of the case plan document.

There were fifteen requests for overrides in Outcome Measure 3 and eight requests for overrides in Outcome Measure 15, all of which were granted. Several examples of the situations resulting in overrides were:

- An override was granted for action steps within the grid which did not provide specific or measurable steps for mother, DCF or mother's provider. It was evident from other parts of the plan and LINK documentation that mother had a clear understanding regarding her need to address her mental health, substance use and housing if she wanted her daughter to return to her physical custody from the father's home where she was residing. The Department assessed the child to be safe and well cared for in this father's home, and shortly after drafting this initial case plan document the decision was made to close the case as father was providing appropriate care for his child.
- An override was granted on Outcome Measure 15 in regards to the date of filing with probate court. The case was assigned to Ongoing Services on December 13, 2010. The probate matter was not filed until June 18, 2011. All other aspects of case management were well done. The hearing was held on July 18, 2011 and accepted.
- An override was granted for Outcome Measure 15, as the areas that scored marginally were felt to be the result of mother's refusal to attend the referred services in spite of multiple documented efforts of DCF's engagement to gain her cooperation with recommended services and the school. DCF also documented work with the providers during the period in an attempt to gain mother's compliance, but mother continued to not address her situation. After some time, DCF recommended the father be granted custody, which the court granted at the end of the period under review.
- An override was granted for Outcome Measure 3 in regards to Engagement of Child and Family. Engagement had occurred, but this was not documented in the plan. There was outdated assessment information as well as some secondary issues which had not been updated to reflect current events. Overall, however, the reviewer found it to be a good plan with appropriate objectives and action steps going forward.
- An override was granted for Outcome Measure 3 for goals/objectives and action steps. The issues cited were appropriately scored as marginal but an override is granted as the reply from the Area Office indicated that the family had engaged the services to address specific concerns prior to the case plan approval and, therefore, they felt that inclusion of these elements were not required in the plan document. While granting the override, we note that while the initial action step of referral and service onset was met, the ongoing objective would be to continue to note ongoing progress and needs for the family and provider.
- An override was granted for Outcome Measure 15 in regards to the lack of visitation between a child and father. The father had requested visitation with his daughter during the period and DCF had not responded. Father's attorney followed up and visitation was subsequently denied due to clinical reasons. Though the Department was remiss in their lack of contact with father, this child was not unduly impacted during the period as the clinician eventually supported the position of no contact. All other priority needs were

met during this period. Further, the DCF SW did indicate that there were a few phone calls made in efforts to contact father but these were unsuccessful and not documented.

- An override was granted for Outcome Measure 3 as the objectives were not adequate and did not reflect what the goals for the child should be for the coming period. The deficit in this area is overcome by assessment work that was accurate, and the action steps are clear in support of what is identified in the assessment. As such, given the fact that finalization was imminent, an override was deemed appropriate.

**Table 2: Regional Perspective of Outcome Measure 3 (n=53)**

| Region            | Area Office             | Appropriate Case Plan | Not an Appropriate Case Plan |
|-------------------|-------------------------|-----------------------|------------------------------|
| <b>Region I</b>   | Bridgeport (n=4)        | 25.0%                 | 75.0%                        |
|                   | Norwalk (n=2)           | 0.0%                  | 100.0%                       |
|                   | Stamford (n=2)          | 50.0%                 | 50.0%                        |
|                   | <b>Combined Region</b>  | <b>25.0%</b>          | <b>75.0%</b>                 |
| <b>Region II</b>  | Milford (n=4)           | 75.0%                 | 25.0%                        |
|                   | New Haven (4)           | 75.0%                 | 25.0%                        |
|                   | <b>Combined Region</b>  | <b>75.0%</b>          | <b>25.0%</b>                 |
| <b>Region III</b> | Middletown (n=3)        | 33.3%                 | 66.7%                        |
|                   | Norwich (n=5)           | 40.0%                 | 60.0%                        |
|                   | Willimantic (n=3)       | 100.0%                | 0.0%                         |
|                   | <b>Combined Region</b>  | <b>54.5%</b>          | <b>45.5%</b>                 |
| <b>Region IV</b>  | Hartford (n=6)          | 16.7%                 | 83.3%                        |
|                   | Manchester (n=5)        | 40.0%                 | 60.0%                        |
|                   | <b>Combined Region</b>  | <b>27.3%</b>          | <b>72.7%</b>                 |
| <b>Region V</b>   | Danbury (n=2)           | 100.0%                | 0.0%                         |
|                   | Torrington (n=2)        | 100.0%                | 0.0%                         |
|                   | Waterbury (n=4)         | 50.0%                 | 50.0%                        |
|                   | <b>Combined Region</b>  | <b>75.0%</b>          | <b>25.0%</b>                 |
| <b>Region VI</b>  | Meriden (n=2)           | 100.0%                | 0.0%                         |
|                   | New Britain (n=5)       | 40.0%                 | 60.0%                        |
|                   | <b>Combined Region</b>  | <b>57.1%</b>          | <b>42.9%</b>                 |
|                   | <b>Statewide (n=53)</b> | <b>50.9%</b>          | <b>49.1%</b>                 |

Individual domains are shown by area office in the table provided below. There are many areas that are showing improving quality across the state. Those areas which have historically been problematic remain so, but all areas have shown improvement to above the 50<sup>th</sup> percentile range. These areas are: engagement of the family and adolescents in case planning and including their input on the case plan document (engagement of child and family); incorporating accurate and complete assessments with input from involved collaterals/providers (present situation/assessment of child to date of review); identifying priority goals and objectives consistent with the ongoing needs of the child and family (determining priority goals and objectives); identifying specific action steps with responsible parties, concrete measurements and timeframes (action steps to achieving goals); updating the progress on prior action steps and objectives (progress).

There were eight case plans (15.1%) that were not approved by the Social Work Supervisor at the time of our review. These eight case plans were also designated as not appropriate in one or more of the domains of measurement, and therefore did not fail solely based upon the lack of approval in LINK. Lack of approval occurred in one instance each in Region I, Region III and Region V, and in four cases in Region IV. In response to our clarification in Region III, the Region indicated that they had been attempting to meet with the mother to develop the case plan but had not been successful in contact and the decision had been made to not finalize the case plan without mother's input entered. In all other cases there was no rationale provided for the failure to finalize and provide the family with an approved version of their case plan document.

**Crosstabulation 1: Outcome Measure 3 - Rate of Cases Achieving Scores at the "Very Good" or "Optimal" Ranking across the 8 Domains of Measurement**

| Region     | Area Office             | Reason For Involvement I.1 | Identifying Information I.2 | Engagement of Child & Family I.3 | Present Situation/ Assessment of Child to Date of Review I.4 | Determining Priority Goals and Objectives II.1 | Progress II.2 | Action Steps to Achieving Goals II.3 | Planning for Permanency II.4 |
|------------|-------------------------|----------------------------|-----------------------------|----------------------------------|--|--|---------------|--------------------------------------|------------------------------|
| Region I   | Bridgeport (n=4)        | 75.0%                      | 75.0%                       | 25.0%                            | 25.0%  | 75.0%  | 50.0%         | 25.0%                                | 100.0%                       |
|            | Norwalk (n=2)           | 100.0%                     | 100.0%                      | 50.0%                            | 0.0%   | 0.0%   | 50.0%         | 0.0%                                 | 50.0%                        |
|            | Stamford (n=2)          | 100.0%                     | 50.0%                       | 50.0%                            | 50.0%  | 50.0%  | 50.0%         | 0.0%                                 | 100.0%                       |
|            | <b>Combined Region</b>  | <b>87.5%</b>               | <b>75.0%</b>                | <b>37.5%</b>                     | <b>25.0%</b>   | <b>50.0%</b>                                   | <b>50.0%</b>  | <b>12.5%</b>                         | <b>87.5%</b>                 |
| Region II  | Milford (n=4)           | 100.0%                     | 100.0%                      | 75.0%                            | 50.0%  | 75.0%  | 75.0%         | 75.0%                                | 75.0%                        |
|            | New Haven (4)           | 100.0%                     | 100.0%                      | 75.0%                            | 75.0%  | 100.0%   | 75.0%         | 100.0%                               | 100.0%                       |
|            | <b>Combined Region</b>  | <b>100.0%</b>              | <b>100.0%</b>               | <b>75.0%</b>                     | <b>62.5%</b>   | <b>87.5%</b>                                   | <b>75.0%</b>  | <b>87.5%</b>                         | <b>87.5%</b>                 |
| Region III | Middletown (n=3)        | 100.0%                     | 100.0%                      | 66.7%                            | 33.3%  | 33.3%  | 66.7%         | 33.3%                                | 66.7%                        |
|            | Norwich (n=5)           | 100.0%                     | 100.0%                      | 60.0%                            | 60.0%  | 40.0%  | 60.0%         | 60.0%                                | 80.0%                        |
|            | Willimantic (n=3)       | 100.0%                     | 100.0%                      | 100.0%                           | 100.0%   | 0.0%   | 100.0%        | 66.7%                                | 100.0%                       |
|            | <b>Combined Region</b>  | <b>100.0%</b>              | <b>100.0%</b>               | <b>72.7%</b>                     | <b>63.6%</b>   | <b>27.3%</b>                                   | <b>72.7%</b>  | <b>54.5%</b>                         | <b>81.8%</b>                 |
| Region IV  | Hartford (n=6)          | 83.3%                      | 100.0%                      | 50.0%                            | 33.3%  | 50.0%  | 66.7%         | 0.0%                                 | 83.3%                        |
|            | Manchester (n=5)        | 100.0%                     | 80.0%                       | 20.0%                            | 80.0%  | 80.0%  | 100.0%        | 80.0%                                | 60.0%                        |
|            | <b>Combined Region</b>  | <b>90.9%</b>               | <b>90.9%</b>                | <b>36.4%</b>                     | <b>54.5%</b>   | <b>63.6%</b>                                   | <b>81.8%</b>  | <b>36.4%</b>                         | <b>72.7%</b>                 |
| Region V   | Danbury (n=2)           | 100.0%                     | 100.0%                      | 100.0%                           | 50.0%  | 100.0%   | 50.0%         | 100.0%                               | 100.0%                       |
|            | Torrington (n=2)        | 100.0%                     | 100.0%                      | 100.0%                           | 100.0%   | 100.0%   | 100.0%        | 100.0%                               | 100.0%                       |
|            | Waterbury (n=4)         | 100.0%                     | 100.0%                      | 50.0%                            | 25.0%  | 75.0%  | 75.0%         | 75.0%                                | 75.0%                        |
|            | <b>Combined Region</b>  | <b>100.0%</b>              | <b>100.0%</b>               | <b>77.8%</b>                     | <b>50.0%</b>   | <b>87.5%</b>                                   | <b>75.0%</b>  | <b>87.5%</b>                         | <b>87.5%</b>                 |
| Region VI  | Meriden (n=2)           | 100.0%                     | 100.0%                      | 100.0%                           | 50.0%  | 50.0%  | 100.0%        | 50.0%                                | 100.0%                       |
|            | New Britain (n=5)       | 100.0%                     | 100.0%                      | 40.0%                            | 60.0%  | 60.0%  | 80.0%         | 80.0%                                | 100.0%                       |
|            | <b>Combined Region</b>  | <b>100.0%</b>              | <b>100.0%</b>               | <b>57.1%</b>                     | <b>57.1%</b>   | <b>57.1%</b>                                   | <b>85.7%</b>  | <b>71.4%</b>                         | <b>100.0%</b>                |
|            | <b>Statewide (n=53)</b> | <b>96.2%</b>               | <b>94.3%</b>                | <b>58.5%</b>                     | <b>52.8%</b>   | <b>60.4%</b>                                   | <b>73.6%</b>  | <b>56.6%</b>                         | <b>84.9%</b>                 |



Our review of the data also looks at variables such as case assignment, race, sex, case permanency goal, and legal status at the time of case plan development. During this quarter, the following results across the state were noted. We strongly caution drawing conclusions based on this one quarter's findings, but will continue ongoing monitoring of these data for trends. A more focused review by the Department may be warranted through their internal data systems should results in subsequent quarters reflect ongoing concerns in any areas that are suggested in the tables below.

**Crosstabulation 2: Type of case assignment noted in LINK \* Overall Score for OM3**

| What is the type of case assignment noted in LINK? |                          | Overall Score for OM3 |                              |        |
|--|--------------------------|-----------------------|------------------------------|--------|
|  |                          | Appropriate Case Plan | Not an Appropriate Case Plan | Total  |
| <b>CPS In-Home Family Case</b>                     | Count                    | 11                    | 7                            | 18     |
|  | % within Case Assignment | 61.1%                 | 38.9%                        | 100.0% |
| <b>Voluntary Services In-Home Family Case</b>      | Count                    | 2                     | 2                            | 4      |
|  | % within Case Assignment | 50.0%                 | 50.0%                        | 100.0% |
| <b>Combined In Home Caseload Sample</b>            | Count                    | 13                    | 9                            | 22     |
|  | %                        | 59.1%                 | 40.9%                        | 100.0% |
| <b>CPS Child in Placement Case</b>                 | Count                    | 12                    | 17                           | 29     |
|  | % within Case Assignment | 41.4%                 | 58.6%                        | 100.0% |
| <b>Voluntary Services Child in Placement Case</b>  | Count                    | 2                     | 0                            | 2      |
|  | % within Case Assignment | 100.0%                | .0%                          | 100.0% |
| <b>Combined Child In Placement Caseload Sample</b> | Count                    | 14                    | 17                           | 31     |
|  | %                        | 45.2%                 | 54.8%                        | 100.0% |
| <b>Grand Total All Cases</b>                       | Count                    | 27                    | 26                           | 53     |
|  | % within Case Assignment | 50.9%                 | 49.1%                        | 100.0% |

**Crosstabulation 3: Race (Child or Family Case Named Individual) \* Overall Score for OM3**

| Race (Child or Family Case Named Individual)     |               | Overall Score for OM3 |                              |        |
|--|---------------|-----------------------|------------------------------|--------|
|  |               | Appropriate Case Plan | Not an Appropriate Case Plan | Total  |
| <b>American Indian or Alaskan Native</b>         | Count         | 0                     | 1                            | 1      |
|  | % within Race | .0%                   | 100.0%                       | 100.0% |
| <b>Black/African American</b>                    | Count         | 4                     | 7                            | 11     |
|  | % within Race | 36.4%                 | 63.6%                        | 100.0% |
| <b>White</b>                                     | Count         | 20                    | 13                           | 33     |
|  | % within Race | 60.6%                 | 39.4%                        | 100.0% |
| <b>UTD</b>                                       | Count         | 0                     | 1                            | 1      |
|  | % within Race | .0%                   | 100.0%                       | 100.0% |
| <b>Multiracial (more than one race selected)</b> | Count         | 3                     | 4                            | 7      |
|  | % within Race | 42.9%                 | 57.1%                        | 100.0% |
| <b>Total</b>                                     | Count         | 27                    | 26                           | 53     |
|  | % within Race | 50.9%                 | 49.1%                        | 100.0% |

**Crosstabulation 4: Sex of Child \* Overall Score for OM3**

| Sex of Child |                             | Overall Score for OM3 |                              |        |
|--------------|-----------------------------|-----------------------|------------------------------|--------|
|              |                             | Appropriate Case Plan | Not an Appropriate Case Plan | Total  |
| Male         | Count                       | 6                     | 9                            | 15     |
|              | % within Sex of Child       | 40.0%                 | 60.0%                        | 100.0% |
| Female       | Count                       | 8                     | 9                            | 17     |
|              | % within Sex of Child       | 47.1%                 | 52.9%                        | 100.0% |
| Total        | Count                       | 14                    | 18                           | 32     |
|              | % within Child in Placement | 43.8%                 | 56.2%                        | 100.0% |

**Crosstabulation 5: What is the child or family's stated goal on the most recent case plan in place during the period? \* Overall Score for OM3**

| What is the child or family's stated goal on the most recent approved case plan in place during the period? |                          | Overall Score for OM3 |                              |        |
|---|--------------------------|-----------------------|------------------------------|--------|
|   |                          | Appropriate Case Plan | Not an Appropriate Case Plan | Total  |
| Reunification   | Count                    | 4                     | 6                            | 10     |
|   | % within permanency goal | 40.0%                 | 60.0%                        | 100.0% |
| Adoption  | Count                    | 7                     | 1                            | 8      |
|   | % within permanency goal | 87.5%                 | 12.5%                        | 100.0% |
| Transfer of Guardianship  | Count                    | 1                     | 0                            | 1      |
|   | % within permanency goal | 100.0%                | .0%                          | 100.0% |
| Long Term Foster Care with a Licensed Relative  | Count                    | 1                     | 0                            | 1      |
|   | % within permanency goal | 100.0%                | .0%                          | 100.0% |
| In-Home Goals - Safety/Well Being Issues  | Count                    | 13                    | 5                            | 18     |
|   | % within permanency goal | 72.2%                 | 27.8%                        | 100.0% |
| UTD - plan incomplete, unapproved/missing for this period   | Count                    | 0                     | 7                            | 7      |
|   | % within permanency goal | .0%                   | 100.0%                       | 100.0% |
| APPLA   | Count                    | 1                     | 7                            | 8      |
|   | % within permanency goal | 12.5%                 | 87.5%                        | 100.0% |
| Total   | Count                    | 27                    | 26                           | 53     |
|   | % within permanency goal | 50.9%                 | 49.1%                        | 100.0% |

Our review determined that in all ten cases with the identified goal of reunification, there was a stated concurrent permanency goal. In the eight cases with an identified goal of APPLA, seven had no stated concurrent goal. In all of these cases the reviewer did not question the appropriateness of the APPLA goal, but in one case did express concern that a concurrent plan was warranted but was not included and there was a need to focus on family/kinship development as the youth neared adulthood.

**Crosstabulation 6: Legal Status \* Overall Score for OM3**

| Legal Status  |                   | Overall Score for OM3 |                              |        |
|---|-------------------|-----------------------|------------------------------|--------|
|   |                   | Appropriate Case Plan | Not an Appropriate Case Plan | Total  |
| <b>Not Committed</b>                                    | Count             | 4                     | 0                            | 4      |
|   | % of Legal Status | 100.0%                | .0%                          | 100.0% |
| <b>Committed (Abuse/Neglect/Uncared For)</b>            | Count             | 3                     | 11                           | 14     |
|   | % of Legal Status | 21.4%                 | 78.6%                        | 100.0% |
| <b>TPR/Statutory Parent</b>                             | Count             | 4                     | 1                            | 5      |
|   | % of Legal Status | 80.0%                 | 20.0%                        | 100.0% |
| <b>Order of Temporary Custody</b>                       | Count             | 4                     | 5                            | 9      |
|   | % of Legal Status | 44.4%                 | 55.6%                        | 100.0% |
| <b>Protective Supervision</b>                           | Count             | 3                     | 1                            | 4      |
|   | % of Legal Status | 75.0%                 | 25.0%                        | 100.0% |
| <b>N/A - In-Home CPS case with no legal involvement</b> | Count             | 8                     | 4                            | 12     |
|   | % of Legal Status | 66.7%                 | 33.3%                        | 100.0% |
| <b>N/A - In-Home Voluntary Service Case</b>             | Count             | 1                     | 2                            | 3      |
|   | % of Legal Status | 33.3%                 | 66.7%                        | 100.0% |
| <b>Unknown/Pending</b>                                  | Count             | 0                     | 2                            | 2      |
|   | % of Legal Status | .0%                   | 100.0%                       | 100.0% |
| <b>Total</b>  | Count             | 27                    | 26                           | 53     |
|   | % of Legal Status | 50.9%                 | 49.1%                        | 100.0% |

The reviewers' comments during debriefing indicated that the rates of case participant attendance at the ACR declined compared to prior reviews. However, this new blind case review format, where we do not pre-announce our selection of the case for review is likely reporting the rate of attendance at the meetings that has historically been consistent. Given the previous methodology that provided advance notification, participation rates were most likely inflated due to advance notification.

In a separate sample of 14 cases, where the reviewers attended the ACR, several meetings were cancelled or rescheduled at the last minute due to failure to send out appropriate notification letters, or other internal issues. This came to light when our reviewer arrived unannounced at the identified scheduled time for the meeting. This suggests that some barriers to attendance may be the result of clerical process issues rather than lack of engagement. It has been noted in several discussions over the past several years that the notification process is laden with potential problem areas in regards to keeping addresses current for active providers and the family, as well as continued differences across the service areas in available clerical resources and how the clerical functions are handled. Given the disparity in attendance rates this may be an area for further consideration. In recent meetings statewide, we have also been advised that payment to providers for time spent in the meeting is also an issue that limits attendance.

Engagement during the Third Quarter 2011 was highest among mothers, foster parents and paid providers. Attendance at the ACR was highest among foster parents. There were no documented

formal family conferences this quarter. There were several in-home family cases that included documented visits where there were discussions regarding case planning. In many instances however, only one parent may have been present at these meetings. There were few outside providers or participants involved in the development of assessments, objectives or action steps. While engagement of families is indicated as a top priority, it has not been consistently realized in practice despite being introduced several years ago to the Department. Visits and meetings are still held during hours convenient to the agency rather than the family and/or the stakeholders. Documentation reviewed in this context and other reviews largely does not reflect efforts to actively engage or secure additional participants through natural supports or involved stakeholders. The practice of utilizing family conferencing is not part of the general practice in many regional offices.

**Table 3: Third Quarter Participation in Case Planning**

| Case Participant              | Region           | Percent Engaged with DCF in Case Planning as Documented in LINK during Period of Review | Percent Attending CPC/ACR or Family Conference |
|-------------------------------|------------------|---|--|
| Adolescent<br>(Child over 12) | I                | 60.0%   | 50.0%  |
|                               | II               | 100.0%  | 66.7%  |
|                               | III              | 60.0%   | 0.0%   |
|                               | IV               | 50.0%   | 0.0%   |
|                               | V                | 100.0%  | 0.0%   |
|                               | VI               | 50.0%   | 0.0%   |
|                               | <b>Statewide</b> | <b>69.2%</b>  | <b>22.2%</b>                                   |
| Mother                        | I                | 71.4%   | 75.0%  |
|                               | II               | 100.0%  | 40.0%  |
|                               | III              | 88.9%   | 80.0%  |
|                               | IV               | 90.0%   | 33.3%  |
|                               | V                | 85.7%   | 50.0%  |
|                               | VI               | 100.0%  | 50.0%  |
|                               | <b>Statewide</b> | <b>88.9%</b>  | <b>53.8%</b>                                   |
| Father                        | I                | 50.0%   | 0.0%   |
|                               | II               | 66.7%   | 40.0%  |
|                               | III              | 60.0%   | 20.0%  |
|                               | IV               | 87.5%   | 50.0%  |
|                               | V                | 28.6%   | 25.0%  |
|                               | VI               | 75.0%   | 100.0%   |
|                               | <b>Statewide</b> | <b>56.4%</b>  | <b>31.8%</b>                                   |
| Foster Parent                 | I                | 100.0%  | 100.0%   |
|                               | II               | 100.0%  | 75.0%  |
|                               | III              | 100.0%  | 83.3%  |
|                               | IV               | 33.3%   | 25.0%  |
|                               | V                | 40.0%   | 25.0%  |
|                               | VI               | 100.0%  | 66.7%  |
|                               | <b>Statewide</b> | <b>75.0%</b>  | <b>62.5%</b>                                   |
| Active Service Providers      | I                | 82.4%   | 50.0%  |
|                               | II               | 64.7%   | 38.5%  |
|                               | III              | 38.1%   | 25.0%  |
|                               | IV               | 33.3%   | 20.0%  |
|                               | V                | 40.0%   | 15.4%  |
|                               | VI               | 100.0%  | 25.0%  |
|                               | <b>Statewide</b> | <b>75.0%</b>  | <b>27.0%</b>                                   |

| Case Participant                                   | Region    | Percent Engaged with DCF in Case Planning as Documented in LINK during Period of Review | Percent Attending CPC/ACR or Family Conference |
|--|-----------|---|--|
| Child's Attorney/GAL                               | I         | 16.7%   | 0.0%   |
|  | II        | 60.0%   | 40.0%  |
|  | III       | 42.9%   | 28.6%  |
|  | IV        | 22.2%   | 0.0%   |
|  | V         | 40.0%   | 20.0%  |
|  | VI        | 0.0%  | 25.0%  |
|  | Statewide | <b>29.0%</b>  | <b>20.0%</b>                                   |
| Parent's Attorney                                  | I         | 25.0%   | 0.0%   |
|  | II        | 40.0%   | 0.0%   |
|  | III       | 80.0%   | 40.0%  |
|  | IV        | 42.9%   | 0.0%   |
|  | V         | 33.3%   | 0.0%   |
|  | VI        | 33.3%   | 33.3%  |
|  | Statewide | <b>40.7%</b>  | <b>13.6%</b>                                   |
| Other DCF Staff                                    | I         | 83.3%   | 75.0%  |
|  | II        | 50.0%   | 50.0%  |
|  | III       | 33.3%   | 50.0%  |
|  | IV        | 80.0%   | 0.0%   |
|  | V         | 0.0%  | 0.0%   |
|  | VI        | 0.0%  | 0.0%   |
|  | Statewide | <b>48.0%</b>  | <b>33.3%</b>                                   |
| Other Participants (Resource Identified by family) | I         | 50.0%   | 50.0%  |
|  | II        | 66.7%   | 33.3%  |
|  | III       | 33.3%   | 50.0%  |
|  | IV        | 100.0%  | N/A  |
|  | V         | 100.0%  | 100.0%   |
|  | VI        | 0.0%  | N/A  |
|  | Statewide | <b>54.5%</b>  | <b>50.0%</b>                                   |

### Findings Related to Outcome Measure 15 - Needs Met

The overall statewide results of the Court Monitor's review for Outcome Measure 15 indicate that the Department achieved a compliance rate of 60.4% during the Third Quarter 2011. Five of the 15 area offices attained the 80.0% benchmark required of Outcome Measure 15 during the third quarter. In Region III, the two offices that achieved the standard of compliance were Norwich at 80.0% and Willimantic at 100%. Also attaining the standard this quarter were two offices from Region V: Danbury and Torrington which both were rated at 100.0% achievement and Meriden, from Region VI at 100.0%.

Across the six state regions, results for Outcome Measure 15 ranged from 36.4% in Region IV to 81.8% in Region III. Only Region III surpassed the 80.0% standard, with a combined score of 81.8% from the cases of Middletown (66.7%), Norwich (80.0%) and Willimantic (100.0%).

- The biggest areas of need identified statewide are in the domains of "Permanency: DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal in Prior 6 Months"<sup>2</sup>, and "Well Being: Mental Health, Behavioral Health & Substance

<sup>2</sup> Services in this category include DCF case management, supervised visitation, advocacy, ARG, and services such as domestic violence programs, independent living skills, mentors, parent aides, reunification programs, and PPSP. More clinically based services are addressed in the mental health, substance abuse and behavioral treatment domain of measurement.

Abuse Treatment Services". Individual trends are indicated by area office in the Crosstabulation below, though caution must be taken due to the small aggregate numbers this early in our reporting of the blind review sampling process.

**Crosstabulation 7: Outcome Measure 15 Domain - Meeting Children and Families' Need % of Cases Achieving "Very Good" or "Optimal" Scores for Outcome Measure 15 \* Region**

| Region           | Area Office            | Risk: In Home | Risk: Child in Placement | Permanency: Securing the Permanent Placement - Action Plan for Next 6 Months | Permanency: DCF Case Management - Legal Action to Secure Permanency in Prior 6 Months | Permanency: DCF Case Management - Recruitment for Providers to Achieve Permanency in Prior 6 Months | Permanency: DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal in Prior 6 Months | Well Being: Medical Needs | Well Being: Dental Needs | Well Being: Mental Health, Behavioral Health & Substance Abuse Treatment Services | Well Being: Child's Current Placement | Well Being: Education | Percent of Cases with Needs Met per OM15 Methodology |
|------------------|------------------------|---------------|--------------------------|--|---|---|--|---------------------------|--------------------------|---|---------------------------------------|-----------------------|--|
| Region I         | Bridgeport             | 100.0%        | 50.0%                    | 50.0%  | 75.0%   | 0.0%  | 50.0%  | 100.0%                    | 100.0%                   | 75.0%   | 50.0%                                 | 100.0%                | 50.0%  |
|                  | Norwalk                | 100.0%        | 100.0%                   | 100.0%   | 100.0%  | 100.0%  | 50.0%  | 100.0%                    | 100.0%                   | 50.0%   | 100.0%                                | 50.0%                 | 50.0%  |
|                  | Stamford               | 100.0%        | 100.0%                   | 100.0%   | 100.0%  | 100.0%  | 50.0%  | 50.0%                     | 100.0%                   | 100.0%  | 100.0%                                | 50.0%                 | 50.0%  |
|                  | <b>Combined Region</b> | <b>100.0%</b> | <b>75.0%</b>             | <b>75.0%</b>   | <b>87.5%</b>  | <b>50.0%</b>  | <b>50.0%</b>   | <b>87.5%</b>              | <b>100.0%</b>            | <b>75.0%</b>  | <b>75.0%</b>                          | <b>75.0%</b>          | <b>50.0%</b>   |
| Region II        | Milford                | 100.0%        | 100.0%                   | 100.0%   | 100.0%  | 100.0%  | 100.0%   | 100.0%                    | 50.0%                    | 50.0%   | 100.0%                                | 100.0%                | 50.0%  |
|                  | New Haven              | 0.0%          | 100.0%                   | 100.0%   | 100.0%  | 100.0%  | 100.0%   | 100.0%                    | 100.0%                   | 75.0%   | 100.0%                                | 75.0%                 | 75.0%  |
|                  | <b>Combined Region</b> | <b>75.0%</b>  | <b>100.0%</b>            | <b>100.0%</b>  | <b>100.0%</b>   | <b>100.0%</b>   | <b>100.0%</b>  | <b>100.0%</b>             | <b>75.0%</b>             | <b>62.5%</b>  | <b>100.0%</b>                         | <b>87.5%</b>          | <b>62.5%</b>   |
| Region III       | Middletown             | 100.0%        | 100.0%                   | 100.0%   | 100.0%  | 100.0%  | 66.7%  | 100.0%                    | 66.7%                    | 100.0%  | 100.0%                                | 100.0%                | 66.7%  |
|                  | Norwich                | 66.7%         | 100.0%                   | 100.0%   | 80.0%   | 100.0%  | 60.0%  | 80.0%                     | 60.0%                    | 80.0%   | 100.0%                                | 75.0%                 | 80.0%  |
|                  | Willimantic            | 100.0%        | 100.0%                   | 100.0%   | 100.0%  | 100.0%  | 100.0%   | 100.0%                    | 100.0%                   | 100.0%  | 100.0%                                | 100.0%                | 100.0%   |
|                  | <b>Combined Region</b> | <b>85.7%</b>  | <b>100.0%</b>            | <b>100.0%</b>  | <b>90.9%</b>  | <b>100.0%</b>   | <b>72.7%</b>   | <b>90.9%</b>              | <b>72.7%</b>             | <b>90.9%</b>  | <b>100.0%</b>                         | <b>90.0%</b>          | <b>81.8%</b>   |
| Region IV        | Hartford               | 100.0%        | 100.0%                   | 75.0%  | 100.0%  | 80.0%   | 66.7%  | 66.7%                     | 83.3%                    | 83.3%   | 75.0%                                 | 83.3%                 | 33.3%  |
|                  | Manchester             | 100.0%        | 100.0%                   | 100.0%   | 100.0%  | 100.0%  | 40.0%  | 100.0%                    | 80.0%                    | 60.0%   | 100.0%                                | 75.0%                 | 40.0%  |
|                  | <b>Combined Region</b> | <b>100.0%</b> | <b>100.0%</b>            | <b>85.7%</b>   | <b>100.0%</b>   | <b>87.5%</b>  | <b>54.6%</b>   | <b>81.8%</b>              | <b>81.8%</b>             | <b>72.7%</b>  | <b>85.7%</b>                          | <b>80.0%</b>          | <b>36.4%</b>   |
| Region V         | Danbury                | 100.0%        | 100.0%                   | 100.0%   | 100.0%  | 100.0%  | 100.0%   | 100.0%                    | 100.0%                   | 100.0%  | 100.0%                                | 100.0%                | 100.0%   |
|                  | Torrington             | 100.0%        | 100.0%                   | 100.0%   | 100.0%  | 100.0%  | 100.0%   | 100.0%                    | 100.0%                   | 100.0%  | 100.0%                                | 100.0%                | 100.0%   |
|                  | Waterbury              | 100.0%        | 100.0%                   | 66.7%  | 100.0%  | 100.0%  | 75.0%  | 75.0%                     | 75.0%                    | 25.0%   | 100.0%                                | 50.0%                 | 25.0%  |
|                  | <b>Combined Region</b> | <b>100.0%</b> | <b>100.0%</b>            | <b>80.0%</b>   | <b>100.0%</b>   | <b>100.0%</b>   | <b>87.5%</b>   | <b>87.5%</b>              | <b>87.5%</b>             | <b>62.5%</b>  | <b>100.0%</b>                         | <b>75.0%</b>          | <b>62.5%</b>   |
| Region VI        | Meriden                | 100.0%        | 100.0%                   | 100.0%   | 100.0%  | 100.0%  | 100.0%   | 100.0%                    | 100.0%                   | 100.0%  | 100.0%                                | 100.0%                | 100.0%   |
|                  | New Britain            | 100.0%        | 100.0%                   | 100.0%   | 100.0%  | 75.0%   | 60.0%  | 80.0%                     | 80.0%                    | 80.0%   | 100.0%                                | 100.0%                | 60.0%  |
|                  | <b>Combined Region</b> | <b>100.0%</b> | <b>100.0%</b>            | <b>100.0%</b>  | <b>100.0%</b>   | <b>80.0%</b>  | <b>71.4%</b>   | <b>85.7%</b>              | <b>85.7%</b>             | <b>85.7%</b>  | <b>100.0%</b>                         | <b>100.0%</b>         | <b>57.1%</b>   |
| <b>Statewide</b> | <b>92.8%</b>           | <b>96.9%</b>  | <b>90.6%</b>             | <b>96.2%</b>   | <b>88.2%</b>  | <b>71.7%</b>  | <b>88.7%</b>   | <b>83.0%</b>              | <b>75.5%</b>             | <b>93.8%</b>  | <b>84.3%</b>                          | <b>60.4%</b>          |  |

Case sample included 53 cases; however percentages are based on only applicable cases to each measure. Number of cases varies from domain to domain across each area office dependent upon the circumstance of the case during the period under review.

Our review of the data also looks at variables such as case assignment, race, sex, and case permanency goal, legal status and the status of needs met (OM15). During this quarter, the following results across the state were noted. We strongly caution drawing conclusions based on this one quarter's findings, but will continue to monitor these data ongoing for trends. A more focused review by the Department may be warranted through their internal data systems should results in subsequent quarters reflect ongoing concerns in any one area that are suggested in the tables below.

**Crosstabulation 8: 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  |
| <b>CPS In-Home Family Case</b>                     | Count                       | 11                                   | 7             | 18     |
|  | % within What is case type? | 61.1%                                | 38.9%         | 100.0% |
| <b>Voluntary Services In-Home Family Case</b>      | Count                       | 2                                    | 2             | 4      |
|  | % within What is case type? | 50.0%                                | 50.0%         | 100.0% |
| <b>Combined In-Home Caseload Sample</b>            | Count                       | 13                                   | 9             | 22     |
|  | %                           | 59.1%                                | 40.9%         | 100.0% |
| <b>CPS Child in Placement Case</b>                 | Count                       | 17                                   | 12            | 29     |
|  | % within What is case type? | 58.6%                                | 41.4%         | 100.0% |
| <b>Voluntary Services Child in Placement Case</b>  | Count                       | 2                                    | 0             | 2      |
|  | % within What is case type? | 100.0%                               | .0%           | 100.0% |
| <b>Combined Child in Placement Caseload Sample</b> | Count                       | 19                                   | 12            | 31     |
|  | %                           | 61.3%                                | 38.7%         | 100.0% |
| <b>Total Sample</b>                                | Count                       | 32                                   | 21            | 53     |
|  | % within What is case type? | 60.4%                                | 39.6%         | 100.0% |

**Crosstabulation 9: Race (Child or Family Case Named Individual) \* Overall Score for Outcome Measure 15**

| Race (Child or Family Case Named Individual)     |               | Overall Score for Outcome Measure 15 |               |        |
|--|---------------|--------------------------------------|---------------|--------|
|  |               | Needs Met                            | Needs Not Met | Total  |
| <b>American Indian or Alaskan Native</b>         | Count         | 0                                    | 1             | 1      |
|  | % within Race | .0%                                  | 100.0%        | 100.0% |
| <b>Black/African American</b>                    | Count         | 6                                    | 5             | 11     |
|  | % within Race | 54.5%                                | 45.5%         | 100.0% |
| <b>Multiracial (more than one race selected)</b> | Count         | 4                                    | 3             | 7      |
|  | % within Race | 57.1%                                | 42.9%         | 100.0% |
| <b>Unable To Determine (UTD)</b>                 | Count         | 0                                    | 1             | 1      |
|  | % within Race | .0%                                  | 100.0%        | 100.0% |
| <b>White</b>                                     | Count         | 22                                   | 11            | 33     |
|  | % within Race | 66.7%                                | 33.3%         | 100.0% |
| <b>Total</b>                                     | Count         | 32                                   | 21            | 53     |
|  | % within Race | 60.4%                                | 39.6%         | 100.0% |



**Crosstabulation 10: Sex of Child in Placement \* Overall Score for Outcome Measure 15**

| Sex of Child in Placement |                       | Overall Score for Outcome Measure 15 |               |        |
|---------------------------|-----------------------|--------------------------------------|---------------|--------|
|                           |                       | Needs Met                            | Needs Not Met | Total  |
| <b>Male</b>               | Count                 | 7                                    | 8             | 15     |
|                           | % within Sex of Child | 46.7%                                | 53.3%         | 100.0% |
| <b>Female</b>             | Count                 | 12                                   | 5             | 17     |
|                           | % within Sex of Child | 70.6%                                | 29.4%         | 100.0% |
| <b>Total</b>              | Count                 | 19                                   | 13            | 32     |
|                           | % within Sex of Child | 59.4%                                | 40.6%         | 100.0% |

**Crosstabulation 11: What is the child or family's stated goal on the most recent treatment plan in place during the period? \* Overall Score for Outcome Measure 15**

| What is the child or family's stated Permanency Goal on the most recent approved Case Plan in place during the period? |                          | Overall Score for Outcome Measure 15 |               |        |
|--|--------------------------|--------------------------------------|---------------|--------|
|  |                          | Needs Met                            | Needs Not Met | Total  |
| <b>Adoption</b>  | Count                    | 8                                    | 0             | 8      |
|  | % within Case Plan Goal? | 100.0%                               | .0%           | 100.0% |
| <b>APPLA</b>   | Count                    | 3                                    | 5             | 8      |
|  | % within Case Plan Goal? | 37.5%                                | 62.5%         | 100.0% |
| <b>Long Term Foster Care with a Licensed Relative</b>  | Count                    | 1                                    | 0             | 1      |
|  | % within Case Plan Goal? | 100.0%                               | .0%           | 100.0% |
| <b>Reunification</b>   | Count                    | 6                                    | 4             | 10     |
|  | % within Case Plan Goal? | 60.0%                                | 40.0%         | 100.0% |
| <b>Transfer of Guardianship</b>  | Count                    | 1                                    | 0             | 1      |
|  | % within Case Plan Goal? | 100.0%                               | .0%           | 100.0% |
| <b>In-Home Goals - Safety/ Well Being Issues</b>   | Count                    | 13                                   | 5             | 18     |
|  | % within Case Plan Goal? | 72.2%                                | 27.8%         | 100.0% |
| <b>UTD - plan incomplete, unapproved/missing for this period</b>   | Count                    | 0                                    | 7             | 7      |
|  | % within Case Plan Goal? | .0%                                  | 100.0%        | 100.0% |
| <b>Total</b>   | Count                    | 32                                   | 21            | 53     |
|  | % within Case Plan Goal? | 60.4%                                | 39.6%         | 100.0% |

**Crosstabulation 12: Legal Status \* Overall Score for Outcome Measure 15**

|   |                       | Overall Score for Outcome Measure 15 |               |        |        |
|---|-----------------------|--------------------------------------|---------------|--------|--------|
|   |                       | Needs Met                            | Needs Not Met | Total  |        |
| <b>Legal Status</b>   |                       |                                      |               |        |        |
|   | <b>Not Committed</b>  | Count                                | 3             | 1      | 4      |
|   |                       | % within Legal Status                | 75.0%         | 25.0%  | 100.0% |
| <b>Committed (Abuse/<br/>Neglect/Uncared For)</b>           | Count                 | 7                                    | 7             | 14     |        |
|   | % within Legal Status | 50.0%                                | 50.0%         | 100.0% |        |
| <b>TPR/Statutory Parent</b>                                 | Count                 | 4                                    | 1             | 5      |        |
|   | % within Legal Status | 80.0%                                | 20.0%         | 100.0% |        |
| <b>Order of Temporary Custody</b>                           | Count                 | 5                                    | 4             | 9      |        |
|   | % within Legal Status | 55.6%                                | 44.4%         | 100.0% |        |
| <b>Protective Supervision</b>                               | Count                 | 3                                    | 1             | 4      |        |
|   | % within Legal Status | 75.0%                                | 25.0%         | 100.0% |        |
| <b>N/A - In-Home CPS case with<br/>no legal involvement</b> | Count                 | 7                                    | 5             | 12     |        |
|   | % within Legal Status | 58.3%                                | 41.7%         | 100.0% |        |
| <b>N/A - In-Home Voluntary<br/>Service Case</b>             | Count                 | 2                                    | 1             | 3      |        |
|   | % within Legal Status | 66.7%                                | 33.3%         | 100.0% |        |
| <b>Unknown/Pending</b>                                      | Count                 | 1                                    | 1             | 2      |        |
|   | % within Legal Status | 50.0%                                | 50.0%         | 100.0% |        |
| <b>Total</b>  | Count                 | 32                                   | 21            | 53     |        |
|   | % within Legal Status | 60.4%                                | 39.6%         | 100.0% |        |

**Crosstabulation 13: Has child's length of stay exceeded the 15 of the last 22 benchmark set by ASFA? \* Overall Score for Outcome Measure 15**

| Has child's length of stay exceeded the 15 of the last 22 benchmark set by ASFA                                       |       | Overall Score for Outcome Measure 15 |               |        |
|---|-------|--------------------------------------|---------------|--------|
|   |       | Needs Met                            | Needs Not Met | Total  |
| <b>Yes</b>  | Count | 0                                    | 2             | 2      |
|   | %     | .0%                                  | 100.0%        | 100.0% |
| <b>No</b>   | Count | 9                                    | 7             | 16     |
|   | %     | 56.3%                                | 43.8%         | 100.0% |
| <b>N/A - In-Home Case (CPS or Voluntary Services)</b>   | Count | 13                                   | 8             | 21     |
|   | %     | 61.9%                                | 38.1%         | 100.0% |
| <b>N/A - Exceeded timeframe however TPR has already<br/>been filed or granted/or compelling reason<br/>documented</b> | Count | 10                                   | 4             | 14     |
|   | %     | 71.4%                                | 28.6%         | 100.0% |
| <b>Total</b>  | Count | 32                                   | 21            | 53     |
|   | %     | 60.4%                                | 39.6%         | 100.0% |

During the quarter, SDM Risk Reassessment or Reunification Assessments are expected to be completed at 90 day intervals to inform case management when a CPS case is open in-home or with a child in placement having a goal of reunification. In this quarter, our review found that of the 30 cases requiring an SDM Risk Reassessment or Reunification Assessment, 15 or only 50% were done at the 90 day intervals policy recommends.

**Table 4: Has there been ongoing SDM Risk Reassessments or Reunification Assessments at 90 day intervals from the date of case opening in Ongoing Services?**

|              | Frequency | Percent | Cumulative Percent |
|--------------|-----------|---------|--------------------|
| <b>Yes</b>   | 15        | 28.3    | 28.3               |
| <b>No</b>    | 15        | 28.3    | 56.6               |
| <b>N/A</b>   | 23        | 43.4    | 100.0              |
| <b>Total</b> | 53        | 100.0   |                    |

In all twelve of the instances in which there was a safety decision identified during the investigation phase during the most recent case open for the case being reviewed, of conditionally safe, there was an identifiable safety plan in the LINK record. In all but one of these cases, the safety plan appeared to have mitigated some of the concerns identified.

During the Third Quarter, there were 36 cases<sup>3</sup> that had one or more unmet priority needs identified as unmet during the period under review. In total 154 discrete needs were captured by our review staff in the review process. The most frequently identified barrier within the 154 unmet needs is identified 27.9% of the time as: "Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services", this was followed by "delay in referral", cited in 20.8% of the instances of unmet needs noted.

**Table 5: Third Quarter Identified Unmet Priority Needs**

| Unmet Need                                | Barrier  | Frequency |
|---|--|-----------|
| Afterschool Programs                      | Client Refused Service   | 1         |
| ARG Consultation                          | Delay in Referral  | 4         |
| ARG Consultation                          | UTD from Case Plan or Area Office Response   | 1         |
| Behavior Management                       | Lack of Communication between DCF and Provider   | 1         |
| Case Management/Support/Advocacy          | Supervisory issues   | 2         |
| Case Management/Support/Advocacy          | Legal filings not timely   | 1         |
| Case Management/Support/Advocacy          | Safety Plan/Assessment not documented  | 1         |
| Case Management/Support/Advocacy          | Case Plan training needed  | 1         |
| Dental or Orthodontic Services            | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 2         |
| Dental or Orthodontic Services            | Provider Issues - untimely provision of services related to staffing, lack of follow through, etc                      | 1         |
| Dental or Orthodontic Services            | Delay in referral  | 1         |
| Dental Screening or Evaluation            | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 3         |
| Dental Screening or Evaluation            | Service Deferred Pending Completion of Another   | 2         |
| Dental Screening or Evaluation            | Delay in Referral  | 2         |
| Dental Screening or Evaluation            | UTD from Case Plan or Area Office Response   | 1         |
| Dental Screening or Evaluation            | Lack of Communication between DCF and Provider   | 1         |
| Dental Screening or Evaluation            | No Service Identified to Meet this Need  | 1         |
| Domestic Violence Services - Perpetrators | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 3         |

<sup>3</sup> Full sample includes 53 cases. Seven cases were newly open cases in which this was the initial case plan drafted and unmet needs were too soon to rate. In five cases the reviewer identified no unmet needs during the prior period under review.

| <b>Unmet Need</b>                                  | <b>Barrier</b>   | <b>Frequency</b> |
|--|--|------------------|
| <b>Domestic Violence Services - Victims</b>        | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 2                |
| <b>Domestic Violence Services - Victims</b>        | No Service Identified to Meet this Need  | 1                |
| <b>Domestic Violence Services - Victims</b>        | Delay in Referral  | 1                |
| <b>Drug/Alcohol Education - Parent</b>             | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 1                |
| <b>Drug/Alcohol Testing - Parent</b>               | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 1                |
| <b>Educational Screening or Evaluation</b>         | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 2                |
| <b>Educational Screening or Evaluation</b>         | Other - Provider Unaware of Child's Need   | 1                |
| <b>Educational Screening or Evaluation</b>         | No Service Identified to Meet this Need  | 1                |
| <b>Extended Day Treatment</b>                      | Client discharged for noncompliance/missed appointments/or refusal of follow-up services                               | 1                |
| <b>Family or Marital Counseling</b>                | Delay in Referral  | 1                |
| <b>Family or Marital Counseling</b>                | Adolescent sibling is non-cooperative  | 1                |
| <b>Family Reunification Service</b>                | Provider Issues - untimely provision of services related to staffing, lack of follow through, etc                      | 1                |
| <b>Flex Funds for Basic Needs</b>                  | Delay in Referral  | 1                |
| <b>Foster Care Support</b>                         | No Service Identified to Meet this Need  | 1                |
| <b>Group Home</b>                                  | No Slot Available  | 1                |
| <b>Health/Medical Screening or Evaluation</b>      | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 3                |
| <b>Health/Medical Screening or Evaluation</b>      | No Service Identified to Meet this Need  | 2                |
| <b>Health/Medical Screening or Evaluation</b>      | Other - Parent Delayed scheduling of physical  | 1                |
| <b>Health/Medical Screening or Evaluation</b>      | Lack of Communication between DCF and Provider   | 1                |
| <b>Health/Medical Screening or Evaluation</b>      | Provider Issues - untimely provision of services related to staffing, lack of follow through, etc                      | 1                |
| <b>Health/Medical Screening or Evaluation</b>      | Transportation Issues  | 1                |
| <b>Health/Medical Screening or Evaluation</b>      | Delay in Referral  | 1                |
| <b>IEP Programming</b>                             | Provider Issues - untimely provision of services related to staffing, lack of follow through, etc                      | 2                |
| <b>IEP Programming</b>                             | Lack of Communication between DCF and Provider   | 1                |
| <b>IEP Programming</b>                             | Delay in Referral  | 1                |
| <b>IEP Programming</b>                             | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 1                |
| <b>Individual Counseling - Child</b>               | Delay in Referral  | 3                |
| <b>Individual Counseling - Child</b>               | Client discharged for noncompliance/missed appointments/or refusal of follow-up services                               | 2                |
| <b>Individual Counseling - Child</b>               | Provider Issues - untimely provision of services related to staffing, lack of follow through, etc                      | 1                |
| <b>Individual Counseling - Parent</b>              | Client discharged for noncompliance/missed appointments/or refusal of follow-up services                               | 5                |
| <b>Individual Counseling - Parent</b>              | Delay in Referral  | 3                |
| <b>Individual Counseling - Parent</b>              | Wait List  | 1                |
| <b>Individual Counseling - Parent</b>              | Service Deferred Pending Completion of Another   | 1                |
| <b>In-Home Parent Education and Support</b>        | Delay in Referral  | 2                |
| <b>In-Home Parent Education and Support</b>        | Wait List  | 1                |
| <b>In-Home Treatment</b>                           | Client discharged for noncompliance/missed appointments/or refusal of follow-up services                               | 2                |
| <b>In-Home Treatment</b>                           | Other - Foster Mother Refused to allow service in the home   | 1                |
| <b>In-Home Treatment</b>                           | Wait List  | 1                |
| <b>Inpatient Substance Abuse Treatment - Child</b> | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 1                |

| <b>Unmet Need</b>  | <b>Barrier</b>   | <b>Frequency</b> |
|--|--|------------------|
| <b>Inpatient Substance Abuse Treatment - Parent</b>                  | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 1                |
| <b>Maintaining Family Ties</b>                                       | Delay in Referral  | 2                |
| <b>Matching/Processing/ICO</b>                                       | Provider Issues - untimely provision of services related to staffing, lack of follow through, etc                      | 1                |
| <b>Matching/Processing/ICO</b>                                       | Delay in Referral  | 1                |
| <b>Matching/Processing/ICO</b>                                       | Approval Process   | 1                |
| <b>Medically Complex Foster Home</b>                                 | Delay in Referral  | 1                |
| <b>Medication Management - Child</b>                                 | Client discharged for noncompliance/missed appointments/or refusal of follow-up services                               | 2                |
| <b>Medication Management - Parent</b>                                | Lack of Communication between DCF and Provider   | 1                |
| <b>Mental Health Screening or Evaluation - Child</b>                 | Lack of Communication between DCF and Provider   | 1                |
| <b>Mental Health Screening or Evaluation - Parent</b>                | Delay in Referral  | 2                |
| <b>Mental Health Screening or Evaluation - Parent</b>                | No Service Identified to Meet this Need  | 1                |
| <b>Mental Health Screening or Evaluation - Parent</b>                | Client discharged for noncompliance/missed appointments/or refusal of follow-up services                               | 1                |
| <b>Mentoring</b>   | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 1                |
| <b>Mentoring</b>   | No Service Identified to Meet this Need  | 1                |
| <b>Other Medical Intervention - Neurological Evaluation (Parent)</b> | Delay in Referral  | 1                |
| <b>Other State Agency - DHMAS</b>                                    | Delay in Referral  | 1                |
| <b>Outpatient Substance Abuse Treatment - Child</b>                  | Provider Issues - untimely provision of services related to staffing, lack of follow through, etc                      | 1                |
| <b>Outpatient Substance Abuse Treatment - Parent</b>                 | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 4                |
| <b>Outpatient Substance Abuse Treatment - Parent</b>                 | Service Deferred Pending Completion of Another   | 1                |
| <b>Parenting Classes</b>   | Delay in Referral  | 1                |
| <b>Parenting Groups</b>  | No Service Identified to Meet this Need  | 1                |
| <b>Problem Sexual Behavior Evaluation</b>                            | Other - Incarceration/Detention  | 1                |
| <b>Psychological or Psychosocial Evaluation - Child</b>              | Delay in Referral  | 1                |
| <b>Residential Care Facility</b>                                     | No Service Identified to Meet this Level of Need   | 1                |
| <b>Sexual Abuse Therapy - Victim</b>                                 | Wait List  | 1                |
| <b>Social Recreational Programs</b>                                  | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 1                |
| <b>Substance Abuse Screening - Parent</b>                            | Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services | 4                |
| <b>Substance Abuse Screening - Parent</b>                            | Provider Issues - untimely provision of services related to staffing, lack of follow through, etc                      | 1                |
| <b>Substance Abuse Screening - Parent</b>                            | No Service Identified to Meet this Need  | 1                |
| <b>Supervised Visitation</b>   | Provider Issues - untimely provision of services related to staffing, lack of follow through, etc                      | 1                |
| <b>Supervised Visitation</b>   | Delay in Referral  | 1                |
| <b>SW/Child Visitation</b>   | Visitation Not at Benchmark/Policy levels  | 7                |
| <b>SW/Child Visitation</b>   | UTD from Case Plan or Area Office Response   | 1                |
| <b>SW/Parent Visitation</b>  | Visitation Not at Benchmark/Policy levels  | 5                |
| <b>SW/Provider &amp; Collateral Contacts</b>                         | Lack of timely communication, delays in referrals and follow through.  | 14               |
| <b>Therapeutic Foster Care</b>                                       | Delay in Referral  | 1                |
| <b>Translation/Interpreter Services</b>                              | UTD from Case Plan or Area Office Response   | 1                |
|  |  | 154              |

In five of the sample cases, there were no unmet needs that were identified by the case reviewer. In these five cases, all identified providers and services were in place to assist the children and families meet their identified objectives and case plan goals as indicated. In 15 cases, the identified unmet needs

had been assessed in the prior period and continued to be unmet six months later. In nine cases, the social worker did not identify one or more unmet needs seen above in the prior SDM used to develop the prior case plan reviewed. In twenty-four cases, SDM was not completed six months prior as it was not required due to the timing of the case opening in Ongoing Services prior to this review, or overlooked in case management.

**Table 6: Were any of these identified unmet needs indicated as a need for the identified person in the SDM Family Strengths and Needs Assessment Tool used to develop the prior case plan?**

| Identified on Prior SDM FSNA?  | Frequency | Percent      | Valid Percent | Cumulative Percent |
|--------------------------------|-----------|--------------|---------------|--------------------|
| Yes                            | 15        | 28.3         | 28.3          | 28.3               |
| No                             | 9         | 17.0         | 17.0          | 45.3               |
| N/A - No prior FSNA            | 24        | 45.3         | 45.3          | 90.6               |
| N/A - There are no unmet needs | 5         | 9.4          | 9.4           | 100.0              |
| <b>Total</b>                   | <b>53</b> | <b>100.0</b> | <b>100.0</b>  |                    |

In 27 cases or 50.9% of the current case plans reviewed, the reviewer identified service needs for the child and/or family that should have been included in the reviewed case plan as a result of the LINK documentation available for the last six month period. These 81 needs were identified along with a barrier or reason for ongoing unmet need as:

**Table 7: Service Needs Identified as a Result of Discussion at Meetings Attended or Within the LINK Record Reviewed but not Incorporated into the Current Case Plan**

| Unmet Need                                | Barrier   | Frequency |
|---|---|-----------|
| Adoption Support (PPSP)                   | Service Deferred Pending Completion of Another  | 1         |
| ARG Consultation                          | UTD from Area Office Response   | 1         |
| Behavior Management                       | UTD from Area Office Response   | 1         |
| Case Management/Support/Advocacy          | Case plan supervision   | 2         |
| Case Management/Support/Advocacy          | Plan failed to include necessary contingency planning with family in face of mother's pending incarceration | 1         |
| Case Management/Support/Advocacy          | Case referrals delayed and in need of supervisory oversight   | 1         |
| Delinquency Prevention Program            | No Service Identified to Meet this Level of Need  | 1         |
| Dental or Orthodontic Services            | Provider Issues - untimely provision of services related to staffing, lack of follow through, etc           | 1         |
| Dental or Orthodontic Services            | No Service Identified to Meet this Need   | 1         |
| Dental Screening or Evaluation            | UTD from Area Office Response   | 3         |
| Dental Screening or Evaluation            | No Service Identified to Meet this Need   | 3         |
| Dental Screening or Evaluation            | Delay in Referral   | 1         |
| Dental Screening or Evaluation            | Area Office did not Respond to Reviewer Request for Clarification on this service barrier                   | 1         |
| Dental Screening or Evaluation            | Client Refused Service  | 1         |
| Domestic Violence Services - Perpetrators | No Service Identified to Meet this Need   | 1         |
| Domestic Violence Services - Victims      | No Service Identified to Meet this Need   | 1         |
| Educational Screening or Evaluation       | No Service Identified to Meet this Need   | 4         |
| Educational Screening or Evaluation       | UTD from Area Office Response   | 2         |
| Educational Screening or Evaluation       | Other - SAT Re-Testing required   | 1         |
| Educational Screening or Evaluation       | Wait List   | 1         |
| Extended Day Treatment                    | No Service Identified to Meet this Need   | 1         |
| Family or Marital Counseling              | Delay in Referral   | 1         |
| Family or Marital Counseling              | No Service Identified to Meet this Need   | 1         |
| Family Preservation Services              | No Service Identified to Meet this Need   | 1         |
| Group Home                                | No Service Identified to Meet the Need  | 1         |
| Health/Medical Screening or Evaluation    | No Service Identified to Meet this Need   | 4         |
| Health/Medical Screening or Evaluation    | UTD from Area Office Response   | 1         |

| <b>Unmet Need</b>                                     | <b>Barrier</b>   | <b>Frequency</b> |
|---|--|------------------|
| <b>Health/Medical Screening or Evaluation</b>         | Delay in Referral  | 1                |
| <b>Housing Assistance - Section 8</b>                 | Delay in Referral  | 1                |
| <b>IEP Programming</b>                                | Delay in Referral  | 1                |
| <b>IEP Programming</b>                                | Other - Child Hospitalized during the period   | 1                |
| <b>Individual Counseling - Child</b>                  | Delay in Referral  | 1                |
| <b>Individual Counseling - Child</b>                  | Other - lack of documentation only - referral in process per response of AO follow up after the fact                             | 1                |
| <b>Individual Counseling - Parent</b>                 | Client discharged for noncompliance/missed appointments/or refusal of follow-up services   | 1                |
| <b>Individual Counseling - Parent</b>                 | No Service Identified to Meet this Need  | 1                |
| <b>Individual Counseling - Parent</b>                 | Wait List  | 1                |
| <b>In-Home Treatment</b>                              | Provider Issues - untimely provision of services related to staffing, lack of follow through, etc                                | 1                |
| <b>In-Home Treatment</b>                              | No Service Identified to Meet this Need  | 1                |
| <b>Life Skills Training</b>                           | No Service Identified to Meet this Need  | 1                |
| <b>Maintaining Family Ties</b>                        | Lack of Communication between DCF and Provider   | 1                |
| <b>Maintaining Family Ties</b>                        | Other - Youth and Parent need to set expectations as stepfather's presence is uncomfortable and precludes visitation with family | 1                |
| <b>Maintaining Family Ties</b>                        | Delay in Referral  | 1                |
| <b>Matching/Processing/ICO</b>                        | Delays in Relative Licensure in Washington State - ICPC  | 1                |
| <b>Medication Management - Child</b>                  | Delay in Referral  | 2                |
| <b>Medication Management - Parent</b>                 | No Service Identified to Meet this Need  | 1                |
| <b>Mental Health Screening or Evaluation - Child</b>  | Delay in Referral  | 1                |
| <b>Mental Health Screening or Evaluation - Parent</b> | No Service Identified to Meet this Need  | 1                |
| <b>Other Medical Intervention - eye examination</b>   | No Service Identified to Meet this Need Identified in MDE  | 1                |
| <b>Other Mental Health</b>                            | RVH Discharge Plan - Lack of Communication between Area Office and RVH   | 1                |
| <b>Other OOH Service - College Tours</b>              | UTD Area Office Response   | 1                |
| <b>Parenting Classes</b>                              | Delay in Referral  | 2                |
| <b>Preparation for Adult Living (PALS)</b>            | Other - Daily Living Skills were identified as need in discussion and not included as action steps for child or provider on plan | 1                |
| <b>Preparation for Adult Living (PALS)</b>            | UTD Area Office Response   | 1                |
| <b>Problem Sexual Behavior Evaluation</b>             | Delay in Referral  | 1                |
| <b>Psychiatric Evaluation</b>                         | Delay in Referral  | 1                |
| <b>Psychiatric Evaluation</b>                         | Approval Process   | 1                |
| <b>Psychological or Psychosocial Evaluation</b>       | Service Not Available in Primary Language  | 1                |
| <b>Substance Abuse Screening - Parent</b>             | Delay in Referral  | 1                |
| <b>Supervised Visitation</b>                          | Delay in Referral  | 2                |
| <b>SW/Child Visitation</b>                            | UTD from Area Office Response  | 1                |
| <b>SW/Parent Visitation</b>                           | UTD from Area Office Response  | 2                |
| <b>SW/Provider Contacts</b>                           | Lack of Communication between DCF and Provider   | 2                |
| <b>SW/Provider Contacts - Foster Home</b>             | SW made only two contacts with foster family during visits with the CIP in the prior six month period                            | 1                |
| <b>Therapeutic Foster Care</b>                        | Wait List  | 1                |
|   |  | 81               |

### **Juan F. v Malloy Revised Exit Plan Outcome Measure 17 Certification Case Review**

The DCF Court Monitor's Office with the agreement of the *Juan F.* parties is conducting a series of reviews on the 22 Outcome Measures to identify areas of strengths and challenges prior to assertion of compliance and exit. This review, Outcome Measure 17 Pre-Certification Case Review, provides qualitative and quantitative data supplemental to the LINK data provided by DCF and verified by the Court Monitor on a quarterly basis, regarding the Worker-Child Visitation for In-Home Family cases. Under the requirement of the *Juan F. v Rell Revised Exit Plan: Modified as of July 11, 2006*, the parties stipulated to the following standard for Outcome Measure 17:

**Outcome Measure 17: Worker-Child Visitation (In Home)**

DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases.

Definitions and Clarifications:

1. Twice monthly visitation must be documented with each active child participant in the case. Visitation occurring in the home, school or other community setting will be considered for Outcome Measure 17.

### **Methodology**

The Monitor's Office requested the DCF provide the universe of all in-home treatment cases open 30 days or more at any point during the period of October 1, 2010 through December 31, 2010 and January 1, 2011 through March 31, 2011 (excluding probate, interstate and voluntary cases). This request was fulfilled with the Department's submittal of an Excel Database. During the fourth quarter, the Department had a total of 3,515 cases meeting the criteria. During the first quarter 2011, the Department had a total of 3,405 cases meeting the criteria.

The sampling methodology required a sample at a 95% confidence level. This resulted in the need to identify a minimum of 247 and 248 families per quarter (cases) for the sample respectively each quarter. A slight oversampling was taken because of concerns of low sample numbers for Torrington, Stamford, Norwalk, Middletown, and Danbury in prior reviews. The resulting total combined sample of cases is 495 cases. Due to the random selection process, twenty three of the cases selected appear in both quarters.



**Table 1: Sample Set for the 2011 Outcome Measure 17 Court Monitor's Pre-Certification Case Review**

| 4th Quarter 2010 |            |             |           | 1st Quarter 2011 |            |             |        |
|------------------|------------|-------------|-----------|------------------|------------|-------------|--------|
| Office           | Caseload   | %           | Sample    | Office           | Caseload   | %           | Sample |
| Bridgeport       | 388        | 11.0%       | 26        | Bridgeport       | 360        | 10.6%       | 25     |
| Danbury          | 65         | 1.8%        | 8         | Danbury          | 80         | 2.3%        | 8      |
| Hartford         | 464        | 13.2%       | 31        | Hartford         | 420        | 12.3%       | 32     |
| Manchester       | 331        | 9.4%        | 23        | Manchester       | 333        | 9.8%        | 23     |
| Meriden          | 204        | 5.8%        | 15        | Meriden          | 189        | 5.6%        | 13     |
| Middletown       | 104        | 3.0%        | 8         | Middletown       | 117        | 3.4%        | 8      |
| Milford          | 189        | 5.4%        | 12        | Milford          | 198        | 5.8%        | 14     |
| New Britain      | 431        | 12.3%       | 30        | New Britain      | 384        | 11.3%       | 26     |
| New Haven        | 348        | 9.9%        | 23        | New Haven        | 339        | 10.0%       | 23     |
| Norwalk          | 81         | 2.3%        | 7         | Norwalk          | 78         | 2.3%        | 7      |
| Norwich          | 303        | 8.6%        | 21        | Norwich          | 302        | 8.9%        | 21     |
| Stamford         | 80         | 2.3%        | 8         | Stamford         | 74         | 2.2%        | 8      |
| Torrington       | 92         | 2.6%        | 8         | Torrington       | 103        | 3.0%        | 8      |
| Waterbury        | 234        | 6.7%        | 13        | Waterbury        | 241        | 7.1%        | 18     |
| Willimantic      | <u>201</u> | <u>5.7%</u> | <u>14</u> | Willimantic      | <u>187</u> | <u>5.5%</u> | 14     |
|                  | 3515       | 100.0%      | 247       |                  | 3405       | 100.0%      | 248    |

**Fourth Quarter 2010 Outcome Measure 17 Certification Primary Findings**

The agreed upon Outcome Measure 17 on page 28 of the *Juan F. v Rell* Revised Exit Plan: Modified as of July 11, 2006 states:

**Outcome Measure 17: Worker-Child Visitation (In Home)**  
DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases.

Definitions and Clarifications:

1. Twice monthly visitation must be documented with each active child participant in the case. Visitation occurring in the home, school or other community setting will be considered for Outcome Measure 17.

The primary findings of this review of the Department's Fourth Quarter performance indicate:

1. **53.7% of the sample cases included documentation of all active child participants seen an average of two times per month during the 4<sup>th</sup> Quarter 2010.**
2. **Of the Fourth Quarter cases reviewed, only 78 of the 247 cases sampled, or 31.6%, achieved *consistent* twice monthly visitation with all active children in the case under the age of 18 in *each* month of the quarter.**
3. LINK computer generated reporting methodology does not report in a manner that provides for evaluation of visitation consistency for all active case participants. Rather, every open case is looked at as one opportunity to make two visits with any case

participant(s) to achieve the measure and contribute to a monthly performance percentage. The findings for the three months in any quarter are then averaged to determine the quarterly performance. The Department reported that for the fourth quarter of 2010, DCF achieved Outcome Measure 17 with a percentage of 89.7%. **Using similar logic to that of the LINK system reporting, our findings derive a statewide range of monthly contact activity by the DCF social worker or supervisor of zero visits to nine visits per case with a quarterly statewide average of 85.0%.**

4. **Given our findings in bullet number three above, we find that the Department's LINK reporting is statistically accurate to the extent that the logic was correctly applied and accurate.** Documentation issues remain regarding reporting on this measure. They include user entry/selection of narrative entry type, and the inability of the system to recognize the fluidity of case participant activity dynamics and engagement.
5. **A qualitative review of visitation practices for the cases sampled found that the quality, as documented in the LINK record during the quarter were deemed Optimal for 2.0% reviewed, while 19.8% of cases were deemed Very Good, 54.3% were deemed Marginal, 21.9% were deemed Poor and 2.0% were deemed Adverse/Absent.**

**Results Regarding Fourth Quarter 2010 Findings One and Two - OM17 as Defined by page 28 Juan F. v Rell Revised Exit Plan: Modified as of July 11, 2006**

The following statistics will provide information in regard to each of the primary findings for the fourth quarter reflective of the area office and statewide performance. At the outset, we want to clearly state that a comparative review of specific sample cases to the LINK/ROM data, points to data entry error rather than system issues that accounts for the differential in the reported percentages. Issues occurred primarily from the incorrect selection of narrative type (e.g. selection of "unannounced home visit" instead of "unsuccessful unannounced home visit") rather than system error. In some instances, an entry may have been corrected by a subsequent entry, but once entered; the automated count utilizes the incorrect entry regardless of the corrected narrative entry. Secondly, child in placement (CIP) visits for children in care within the same family system can be pulled into the count erroneously, but were not counted in our calculation.

Over the course of the period under review:

- 45 of the families (18.2%) did not have at least two visits in one month of the quarter.
- 13 of the families (5.3%) did not have at least two visits in two months of the quarter.
- 4 of the families (1.6%) did not have at least two visits in all three months of the quarter.

Within the sample, the most frequently occurring number of successfully documented monthly visits was two visits in each month of the quarter.

**Table 2: Number of documented Assigned Social Worker/SWS home visits\* with the CPS in-home family during the months of the period reviewed - October 2010 - December 2010**

| Number of Visits                              | October Frequency of Cases | November Frequency of Cases | December Frequency of Cases |
|---|----------------------------|-----------------------------|-----------------------------|
| 0   | 5                          | 10                          | 10                          |
| 1   | 23                         | 31                          | 27                          |
| 2   | 136                        | 155                         | 172                         |
| 3   | 45                         | 26                          | 30                          |
| 4   | 11                         | 11                          | 6                           |
| 5   | 2                          | 2                           | 1                           |
| 6   | 2                          | 0                           | 0                           |
| 7   | 1                          | 0                           | 0                           |
| 8   | 1                          | 1                           | 0                           |
| 9   | 0                          | 1                           | 0                           |
| Total   | 226                        | 237                         | 246                         |
| N/A (not open in Ongoing Services full month) | 21                         | 10                          | 1                           |
| Total   | 247                        | 247                         | 247                         |

\* Went to the home (or saw family member in the community setting) and spoke with one or more active case participants. Does not comport with definition of the Outcome Measure which requires that all active child case participants under the age of 18 were seen/spoken with twice monthly, as per the Outcome Measure Standard clarification as defined in Juan F. v Rell Revised Exit Plan: Modified as of July 11, 2006.

Complicating the reporting on this measure, the computer generated report is limited in the ability to adequately respond to the "definition and clarification" element of this outcome measure. Some staff are not utilizing LINK appropriately or updating case participants to accurately identify active case participants with consistency. In some cases, active case participants are not kept current and there are children under the age of 18 in the home who are not activated or are deactivated should be left active. Many times the selected active case participants for a visit do not agree with the narrative entered. This has implications to the accuracy of the reporting and the ability to quantitatively and accurately verify face to face contact with active participants, especially children present in the home.

Our review finds that **53.7% of all active child participants in the sample were seen two times per month during the quarter.** This is the secondary element of Outcome Measure 17 in the Fourth Quarter 2010 as defined by the agreed upon definition and clarifications set forth in Juan F. v Rell Revised Exit Plan: Modified as of July 11, 2006.

*"1. Twice Monthly visitation must be documented with each active child participant in the case. Visitation occurring in the home, school or other community setting will be considered for Outcome Measure 17."*

This is not to say that all children in 53.7% of the sample were seen twice monthly in each month of the quarter. As, only **78 of the 247 cases sampled or 31.6% achieved consistent twice monthly visitation with all active children in the case under the age of 18 each month of the quarter.**

As shown in Table 3, there were many visits documented by the DCF staff, however in many instances, one or more active child or adolescent case participants were not present in the home. Visits were made most frequently by the Assigned Social Worker or Supervisor, though there were 14 instances in which covering social workers were documented as the visiting contact in the quarter. In two of these

14 cases, the assigned Social Worker actually had no contact with the family during the quarter, as an alternate Social Worker made all visits with the family. In nine cases, there were joint visits made with Investigations Social Workers during the quarter. Seven documented ARG visits were made to the home with the Social Worker or Social Work Supervisor.

The Outcome Measure requires, not only that DCF make a visit to the home a minimum of twice per month, but that all active child case participants under the age of 18 are spoken with/seen twice monthly as their age and communication skill-set will allow. As identified earlier, when looking across the sample (n=247) for a full three months of the quarter, only 78 cases (31.6%) achieved the definitional requirement of the measure across all months in which they were open for the full month of ongoing services. The following tables indicate the frequency with which DCF achieved the standard in each month of the quarter with those DCF identified as active participants under the age of 18 and living in the home.

**Table 3: Did the SW/SWS visit twice a month with all active case participants under the age of 18 who are not in out of home placement?**

| October Visits?  | Frequency | Percent | Valid Percent |
|--|-----------|---------|---------------|
| Yes  | 120       | 48.6%   | 53.1%         |
| No   | 106       | 42.9%   | 46.9%         |
| <b>Total</b>   | 226       | 91.5%   | 100.0%        |
| <b>N/A - case opened less than a full calendar month</b> | 21        | 8.5%    |               |
| <b>Total</b>   | 247       | 100.0%  |               |

**Table 4: Did the SW/SWS visit twice a month with all active case participants under the age of 18 who are not in out of home placement?**

| November Visits?   | Frequency | Percent | Valid Percent |
|--|-----------|---------|---------------|
| Yes  | 130       | 52.6%   | 54.9%         |
| No   | 107       | 43.3%   | 45.1%         |
| <b>Total</b>   | 237       | 96.0%   | 100.0%        |
| <b>N/A - case opened less than a full calendar month</b> | 10        | 4.0%    |               |
| <b>Total</b>   | 247       | 100.0%  |               |

**Table 5: Did the SW/SWS visit twice a month with all active case participants under the age of 18 who are not in out of home placement?**

| December Visits?                                  | Frequency | Percent | Valid Percent |
|---|-----------|---------|---------------|
| Yes   | 131       | 53.0%   | 53.3%         |
| No  | 115       | 46.6%   | 46.7%         |
| Total   | 246       | 99.6%   | 100.0%        |
| N/A - case opened less than a full calendar month | 1         | .4%     |               |
| Total   | 247       | 100.0%  |               |

Table 6 below, provides an opportunity to see this measurement in an area office perspective:

**Table 6: Fourth Quarter 2010 Outcome Measure 17 Quantitative Results of Requirement for Twice Monthly Visitation with Each Active Child Case Participant in the Home \*Area Office**

| Area Office | % of Cases documenting twice monthly visitation with each active child monthly during October | % of Cases documenting twice monthly visitation with each active child monthly during November | % of Cases documenting twice monthly visitation with each active child monthly during December | % of Cases documenting twice monthly visitation with each active child for all months open during the Fourth Quarter 2010 <sup>4</sup> |
|-------------|---|--|--|--|
| Bridgeport  | 29.2%   | 44.0%  | 38.5%  | 19.2%  |
| Danbury     | 16.7%   | 50.0%  | 50.0%  | 25.0%  |
| Hartford    | 40.7%   | 46.4%  | 38.7%  | 19.4%  |
| Manchester  | 50.0%   | 63.6%  | 43.4%  | 34.8%  |
| Meriden     | 73.3%   | 60.0%  | 60.0%  | 40.0%  |
| Middletown  | 62.5%   | 50.0%  | 50.0%  | 37.5%  |
| Milford     | 40.0%   | 72.7%  | 50.0%  | 41.7%  |
| New Britain | 64.3%   | 56.7%  | 56.7%  | 36.7%  |
| New Haven   | 57.9%   | 25.0%  | 52.2%  | 21.7%  |
| Norwalk     | 71.4%   | 71.4%  | 42.9%  | 28.6%  |
| Norwich     | 40.0%   | 55.0%  | 66.7%  | 14.3%  |
| Stamford    | 50.0%   | 37.5%  | 62.5%  | 25.0%  |
| Torrington  | 100.0%  | 75.0%  | 100.0%   | 75.0%  |
| Waterbury   | 84.6%   | 76.9%  | 83.3%  | 69.2%  |
| Willimantic | 50.0%   | 71.4%  | 50.0%  | 28.6%  |
| Statewide   | 53.1%   | 54.9%  | 53.3%  | 31.6%  |

**Results Regarding Fourth Quarter 2010 Bulleted Findings Three and Four - LINK Reporting of Outcome Measure 17**

There appeared to be some variability in the practice of identifying active case participants. In some area offices, it appeared that all children under the age of 18 living in the home and adults with caretaking responsibility were made active which is consistent with the expectation of earlier Consent Decree and policy regarding case management underlying this measure. In other instances, only certain identified family members were made active. Putting this issue aside and recognizing any successful family contacts in the home setting. **During the fourth quarter, our review of the cases**

<sup>4</sup> Note: All cases may not have been open for all three months in the quarter.

within the sample indicates 85.0% had a minimum of two visits documented with one or more case participants in each month the case was open during the fourth quarter of 2010.

- In October, 87.6% of families had a minimum of two documented visits by a DCF Social Worker or Social Work Supervisor during the month.
- In November, 82.7% of families had a minimum of two documented visits by a DCF Social Worker or Social Work Supervisor during the month.
- In December, 84.9% of families had a minimum of two documented visits by a DCF Social Worker or Social Work Supervisor during the month.

**Table 7: Percentage of Sample Cases with Two or More Documented Social Worker or Social Work Supervisor Visits with any Active In-Home Family Case Participant(s) during Fourth Quarter 2010 designated by Area Office**

| Office      | October | November | December | Fourth Quarter |
|-------------|---------|----------|----------|----------------|
| Bridgeport  | 79.2%   | 76.0%    | 76.9%    | 77.3%          |
| Danbury     | 83.3%   | 75.0%    | 100.0%   | 86.4%          |
| Hartford    | 70.4%   | 71.4%    | 77.4%    | 73.3%          |
| Manchester  | 90.0%   | 81.8%    | 91.3%    | 87.7%          |
| Meriden     | 100.0%  | 93.3%    | 80.0%    | 91.1%          |
| Middletown  | 87.5%   | 87.5%    | 87.5%    | 87.5%          |
| Milford     | 90.0%   | 100.0%   | 75.0%    | 87.9%          |
| New Britain | 96.4%   | 80.0%    | 83.3%    | 86.4%          |
| New Haven   | 84.2%   | 80.0%    | 86.9%    | 83.9%          |
| Norwalk     | 85.7%   | 85.7%    | 71.4%    | 81.0%          |
| Norwich     | 90.0%   | 85.0%    | 95.2%    | 93.4%          |
| Stamford    | 87.5%   | 87.5%    | 87.5%    | 87.5%          |
| Torrington  | 100.0%  | 75.0%    | 100.0%   | 91.3%          |
| Waterbury   | 100.0%  | 84.6%    | 91.7%    | 92.1%          |
| Willimantic | 85.7%   | 100.0%   | 85.7%    | 90.5%          |
| Statewide   | 87.6%   | 82.7%    | 84.9%    | 85.0%          |

#### **Fourth Quarter 2010 OM17 Qualitative Review Findings**

Our review also looked at whether the visits documented by the DCF staff indicated case management reflective of the practice and policy expectations and standards outlined in *DCF Policy 36-15-1.1* regarding contacts with parent/guardian and children:

- In-person contact one time each week with each child in the case living in the home in an active case for the first thirty days following the transfer of the case from Investigations.
- In-person contact one time every other week with telephone contact on every alternating week day 31 through the first ACR at day 60
- In-person contact twice monthly thereafter.
- Policy indicates that the DCF worker should supplement face to face contacts during the first six months of the case opening with phone contacts in the alternating weeks that contacts are not made.
- Provider contacts with the professionals assisting with any assessment and services should be contacted weekly in the initial 30 days, bi-weekly through the first ACR, then monthly thereafter.

In addition *DCF Policy 31-8-8* requires:

- Documentation of visits should be entered within 5 working days of the occurrence of the visit.
- The narrative should be case specific and record the type, purpose and outcome of the visit, person(s) involved, and related observations.

Court Monitor reviewers were asked to rank the overall quality of the visitation on a five point scale. This produced the following results for the Fourth Quarter sample set of 247 cases.

**Table 8: What is the Overall Quality of Visitation during the period under review as measured by the rank scale?**

| Quality          | Frequency | Percent | Valid Percent |
|------------------|-----------|---------|---------------|
| <b>Optimal</b>   | 5         | 2.0%    | 2.0%          |
| <b>Very Good</b> | 49        | 19.8%   | 19.8%         |
| <b>Marginal</b>  | 134       | 54.3%   | 54.3%         |
| <b>Poor</b>      | 54        | 21.9%   | 21.9%         |
| <b>Adverse</b>   | 5         | 2.0%    | 2.0%          |
| <b>Total</b>     | 247       | 100.0%  | 100.0%        |

Cumulatively, 21.9% of the cases were felt to reflect "Very Good" or "Optimal" quality visitation during the quarter.

Cases with an "Optimal" rating (2.0%) documented in-person visits in the home, at community provider locations, school, etc. at or above the required twice monthly benchmark. Visits appeared to be dictated by the events of the case or needs of the family, with all case participants engaged in private discussion at a level they could benefit from during the contacts. These records also documented phone contacts with the family and collaterals in regards to the needs of the child/family. Critical events, requests for assistance or services, and issues of safety or well being that arose were followed up on with timely response and evidence of case planning was present. Reviewers commented that the visits were purposeful - focusing on needs, safety and wellbeing, and the frequency was sufficient for the situations documented.

Those with "Very Good" ratings (19.8%) were consistent with the DCF policy, and had many of the qualities described above, but across the span of the quarter there may have been one element or contact that was missing from the overall performance that was expected, such that the optimal ranking was not deserved.

"Marginal" scores made-up the majority of the performance in this review, with 54.3% of the cases ranked at this level of performance. Reviewers cited that in this pool of cases the family may or may not have received the twice monthly visit, and often the requirement to speak with all children in the home under the age of 18 was not achieved. Reviewers commented that even when the child(ren) were present, the worker, according to the LINK documentation, appeared to make little effort to actually engage the children by speaking with them privately to assess them for safety and well being, and determine their needs. While teens may often not be at home during announced visits, opportunities to speak with young and latency age children, who are home, seemed commonly overlooked. When workers do speak with these children these are documented as minimal contacts, with little regard to continuing the assessment or furthering engagement, and almost never are conducted privately.

"Poor" scores (21.9%) largely reflected cases that were not in compliance with the required twice monthly face-to-face contacts or lacked documented efforts to achieve that compliance. In the documentation of those visits that did occur there was minimal effort to engage all the children when present. There was minimal purpose-driven conversation or evidence of assessment gathering or case planning activity during the visits. Contact with collateral/providers was often sporadic within the documentation.

Adverse scores (2.0%) reflected cases with disregard for both the benchmark and policy requirements. Visitation and phone contacts documented were minimal if made at all, and collateral contacts were not documented as required. Visits that were documented did not show evidence of engagement with the family members alone, have purpose, or include a discussion of case planning priority/needs.

Some individual areas assessed in our fourth quarter 2010 review shed light on quality matters as follows:

- 87.0% of the cases had at least one documented conversation in the quarter regarding how the current services were impacting their case with DCF.
- Of the 227 of the cases including mothers 84.6% had some documented private discussion regarding the case planning during the quarter.
  - 39.7% of the 227 cases included the mother in twice monthly private conversations regarding case planning, current services and needs.
- Of the 96 cases with active fathers in the home 81.3% included at least one private conversation with the father regarding case planning during the quarter.
  - Only 19.8% of the 96 cases included father in twice monthly private conversations regarding case planning, current services and needs.
- Of the 14 cases with an active guardian in the home, 85.7% included at least one private conversation with the guardian regarding case planning during the quarter.
  - In all, 71.4% of the 14 cases with a guardian included twice monthly private conversations regarding case planning, current services and needs.
- In 69.9% of the 83 cases in which the family requested assistance with service provision, clothing, or other necessary items, the Social Worker documented timely follow up regarding that request.
- Twenty-five of the cases were newly transferred from Investigations during the quarter, and per policy should have had weekly visitation by the Ongoing Social Worker to establish the relationship, assess needs, begin referrals, etc. Of the 25 cases, six, or 24.0% received the increased level of visitation.
- Ninety-nine of the cases in the sample were subject to the day 31- 181 stage of visitation and contact rate. This indicates that in-person contact one time every other week with telephone contact on every alternating week day 31 should be maintained. In this sample, 27.3% of the 99 cases in this category were contacted at this established visitation standard set in policy.
- In 16 of the 38 instances (42.1%) in which the SDM Safety Assessment should have been completed due to the concerns expressed in the documentation, it was not completed.
  - 15 of the cases with a documented SDM Assessment had a Safety Plan developed with the family.



- 12 cases had safety plans documented without the creation of a current SDM Assessment in LINK.
- In 5 cases, the reviewers indicated the SDM Assessment was at a level warranting a Safety Plan but there was no evidence of a Safety Plan in LINK.
- In 16 cases, 6.5% of the cases, the social worker documented the use of an interpreter during visits to communicate with the family as he/she did not speak the primary language of the family. However, in three of the cases (1.2%) it was clear that the preferred/primary language of the client and assigned social worker were not the same and there was no documented evidence of an interpreter or translation service being used to communicate during the quarter.

On an area office level, the quality scoring resulted scores as shown in the following Crosstabulation:

**Crosstabulation 1: Social Worker's Office? \* What is the Overall Quality of Visitation during the period under review as measured by the rank scale?**

| Social Worker's Office |                      | What is the Overall Quality of Visitation during the period under review as measured by the rank scale? |       |          |           |         |        |
|------------------------|----------------------|---|-------|----------|-----------|---------|--------|
|                        |                      | Adverse   | Poor  | Marginal | Very Good | Optimal | Total  |
| <b>Bridgeport</b>      | Count                | 1   | 5     | 14       | 5         | 1       | 26     |
|                        | % within Area Office | 3.8%  | 19.2% | 53.8%    | 19.2%     | 3.8%    | 100.0% |
| <b>Danbury</b>         | Count                | 0   | 2     | 4        | 1         | 1       | 8      |
|                        | % within Area Office | .0%   | 25.0% | 50.0%    | 12.5%     | 12.5%   | 100.0% |
| <b>Hartford</b>        | Count                | 3   | 10    | 13       | 4         | 1       | 31     |
|                        | % within Area Office | 9.7%  | 32.3% | 41.9%    | 12.9%     | 3.2%    | 100.0% |
| <b>Manchester</b>      | Count                | 0   | 4     | 12       | 7         | 0       | 23     |
|                        | % within Area Office | .0%   | 17.4% | 52.2%    | 30.4%     | .0%     | 100.0% |
| <b>Meriden</b>         | Count                | 0   | 1     | 9        | 5         | 0       | 15     |
|                        | % within Area Office | .0%   | 6.7%  | 60.0%    | 33.3%     | .0%     | 100.0% |
| <b>Middletown</b>      | Count                | 0   | 1     | 7        | 0         | 0       | 8      |
|                        | % within Area Office | .0%   | 12.5% | 87.5%    | .0%       | .0%     | 100.0% |
| <b>Milford</b>         | Count                | 0   | 6     | 3        | 3         | 0       | 12     |
|                        | % within Area Office | .0%   | 50.0% | 25.0%    | 25.0%     | .0%     | 100.0% |
| <b>New Britain</b>     | Count                | 1   | 8     | 16       | 5         | 0       | 30     |
|                        | % within Area Office | 3.3%  | 26.7% | 53.3%    | 16.7%     | .0%     | 100.0% |
| <b>New Haven</b>       | Count                | 0   | 7     | 13       | 3         | 0       | 23     |
|                        | % within Area Office | .0%   | 30.4% | 56.5%    | 13.0%     | .0%     | 100.0% |
| <b>Norwalk</b>         | Count                | 0   | 1     | 6        | 0         | 0       | 7      |
|                        | % within Area Office | .0%   | 14.3% | 85.7%    | .0%       | .0%     | 100.0% |
| <b>Norwich</b>         | Count                | 0   | 2     | 14       | 5         | 0       | 21     |
|                        | % within Area Office | .0%   | 9.5%  | 66.7%    | 23.8%     | .0%     | 100.0% |
| <b>Stamford</b>        | Count                | 0   | 3     | 5        | 0         | 0       | 8      |
|                        | % within Area Office | .0%   | 37.5% | 62.5%    | .0%       | .0%     | 100.0% |
| <b>Torrington</b>      | Count                | 0   | 2     | 2        | 4         | 0       | 8      |
|                        | % within Area Office | .0%   | 25.0% | 25.0%    | 50.0%     | .0%     | 100.0% |
| <b>Waterbury</b>       | Count                | 0   | 1     | 8        | 4         | 0       | 13     |
|                        | % within Area Office | .0%   | 7.7%  | 61.5%    | 30.8%     | .0%     | 100.0% |
| <b>Willimantic</b>     | Count                | 0   | 1     | 8        | 3         | 2       | 14     |
|                        | % within Area Office | .0%   | 7.1%  | 57.1%    | 21.4%     | 14.3%   | 100.0% |
| <b>Total</b>           | Count                | 5   | 54    | 134      | 49        | 5       | 247    |
|                        | % within Area Office | 2.0%  | 21.9% | 54.3%    | 19.8%     | 2.0%    | 100.0% |

The review also looked at the role of increased court involvement and its impact on how cases are managed in regard to the benchmarks. In the 56 cases with protective supervision in place, the twice monthly benchmark was achieved in 23 or 41.1% of the time while the rate of compliance in non-court involved cases in 54 of 191 or 28.3%.

**Crosstabulation 2: Was protective supervision in place at any point during the PUR? \* If the monthly benchmark requirement was not achieved, what was the primary cause for the lapse in visitation?**

| Was protective supervision in place at any point during the PUR? | If the monthly benchmark requirement was not achieved, what was the primary cause for the lapse in visitation? |   |   |  |  |   |                   |       |
|--|--|---|---|--|--|---|-------------------|-------|
|  | Change in worker resulted in lapse in visitation   | SW did not document the required number of attempts to meet the bimonthly requirement | Documented attempts to visit with family were unsuccessful as family was transient or whereabouts unknown resulting in inability to meet measure. | SW documented at least the required number of visits to the home but was denied access to the home or children at twice monthly rate thereby unable to meet the measure. | SW documented visits at announced times, family unavailable, unannounced also attempted but unsuccessful | N/A - The visitation requirement was met through the efforts of the DCF SW. All Children seen twice monthly in the qtr. | Other cause cited | Total |
| Yes  | 1  | 15  | 0   | 0  | 16   | 23  | 1                 | 56    |
| No   | 1  | 47  | 1   | 5  | 82   | 54  | 1                 | 191   |
| <b>Total</b>   | 2  | 62  | 1   | 5  | 98   | 77  | 2                 | 247   |

As indicated in the crosstabulation above, the most commonly identified reason for the lack of achievement of the standard was family unavailability at the identified visit or unannounced visit made by the worker during the quarter. In addition to the 77 cases that met the standard, 98 or 39.7% of the 247 cases reviewed had documentation of attempted visits at a rate that if successful, would have met or exceeded the standards. However, due to the family not be available at the time of the visit, or subsequent attempts to make up the missed visit, the Social Worker did not successfully achieve the benchmark of twice monthly. The recent change in visitation policy that reduces the number of unannounced visits may show promise in this practice arena.

## **Primary Findings in Regard to First Quarter 2011 Outcome Measure 17 Certification Case Review**

The agreed upon Outcome Measure 17 on page 28 Juan F. v Rell Revised Exit Plan: Modified as of July 11, 2006 of states:

**Outcome Measure 17: Worker-Child Visitation (In Home)**  
DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases.

### Definitions and Clarifications:

1. Twice monthly visitation must be documented with each active child participant in the case. Visitation occurring in the home, school or other community setting will be considered for Outcome Measure 17.

The primary findings of this review of the Department's First Quarter 2011 performance indicate:

1. **54.5% of the sample cases included documentation of all active child participants seen an average of two times a month during the first quarter 2011.**
2. **Of the First Quarter cases reviewed, only 80 of the 248 cases sampled or 32.5% achieved consistent twice monthly visitation with all active children under the age of 18 and living in the home during each month of the quarter.**
3. LINK computer generated reporting methodology does not report in a manner that provides for evaluation of visitation consistency for all active case participants. Rather, every open case is looked at as one opportunity to make two visits with any case participant(s) to achieve the measure and contribute to a monthly performance percentage. The findings for the three months in any quarter are then averaged to determine the quarterly performance. The Department reported that DCF achieved Outcome Measure 17 for the First Quarter 2011 with a percentage of 88.5%. **Using similar logic to that of the LINK system reporting, our findings derive a statewide range of monthly contact activity by the DCF social worker or supervisor was zero visits to nine visits with a quarterly statewide average of 83.2%.**
4. **Given our findings in bullet three above, we find that the Department's reporting is statistically accurate to the extent that the logic was correctly applied and accurate.** Documentation issues remain regarding reporting on this measure. They include user entry/selection of narrative entry type, and the inability of the system to recognize the fluidity of case participant activity dynamics and engagement.
5. **A qualitative review of visitation practices for the cases sampled found that the quality, as documented in the LINK record during the quarter were deemed Optimal for 2.0% reviewed, while 19.4% of cases were deemed Very Good, 52.0% were deemed Marginal, 23.4% were deemed Poor and 3.2% were deemed Adverse/Absent.**

**Results Regarding First Quarter 2011 Primary Findings One and Two - OM17 as Defined by page 28 Juan F. v Rell Revised Exit Plan: Modified as of July 11, 2006**

The following report will provide information in regard to each of the primary findings for the first quarter reflective of the area office and statewide performance. At the outset, we want to clearly state that a comparative review of specific sample cases to the LINK/ROM data, points to data entry error rather than system issues that accounts for the differential in the reported percentages. Issues occurred primarily from the incorrect selection of narrative type (e.g. selection of "unannounced home visit" instead of "unsuccessful unannounced home visit") rather than system error. In some instances, an entry may have been corrected by a subsequent entry, but once entered; the automated count utilizes the incorrect entry regardless of the corrected narrative entry. Secondly, child in placement (CIP) visits for children in care within the same family system can be pulled into the count erroneously, but were not counted in our calculation.

Over the course of the period under review:

- 45 of the families (18.2%) did not have at least two visits in one month of the quarter.
- 23 of the families (9.3%) did not have at least two visits in two months of the quarter.
- 7 of the families (2.8%) did not have at least two visits in all three months of the quarter

Within the sample, the most frequently occurring number of successfully documented monthly visits among the sample cases was two visits in each month of the quarter.

**Table 9: Number of documented Assigned Social Worker or Social Work Supervisor home visits\* with the CPS in-home family during the months of the period reviewed - January 2011 through March 2011**

| Number of Visits                                       | January Frequency of Cases | February Frequency of Cases | March Frequency of Cases |
|--|----------------------------|-----------------------------|--------------------------|
| 0  | 9                          | 12                          | 11                       |
| 1  | 35                         | 25                          | 24                       |
| 2  | 137                        | 146                         | 162                      |
| 3  | 26                         | 32                          | 36                       |
| 4  | 5                          | 13                          | 5                        |
| 5  | 1                          | 3                           | 3                        |
| 6  | 1                          | 0                           | 3                        |
| 7  | 1                          | 0                           | 1                        |
| 8  | 0                          | 0                           | 1                        |
| <b>Total</b>   | 215                        | 231                         | 246                      |
| <b>N/A (not open in Ongoing Services a full month)</b> | 33                         | 17                          | 2                        |
| <b>Total</b>   | 248                        | 248                         | 248                      |

*\* Went to the home (or saw family member in the community setting) and spoke with one or more active case participants. Does not comport with definition of the Outcome Measure which requires that all active child case participants under the age of 18 were seen/spoken with twice monthly, as per the Outcome Measure Standard clarification as defined in Juan F. v Rell Revised Exit Plan: Modified as of July 11, 2006.*

Complicating the reporting on this measure, the computer generated report is limited in the ability to adequately respond to the "definitions and clarifications" element of this outcome measure. Currently staff is not utilizing LINK appropriately or updating case participants to accurately identify active case

participants with consistency. In some cases, active case participants are not kept current and there are children under the age of 18 in the home who are not activated or are deactivated who should be left active. Many times the selected active case participants do not agree with the narrative entered for the visit. This has implications to the accuracy of the current LINK reporting on the ability to quantitatively and accurately verify face-to-face contact with active participants, especially children present in the home.

**Our review finds that on 54.5% of the statewide sample cases all active child participants had been seen two times in a month during the quarter.** This is the secondary element of Outcome Measure 17 in the First Quarter 2011 as defined by the agreed upon definitions and clarifications set forth in **Juan F. v Rell Revised Exit Plan: Modified as of July 11, 2006.**

*"1. Twice Monthly visitation must be documented with each active child participant in the case. Visitation occurring in the home, school or other community setting will be considered for Outcome Measure 17."*

This is not to say that in each case, all children in 54.5% of the sample were seen twice monthly in *each* month of the quarter that that case was open. In total, only **80 of the 248 cases sampled or 32.5% achieved consistent twice monthly visitation with all active children under the age of 18 and living in the home each month of the quarter.**

As shown in the Table 10 above, there were many visits documented by the DCF staff, however in many instances, one or more active child or adolescent case participants were not present in the home during these visits. Visits were made most frequently by the Assigned Social Worker or Supervisor, though there were 8 instances in which covering social workers were documented as the visiting contact in the quarter. Twenty-three cases had visits documented investigation work during the quarter, and in eight of those there was clear documentation that the visits were jointly made with the assigned ongoing social worker and investigation social worker. There were four documented ARG visits made to the home with the Social Worker or Social Work Supervisor.

The Outcome Measure requires, not only that DCF make a visit to the home a minimum of twice per month, but, that all active child case participants under the age of 18 are spoken with/seen twice monthly as their age and communication skill-set will allow. As identified earlier, when looking across the sample (n=248) for a full three months of the quarter, only 80 cases (32.5%) achieved the definitional requirement of the measure across all months in which they were open for the full month of ongoing services. The following tables indicate the frequency with which DCF achieved the Outcome Measure Standard in each month of the quarter with those DCF identified as active under the age of 18 and living in the home.

**Table 10: Did the SW/SWS visit twice a month with all active case participants under the age of 18 who are not in out of home placement?**

| January Visits?                                   | Frequency | Percent | Valid Percent |
|---|-----------|---------|---------------|
| Yes   | 114       | 46.0    | 53.0          |
| No  | 101       | 40.7    | 46.9          |
| Total   | 215       | 86.7    | 100.0         |
| N/A - case opened less than a full calendar month | 33        | 13.3    |               |
| Total   | 248       | 100.0   |               |

**Table 11: Did the SW/SWS visit twice a month with all active case participants under the age of 18 who are not in out of home placement?**

| February Visits?                                  | Frequency | Percent | Valid Percent |
|---|-----------|---------|---------------|
| Yes   | 124       | 50.0    | 53.6          |
| No  | 107       | 43.1    | 46.3          |
| Total   | 231       | 93.1    | 100.0         |
| N/A - case opened less than a full calendar month | 17        | 6.9     |               |
| Total   | 248       | 100.0   |               |

**Table 12: Did the SW/SWS visit twice a month with all active case participants under the age of 18 who are not in out of home placement?**

| March Visits?                                     | Frequency | Percent | Valid Percent |
|---|-----------|---------|---------------|
| Yes   | 139       | 56.0    | 56.5          |
| No  | 107       | 43.1    | 43.5          |
| Total   | 246       | 99.2    | 100.0         |
| N/A - case opened less than a full calendar month | 2         | 0.8     |               |
| Total   | 248       | 100.0   |               |

Table 13 below provides an opportunity to see this measurement in an area office perspective.

**Table 13: First Quarter 2011 Outcome Measure 17 Quantitative Results of Requirement for Twice Monthly Visitation with Each Active Child Case Participant in the Home \* Area Office**

| Area Office | % of Cases documenting twice monthly visitation with each active child monthly during January | % of Cases documenting twice monthly visitation with each active child monthly during February | % of Cases documenting twice monthly visitation with each active child monthly during March | % of Cases documenting twice monthly visitation with each active child for all months open during the First Quarter 2011 |
|-------------|---|--|---|--|
| Bridgeport  | 43.5%   | 60.9%  | 44.0%   | 24.0%  |
| Danbury     | 66.7%   | 71.4%  | 62.5%   | 50.0%  |
| Hartford    | 31.0%   | 37.9%  | 38.7%   | 18.8%  |
| Manchester  | 63.2%   | 63.6%  | 65.2%   | 43.5%  |
| Meriden     | 41.7%   | 38.5%  | 53.8%   | 15.4%  |
| Middletown  | 50.0%   | 62.5%  | 50.0%   | 50.0%  |
| Milford     | 72.7%   | 53.9%  | 78.6%   | 50.0%  |
| New Britain | 45.8%   | 32.0%  | 56.0%   | 15.4%  |
| New Haven   | 47.4%   | 47.6%  | 43.5%   | 30.4%  |
| Norwalk     | 100.0%  | 66.7%  | 71.4%   | 57.1%  |
| Norwich     | 45.0%   | 47.6%  | 42.9%   | 28.6%  |
| Stamford    | 80.0%   | 83.3%  | 62.5%   | 62.5%  |
| Torrington  | 66.7%   | 75.0%  | 75.0%   | 62.5%  |
| Waterbury   | 68.8%   | 75.0%  | 72.2%   | 55.6%  |
| Willimantic | 69.2%   | 61.5%  | 78.6%   | 35.7%  |
| Statewide   | 53.0%   | 53.6%  | 56.5%   | 32.5%  |

**Results Regarding First Quarter 2011 Primary Findings Three and Four- LINK Reporting of Outcome Measure 17**

There appeared to be some variability in the practice of identifying active case participants. In some area offices all children under the age of 18 living in the home and adults with caretaking responsibility were made active which is consistent with the expectation of earlier Consent Decree and policy regarding case management underlying this measure. In other instances, only certain identified family members were made active. Putting this issue aside and recognizing any successful family contacts in the home setting, during the first quarter 83.2% of the families within the sample had an average of two documented visits by a DCF Social Worker or Social Work Supervisor each month.

**Our review of the cases within the sample indicates 83.2% had a minimum of two visits documented with one or more case participants in each month the case was open during the first quarter of 2011.**

- In January, 79.5% of 215 families with active cases in ongoing services for the full month had a minimum of two documented visits by a DCF Social Worker or Social Work Supervisor during the month.
- In February, 84.0% of 231 families with active cases in ongoing services for the full month had a minimum of two documented visits by a DCF Social Worker or Social Work Supervisor during the month.
- In March, 85.8% of 246 families with active cases in ongoing services for the full month had a minimum of two documented visits by a DCF Social Worker or Social Work Supervisor during the month.



**Table 14: Percentage of cases with Two or More documented Social Worker or Social Work Supervisor Visits with any Active In-Home Family case Participant(s) during First Quarter 2011 designated by Area Office**

| Office      | January | February | March  | First Quarter |
|-------------|---------|----------|--------|---------------|
| Bridgeport  | 68.2%   | 86.9%    | 84.0%  | 80.0%         |
| Danbury     | 100.0%  | 85.7%    | 100.0% | 95.2%         |
| Hartford    | 62.1%   | 62.1%    | 64.5%  | 62.9%         |
| Manchester  | 100.0%  | 86.4%    | 91.3%  | 92.2%         |
| Meriden     | 83.3%   | 84.6%    | 92.3%  | 86.8%         |
| Middletown  | 62.5%   | 75.0%    | 87.5%  | 75.0%         |
| Milford     | 100.0%  | 84.6%    | 100.0% | 94.7%         |
| New Britain | 70.8%   | 80.0%    | 80.0%  | 77.0%         |
| New Haven   | 68.4%   | 90.5%    | 87.0%  | 87.3%         |
| Norwalk     | 100.0%  | 100.0%   | 85.7%  | 94.4%         |
| Norwich     | 80.0%   | 81.0%    | 85.7%  | 79.0%         |
| Stamford    | 100.0%  | 100.0%   | 87.5%  | 94.7%         |
| Torrington  | 100.0%  | 87.5%    | 87.5%  | 90.9%         |
| Waterbury   | 87.5%   | 93.7%    | 94.4%  | 92.0%         |
| Willimantic | 76.9%   | 100.0%   | 92.9%  | 90.0%         |
| Statewide   | 79.5%   | 84.0%    | 85.8%  | 83.2%         |

**First Quarter 2010 Outcome Measure 17 Qualitative Review Findings**

Our review also looked at whether the visits documented by the DCF staff indicated case management reflective of the practice and policy expectations and standards outlined in DCF Policy 36-15-1.1 regarding contacts with parent/guardian and children:

- In-person contact one time each week with each child in the case living in the home in an active case for the first thirty days following the transfer of the case from Investigations.
- In-person contact one time every other week with telephone contact on every alternating week day 31 through the First ACR at day 60
- In-person contact twice monthly thereafter.
- Policy indicates that the DCF worker should supplement face to face contacts during the first six months of the case opening with phone contacts in the alternating weeks that contacts are not made.
- Provider contacts with the professionals assisting with any assessment and services should be contacted weekly in the initially 30 days, bi-weekly through the first ACR, then monthly thereafter.

In addition, DCF Policy 31-8-8 requires

- Documentation of visits should be entered within 5 working days of the occurrence of the visit.
- The narrative should be case specific and record the type, purpose and outcome of the visit, person(s) involved, and related observations.

Reviewers were asked to rank the overall quality of the visitation on a five point scale. This produced the following results for the first quarter 2011 sample set of 248 cases.

**Table 15: What is the Overall Quality of Visitation during the period under review as measured by the rank scale?**

| Quality          | Frequency | Percent | Valid Percent |
|------------------|-----------|---------|---------------|
| <b>Optimal</b>   | 5         | 2.0     | 2.0           |
| <b>Very Good</b> | 48        | 19.4    | 19.4          |
| <b>Marginal</b>  | 129       | 52.0    | 52.0          |
| <b>Poor</b>      | 58        | 23.4    | 23.4          |
| <b>Adverse</b>   | 8         | 3.2     | 3.2           |
| <b>Total</b>     | 248       | 100.0   | 100.0         |

Cumulatively 21.4% of the cases were felt to reflect "Very Good" or "Optimal" quality visitation during the quarter.

Cases with an "Optimal" rating (2.0%) documented in-person visits in the home, at community provider locations, school, etc. at or above the required twice monthly benchmark. Visits appeared to be dictated by the events of the case or needs of the family, with all case participants engaged in private discussion at a level they could benefit from during the contacts. These records also documented phone contacts with the family and collaterals in regards to the needs of the child/family. Critical events, requests for assistance or services, and issues of safety or well being that arose were followed up on with timely response and evidence of case planning was present. Reviewers commented that the visits were purposeful - focusing on needs, safety and wellbeing, and the frequency was sufficient for the situations documented.

Those with "Very Good" ratings (19.4%) were consistent with the DCF policy, and had many of the qualities described above, but across the span of the quarter there may have been one element or contact that was missing from the overall performance that was expected, such that the optimal ranking was not deserved.

"Marginal" scores made-up the majority of the performance in this review, with 52.0% of the cases ranked at this level of performance. Reviewers cited that in this pool of cases the family may or may not have received the twice monthly visit, and often the requirement to speak with all children in the home under the age of 18 was not achieved. Reviewers commented that even when the child(ren) were present, the worker, according to the LINK documentation, appeared to make little effort to actually engage the children by speaking with them privately to assess them for safety and well being, and determine their needs. While teens may often not be at home during announced visits, opportunities to speak with young and latency age children, who are home, seemed commonly overlooked. When workers do speak with these children these are documented as minimal contacts, with little regard to continuing the assessment or furthering engagement, and almost never are conducted privately.

"Poor" scores (23.4%) largely reflected cases in which there was not compliance with the required twice monthly face to face contacts or effort documented to achieve that compliance, and in the documentation of those visits that did occur there was minimal effort to engage all the children when present. There was minimal purpose driven conversation or evidence of assessment gathering or case planning activity during the visits. Contact with collateral/providers was often sporadic within the documentation.

Adverse scores (3.2%) reflected cases with disregard for both the benchmark and policy requirements. Visitation and phone contacts documented were minimal if made at all, and collateral contacts were likewise not documented as required. Those visits that were documented did not show evidence of engagement with the family members alone, have purpose, or include a discussion of case planning priority/needs.

Some individual areas assessed in our First Quarter 2011 review shed light on quality matters as follows:

- 93.1% of the cases had at least one documented conversation in the quarter regarding how the current services were impacting their case with DCF.
- 92.1% of the 229 cases including mothers had some discussion documented with mother in private regarding the case planning during the quarter.
  - 47.2% of the 227 cases included the mother in twice monthly private conversations regarding case planning, current services and needs.
- 88.5% of the 104 cases with active fathers in the home included at least one private conversation with the father regarding case planning during the quarter.
  - Only 20.2% of the 104 cases included father in twice monthly private conversations regarding case planning, current services and needs.
- 90.9% of the 11 cases with an active guardian in the home included at least one private conversation with the guardian regarding case planning during the quarter.
  - In all, 63.6% of the 11 cases with a guardian included twice monthly private conversations regarding case planning, current services and needs.
- In 83.8% of the 68 cases in which the family requested assistance with service provision, clothing, or other necessary items, the Social Worker documented timely follow up regarding that request.
- Forty-five of the cases were newly transferred from Investigations during the quarter, and therefore per policy should have had weekly visitation by the Ongoing Social Worker to establish the relationship, assess needs, begin referrals, etc. Only eight of the 45 cases, or 17.8% received the increased level of visitation.
- 108 of the cases in the sample were subject to the day 31- 181 stage of visitation and contact rate which indicates that in-person contact one time every other week with telephone contact on every alternating week should be maintained. In this sample, 24.1% of the 108 cases in this category were contacted at the established visitation standards set in policy.
- In 23 of the 44 instances (52.3%) where a SDM Safety Assessment should have been completed due to the concerns expressed in the documentation, it was completed.
  - 13 of the cases with an SDM Assessment documented had a Safety Plan developed with the family.
  - 12 cases had safety plans documented without the creation of a current SDM Assessment in LINK.
  - In 9 cases, the reviewers indicated the SDM Assessment was at a level warranting a Safety Plan but did not see evidence of one in LINK.

- In 14 cases, 5.6% of the cases, the social worker documented the use of an interpreter during visits to communicate with the family as he/she did not speak the primary language of the family. However, in seven of the cases (2.8%) it was clear that the preferred/primary language of the client and assigned social worker were not the same and there was no documented evidence of interpreter or translation services being used to communicate during the quarter.

On an area office level the quality scoring resulted in scores as shown in the following, Crosstabulation 3:

**Crosstabulation 3: Social Worker's Office? \* What is the Overall Quality of Visitation during the period under review as measured by the rank scale?**

| Social Worker's Area Office? |                      | What is the Overall Quality of Visitation during the period under review as measured by the rank scale? |       |          |           |         |        |
|------------------------------|----------------------|---|-------|----------|-----------|---------|--------|
|                              |                      | Adverse   | Poor  | Marginal | Very Good | Optimal | Total  |
| <b>Bridgeport</b>            | Count                | 2   | 4     | 11       | 7         | 1       | 25     |
|                              | % within Area Office | 8.0%  | 16.0% | 44.0%    | 28.0%     | 4.0%    | 100.0% |
| <b>Danbury</b>               | Count                | 0   | 1     | 2        | 4         | 1       | 8      |
|                              | % within Area Office | .0%   | 12.5% | 25.0%    | 50.0%     | 12.5%   | 100.0% |
| <b>Hartford</b>              | Count                | 4   | 12    | 14       | 2         | 0       | 32     |
|                              | % within Area Office | 12.5%   | 37.5% | 43.8%    | 6.3%      | .0%     | 100.0% |
| <b>Manchester</b>            | Count                | 0   | 3     | 11       | 9         | 0       | 23     |
|                              | % within Area Office | .0%   | 13.0% | 47.8%    | 39.1%     | .0%     | 100.0% |
| <b>Meriden</b>               | Count                | 1   | 5     | 7        | 0         | 0       | 13     |
|                              | % within Area Office | 7.7%  | 38.5% | 53.8%    | .0%       | .0%     | 100.0% |
| <b>Middletown</b>            | Count                | 0   | 1     | 6        | 0         | 1       | 8      |
|                              | % within Area Office | .0%   | 12.5% | 75.0%    | .0%       | 12.5%   | 100.0% |
| <b>Milford</b>               | Count                | 0   | 4     | 7        | 3         | 0       | 14     |
|                              | % within Area Office | .0%   | 28.6% | 50.0%    | 21.4%     | .0%     | 100.0% |
| <b>New Britain</b>           | Count                | 0   | 9     | 14       | 3         | 0       | 26     |
|                              | % within Area Office | .0%   | 34.6% | 53.8%    | 11.5%     | .0%     | 100.0% |
| <b>New Haven</b>             | Count                | 0   | 5     | 13       | 5         | 0       | 23     |
|                              | % within Area Office | .0%   | 21.7% | 56.5%    | 21.7%     | .0%     | 100.0% |
| <b>Norwalk</b>               | Count                | 0   | 0     | 5        | 2         | 0       | 7      |
|                              | % within Area Office | .0%   | .0%   | 71.4%    | 28.6%     | .0%     | 100.0% |
| <b>Norwich</b>               | Count                | 1   | 6     | 8        | 6         | 0       | 21     |
|                              | % within Area Office | 4.8%  | 28.6% | 38.1%    | 28.6%     | .0%     | 100.0% |
| <b>Stamford</b>              | Count                | 0   | 0     | 6        | 2         | 0       | 8      |
|                              | % within Area Office | .0%   | .0%   | 75.0%    | 25.0%     | .0%     | 100.0% |
| <b>Torrington</b>            | Count                | 0   | 2     | 4        | 1         | 1       | 8      |
|                              | % within Area Office | .0%   | 25.0% | 50.0%    | 12.5%     | 12.5%   | 100.0% |
| <b>Waterbury</b>             | Count                | 0   | 4     | 13       | 1         | 0       | 18     |
|                              | % within Area Office | .0%   | 22.2% | 72.2%    | 5.6%      | .0%     | 100.0% |
| <b>Willimantic</b>           | Count                | 0   | 2     | 8        | 3         | 1       | 14     |
|                              | % within Area Office | .0%   | 14.3% | 57.1%    | 21.4%     | 7.1%    | 100.0% |
| <b>Total</b>                 | Count                | 8   | 58    | 129      | 48        | 5       | 248    |
|                              | % within Area Office | 3.2%  | 23.4% | 52.0%    | 19.4%     | 2.0%    | 100.0% |

The review also looked at the role of increased court involvement and its impact on how cases are managed in regard to the benchmarks. In 64 cases in which there was protective supervision, the twice monthly benchmark was achieved in 22 or 34.4% of the time in comparison to the rate of compliance in non-court involved cases in 62 of 184 or 33.7%.

**Crosstabulation 4: Was protective supervision in place at any point during the PUR? \* If the monthly benchmark requirement was not achieved, what was the primary cause for the lapse in visitation?**

| Was protective supervision in place at any point during the PUR? | If the monthly benchmark requirement was not achieved, what was the primary cause for the lapse in visitation? |   |   |  |  |   |   |                   |       |
|--|--|---|---|--|--|---|---|-------------------|-------|
|  | The requirement was not met as a change in worker resulted in lapse in visitation.                             | SW did not document the required number of attempts to meet the bimonthly requirement | Documented attempts to visit with family were unsuccessful as family was transient or whereabouts unknown resulting in inability to meet measure. | SW documented at least the required number of visits to the home but was denied access to the home or children at twice monthly rate thereby unable to meet the measure. | SW documented visits at announced times, family unavailable, unannounced visits also attempted but unsuccessful. | The SW documented issues such as weather that impacted ability to make the mandated visits. | N/A - The visitation requirement was met through the efforts of the DCF SW. All Children seen twice monthly in the qtr. | Other cause cited | Total |
| Yes  | 3  | 14  | 1   | 0  | 23   | 0   | 22  | 1                 | 64    |
| No   | 0  | 44  | 1   | 4  | 69   | 2   | 62  | 2                 | 184   |
| <b>Total</b>   | 3  | 58  | 2   | 4  | 92   | 2   | 84  | 3                 | 248   |

As indicated in the crosstabulation above the most commonly identified reason for the lack of achievement of the standard was family unavailability at the identified visit or unannounced visit made by the worker during the quarter. In addition to the 84 cases that met the standard, 92 or 37.1% of the 248 cases reviewed had documentation of attempted visits at a rate that if successful, would have met or exceeded the standard. However, due to the family not be available at the time of the visits, or subsequent attempts to make up the missed visit, the Social Worker did not successfully achieve the benchmark of twice monthly. The recent change in visitation policy to reduce the number of unannounced visits may show promise in this practice arena.

### **Stipulation Regarding Outcome Measures 3 and 15**

During the Third Quarter 2011 and continuing into the Fourth Quarter 2011, meetings between the *Juan F.* parties have consistently addressed underpinnings of the Stipulation Regarding Outcome Measures 3 and 15. There have been thorough discussions regarding the Department's recent reports including, We All Need Somebody: Supporting Children, Families and the Work Force in Connecticut's Family Foster Care System, and Congregate Care Rightsizing and Redesign: Young Children, Voluntary Placements and a Profile of Therapeutic Group Homes, and the Final Report on Consolidation of Riverview Hospital for Children and Youth with the Connecticut Children's Place.

At the time of the writing of this report, the Department has developed a draft foster care action plan that provides implementation specifics and interim progress data regarding foster care utilization and availability. The draft includes a variety of foster care data, including evidence of the increased use of relative/kinship care.

Interim progress data has been shared regarding the recent policy directives regarding the use of congregate care. Declines in use of congregate care by children, most notably those under 6 years of age, but also those 12 and under are noted; as well as, the significant reduction in children placed out-of-state. There is a shared concern of both parties and Court Monitor related to the provision of services and outcomes for children diverted from utilizing congregate care services. These will be monitored closely.

The Department's progress in utilizing Connecticut Children's Place and Riverview Hospital (now renamed the Albert J. Solnit Children's Psychiatric Center) has been detailed and examined. At the time of writing this report, the North Campus is approaching full capacity and a short term unit for girls is open on the South Campus. The Department's ability to meet the needs of children at both campuses via short term treatment models will continue to be monitored.

There was a recent discussion regarding the Department's progress in addressing the prospective placement provision, **Stipulation §VI.A-§VI.F Prospective Placement Restrictions (See Appendix 1)**. Each of the sections was reviewed and discussed and the Department is in the process of developing additional information. While progress has been made in sections D. and E. regarding children in congregate care and section F. which covers children with the permanency goal of APPLA (Another Planned Permanent Living Arrangement), questions and concerns remained regarding sections A., B., and C. which pertain to discharge delays in both short term programs like SAFE Homes and STAR, as well as, inpatient hospital facilities.

Finally, the Department's efforts to address the service needs of children and families were reviewed with an emphasis on ensuring that any budget savings achieved by reducing the use of congregate care are utilized to address the long documented service gaps that exist for children who live in family and community settings.

## JUAN F. ACTION PLAN MONITORING REPORT

November 2011

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 2011.

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

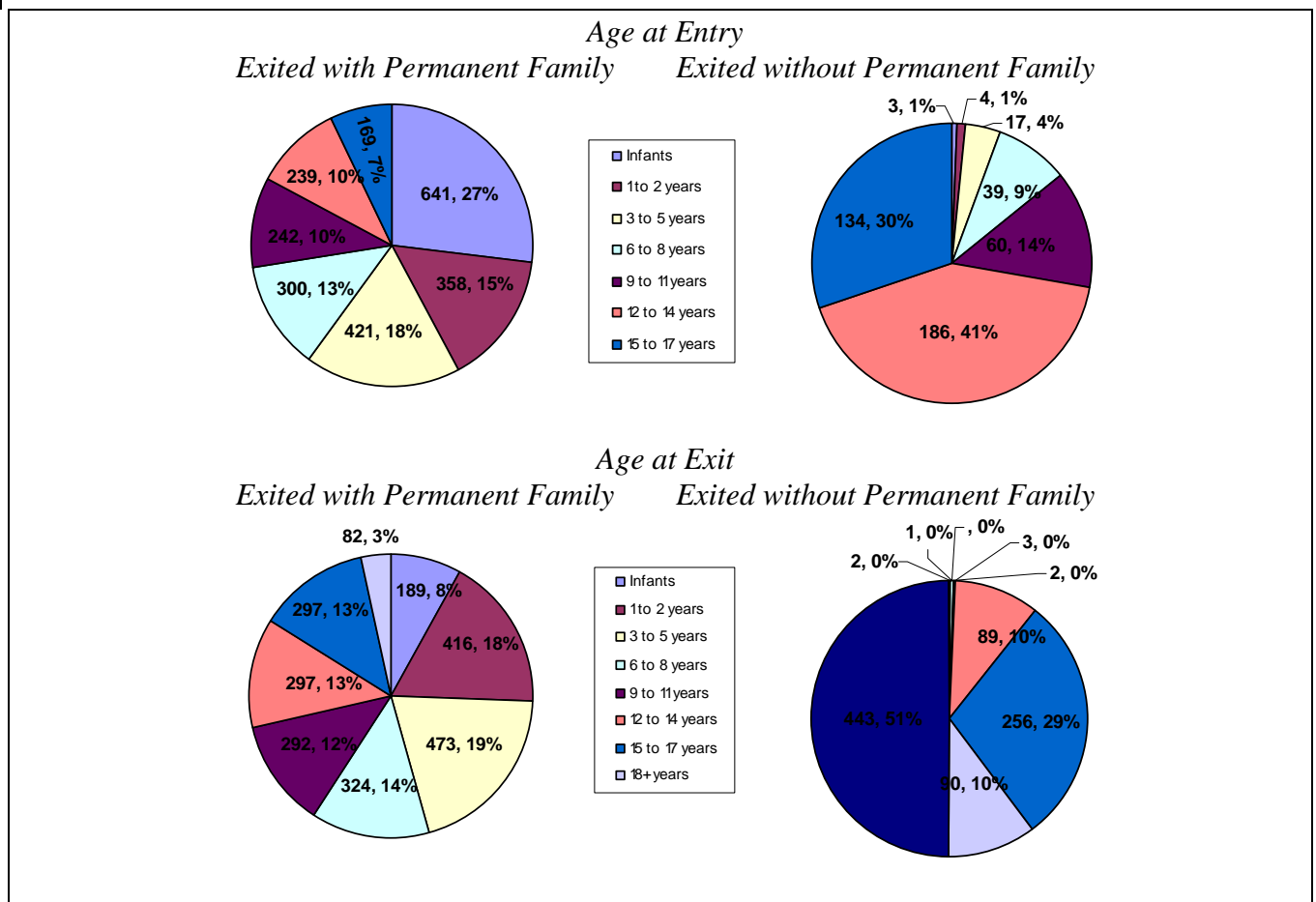
|                            | Period of Entry to Care |               |               |               |               |               |               |               |               |              |
|----------------------------|-------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|
|                            | 2002                    | 2003          | 2004          | 2005          | 2006          | 2007          | 2008          | 2009          | 2010          | 2011         |
| <b>Total Entries</b>       | 3104                    | 3547          | 3204          | 3093          | 3408          | 2852          | 2826          | 2628          | 2695          | 1811         |
| <b>Permanent Exits</b>     |                         |               |               |               |               |               |               |               |               |              |
| <b>In 1 yr</b>             | 1181<br>38.0%           | 1405<br>39.6% | 1229<br>38.4% | 1132<br>36.6% | 1263<br>37.1% | 1095<br>38.4% | 1098<br>38.9% | 1091<br>41.5% |               |              |
| <b>In 2 yrs</b>            | 1641<br>52.9%           | 2077<br>58.6% | 1806<br>56.4% | 1744<br>56.4% | 1973<br>57.9% | 1675<br>58.7% | 1674<br>59.2% |               |               |              |
| <b>In 3 yrs</b>            | 1968<br>63.4%           | 2384<br>67.2% | 2093<br>65.3% | 2017<br>65.2% | 2324<br>68.2% | 1973<br>69.2% |               |               |               |              |
| <b>In 4 yrs</b>            | 2139<br>68.9%           | 2539<br>71.6% | 2263<br>70.6% | 2162<br>69.9% | 2500<br>73.4% |               |               |               |               |              |
| <b>To Date</b>             | 2301<br>74.1%           | 2697<br>76.0% | 2357<br>73.6% | 2243<br>72.5% | 2582<br>75.8% | 2095<br>73.5% | 1970<br>69.7% | 1642<br>62.5% | 1124<br>41.7% | 288<br>15.9% |
| <b>Non-Permanent Exits</b> |                         |               |               |               |               |               |               |               |               |              |
| <b>In 1 yr</b>             | 274<br>8.8%             | 249<br>7.0%   | 231<br>7.2%   | 289<br>9.3%   | 259<br>7.6%   | 263<br>9.2%   | 250<br>8.8%   | 208<br>7.9%   |               |              |
| <b>In 2 yrs</b>            | 332<br>10.7%            | 320<br>9.0%   | 301<br>9.4%   | 371<br>12.0%  | 345<br>10.1%  | 318<br>11.2%  | 320<br>11.3%  |               |               |              |
| <b>In 3 yrs</b>            | 365<br>11.8%            | 366<br>10.3%  | 366<br>11.4%  | 431<br>13.9%  | 401<br>11.8%  | 354<br>12.4%  |               |               |               |              |
| <b>In 4 yrs</b>            | 406<br>13.1%            | 392<br>11.1%  | 403<br>12.6%  | 461<br>14.9%  | 449<br>13.2%  |               |               |               |               |              |
| <b>To Date</b>             | 488<br>15.7%            | 471<br>13.3%  | 479<br>15.0%  | 523<br>16.9%  | 484<br>14.2%  | 397<br>13.9%  | 374<br>13.2%  | 277<br>10.5%  | 208<br>7.7%   | 75<br>4.1%   |

|                        | Period of Entry to Care |               |               |               |               |               |               |               |               |               |
|------------------------|-------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
|                        | 2002                    | 2003          | 2004          | 2005          | 2006          | 2007          | 2008          | 2009          | 2010          | 2011          |
| <b>Unknown Exits</b>   |                         |               |               |               |               |               |               |               |               |               |
| <b><i>In 1 yr</i></b>  | 106<br>3.4%             | 154<br>4.3%   | 129<br>4.0%   | 83<br>2.7%    | 76<br>2.2%    | 62<br>2.2%    | 60<br>2.1%    | 77<br>2.9%    |               |               |
| <b><i>In 2 yrs</i></b> | 136<br>4.4%             | 194<br>5.5%   | 171<br>5.3%   | 124<br>4.0%   | 117<br>3.4%   | 98<br>3.4%    | 93<br>3.3%    |               |               |               |
| <b><i>In 3 yrs</i></b> | 161<br>5.2%             | 221<br>6.2%   | 208<br>6.5%   | 163<br>5.3%   | 140<br>4.1%   | 126<br>4.4%   |               |               |               |               |
| <b><i>In 4 yrs</i></b> | 179<br>5.8%             | 245<br>6.9%   | 234<br>7.3%   | 181<br>5.9%   | 167<br>4.9%   |               |               |               |               |               |
| <b><i>To Date</i></b>  | 245<br>7.9%             | 313<br>8.8%   | 277<br>8.6%   | 213<br>6.9%   | 186<br>5.5%   | 150<br>5.3%   | 121<br>4.3%   | 137<br>5.2%   | 158<br>5.9%   | 49<br>2.7%    |
| <b>Remain In Care</b>  |                         |               |               |               |               |               |               |               |               |               |
| <b><i>In 1 yr</i></b>  | 1543<br>49.7%           | 1739<br>49.0% | 1615<br>50.4% | 1589<br>51.4% | 1810<br>53.1% | 1432<br>50.2% | 1418<br>50.2% | 1252<br>47.6% |               |               |
| <b><i>In 2 yrs</i></b> | 995<br>32.1%            | 956<br>27.0%  | 926<br>28.9%  | 854<br>27.6%  | 973<br>28.6%  | 761<br>26.7%  | 739<br>26.2%  |               |               |               |
| <b><i>In 3 yrs</i></b> | 610<br>19.7%            | 576<br>16.2%  | 537<br>16.8%  | 482<br>15.6%  | 543<br>15.9%  | 399<br>14.0%  |               |               |               |               |
| <b><i>In 4 yrs</i></b> | 380<br>12.2%            | 371<br>10.5%  | 304<br>9.5%   | 289<br>9.3%   | 292<br>8.6%   |               |               |               |               |               |
| <b><i>To Date</i></b>  | 70<br>2.3%              | 66<br>1.9%    | 91<br>2.8%    | 114<br>3.7%   | 156<br>4.6%   | 210<br>7.4%   | 361<br>12.8%  | 572<br>21.8%  | 1205<br>44.7% | 1399<br>77.3% |

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 (2010 EXIT COHORT)**



**Permanency Goals:**

The following chart illustrates and summarizes the number of children (which excludes youth ages 18 and older) at various stages of placement episodes, and provides the distribution of Permanency Goals selected for them.

**FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON NOVEMBER 3, 2011<sup>5</sup>)**

|   |   |                  |                     |                  |
|---|---|------------------|---------------------|------------------|
| <b>Is the child legally free (his or her parents' rights have been terminated)?</b> |   |                  |                     |                  |
| <b>Yes</b>  | <b>No</b>   |                  |                     |                  |
| <b>612</b>  | ↓ <b>3187</b>   |                  |                     |                  |
| <i>Goals of:</i>  | <b>Has the child been in care more than 15 months?</b>          |                  |                     |                  |
| 431 (70%)   | <b>No</b>   | <b>Yes</b>       |                     |                  |
| Adoption  | <b>1,872</b>  | ↓ <b>1,315</b>   |                     |                  |
| 163 (27%)   | <b>Has a TPR proceeding been filed?</b>                         |                  |                     |                  |
| APPLA   | <b>Yes</b>  | <b>No</b>        |                     |                  |
| 9 (1%)  | <b>464</b>  | ↓ <b>851</b>     |                     |                  |
| Relatives   | <i>Goals of:</i> <b>Is a reason documented not to file TPR?</b> |                  |                     |                  |
| 4 (1%)  | 327 (70%)   | <b>Yes</b>       | <b>No</b>           |                  |
| Reunify   | Adoption  | <b>508</b>       | <b>343</b>          |                  |
| 3 (<1%)   | 89 (19%)  | <i>Goals of:</i> | <i>Documented</i>   | <i>Goals of:</i> |
| Trans. of   | APPLA   | 328 (65%)        | <i>Reasons:</i>     | 133 (39%)        |
| Guardian:   | 21 (5%)   | APPLA            | 79%                 | Reunify          |
| Sub/Unsub   | Reunify   | 91 (18%)         | Compelling          | 86 (25%)         |
| 2 (<1%)   | 17 (4%)   | Reunify          | Reason              | APPLA            |
| Blank   | Trans. of   | 34 (7%)          | 13%                 | 69 (20%)         |
|   | Guardian:   | Relatives        | Child is with       | Adoption         |
|   | Sub/Unsub   | 29 (6%)          | relative            | 43 (13%)         |
|   | 8 (2%)  | Trans. of        | 5%                  | Trans. of        |
|   | Relatives   | Guardian:        | Petition in process | Guardian:        |
|   | 2 (<1%)   | Sub/Unsub        | 3%                  | Sub/Unsub        |
|   | Blank   | 26 (5%)          | Service not         | 9 (3%)           |
|   |   | Adoption         | provided            | Relatives        |
|   |   |                  |                     | 3 (1%)           |
|   |   |                  |                     | Blank            |

<sup>5</sup> Children over age 18 are not included in these figures.

**Preferred Permanency Goals:**

|  | <b>Aug<br/>2010</b> | <b>Nov<br/>2010</b> | <b>Feb<br/>2011</b> | <b>May<br/>2011</b> | <b>Aug<br/>2011</b> | <b>Nov<br/>2011</b> |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| <b>Reunification</b>   |                     |                     |                     |                     |                     |                     |
| Total number of children with Reunification goal, pre-TPR and post-TPR   | 1596                | 1606                | 1615                | 1610                | 1585                | 1531                |
| Number of children with Reunification goal pre-TPR   | 1593                | 1605                | 1615                | 1606                | 1584                | 1527                |
| <ul style="list-style-type: none"> <li>Number of children with Reunification goal, pre-TPR, <math>\geq</math> 15 months in care</li> </ul> | 310                 | 288                 | 275                 | 286                 | 277                 | 245                 |
| <ul style="list-style-type: none"> <li>Number of children with Reunification goal, pre-TPR, <math>\geq</math> 36 months in care</li> </ul> | 36                  | 39                  | 36                  | 31                  | 36                  | 40                  |
| Number of children with Reunification goal, post-TPR   | 3                   | 1                   | 0                   | 4                   | 1                   | 4                   |

|   | <b>Aug<br/>2010</b> | <b>Nov<br/>2010</b> | <b>Feb<br/>2011</b> | <b>May<br/>2011</b> | <b>Aug<br/>2011</b> | <b>Nov<br/>2011</b> |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| <b>Transfer of Guardianship (Subsidized and Non-Subsidized)</b>   |                     |                     |                     |                     |                     |                     |
| Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR   | 169                 | 168                 | 166                 | 162                 | 177                 | 228                 |
| Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR  | 166                 | 166                 | 163                 | 159                 | 177                 | 225                 |
| <ul style="list-style-type: none"> <li>Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, <math>\geq</math> 22 months</li> </ul> | 54                  | 48                  | 47                  | 39                  | 39                  | 49                  |
| <ul style="list-style-type: none"> <li>Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, <math>\geq</math> 36 months</li> </ul> | 18                  | 19                  | 26                  | 17                  | 15                  | 13                  |
| Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR   | 3                   | 2                   | 3                   | 3                   | 0                   | 3                   |

| <b>Adoption</b>  | <b>Aug<br/>2010</b> | <b>Nov<br/>2010</b> | <b>Feb<br/>2011</b> | <b>May<br/>2011</b> | <b>Aug<br/>2011</b> | <b>Nov<br/>2011</b> |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Total number of children with Adoption goal, pre-TPR and post-TPR  | 1083                | 1112                | 1136                | 1159                | 1103                | 1057                |
| Number of children with Adoption goal, pre-TPR   | 549                 | 587                 | 624                 | 629                 | 632                 | 626                 |
| Number of children with Adoption goal, TPR not filed, >= 15 months in care   | 97                  | 103                 | 126                 | 123                 | 129                 | 98                  |
| <ul style="list-style-type: none"> <li>Reason TPR not filed, Compelling Reason</li> </ul>                                  | 18                  | 15                  | 15                  | 20                  | 15                  | 4                   |
| <ul style="list-style-type: none"> <li>Reason TPR not filed, petitions in progress</li> </ul>                              | 40                  | 38                  | 37                  | 27                  | 24                  | 20                  |
| <ul style="list-style-type: none"> <li>Reason TPR not filed, child is in placement with relative</li> </ul>                | 11                  | 2                   | 1                   | 7                   | 6                   | 4                   |
| <ul style="list-style-type: none"> <li>Reason TPR not filed, services needed not provided</li> </ul>                       | 5                   | 6                   | 3                   | 1                   | 0                   | 0                   |
| <ul style="list-style-type: none"> <li>Reason TPR not filed, blank</li> </ul>  | 23                  | 42                  | 70                  | 68                  | 84                  | 70                  |
| Number of cases with Adoption goal post-TPR  | 534                 | 525                 | 512                 | 530                 | 471                 | 431                 |
| <ul style="list-style-type: none"> <li>Number of children with Adoption goal, post-TPR, in care &gt;= 15 months</li> </ul> | 501                 | 501                 | 481                 | 496                 | 439                 | 398                 |
| <ul style="list-style-type: none"> <li>Number of children with Adoption goal, post-TPR, in care &gt;= 22 months</li> </ul> | 439                 | 420                 | 418                 | 430                 | 384                 | 349                 |
| Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR  | 21                  | 34                  | 33                  | 41                  | 33                  | 25                  |
| Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR  | 200                 | 192                 | 162                 | 146                 | 146                 | 120                 |
| Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR                                  | 196                 | 198                 | 216                 | 231                 | 203                 | 200                 |

| <b>Progress Towards Permanency:</b>   | <b>Aug<br/>2010</b> | <b>Nov<br/>2010</b> | <b>Feb<br/>2011</b> | <b>May<br/>2011</b> | <b>Aug<br/>2011</b> | <b>Nov<br/>2011</b> |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason | 241                 | 245                 | 287                 | 324                 | 355                 | 343                 |

**Non-Preferred Permanency Goals:**

|   | <b>Aug<br/>2010</b> | <b>Nov<br/>2010</b> | <b>Feb<br/>2011</b> | <b>May<br/>2011</b> | <b>Aug<br/>2011</b> | <b>Nov<br/>2011</b> |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| <b>Long Term Foster Care Relative:</b>  |                     |                     |                     |                     |                     |                     |
| Total number of children with Long Term Foster Care Relative goal   | 93                  | 91                  | 74                  | 73                  | 79                  | 70                  |
| Number of children with Long Term Foster Care Relative goal, pre-TPR  | 83                  | 82                  | 62                  | 62                  | 69                  | 61                  |
| <ul style="list-style-type: none"> <li>Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR</li> </ul>  | 9                   | 8                   | 6                   | 4                   | 7                   | 10                  |
| Long Term Foster Care Rel. goal, post-TPR   | 10                  | 9                   | 12                  | 11                  | 10                  | 9                   |
| <ul style="list-style-type: none"> <li>Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR</li> </ul> | 2                   | 1                   | 0                   | 0                   | 0                   | 0                   |

| <b>APPLA*</b>  | <b>Aug<br/>2010</b> | <b>Nov<br/>2010</b> | <b>Feb<br/>2011</b> | <b>May<br/>2011</b> | <b>Aug<br/>2011</b> | <b>Nov<br/>2011</b> |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Total number of children with APPLA goal   | 853                 | 814                 | 806                 | 775                 | 752                 | 751                 |
| Number of children with APPLA goal, pre-TPR  | 669                 | 640                 | 638                 | 606                 | 596                 | 588                 |
| <ul style="list-style-type: none"> <li>Number of children with APPLA goal, 12 years old and under, pre-TPR</li> </ul>  | 34                  | 29                  | 28                  | 22                  | 23                  | 27                  |
| Number of children with APPLA goal, post-TPR   | 184                 | 174                 | 168                 | 169                 | 156                 | 163                 |
| <ul style="list-style-type: none"> <li>Number of children with APPLA goal, 12 years old and under, post-TPR</li> </ul> | 13                  | 13                  | 11                  | 13                  | 10                  | 8                   |

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

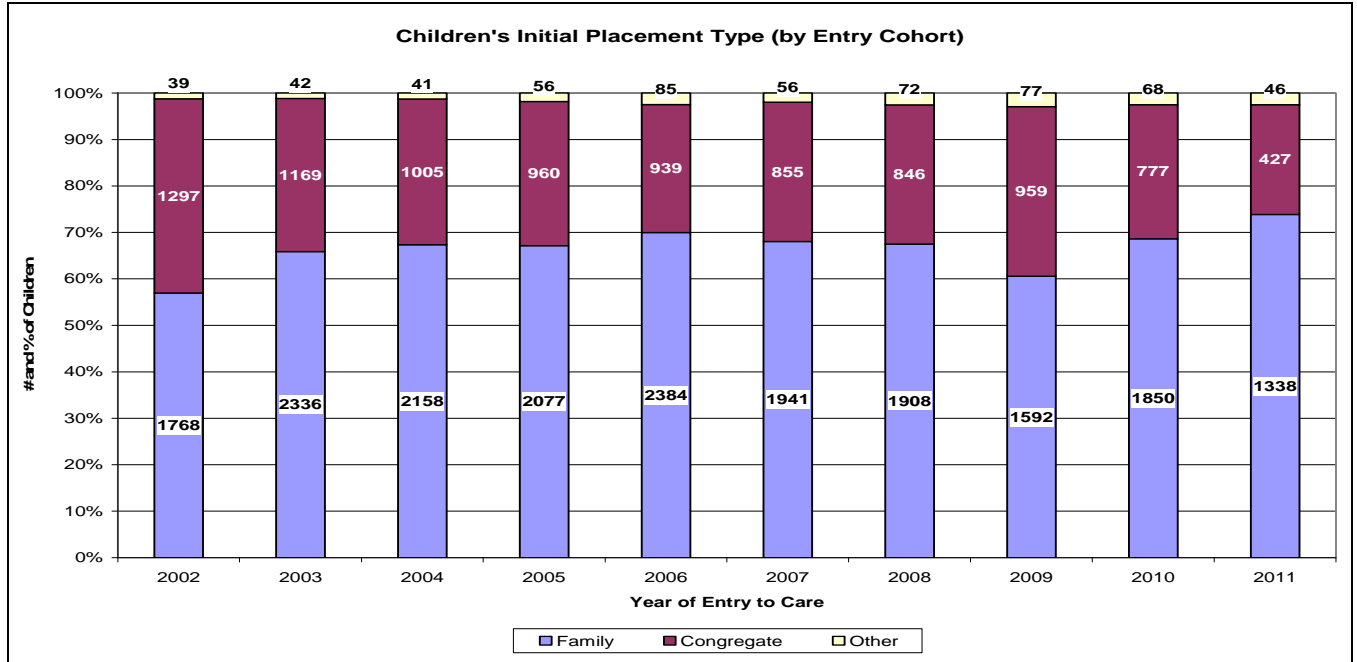
**Missing Permanency Goals:**

|   | <b>Aug<br/>2010</b> | <b>Nov<br/>2010</b> | <b>Feb<br/>2011</b> | <b>May<br/>2011</b> | <b>Aug<br/>2011</b> | <b>Nov<br/>2011</b> |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Number of children, with no Permanency goal, pre-TPR, >= 2 months in care                                       | 32                  | 32                  | 23                  | 19                  | 16                  | 17                  |
| Number of children, with no Permanency goal, pre-TPR, >= 6 months in care                                       | 20                  | 17                  | 13                  | 9                   | 7                   | 8                   |
| Number of children, with no Permanency goal, pre-TPR, >= 15 months in care                                      | 12                  | 10                  | 7                   | 5                   | 2                   | 5                   |
| Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason | 11                  | 5                   | 3                   | 5                   | 2                   | 3                   |

## **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 2011.

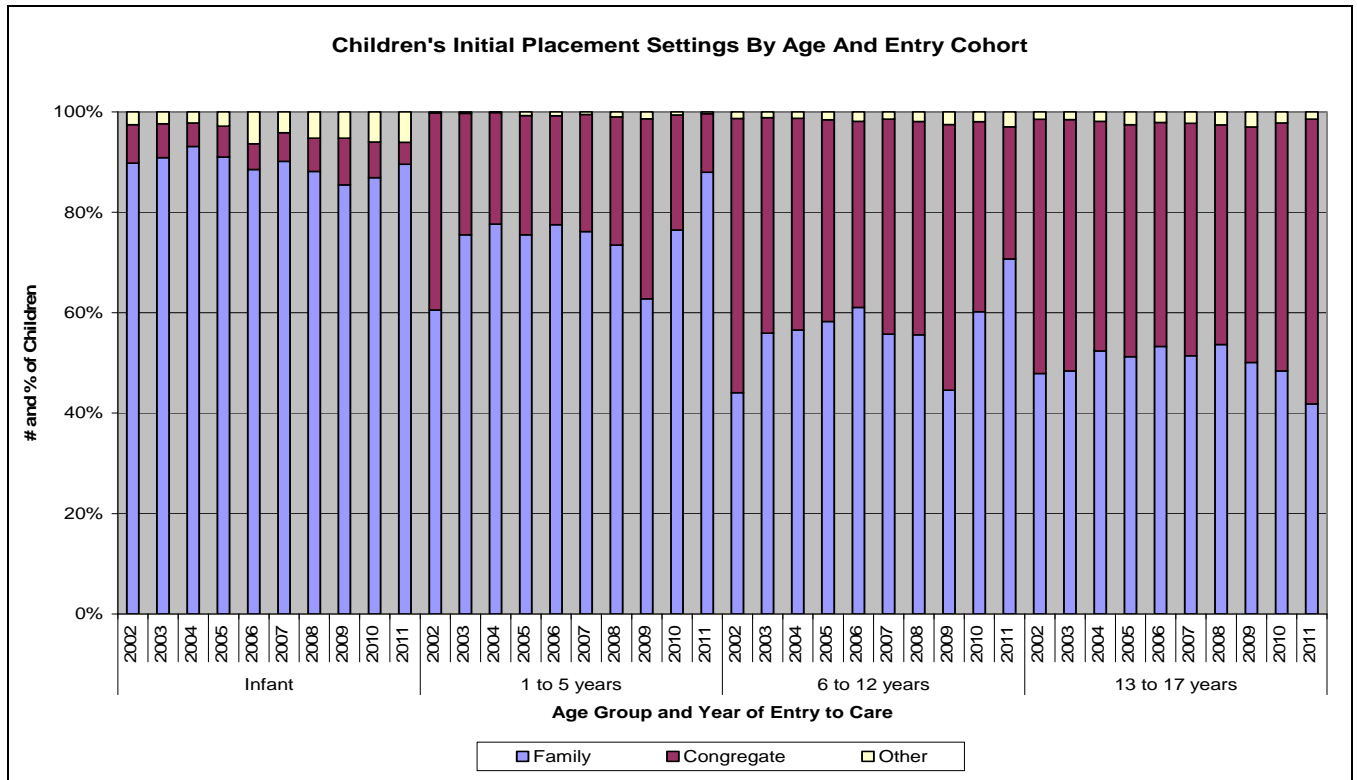


The next table shows specific care types used month-by-month for entries between October 2010 and September 2011.

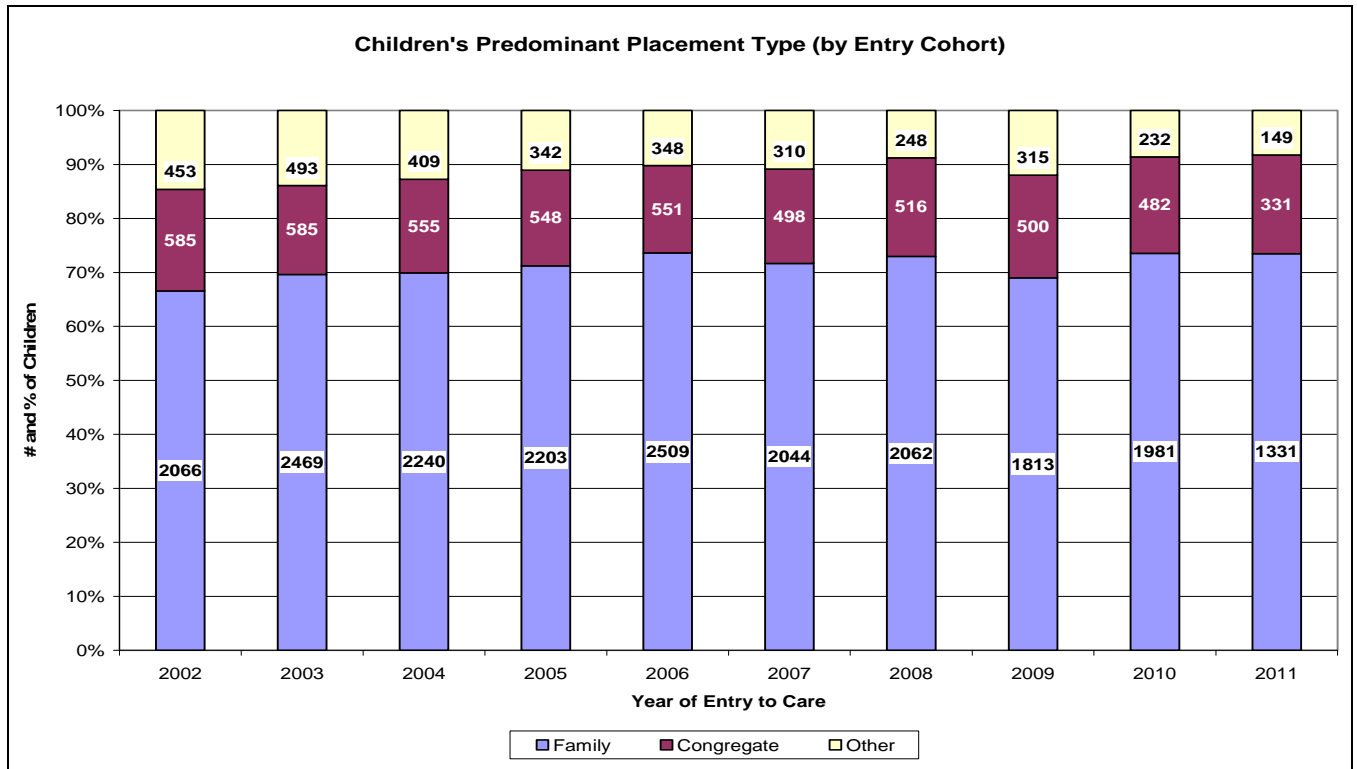
**Case Summaries**

| First placement type |   | enter Oct10 | enter Nov10 | enter Dec10 | enter Jan11 | enter Feb11 | enter Mar11 | enter Apr11 | enter May11 | enter Jun11 | enter Jul11 | enter Aug11 | enter Sep11 |
|----------------------|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Residential          | N | 21          | 12          | 15          | 11          | 9           | 20          | 9           | 10          | 13          | 12          | 13          | 10          |
|                      | % | 7.9%        | 5.8%        | 7.0%        | 6.1%        | 5.5%        | 9.0%        | 4.9%        | 4.4%        | 5.9%        | 5.7%        | 6.7%        | 4.8%        |
| DCF Facilities       | N | 2           | 1           | 3           | 3           | 3           | 7           | 4           | 2           | 1           | 1           | 3           | 1           |
|                      | % | .8%         | .5%         | 1.4%        | 1.7%        | 1.8%        | 3.1%        | 2.2%        | .9%         | .5%         | .5%         | 1.6%        | .5%         |
| Foster Care          | N | 152         | 123         | 120         | 99          | 80          | 115         | 86          | 112         | 111         | 105         | 80          | 108         |
|                      | % | 57.4%       | 59.1%       | 56.3%       | 55.0%       | 48.8%       | 51.6%       | 47.0%       | 49.1%       | 50.0%       | 49.8%       | 41.5%       | 52.2%       |
| Group Home           | N | 4           | 7           | 3           |             | 2           | 3           | 1           | 1           | 6           | 6           | 5           | 5           |
|                      | % | 1.5%        | 3.4%        | 1.4%        |             | 1.2%        | 1.3%        | .5%         | .4%         | 2.7%        | 2.8%        | 2.6%        | 2.4%        |
| Relative Care        | N | 32          | 33          | 42          | 31          | 28          | 39          | 43          | 59          | 47          | 45          | 45          | 44          |
|                      | % | 12.1%       | 15.9%       | 19.7%       | 17.2%       | 17.1%       | 17.5%       | 23.5%       | 25.9%       | 21.2%       | 21.3%       | 23.3%       | 21.3%       |
| Medical              | N | 6           | 4           | 6           | 9           | 6           | 3           | 3           | 1           | 6           | 3           | 9           | 6           |
|                      | % | 2.3%        | 1.9%        | 2.8%        | 5.0%        | 3.7%        | 1.3%        | 1.6%        | .4%         | 2.7%        | 1.4%        | 4.7%        | 2.9%        |
| Safe Home            | N | 21          | 15          | 14          | 9           | 16          | 9           | 13          | 14          | 14          | 14          | 12          | 9           |
|                      | % | 7.9%        | 7.2%        | 6.6%        | 5.0%        | 9.8%        | 4.0%        | 7.1%        | 6.1%        | 6.3%        | 6.6%        | 6.2%        | 4.3%        |
| Shelter              | N | 22          | 11          | 8           | 14          | 12          | 22          | 17          | 24          | 13          | 12          | 22          | 20          |
|                      | % | 8.3%        | 5.3%        | 3.8%        | 7.8%        | 7.3%        | 9.9%        | 9.3%        | 10.5%       | 5.9%        | 5.7%        | 11.4%       | 9.7%        |
| Special Study        | N | 5           | 2           | 2           | 4           | 8           | 5           | 7           | 5           | 11          | 13          | 4           | 4           |
|                      | % | 1.9%        | 1.0%        | .9%         | 2.2%        | 4.9%        | 2.2%        | 3.8%        | 2.2%        | 5.0%        | 6.2%        | 2.1%        | 1.9%        |
| Total                | N | 265         | 208         | 213         | 180         | 164         | 223         | 183         | 228         | 222         | 211         | 193         | 207         |
|                      | % | 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 2011 admission cohorts.



The following chart shows monthly statistics of children who exited from DCF placements between October 2010 and September 2011, and the portion of those exits within each placement type from which they exited.



**Case Summaries**

| Last placement type in spell (as of censor date) |   | exit Oct10 | exit Nov10 | exit Dec10 | exit Jan11 | exit Feb11 | exit Mar11 | exit Apr11 | exit May11 | exit Jun11 | exit Jul11 | exit Aug11 | exit Sep11 |
|--|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Residential                                      | N | 16         | 19         | 15         | 17         | 12         | 21         | 6          | 18         | 23         | 19         | 20         | 10         |
|  | % | 7.2%       | 7.5%       | 6.5%       | 12.6%      | 7.8%       | 9.5%       | 3.3%       | 7.7%       | 8.6%       | 9.4%       | 7.8%       | 7.2%       |
| DCF Facilities                                   | N | 5          |            | 4          |            |            | 2          | 3          | 2          | 3          | 1          | 5          |            |
|  | % | 2.2%       |            | 1.7%       |            |            | .9%        | 1.6%       | .9%        | 1.1%       | .5%        | 1.9%       |            |
| Foster Care                                      | N | 112        | 121        | 120        | 63         | 77         | 104        | 91         | 111        | 134        | 79         | 123        | 81         |
|  | % | 50.2%      | 48.0%      | 52.2%      | 46.7%      | 50.0%      | 47.1%      | 49.5%      | 47.6%      | 49.8%      | 39.1%      | 47.7%      | 58.3%      |
| Group Home                                       | N | 15         | 11         | 16         | 11         | 10         | 11         | 13         | 7          | 23         | 15         | 14         | 6          |
|  | % | 6.7%       | 4.4%       | 7.0%       | 8.1%       | 6.5%       | 5.0%       | 7.1%       | 3.0%       | 8.6%       | 7.4%       | 5.4%       | 4.3%       |
| Independent Living                               | N | 1          | 5          | 3          | 3          | 4          | 4          | 5          | 2          | 4          |            | 3          | 1          |
|  | % | .4%        | 2.0%       | 1.3%       | 2.2%       | 2.6%       | 1.8%       | 2.7%       | .9%        | 1.5%       |            | 1.2%       | .7%        |
| Relative Care                                    | N | 47         | 60         | 43         | 26         | 31         | 53         | 41         | 60         | 51         | 56         | 60         | 32         |
|  | % | 21.1%      | 23.8%      | 18.7%      | 19.3%      | 20.1%      | 24.0%      | 22.3%      | 25.8%      | 19.0%      | 27.7%      | 23.3%      | 23.0%      |
| Medical  | N | 4          |            | 2          |            | 3          | 4          | 2          | 2          |            | 2          | 2          | 1          |
|  | % | 1.8%       |            | .9%        |            | 1.9%       | 1.8%       | 1.1%       | .9%        |            | 1.0%       | .8%        | .7%        |
| Safe Home  | N | 10         | 15         | 13         | 3          | 6          | 6          | 6          | 9          | 7          | 6          | 1          | 2          |
|  | % | 4.5%       | 6.0%       | 5.7%       | 2.2%       | 3.9%       | 2.7%       | 3.3%       | 3.9%       | 2.6%       | 3.0%       | .4%        | 1.4%       |
| Shelter  | N | 7          | 8          | 8          | 7          | 6          | 13         | 11         | 14         | 2          | 11         | 17         | 2          |
|  | % | 3.1%       | 3.2%       | 3.5%       | 5.2%       | 3.9%       | 5.9%       | 6.0%       | 6.0%       | .7%        | 5.4%       | 6.6%       | 1.4%       |
| Special Study                                    | N | 5          | 13         | 5          | 4          | 3          | 2          | 3          | 8          | 19         | 10         | 12         | 4          |
|  | % | 2.2%       | 5.2%       | 2.2%       | 3.0%       | 1.9%       | .9%        | 1.6%       | 3.4%       | 7.1%       | 5.0%       | 4.7%       | 2.9%       |
| Unknown  | N | 1          |            | 1          | 1          | 2          | 1          | 3          |            | 3          | 3          | 1          |            |
|  | % | .4%        |            | .4%        | .7%        | 1.3%       | .5%        | 1.6%       |            | 1.1%       | 1.5%       | .4%        |            |
| Total  | N | 223        | 252        | 230        | 135        | 154        | 221        | 184        | 233        | 269        | 202        | 258        | 139        |
|  | % | 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 September 1, 2011 organized by length of time in care.

**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    | 9                 | 23               | 41                | 86                 | 65                 | 100                 | 88     | 412            |
|                              |                    | % of Row | 2.2%              | 5.6%             | 10.0%             | 20.9%              | 15.8%              | 24.3%               | 21.4%  | 100.0%         |
|                              |                    | % of Col | 4.8%              | 7.1%             | 8.4%              | 11.4%              | 10.7%              | 10.9%               | 7.3%   | 9.2%           |
|                              | DCF Facilities     | Count    | 1                 | 2                | 4                 | 8                  | 6                  | 6                   | 5      | 32             |
|                              |                    | % of Row | 3.1%              | 6.3%             | 12.5%             | 25.0%              | 18.8%              | 18.8%               | 15.6%  | 100.0%         |
|                              |                    | % of Col | .5%               | .6%              | .8%               | 1.1%               | 1.0%               | .7%                 | .4%    | .7%            |
|                              | Foster Care        | Count    | 87                | 123              | 180               | 319                | 310                | 494                 | 703    | 2216           |
|                              |                    | % of Row | 3.9%              | 5.6%             | 8.1%              | 14.4%              | 14.0%              | 22.3%               | 31.7%  | 100.0%         |
|                              |                    | % of Col | 46.8%             | 38.2%            | 36.8%             | 42.3%              | 51.2%              | 53.7%               | 58.7%  | 49.5%          |
|                              | Group Home         | Count    | 5                 | 9                | 5                 | 23                 | 32                 | 55                  | 81     | 210            |
|                              |                    | % of Row | 2.4%              | 4.3%             | 2.4%              | 11.0%              | 15.2%              | 26.2%               | 38.6%  | 100.0%         |
|                              |                    | % of Col | 2.7%              | 2.8%             | 1.0%              | 3.1%               | 5.3%               | 6.0%                | 6.8%   | 4.7%           |
|                              | Independent Living | Count    | 0                 | 0                | 0                 | 1                  | 0                  | 4                   | 1      | 6              |
|                              |                    | % of Row | .0%               | .0%              | .0%               | 16.7%              | .0%                | 66.7%               | 16.7%  | 100.0%         |
|                              |                    | % of Col | .0%               | .0%              | .0%               | .1%                | .0%                | .4%                 | .1%    | .1%            |
|                              | Relative Care      | Count    | 48                | 95               | 160               | 218                | 133                | 143                 | 74     | 871            |
|                              |                    | % of Row | 5.5%              | 10.9%            | 18.4%             | 25.0%              | 15.3%              | 16.4%               | 8.5%   | 100.0%         |
|                              |                    | % of Col | 25.8%             | 29.5%            | 32.7%             | 28.9%              | 22.0%              | 15.5%               | 6.2%   | 19.5%          |
|                              | Medical            | Count    | 3                 | 7                | 4                 | 3                  | 2                  | 5                   | 3      | 27             |
|                              |                    | % of Row | 11.1%             | 25.9%            | 14.8%             | 11.1%              | 7.4%               | 18.5%               | 11.1%  | 100.0%         |
| % of Col                     |                    | 1.6%     | 2.2%              | .8%              | .4%               | .3%                | .5%                | .3%                 | .6%    |                |
| Mixed (none >50%)            | Count              | 0        | 2                 | 10               | 14                | 14                 | 68                 | 186                 | 294    |                |
|                              | % of Row           | .0%      | .7%               | 3.4%             | 4.8%              | 4.8%               | 23.1%              | 63.3%               | 100.0% |                |
|                              | % of Col           | .0%      | .6%               | 2.0%             | 1.9%              | 2.3%               | 7.4%               | 15.5%               | 6.6%   |                |
| Safe Home                    | Count              | 10       | 13                | 25               | 27                | 12                 | 10                 | 4                   | 101    |                |
|                              | % of Row           | 9.9%     | 12.9%             | 24.8%            | 26.7%             | 11.9%              | 9.9%               | 4.0%                | 100.0% |                |
|                              | % of Col           | 5.4%     | 4.0%              | 5.1%             | 3.6%              | 2.0%               | 1.1%               | .3%                 | 2.3%   |                |
| Shelter                      | Count              | 19       | 27                | 33               | 23                | 5                  | 0                  | 0                   | 107    |                |
|                              | % of Row           | 17.8%    | 25.2%             | 30.8%            | 21.5%             | 4.7%               | .0%                | .0%                 | 100.0% |                |
|                              | % of Col           | 10.2%    | 8.4%              | 6.7%             | 3.1%              | .8%                | .0%                | .0%                 | 2.4%   |                |
| Special Study                | Count              | 2        | 18                | 26               | 29                | 26                 | 34                 | 47                  | 182    |                |
|                              | % of Row           | 1.1%     | 9.9%              | 14.3%            | 15.9%             | 14.3%              | 18.7%              | 25.8%               | 100.0% |                |
|                              | % of Col           | 1.1%     | 5.6%              | 5.3%             | 3.8%              | 4.3%               | 3.7%               | 3.9%                | 4.1%   |                |
| Unknown                      | Count              | 2        | 3                 | 1                | 3                 | 0                  | 1                  | 6                   | 16     |                |
|                              | % of Row           | 12.5%    | 18.8%             | 6.3%             | 18.8%             | .0%                | 6.3%               | 37.5%               | 100.0% |                |
|                              | % of Col           | 1.1%     | .9%               | .2%              | .4%               | .0%                | .1%                | .5%                 | .4%    |                |
| Total                        | Count              | 186      | 322               | 489              | 754               | 605                | 920                | 1198                | 4474   |                |
|                              | % of Row           | 4.2%     | 7.2%              | 10.9%            | 16.9%             | 13.5%              | 20.6%              | 26.8%               | 100.0% |                |
|                              | % of Col           | 100.0%   | 100.0%            | 100.0%           | 100.0%            | 100.0%             | 100.0%             | 100.0%              | 100.0% |                |

**Congregate Care Settings**

| <b>Placement Issues</b>  | <b>Aug 2010</b> | <b>Nov 2010</b> | <b>Feb 2011</b> | <b>May 2011</b> | <b>Aug 2011</b> | <b>Nov 2011</b> |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Total number of children 12 years old and under, in Congregate Care          | 223             | 190             | 171             | 149             | 132             | 105             |
| • Number of children 12 years old and under, in DCF Facilities               | 9               | 8               | 4               | 6               | 4               | 2               |
| • Number of children 12 years old and under, in Group Homes                  | 41              | 40              | 37              | 34              | 31              | 28              |
| • Number of children 12 years old and under, in Residential                  | 39              | 41              | 51              | 44              | 40              | 34              |
| • Number of children 12 years old and under, in SAFE Home                    | 117             | 90              | 78              | 61              | 54              | 36              |
| • Number of children 12 years old and under, in Permanency Diagnostic Center | 12              | 8               | 1               | 1               | 0               | 0               |
| • Number of children 12 years old and under in Shelter                       | 5               | 3               | 0               | 3               | 3               | 5               |
| Total number of children ages 13-17 in Congregate Placements                 | 755             | 756             | 748             | 752             | 729             | 713             |

**Use of SAFE Homes, Shelters and PDCs**

The analysis below provides longitudinal data for children (which may include youth ages 18 and older) who entered care in Safe Homes, Permanency Diagnostic Centers and Shelters.

|                              | <b>Period of Entry to Care</b> |             |             |             |             |             |             |             |             |             |
|------------------------------|--------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|                              | <b>2002</b>                    | <b>2003</b> | <b>2004</b> | <b>2005</b> | <b>2006</b> | <b>2007</b> | <b>2008</b> | <b>2009</b> | <b>2010</b> | <b>2011</b> |
| <b>Total Entries</b>         | 3104                           | 3547        | 3204        | 3093        | 3408        | 2852        | 2826        | 2628        | 2695        | 1811        |
| <b>SAFE Homes &amp; PDCs</b> | 728<br>23%                     | 629<br>18%  | 453<br>14%  | 395<br>13%  | 395<br>12%  | 381<br>13%  | 335<br>12%  | 471<br>18%  | 331<br>12%  | 110<br>6%   |
| <b>Shelters</b>              | 165<br>5%                      | 135<br>4%   | 147<br>5%   | 178<br>6%   | 114<br>3%   | 136<br>5%   | 144<br>5%   | 186<br>7%   | 175<br>6%   | 156<br>9%   |
| <b>Total</b>                 | 893<br>29%                     | 764<br>22%  | 600<br>19%  | 573<br>19%  | 509<br>15%  | 517<br>18%  | 479<br>17%  | 657<br>25%  | 506<br>19%  | 266<br>15%  |

|                              | <b>Period of Entry to Care</b> |             |             |             |             |             |             |             |             |             |
|------------------------------|--------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|                              | <b>2002</b>                    | <b>2003</b> | <b>2004</b> | <b>2005</b> | <b>2006</b> | <b>2007</b> | <b>2008</b> | <b>2009</b> | <b>2010</b> | <b>2011</b> |
| <b>Total Initial Plcmnts</b> | 893                            | 764         | 600         | 573         | 509         | 517         | 479         | 657         | 506         | 266         |
| <b>&lt;= 30 days</b>         | 351<br>39%                     | 308<br>40%  | 249<br>42%  | 242<br>42%  | 186<br>37%  | 162<br>31%  | 150<br>31%  | 229<br>35%  | 135<br>27%  | 108<br>41%  |
| <b>31 - 60</b>               | 284<br>32%                     | 180<br>24%  | 102<br>17%  | 114<br>20%  | 73<br>14%   | 73<br>14%   | 102<br>21%  | 110<br>17%  | 106<br>21%  | 58<br>22%   |
| <b>61 - 91</b>               | 106                            | 121         | 81          | 76          | 87          | 79          | 85          | 157         | 91          | 37          |

|                              | Period of Entry to Care |      |      |      |      |      |      |      |      |      |
|------------------------------|-------------------------|------|------|------|------|------|------|------|------|------|
|                              | 2002                    | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
| <b>Total Initial Plcmnts</b> | 893                     | 764  | 600  | 573  | 509  | 517  | 479  | 657  | 506  | 266  |
|                              | 12%                     | 16%  | 14%  | 13%  | 17%  | 15%  | 18%  | 24%  | 18%  | 14%  |
| <b>92 - 183</b>              | 101                     | 107  | 124  | 100  | 118  | 130  | 110  | 124  | 136  | 48   |
|                              | 11%                     | 14%  | 21%  | 17%  | 23%  | 25%  | 23%  | 19%  | 27%  | 18%  |
| <b>184+</b>                  | 51                      | 48   | 44   | 41   | 45   | 73   | 32   | 37   | 38   | 15   |
|                              | 6%                      | 6%   | 7%   | 7%   | 9%   | 14%  | 7%   | 6%   | 8%   | 6%   |

The following is the point-in-time data taken from the monthly LINK data, and may include those youth ages 18 and older.

| <b>Placement Issues</b>   | <b>May 2010</b> | <b>Aug 2010</b> | <b>Nov 2010</b> | <b>Feb 2011</b> | <b>May 2011</b> | <b>Aug 2011</b> | <b>Nov 2011</b> |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Total number of children in SAFE Home   | 121             | 125             | 99              | 90              | 70              | 79              | 63              |
| •Number of children in SAFE Home, > 60 days                                     | 55              | 64              | 59              | 56              | 50              | 42              | 35              |
| •Number of children in SAFE Home, >= 6 months                                   | 11              | 14              | 14              | 12              | 15              | 13              | 14              |
| Total number of children in STAR/Shelter Placement                              | 83              | 78              | 84              | 75              | 80              | 80              | 79              |
| •Number of children in STAR/Shelter Placement, > 60 days                        | 38              | 42              | 44              | 41              | 41              | 48              | 43              |
| •Number of children in STAR/Shelter Placement, >= 6 months                      | 10              | 5               | 3               | 6               | 4               | 3               | 11              |
| Total number of children in Permanency Planning Diagnostic Center               | 17              | 15              | 11              | 1               | 1               | 0               | 0               |
| •Total number of children in Permanency Planning Diagnostic Center, > 60 days   | 14              | 11              | 9               | 1               | 1               | 0               | 0               |
| •Total number of children in Permanency Planning Diagnostic Center, >= 6 months | 6               | 4               | 1               | 1               | 1               | 0               | 0               |
| Total number of children in MH Shelter  | 6               | 1               | 2               | 0               | 1               | 2               | 5               |
| •Total number of children in MH Shelter, > 60 days                              | 4               | 0               | 1               | 0               | 1               | 1               | 4               |
| •Total number of children in MH Shelter, >= 6 months                            | 1               | 0               | 0               | 0               | 0               | 1               | 1               |

### Time in Residential Care

| <b>Placement Issues</b>  | <b>May<br/>2010</b> | <b>Aug<br/>2010</b> | <b>Nov<br/>2010</b> | <b>Feb<br/>2011</b> | <b>May<br/>2011</b> | <b>Aug<br/>2011</b> | <b>Nov<br/>2011</b> |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Total number of children in Residential care                                   | 505                 | 475                 | 462                 | 477                 | 488                 | 454                 | 403                 |
| •Number of children in Residential care, >= 12 months in Residential placement | 153                 | 141                 | 129                 | 129                 | 132                 | 126                 | 119                 |
| •Number of children in Residential care, >= 60 months in Residential placement | 2                   | 2                   | 2                   | 1                   | 2                   | 2                   | 1                   |

## **Appendix 1**

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

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

A. Beginning 90 days after the date of entry of this Stipulation, no child entering any emergency or temporary facility, including STAR homes or SAFE homes, shall remain in such facility for more than 60 days. Beginning 90 days after the date of entry of this Stipulation, an exception to the 60-day limit may be granted for an individual child for a one-time maximum of 20 days if the Area Director (or functional equivalent) certifies in writing that an appropriate placement has been identified and that a transition to that placement is underway and necessary. Beginning 180 days after the date of entry of this Stipulation, an exception to the 60day limit may be granted for an individual child for a one-time maximum of 10 days if the Area Director (or functional equivalent) certifies in writing that an appropriate placement has been identified and that a transition to that placement is underway and necessary. Beginning 270 days after the date of entry of this Stipulation, an exception to the 60-day limit may be granted for an individual child for a one-time maximum of 5 days if the Area Director (or functional equivalent) certifies in writing that an appropriate placement has been identified and that a transition to that placement is underway and necessary.

B. Beginning 90 days after the date of entry of this Stipulation, no child shall be placed in more than one emergency or temporary facility, including STAR Homes or SAFE Homes, within any 12-month period. An exception to the limit on multiple placements within any 12-month period may occur for an individual placement episode for a maximum of 5 days. The exception shall only apply to children returning from runaway status and children facing a direct threat to their safety, or children who are a threat to the safety of others, where immediate removal is necessary. An additional exception to the limit on multiple placements within any 12month period is if a child's behavior has changed so significantly that placement for the purposes of assessment is critical for the determination of an appropriate placement, and the Area Director (or functional equivalent) certifies in writing that the assessment is essential for an appropriate placement. In such cases, there may be a single additional placement in an emergency or temporary facility, including SAFE Homes or STAR Homes, for up to a maximum of 15 days.

C. Beginning 90 days after the date of entry of this Stipulation, no child shall remain in any hospital or in any in-patient status beyond the determination that the child is appropriate for discharge (i.e., on discharge delay). The only exception shall be in such cases, upon the express written approval of the DCF Commissioner, the Chief of Staff, the Bureau Chief for Child Welfare, the Bureau Chief for Behavioral Health, or the Director of Foster Care (or the functional equivalent of these senior management officials), based upon such senior management official's determination, that an appropriate placement has been identified that is not currently available and any other alternative for a placement move will be contrary to that child's best interests, in which case the child may remain in the hospital, emergency room or any in-patient status for a single additional period of 10 days.

D. Beginning 90 days after the date of entry of this Stipulation, no child age 12 and under shall be placed in a congregate non-foster family home setting, except for children with exceptional needs that cannot be met in any other type of placement and upon the express written approval of the DCF Commissioner, the Chief of Staff, the Bureau Chief for Child Welfare, the Bureau Chief for Behavioral Health or the DCF Medical Director (or the functional equivalent of these senior management officials). Such approval shall be based on such senior management official's certification based on a determination that the child's needs can only be met in that specific facility, including a description of the services available in the facility to address the individual child's needs.

E. Beginning 90 days after the date of entry of this Stipulation, no child over the age of 12 shall be placed in any congregate non-foster family setting without express written approval by the Bureau Chief for Behavioral Health (or functional equivalent). Such approval shall be based on his or her certification and specific findings that the child's needs can be met in that specific facility, including a description of the services available in the facility to address the individual child's needs, and that the facility is the least restrictive placement to meet this child's needs.

F. Beginning 30 days after the date of entry of this Stipulation, no child shall be given a goal of Another Planned Permanent Living Arrangement ("APPLA") without the written approval of the DCF Commissioner, the Chief of Staff, or the Bureau Chief for Child Welfare (or the functional equivalent of these senior management officials). Such approval shall be based on such senior management official's certification based on a personal determination that the limitations of the use of APPLA are applicable to that individual child, based on the written policy (attached as Exhibit B to this Stipulation), with a description of why the goal is appropriate for that child.



## **Appendix 2**

### **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.

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

**Appendix 3**  
**Commissioner's Highlights from**  
**The Department of Children & Families**  
**Third Quarter 2011 Exit Plan Report**

## Commissioner Statement

This quarterly report is released as this administration marks its first year of work, and I am proud to say that in partnership with families, Department staff, community providers, and legislators and with the leadership provided by Governor Malloy, we have made significant progress on many fronts. We have also experienced significant challenges that help frame our agenda for the upcoming year.

We began 2011 with an ambitious agenda of restructuring DCF and reframing our mission to ensure that children served by the Department are healthy, safe, learning in and out of school, and able to use their special talents to give back to their communities. To that end, we restructured central office, consolidated the management teams of Riverview and Connecticut Children's Place into the newly-named Albert J. Solnit Children's Psychiatric Center, expanded the Academy for Family and Workforce Knowledge and Development and established a new leadership team to oversee the six regions and central office operations.

We also successfully collaborated with the General Assembly to pass legislation that:

- Establishes the Differential Response System as a way to respond to lower-risk reports of abuse and neglect;
- Prohibits a child or youth from being found to be neglected solely because his or her parents are impoverished;
- Changes the confidentiality statute to allow the Department to share more information with foster parents and providers;
- Expands a student's right to re-enroll in his or her old school district after being sent to a juvenile detention center, the Connecticut Juvenile Training School or other residential facility and requires school districts and charter schools to give students credit for instruction received in the Department's Unified School District #2.

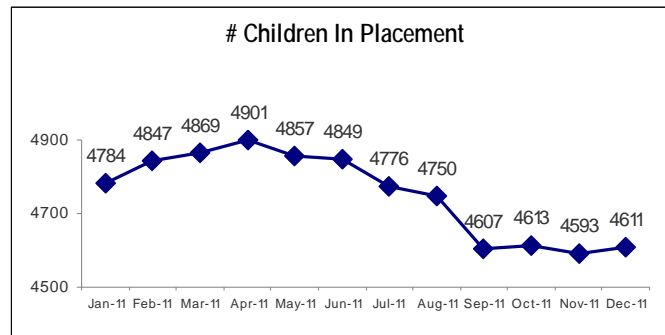
In addition to the restructuring of the Department and the legislative changes, we also implemented a number of policy initiatives to support our evolving mission:

- More than 1,000 staff have been trained in Partners in Change, Family Centered Assessment and Purposeful Visits, which are the foundation of the Strengthening Families practice model;
- Final preparations for Differential Response are underway, with the goal of awarding contracts for the community partner agencies and implementing DRS in early 2012;
- Announced visits, in accordance with my directive issued in March, are being used with families whenever possible;
- Congregate care rightsizing has begun, and we have seen significant reductions in the number of young children placed in congregate care settings and the number children placed out of state;
- More children are placed in family settings and we have begun to implement additional supports to foster families as outlined in the *We All Need Somebody: Supporting Children, Families and the Workforce in Connecticut's Family Foster Care System* report;
- The Community-Based Services Outcomes Work Group, chaired by Deputy Commissioner Elizabeth Graham, has begun to develop expected outcomes for in-home services and has gathered staff input on the effectiveness of many service types;

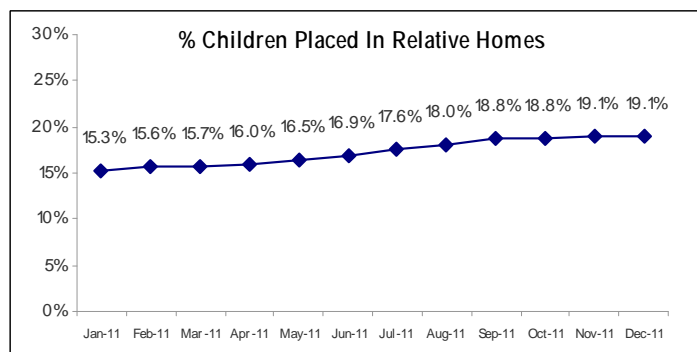
- Each region has developed a strategic plan to continue to improve case planning practice, with the goal of achieving better outcomes for the children and families we serve.

These significant changes have begun to yield positive results for our children and families. For example, families and staff report the practice of announced home visits is helping us establish a more respectful relationship at the point of our initial contact with families. Our staff also report it is helping them to plan their visits more effectively, often ensuring all family members will be present and engaged when we visit.

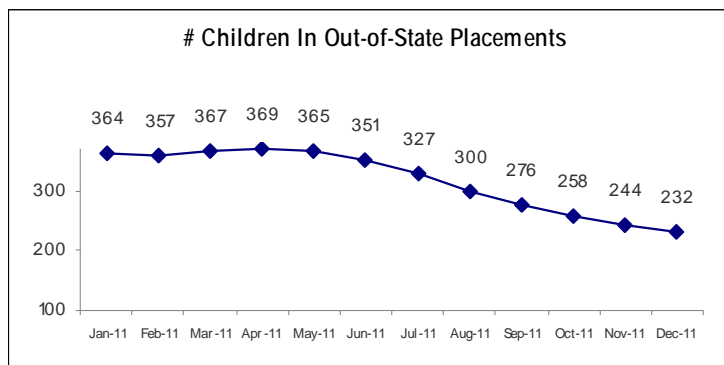
Several indicators show the Department is making progress and improving results for children and families. For example, there were 173 fewer children in DCF placements on December 1<sup>st</sup> compared to January 1<sup>st</sup>: Having fewer children in placement is evidence of our increasingly effective practice of serving more children and families in their homes. This trend builds on a steady decrease on the number of children in placement in Connecticut beginning in June 2000, when there were 7,223 children in placement.



In addition, we have seen a significant increase in the percentage of children placed with their relatives and kin. This increase is due in large part to focused effort on the part of our area office staff in identifying relatives and ensuring that initial placements are with relatives and kin whenever possible. In 2010, 14 percent of the children who entered care were initially placed with a relative or kin. In 2011, that number has increased to 24 percent. Overall, relative placement has increased by 25 percent, from 15.3 percent in January 2011 to 19.1 percent by the end of the year. Our belief is that if children must enter foster care, the preferred placement is with relatives or kin. This policy direction is informed by a growing body of research that demonstrates children experience greater stability in relative foster homes. This will also help alleviate the demand on our core foster homes over time.



While increasing the percentage of children placed with relatives and kin, we also worked to reduce the percentage of children placed in congregate care settings. Out-of-state placements have decreased by 36 percent, from 364 in January 2011 to 232 in December 2011.



Younger children have been a particular focus of our efforts to reduce the use of congregate care settings. In 2011, we decreased the number of children ages six and under in congregate care settings by 74%, from 38 in January 2011 to 10 in December. The number of children ages 12 and under in congregate care also has decreased from 201 in January 2011 to 123 in December 2011.

While these are positive indicators of the changes we have put in place, there are still many challenges that must be addressed. For example, there are still too many children with long lengths of stay in temporary settings such as Safe Homes and STAR homes. Currently, 46 percent of the children and youth in temporary settings have been there for longer than the expected 90-day length of stay. We must work together over the coming year to ensure these children transition to a safe, appropriate and stable placement that meets their needs.

There are also many challenges associated with the implementation of the Department's Strengthening Families Practice Model, increased focus on relative placements and continuing reductions in the use of congregate care. For example, our ability to place children with relatives is limited by the lack of community-based services in some areas to support the placements. Our foster care staff are challenged to support relatives who are taking in their kin with little prior warning and who have not yet received the training available to non-relative caregivers. Over the next year, the services and supports we provide to relative caregivers must be expanded to ensure the success of these placements.

In addition, significant challenges remain in relation to Outcome Measures 3 and 15. Accordingly, we have established concrete plans and action steps to address them, particularly in relation to developing effective case plans, which is a keystone of the new Strengthening Families practice model. Earlier this year, the Department, Court Monitor and the plaintiffs jointly agreed to begin a random, unannounced review of case plans. This agreement was reached to give us a clear picture of the areas in case planning that required improvement. Based on this information, and on data from the Administrative Case Review Division, each DCF region was tasked with developing strategic plans to target the specific areas in case planning that required improvement in each office. The plans are being implemented and have shown some early success, with many offices showing improvement in both our internal data and in the Court Monitor's random case review.

While there is a great deal of difficult work to be done, much has occurred during this year to support the view that Connecticut can be a national model for success. I want to take this opportunity to thank our staff and our many partners, including families and private service providers, for tireless efforts to move us forward. So much work remains -- but by joining together we are prepared to fundamentally improve how Connecticut serves children and families. Every Connecticut citizen will benefit from this transformation.