

**Juan F. v. Malloy Exit Plan
Quarterly Report
October 1, 2011 - December 31, 2011
Civil Action No. 2:89 CV 859 (SRU)**

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October 1, 2011 - December 31, 2011

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Juan F. v Malloy Exit Plan Quarterly Report
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The Court Monitor's monitoring and review during the Fourth Quarter 2011 covered a wide range of activities. These efforts provided multiple opportunities to assess the Department's progress on a variety of initiatives, as well as gauge their ability to sustain recent improvements.

The review activities confirm the Department's continued progress that includes:

- Further reduction in congregate care utilization.
- Compliance with 18 of the 22 Exit Plan Outcome Measures.
- Continued improvement in utilizing relative and kinship care (the DCF goal set for 2012 is 30% of all foster care placements).
- Implementation of a Differential Response System (DRS) that formally commenced on March 1, 2012.
- Ongoing work by the five (5) Continuum of Care subcommittees (Data Development, Fiscal Issues and Reinvestment, Regional Services, Case Planning and Case Practice and Family Foster Care). This effort involves over 100 internal and external stakeholders and recommendations from each group were recently presented to the Commissioner.
- Continued implementation of strategic plans regarding Outcome Measure 3 (Case Planning) and Outcome Measure 15 (Children's Needs Met).

Challenges and barriers included:

- The need to implement a QA methodology to track the well-being outcomes for children diverted from congregate care as recently raised by the *Juan F.* Plaintiffs in a letter dated March 16, 2012.
- The Court Monitor and the Plaintiffs expressed concerns regarding the proposed reduction in the Department's budget for next year. Given the transition efforts that seek to reduce the use of congregate care and increase the use of family-based care, especially relative resources, the need for targeted support and community services is essential. Discussions with the Office of Policy Management and state legislators have been productive. At the time that this report is being prepared, changes have been made in the proposed budget to restore a portion of the money that was cut. It remains to be seen whether the funding provided for the Department will be adequate to address both the transition efforts as well as documented service needs that already exist.
- There was a reduction in the overall number of foster homes in the Fourth Quarter 2011. Sufficient family-based resources are essential to a continued successful reduction in congregate care utilization.
- Unavailability of services and service gaps significantly impact the ability to provide timely and appropriate services to children and families. The services include behavioral health services, in-home services, substance abuse treatment services, domestic violence services and limited transition services for adolescents.

- Despite the ongoing focus and implementation of regionally based strategic plans to improve Outcome Measure 3 (Case Planning) and Outcome Measure 15 (Children's Needs Met) the results for both measures for the Fourth Quarter 2011 were disappointing.
- Discharge delays increased within the service array including children served in short-term facilities (i.e. SAFE Homes, STAR programs and in-patient hospitals).

The monitoring efforts by the Court Monitor and his staff for the Fourth Quarter 2011 included:

- A review of 53 records for Outcome Measure 3 (Case Planning) and Outcome Measure 15 (Children's Needs Met)
- Completion of a certification review of a statistically valid sample of over 500 cases for Outcome Measure 12 (Multiple Placements), Outcome Measure 14 (Placement Within Licensed Capacity) and Outcome Measure 16 (Worker-Child Visitation, Out-of-Home), see page 34.
- The *Juan F.* Consent Decree parties met with Judge Stefan R. Underhill for a status conference and the Court Monitor met with *Juan F.* Next Friends on multiple occasions.
- The Court Monitor attended Area Office meetings with Commissioner Katz where presentations occurred regarding progress in implementing new initiatives and policy directives.
- The Court Monitor had individual meetings and regular correspondence with Secretary Barnes and members of the legislature regarding the DCF budget.
- Senior Court Monitor staff were formally assigned and began meeting regularly with regional and Area Office staff to focus on efforts to improve case planning.
- The Court Monitor and Commissioner Katz attended a statewide meeting with ACR staff that included regional presentations regarding efforts and progress.
- Regular meetings were held with the ACR managers to discuss and review findings.
- The Court Monitor attended each of the five (5) Continuum of Care subcommittees (Data Development, Fiscal Issues and Reinvestment, Regional Services, Case Planning and Case Practice and Family Foster Care), as well as the full partnership meetings.
- Individual meetings were held with regional management teams and Area Office teams to present detailed findings regarding Outcome Measure 3 and Outcome Measure 15.
- During the quarter, the Court Monitor initiated a certification review of approximately 224 cases for Outcome Measure 8 (Adoption) and 115 cases for Outcome Measure 9 (Transfer of Guardianship).
- Regular meetings with the Regional Administrators, Central Office managers, service providers, advocates also occurred.

Highlights

- Statewide, a total of 24 cases or 44.4% of those sampled achieved Outcome Measure 3 (Case Plans). This is a decline from the 50.9% achieved in the prior quarter.
 - The biggest challenge areas in case planning were:
 - Identification of appropriate action steps to achieving goals as only 42.6% of the 54 case plans appropriately identified concrete, time specific action steps with appropriate, responsible parties.
 - Incorporating accurate and complete assessments with input from involved collaterals/providers which was indicated as appropriate in just over half or 53.7% of the case plans(present situation/assessment of child to date of review);
 - Identifying the priority goals and objectives consistent with the ongoing needs of the child and family (determining priority goals and objectives) which was noted as a strength in only 61.1% of the cases reviewed;
 - Engagement of the family and adolescents in case planning and including their input on the case plan document (engagement of child and family) which was deemed appropriate in 70.3% of the case sample;
 - Updating the progress section of the case plan and planning for permanency (clear identification of the permanency goal(s) and visitation plan, also fell shy of the benchmark set for this measure, both achieving statewide results of 79.3%.
 - There were three case plans (5.6%) that were not approved by the Social Work Supervisor at the time of our review.
 - Had the comments of the Administrative Case Review (ACR) Social Work Supervisors, which included the recommendations for changes to the child -in-placement case plans been better utilized by the Area Office staff, seven additional case plans would have likely been corrected. These areas were typically areas that both the Administrative Case Reviewer and Court Monitor Reviewer identified as deficient. These revisions, if included and approved, could have raised the child-in-placement subsample score for the quarter to 69.7%.

- Statewide, a total of 30 cases, or 55.6% of those sampled achieved Outcome Measure 15 (Children's Needs Met), during the last six month period. This is a slight decrease from the previous quarter.
 - The biggest challenge areas are in the areas 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). In addition, there is a noted lack of timeliness in ensuring that appropriate referrals are made and ongoing contact with providers/stakeholders is not consistent or sufficient in many cases.

- Priority needs were better addressed in the prior six month period for children-in-placement cases than with children served via in-home family services (60.6% versus 47.6%).
- Statewide, there were 21 cases, or 38.9%, that achieved both Outcome Measure 3 and 15 during the period under review.
- Statewide, there were also 21 cases, or 38.9% that failed to achieve both Outcome Measure 3 and 15 during the period under review.
- The Court Monitor completed the certification review of Outcome Measure 12 (Multiple Placements), Outcome Measure 14 (Placement within Licensed Capacity and Outcome Measure 16 (Worker-Child Visitation for Children in Out-of-Home Care). The review analyzed two quarters of data and a total sample of 502 cases found that the quarterly data from the LINK system and the Court Monitor review findings were closely aligned. The report findings confirm that the Department was in compliance with each of the measures for two consecutive months. In addition to reviewing the quantitative Exit Plan standards a number of qualitative issues were also explored as detailed required in the Exit Plan. The full report can be found beginning on page 34 Key findings include:
 - Outcome Measure 12 (Multiple Placements)
 - For the Fourth Quarter 2010 the Department reported a 96.1% compliance with this measure and the Court Monitor Review found that 94.0% of the children had three or fewer placements during the 12 month period ending December 31, 2010. For the First Quarter 2011 the Department reported a 96.1% compliance with this measure and the Court Monitor Review found that 95.2% of the children had three or fewer placements during the 12 month period ending March 31, 2011.
 - The reviewers found that overwhelmingly, 95.6% of the reviewed cases included evidence of Social Worker seeking Social Worker Supervisor consultation in regards to placement disruptions/moves.
 - 95.2 % of the cases had documentation of the discussion of placement stability at the Administrative Case Review included in the summary documents.
 - While there was evidence of only one Disruption Conference for the nine cases that required one, the review found documentation of consultation with Program Mangers, Foster Care staff, private providers, and various Central Office staff.
 - A lack of documented contact between Ongoing Services staff and Foster Care staff was notable in the review of sample cases. Close collaboration by these staff can have enormous benefit to preserving or improving placement situations.
 - Outcome Measure 14 (Placement Within Licensed Capacity)
 - For the Fourth Quarter 2010 the Department reported 96.8% compliance with this measure and the Court Monitor Review found that 95.6% of the children were placed in homes within their licensed bed capacity during the 3 month period ending December 31, 2010. For the First Quarter 2011 the Department

- reported 96.8% compliance with this measure and the Court Monitor Review found that 94.4% of the children were placed in homes within their licensed capacity during the 3 month period ending March 31, 2011.
- Of the 20 overcapacity situations over the two quarters that did not involve keeping siblings together, 11 were identified as resulting from the lack of availability of a suitable placement resource.
 - Less than 50% of the overcapacity situations within Department foster homes had documented efforts in the case record or FASU provider record that demonstrated collaboration between the Ongoing Service Social Worker and the FASU staff.
 - In the overcapacity situations that involved private provider foster homes, there was no indication of efforts by the private provider to reduce the census or adjust the support plans. Reviewers noted that documentation of collaboration and communication between DCF and the private providers was problematic in a number of cases.
 - Adjustments to foster family support plans was evident in less than 30% of the Department foster home overcapacity situations over the two quarters and 15 cases did not have documented support plans.
- Outcome Measure 16 (Worker-Child Visitation with a Child in Out-of-Home Placement)
- For the Fourth Quarter 2010 the Department reported 98.9% compliance with the **quarterly** outcome measure and 95.3% for the **monthly** measure. The Court Monitor Review found that 98.4% of the children were visited at least once in the quarter during the 3 month period ending December 31, 2010 and 93.2% of the children were visited monthly during the same period. For the First Quarter 2011 the Department reported 99.2% compliance with the **quarterly** outcome measure and 95.8% for the **monthly** measure. The Court Monitor Review found that 98.8% of the children were visited at least once in the quarter during the 3 month period ending December 31, 2010 and 93.2% of the children were visited monthly during the same period.
 - Slightly less than 80% of the cases over the two quarters documented private conversations with children (or visual assessment in situations where children could not communicate due to age or other considerations) on at least one occasion during the quarter.
 - For the Fourth Quarter 2010 sample cases with a reunification goal, 100% of the cases had at least one face to face contact with the identified person(s) to which reunification was to occur. For the First Quarter 2011 the finding was 90.9%.
 - While 92.1% and 90.4% of the cases in the two quarters reviewed had either private conversations or a documented discussion with the child's caretaker (foster parent or congregate care provider) regarding the child's well-being and services this conversely indicates that there were a total of 43 cases where there was no documented private conversation with the child's caretaker.
 - For the Fourth Quarter 2010 the reviewers indicated that 56.0% of the reviewed cases had documentation that reflected the social workers achievement of the statistical benchmark of visitation as well as a very good or optimal level of documentation indicating compliance with quality

practice, policy expectations and assessment of needs and safety for the child. Similarly, for the First Quarter 2011 the reviewers determined this similar finding for 54.0% of the sample reviewed.

- As of February 2012, there were 372 *Juan F.* children placed in residential facilities. This is a decrease of 21 children compared to the 403 children reported last quarter. While the overall number of children in residential care decreased, the number of children utilizing residential care services for longer than 12 months increased. The number of children residing in residential care for greater than 12 months was 124, which is an increase of five (5) children in comparison to the 119 reported last quarter.
- The number of children residing and receiving treatment in out-of-state residential facilities as of February 2012 decreased by 46 to 167 compared to the 213 reported October 2011. There has been a decrease of 102 children over the last two quarters.
- The number of children age 12 years old or younger in congregate care decreased from 105 in November 2011 to 90 as of February 2012. This reduction was primarily in Residential placements and Group Home placements.
- As of February 2012, there were four (4) children aged 1 to 5 years of age residing in a SAFE Home placement. This is an increase of two (2) children from November 2011. There were 35 children age 12 and under in SAFE Home settings as of February 2012.
- The number of children utilizing SAFE Home temporary placements decreased to 60 as of February 2012 compared with the 63 reported as of November 2011. The number of children in SAFE Home overstay status (>60 days), increased significantly to 44 children compared with the 35 children reported last quarter. It is important to note that the Fourth Quarter data indicates 73.3% (44 of 60) of the children are in overstay status. There were 9 children with lengths of stay in excess of six months as of February 2012. The lack of sufficient foster/adoptive resources remains a most significant barrier to timely discharge.
- There were 75 youth in STAR programs as of February 2012, four less than the 79 reported in November 2011. The number of youth in overstay status (>60 days) in STAR placements decreased to 40 youth, compared with the 43 youth noted last quarter. Fifty-three percent (53.3%) of the youth (40 of 75) in STAR programs were in overstay status as of February 2012. There were 7 children with lengths of stay longer than six months as of February 2012. The lack of sufficient and appropriate treatment/placement services especially family-based settings hamper efforts to reduce the utilization of STAR services and apparently manage short lengths of stay.
- The Division of Foster Care's monthly report for December 2011 indicates that there are 2,295 licensed DCF foster homes. This is a decrease of 22 homes compared with the Third Quarter 2011 report. The number of approved private provider foster care homes is 842. The number of private provider foster homes currently available for placement is 66. 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 December 2011 is 3,137 homes, a net loss of 150 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 Fourth Quarter 2011. This is the fifth 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 not met in the Fourth 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-three (63) of the eighty-three (83) youth in this quarter's universe or 75.9% achieved one or more of the measures. This is the lowest performance on this measure since early 2004.
- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased by 40 from the 751 to 711 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 contributes to the sizeable reduction in the number of children with APPLA over the last few years.
- During the past quarter, the Department produced a list of children waiting for Voluntary Services from either DCF or DDS. Specific information regarding service plans including timeframes was shared. After considerable discussion, the parties and the Court Monitor agreed that moving forward; the Department's Careline staff follow a revised protocol that outlines the rationale for opening a DCF case if there are current Protective Service issues or a history of Protective Service involvement when the decision is made to refer the family to the Department of Developmental Services (DDS).

- The Monitor's quarterly review of the Department for the period of October 1, 2011 through December 31, 2011 indicates that the Department did not achieve compliance with four (4) measures:
 - Treatment Planning (44.4%)
 - Sibling Placements (91.8%)
 - Children's Needs Met (55.6%)
 - Discharge Measures regarding Education, Work, and Military Status (76.5%)

- The Monitor's quarterly review of the Department for the period of October 1, 2011 through December 31, 2011 indicates the Department has achieved compliance with the following 18 Outcome Measures:
 - Commencement of Investigations (97.1%)
 - Completion of Investigations (93.3%)
 - Search for Relatives (92.8%)
 - Repeat Maltreatment (6.0%)
 - Maltreatment of Children in Out-of Home Cases (0.1%)
 - Reunification (65.8%)
 - Adoption (33.6%)
 - Transfer of Guardianship (83.1%)
 - Re-Entry into DCF custody (6.4%)
 - Multiple Placements (96.4%)
 - Foster Parent Training (100.0%)
 - Placement within Licensed Capacity (96.1%)
 - Worker-Child Visitation Out-of Home Cases (92.3% Monthly/98.6% Quarterly)
 - Worker-Child Visitation In-Home Cases (85.9%)¹
 - Caseload Standards (100.0%)
 - Residential Reduction (8.5%)
 - Discharge to DMHAS and DMR (100.0%)
 - Multi-disciplinary Exams (93.4%)

¹ Analysis of the recent certification review of In-Home visitation revealed that LINK/ROM data does not reflect the specific standard outlined in the Exit Plan. The automated LINK data only records whether someone within the family is seen twice a month rather than whether all active participants are seen twice a month.

- The Department has maintained compliance for at least two (2) consecutive quarters² 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-nine consecutive quarter)
 - Completion of Investigations (twenty-nine consecutive quarter)
 - Search for Relatives (twenty-fourth consecutive quarter)
 - Repeat Maltreatment (nineteenth consecutive quarter)
 - Maltreatment of Children in Out-of-Home Care (thirty-second consecutive quarter)
 - Reunification (ninth consecutive quarter)
 - Adoption (fifth consecutive quarter)
 - Transfer of Guardianship (twelfth consecutive quarter)
 - Multiple Placements (fourteenth consecutive quarter)
 - Foster Parent Training (fourteenth consecutive quarter)
 - Visitation Out-of-Home (twenty-fifth consecutive quarter)
 - Visitation In-Home (twenty-fifth consecutive quarter)³
 - Caseload Standards (fifth consecutive quarter)
 - Residential Reduction (twenty-third consecutive quarter)
 - Multi-disciplinary Exams (twenty-fourth consecutive quarter)

A full copy of the Department's Fourth Quarter 2011 submission including the Commissioner's Highlights may be found on page 78.

² 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.

³ Analysis of the recent certification review of In-Home visitation revealed that LINK/ROM data does not reflect the specific standard outlined in the Exit Plan. The automated LINK data only records whether someone within the family is seen twice a month rather than whether all active participants are seen twice a month.

Statewide Juan F. Exit Plan Report Outcome Measure Overview																								
Measure	Measure	Base-line	4Q 2011	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	97.1%	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%	93.3%	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	44.4%	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%	92.8%	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%	6.0%	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%	0.1%	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%	65.8%	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%	33.6%	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%	83.1%	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%	91.8%	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%	6.4%	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%	96.4%	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%	100.0%
14: Placement Within Licensed Capacity	>=96%	94.9%	96.1%	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	55.6%	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	92.3%	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	98.6%	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	85.9%	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%	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	<=11%	13.5%	8.5%	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%	76.5%	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	100.0%	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%	93.4%	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

Fourth Quarter 2011 - Blind Review of 54 Cases

During the Fourth Quarter the Court Monitor review conducted a blind review sample of 54 cases selected across the state for monitoring progress within Outcome Measure 3 (Case Plans) and Outcome Measure 15 (Needs Met).

The sample stratification was selected based upon the caseload percentages in place on September 1, 2011.

Table 1: Sample Identification and Office *Juan F.* Caseload on September 1, 2011 (Excludes ICO, Probate and Investigation)

Region	Area Office Sample	<i>Juan F.</i> Caseload	% of Statewide Caseload	% Caseload Designated In-Home	Sample Cases
I	Bridgeport	930	8.5%	39.0%	4
I	Norwalk	209	1.9%	32.1%	2
I	Stamford	186	1.7%	36.6%	2
II	Milford	710	6.5%	33.8%	3
II	New Haven	1022	9.4%	37.0%	5
III	Middletown	385	3.5%	32.2%	2
III	Norwich	1019	9.4%	34.5%	5
III	Willimantic	581	5.3%	35.3%	3
IV	Hartford	1676	15.4%	28.0%	7
IV	Manchester	960	8.8%	33.5%	5
V	Danbury	247	2.3%	29.6%	2
V	Torrington	428	3.9%	21.7%	2
V	Waterbury	924	8.5%	26.6%	4
VI	Meriden	505	4.6%	35.2%	3*
VI	New Britain	1102	10.1%	32.8%	5
	Statewide	10884	100.0%	-----	54

* Sample in Region VI initially identified as 3/5 split - case drawn for New Britain was identified as Meriden case and maintained in review as it was in the same region and in prior quarter two rather than three cases were reviewed in Meriden due to a similar issue in the reverse direction.

Summary Findings

The Department achieved the following statewide results within our randomly selected 54-case sample.

- **Statewide, there were 21 cases, or 38.9%, that achieved both Outcome Measure 3 and 15 during the period under review.**
- **Statewide, there were also 21 cases, or 38.9% that failed to achieve both Outcome Measure 3 and 15 during the period under review.**
- **Statewide, a total of 24 cases or 44.4% of those sampled achieved Outcome Measure 3 (Case Plans). This is a slight decline from the 50.9% achieved in the prior quarter.**

- The biggest challenge areas in case planning were:
 - Identification of appropriate action steps to achieving goals as only 42.6% of the 54 case plans appropriately identified concrete, time specific action steps with appropriate, responsible parties.
 - Incorporating accurate and complete assessments with input from involved collaterals/providers (present situation/assessment of child to date of review) which was indicated as appropriate in just over half or 53.7% of the case plans;
 - Identifying priority goals and objectives consistent with the ongoing needs of the child and family (determining priority goals and objectives) which was noted as a strength in only 61.1% of the cases reviewed;
 - Engagement of the family and adolescents in case planning and including their input on the case plan document (engagement of child and family) which was deemed appropriate in 70.3% of the case sample;
 - Updating the progress section of the case plan and planning for permanency (clear identification of the permanency goal(s) and visitation plan, also fell shy of the benchmark set for this measure, both achieving statewide results of 79.3%.
- There were three case plans (5.6%) that were not approved by the Social Work Supervisor at the time of our review.
- Had the comments of the Administrative Case Review (ACR) Social Work Supervisors, which included the recommendations for changes to the child -in-placement case plans been better utilized after the review process, seven additional case plans would have likely been corrected. These were typically areas that both the Administrative Case Reviewer and Court Monitor Reviewer identified as deficient. These revisions, if included and approved, could have raised the child-in-placement subsample score for the quarter to 69.7%.
- **Statewide, a total of 30 cases, or 55.6% of those sampled achieved Outcome Measure 15 (Children's Needs Met), during the last six month period.** This is a slight decrease from the previous quarter.
 - The biggest challenge areas are in the areas 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). In addition, there is a noted lack of timeliness in ensuring that appropriate referrals are made and ongoing contact with providers/stakeholders is not consistent or sufficient in many cases.
 - Priority needs were better addressed in the prior six month period for children-in-placement cases than with children served via in-home family services (60.6% versus 47.6%).

Findings Related to Outcome Measure 3

The Exit Plan requires that "in at least 90% of the cases, except probate, interstate and subsidy only cases appropriate case plans shall be developed as set forth in the "DCF Court Monitor's 2006 Protocol for Outcome Measures 3 and 15...." During the Fourth Quarter 2011, Regions II and IV showed the greatest overall performance for Outcome Measure 3 with 75.0% and 66.7% respectively, but with the exception of Manchester which surpassed the benchmark at 100%, the DCF failed to reach the benchmark of 90% across the board during the quarter.

The regional view of the outcome is shown below:

Crosstabulation 1: DCF Region * Overall Score for OM3

DCF Region		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
Region I	Count	1	7	8
	% within DCF Region	12.5%	87.5%	100.0%
Region II	Count	6	2	8
	% within DCF Region	75.0%	25.0%	100.0%
Region III	Count	3	7	10
	% within DCF Region	30.0%	70.0%	100.0%
Region IV	Count	8	4	12
	% within DCF Region	66.7%	33.3%	100.0%
Region V	Count	4	4	8
	% within DCF Region	50.0%	50.0%	100.0%
Region VI	Count	2	6	8
	% within DCF Region	25.0%	75.0%	100.0%
Total	Count	24	30	54
	% within DCF Region	44.4%	55.6%	100.0%

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

What is the social worker's area office assignment?		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
Bridgeport	Count	0	4	4
	% within area office	.0%	100.0%	100.0%
Danbury	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Milford	Count	2	1	3
	% within area office	66.7%	33.3%	100.0%
Hartford	Count	3	4	7
	% within area office	42.9%	57.1%	100.0%
Manchester	Count	5	0	5
	% within area office	100.0%	.0%	100.0%
Meriden	Count	1	3	4
	% within area office	25.0%	75.0%	100.0%
Middletown	Count	0	2	2
	% within area office	.0%	100.0%	100.0%
New Britain	Count	1	3	4
	% within area office	25.0%	75.0%	100.0%
New Haven	Count	4	1	5
	% within area office	80.0%	20.0%	100.0%
Norwalk	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Norwich	Count	2	3	5
	% within area office	40.0%	60.0%	100.0%
Stamford	Count	0	2	2
	% within area office	.0%	100.0%	100.0%
Torrington	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Waterbury	Count	2	2	4
	% within area office	50.0%	50.0%	100.0%
Willimantic	Count	1	2	3
	% within area office	33.3%	66.7%	100.0%
Total	Count	24	30	54
	% within area office	44.4%	55.6%	100.0%

There were thirteen requests for overrides in Outcome Measure 3 and eleven requests for overrides in Outcome Measure 15, two of the Outcome Measure 15 requests were not granted, as it was determined that the circumstances while meriting consideration did not sufficiently reveal the level of documentation of efforts we see in these instances.

Several examples of the situations resulting in overrides were:

- Delays earlier in the period under review (PUR) were due to case management issues that were resolved by currently assigned Social Work Supervisor's proactive oversight, case reassignment, ARG consult and referral to appropriate services. By the end of PUR all identified needs were being addressed. An override is granted as appropriate steps were taken to overcome barrier and needs were met prior to our review (met during PUR).
- Though there is not a specific cited objective for a psychiatric or psychological evaluation of the parents, there is an identified mental health objective with actionable items reflected, and the assessment does indicate that there is a need for the evaluation. Post case plan approval, narrative documentation also reflects DCF awareness of the need and steps have been taken (albeit slow) to address these issues.
- One of the cases denied for an override in Outcome Measure 15 related to issues of case management and education. There were too many issues left unattended during the PUR that impact the long and short term planning for successful community reintegration of youth. In spite of communication that steps were now being taken, mental health services, community supports and educational program were not in place or clarified as of the end of the PUR.
- An override was granted for OM15 as the prioritization of the needs had ranked the mentor lower on the list of priorities for a child in care. Overall all other services were in place and service provision has been very adequate. The child is on a waitlist for a mentor. While an increase in contact with health providers and school would have made case management optimal, it was felt that child was doing well and needs were being met through the foster caretaker and DCF.
- An override was granted as the circumstances of the unmet need were found to clearly show that the barrier related to the parents lack of compliance, not service availability or lack of assessment or diligence on the part of the DCF to secure the services or engage the client.
- Override Granted on securing substance abuse treatment and mental health services for the parents in a case with concurrent planning due to circumstances of case. This case involves a child with a TPR trial set for November. Parents had been non-compliant with consistent efforts and appropriate referrals for MH services. The father was consistently non-compliant with substance abuse screen referrals despite encouragement and offers to assist with transportation.
- Though there is no clear identified statement reflecting a case goal in the appropriate section of the case plan document, the case plan, when read in its entirety provides the reader with the overall goal of safety, and permanency of the children intact in the home setting, and well-being through appropriate parenting. As such an override was granted, as this was the only deficit are of the document.
- On the case plan in which the "Identifying Information" scored marginal due to the child's case plan failing to identify that the child is of American Indian Heritage in the appropriate section - it was recognized that the LINK icon information was not correctly

entered. The mother identified need for a correction but worker mistakenly included it only on the family plan feedback narrative. Upon our clarification email request, documentation was provided indicating that the Tribe was notified and does not recognize the child as a member. Given that the agency did contact Tribe, as per policy, it was felt that the weight of this one element of the case plan does not justify failure of an otherwise well written and informative document so an override was granted.

- A child's current placement was felt marginal as it was not an adoptive resource: either relative, special study or legal risk home. Given the child's concurrent planning goal, an adoptive resource (relative or legal risk) should have been in place. Another concern was that the home was a non-English speaking household which may present some minor challenges to language development. However, this foster home has been a stable, loving home for this baby from date of placement and the child's attorney and the mother requested earlier in PUR that as long as reunification was the goal the child should remain in that home rather than undergo an unnecessary move. Given this information, for the period under review the override seemed to be the appropriate tact. The regional staff did agree, however that they would begin more active efforts to look closely at relative resources and legal risk options as part of concurrent planning in the upcoming planning period.

Individual domains are shown by area office in the table provided below. While there is still a need for strong remedial measures, increases are noted in the engagement performance numbers of several of the areas offices (resulting in a statewide total within the domain of 58.5% to 70.3%). Problematic areas continue most frequently with incorporating accurate and complete assessments with input from involved collaterals/providers (present situation/assessment of child to date of review); identifying specific action steps with responsible parties, concrete measurements and timeframes (action steps to achieving goals); identifying priority goals and objectives consistent with the ongoing needs of the child and family (determining priority goals and objectives); updating the progress on prior action steps and objectives (progress).

There were three case plans (5.6 %) that were not approved by the Social Work Supervisor at the time of our review. These three 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 Hartford (2) and in Danbury (1).

Crosstabulation 3: Outcome Measure 3 - Percent of Sample 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)	100.0%	100.0%	25.0%	0.0%	100.0%	100.0%	25.0%	75.0%
	Norwalk (n=2)	50.0%	50.0%	100.0%	50.0%	100.0%	100.0%	50.0%	50.0%
	Stamford (n=2)	100.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Combined Region	62.5%	75.0%	37.5%	12.5%	75.0%	75.0%	25.0%	50.0%
Region II	Milford (n=3)	33.3%	100.0%	66.7%	66.7%	66.7%	100.0%	66.7%	100.0%
	New Haven (5)	100.0%	100.0%	100.0%	60.0%	100.0%	80.0%	60.0%	100.0%
	Combined Region	87.5%	100.0%	87.5%	62.5%	87.5%	87.5%	62.5%	100.0%
Region III	Middletown (n=2)	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	0.0%	100.0%
	Norwich (n=5)	100.0%	100.0%	80.0%	20.0%	40.0%	80.0%	40.0%	80.0%
	Willimantic (n=3)	100.0%	100.0%	100.0%	100.0%	33.3%	100.0%	66.7%	100.0%
	Combined Region	100.0%	100.0%	90.0%	60.0%	40.0%	90.0%	40.0%	90.0%
Region IV	Hartford (n=7)	100.0%	71.4%	57.1%	57.1%	42.9%	28.6%	28.6%	57.1%
	Manchester (n=5)	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%
	Combined Region	100.0%	75.0%	75.0%	75.0%	66.7%	58.3%	58.3%	66.7%
Region V	Danbury (n=2)	100.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	100.0%
	Torrington (n=2)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%
	Waterbury (n=4)	100.0%	100.0%	50.0%	50.0%	25.0%	100.0%	75.0%	100.0%
	Combined Region	100.0%	87.5%	62.5%	62.5%	50.0%	87.5%	62.5%	100.0%
Region VI	Meriden (n=4)	100.0%	100.0%	50.0%	50.0%	25.0%	75.0%	0.0%	75.0%
	New Britain (n=4)	100.0%	100.0%	75.0%	25.0%	75.0%	100.0%	0.0%	75.0%
	Combined Region	100.0%	100.0%	62.5%	37.5%	50.0%	87.5%	0.0%	75.0%
	Statewide (n=54)	92.6%	88.9%	70.3%	53.7%	61.1%	79.6%	42.6%	79.6%

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 4: 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
CPS In-Home Family Case	Count	8	11	19
	% within Case Assignment	42.1%	57.9%	100.0%
Voluntary Services In-Home Family Case	Count	0	2	2
	% within Case Assignment		100.0	100.0%
Combined In Home Caseload Sample	Count	8	13	21
	%	38.1%	61.9%	100.0%
CPS Child in Placement Case	Count	16	17	33
	% within Case Assignment	48.5%	51.5%	100.0%
Grand Total All Cases	Count	24	30	54
	% within Case Assignment	44.4%	55.6%	100.0%

Crosstabulation 5: 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
Asian	Count	0	2	2
	% within Overall Score for OM3	.0%	100.0%	100.0%
Black/African American	Count	9	6	15
	% within Overall Score for OM3	60.0%	40.0%	100.0%
White	Count	9	18	27
	% within Overall Score for OM3	33.3%	66.7%	100.0%
"Unknown"	Count	1	0	1
	% within Overall Score for OM3	100.0%	.0%	100.0%
UTD (not in LINK)	Count	0	2	2
	% within Overall Score for OM3	.0%	100.0%	100.0%
Multiracial (more than one race selected)	Count	5	2	7
	% within Overall Score for OM3	71.4%	28.5%	100.0%
Total	Count	24	30	54
	% within Overall Score for OM3	44.4%	55.6%	100.0%

Crosstabulation 6: 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	9	12	21
	% within Sex of Child	42.9%	57.1%	100.0%
Female	Count	7	6	13
	% within Sex of Child	53.8%	46.2%	100.0%
Total	Count	16	18	34
	% within Child in Placement	47.1%	52.9%	100.0%

Crosstabulation 7: 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

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	3	10	13
	% within permanency goal	23.1%	73.9%	100.0%
Adoption	Count	7	3	10
	% within permanency goal	70.0%	30.0%	100.0%
Transfer of Guardianship	Count	0	1	1
	% within permanency goal	0.0%	100.0%	100.0%
Long Term Foster Care with a Licensed Relative	Count	0	1	1
	% within permanency goal	0.0%	100.0%	100.0%
In-Home Goals - Safety/Well Being Issues	Count	8	11	19
	% within permanency goal	42.1%	57.9%	100.0%
UTD - plan incomplete, unapproved/missing for this period	Count	0	2	2
	% within permanency goal	.0%	100.0%	100.0%
APPLA	Count	6	2	8
	% within permanency goal	75.0%	25.0%	100.0%
Total	Count	24	30	54
	% within permanency goal	44.4%	55.6%	100.0%

Our review determined that in all but one of the 13 cases with the identified goal of reunification, there was a stated concurrent permanency goal. This case was identified as having issues on the case plan in reference to the permanency section. In all of the cases with a singularly identified goal of APPLA, the reviewer did not specifically question the appropriateness of the APPLA goal, but there were some questions in regard to family connections and the documentation of the approval process.

Crosstabulation 8: Legal Status * Overall Score for OM3

Legal Status		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
Not Committed	Count	2	2	4
	% of Legal Status	50.0%	50.0%	100.0%
Committed (Abuse/Neglect/Uncared For)	Count	9	12	21
	% of Legal Status	42.9%	57.1%	100.0%
TPR/Statutory Parent	Count	3	2	5
	% of Legal Status	60.0%	40.0%	100.0%
Order of Temporary Custody	Count	2	2	4
	% of Legal Status	50.0%	50.0%	100.0%
Protective Supervision	Count	2	1	3
	% of Legal Status	66.7%	33.3%	
N/A - In-Home CPS case with no legal involvement	Count	4	8	12
	% of Legal Status	33.3%	66.7%	100.0%
N/A - In-Home Voluntary Service Case	Count	0	2	2
	% of Legal Status	0.0%	100.0%	100.0%
Unknown/Pending	Count	1	1	2
	% of Legal Status	50.0%	50.0%	100.0%
Probate Court Custody/Probate Court Guardianship	Count	1	0	1
	% of Legal Status	100.0%	0.0%	100.0%

Engagement with families and case participants continues to be an area needing improvement in the majority of the DCF regional catchment areas. Attendance during the Fourth Quarter 2011 was highest among mothers and foster parents. As the engagement and attendance data indicates the engagement is disparate across the regions. In many areas, few fathers, outside providers, attorneys, or outside participants were involved in the development of assessments, objectives or action steps for children and families. 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 conducted by the Court Monitor, largely does not reflect efforts to actively engage or secure additional participants whether through natural supports or among involved paid professional stakeholders.

Family conferencing is not stressed as a general practice statewide. There were very few narratives which reflected the offer of this conference to the families during the period under review, opting for development of the case plan during home visits with one or sometimes both parents and/or the adolescent when the documentation exists within the record.

Table 2: Fourth 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 (Child over 12)	I	80.0%	33.3%
	II	75.0%	50.0%
	III	100.0%	75.0%
	IV	75.0%	75.0%
	V	0.0%	50.0%
	VI	66.7.0%	0.0%
	Statewide	78.3%	52.6%
Mother	I	100.0%	100.0%
	II	80.0%	66.7%
	III	87.5%	50.0%
	IV	70.0%	42.9%
	V	100.0%	60.0%
	VI	85.7%	75.0%
	Statewide	86.7%	63.0%
Father	I	28.6%	25.0%
	II	50.0%	50.0%
	III	88.9%	60.00%
	IV	54.5%	0.0%
	V	71.4%	33.3%
	VI	66.7%	50.0%
	Statewide	61.4%	31.0%
Foster Parent	I	50.0%	50.0%
	II	50.0%	50.0%
	III	75.0%	50.0%
	IV	100.0%	71.4%
	V	100.0%	75.0%
	VI	75.0%	25.0%
	Statewide	80.0%	56.0%
Active Service Providers	I	50.0%	14.3%
	II	84.6%	54.5%
	III	57.7%	41.2%
	IV	62.1%	33.3%
	V	50.0%	44.4%
	VI	46.2%	16.7%
	Statewide	56.9%	36.6%
Child's Attorney/GAL	I	0.0%	0.0%
	II	50.0%	50.0%
	III	50.0%	16.7%
	IV	36.4%	11.1%
	V	33.3%	0.0%
	VI	33.3%	50.0%
	Statewide	35.9%	18.8%

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
Parent's Attorney	I	0.0%	0.0%
	II	0.0%	0.0%
	III	33.0%	40.0%
	IV	55.6%	28.6%
	V	50.0%	0.0%
	VI	33.3%	50.0%
	Statewide	37.5%	23.1%
Other DCF Staff	I	0.0%	0.0%
	II	80.0%	25.0%
	III	40.0%	33.3%
	IV	33.3%	20.0%
	V	50.0%	0.0%
	VI	40.0%	0.0%
	Statewide	40.0%	14.3%
Other Participants (Resource Identified by family)	I	60.0%	75.0%
	II	100.0%	100.0%
	III	0.0%	0.0%
	IV	60.0%	33.3%
	V	100.0%	100.0%
	VI	50.0%	0.0%
	Statewide	58.8%	53.9%

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 55.6% during the Fourth Quarter 2011. Two of the 15 area offices attained the 80.0% benchmark required of Outcome Measure 15 during the Fourth Quarter. Middletown achieved 100.0% and Manchester achieved 80.0% compliance. This is a reduction in overall attainment across the state area offices as in the Third Quarter, five of the area offices attained the measure.

Across the six state regions, results for Outcome Measure 15 during the Fourth Quarter 2011 ranged from 66.7% in Region IV to 12.5% in Region I.

- 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"⁴, and "Well Being: Mental Health, Behavioral Health & Substance Abuse Treatment Services". Area Office trends are indicated in the Crosstabulation below:

⁴ 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.

Crosstabulation 9: Outcome Measure 15 Domain Fourth Quarter 2011 - 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 Placement 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	50.0%	100.0%	100.0%	75.0%	75.0%	0.0%	100.0%	50.0%	25.0%	100.0%	100.0%	0.0%
	Norwalk	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	50.0%	50.0%	50.0%	100.0%	50.0%	50.0%
	Stamford	0.0%	100.0%	0.0%	50.0%	0.0%	0.0%	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%
	Combined Region	50.0%	100.0%	75.0%	75.0%	75.0%	0.0%	87.5%	62.5%	25.0%	100.0%	87.5%	12.5%
Region II	Milford	100.0%	100.0%	100.0%	100.0%	100.0%	33.3%	100.0%	100.0%	66.7%	100.0%	100.0%	66.7%
	New Haven	100.0%	66.7%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	80.0%	100.0%	75.0%	60.0%
	Combined Region	100.0%	80.0%	100.0%	100.0%	100.0%	62.5%	100.0%	100.0%	75.0%	100.0%	85.7%	62.5%
Region III	Middletown	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Norwich	100.0%	100.0%	100.0%	100.0%	100.0%	60.0%	100.0%	100.0%	80.0%	100.0%	100.0%	60.0%
	Willimantic	100.0%	100.0%	50.0%	100.0%	100.0%	33.3%	100.0%	66.7%	66.7%	100.0%	66.7%	33.3%
	Combined Region	100.0%	100.0%	83.3%	100.0%	100.0%	60.0%	100.0%	90.0%	80.0%	100.0%	88.8%	60.0%
Region IV	Hartford	100.0%	80.0%	60.0%	100.0%	80.0%	57.1%	85.7%	85.7%	57.1%	80.0%	83.3%	57.1%
	Manchester	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%	75.0%	100.0%	80.0%
	Combined Region	100.0%	88.9%	77.7%	100.0%	88.9%	66.7%	91.7%	91.7%	75.0%	77.8%	90.0%	66.7%
Region V	Danbury	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	50.0%	100.0%	100.0%	50.0%
	Torrington	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	0.0%	50.0%
	Waterbury	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	50.0%	75.0%
	Combined Region	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	87.5%	100.0%	50.0%	62.5%
Region VI	Meriden	50.0%	50.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	0.0%	100.0%	100.0%	50.0%
	New Britain	100.0%	100.0%	100.0%	100.0%	75.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%
	Combined Region	75.0%	80.0%	100.0%	100.0%	80.0%	62.5%	100.0%	100.0%	42.9%	100.0%	100.0%	62.5%
Statewide	85.7%	91.4%	88.2%	96.2%	91.4%	51.9%	96.2%	90.7%	66.0%	94.1%	85.1%	55.6%	

Case sample included 54 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 10: What is the type of case assignment noted in LINK? * Overall Score for Outcome Measure 15

What is the type of case assignment noted in LINK?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
CPS In-Home Family Case	Count	10	9	19
	% within What is case type?	52.6%	47.4%	100.0%
Voluntary Services In-Home Family Case	Count	0	2	2
	% within What is case type?	0.0%	100.0%	100.0%
Combined In-Home Caseload Sample	Count	10	11	21
	%	47.6%	52.4%	100.0%
CPS Child in Placement Case	Count	20	13	33
	% within What is case type?	60.6%	39.4%	100.0%
Total Sample	Count	30	24	54
	% within What is case type?	55.6%	44.4%	100.0%

Crosstabulation 11: 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
Asian	Count	1	1	1
	% within Race	50.0%	50.0%	100.0%
Black/African American	Count	8	7	15
	% within Race	53.3%	46.7%	100.0%
Multiracial (more than one race selected)	Count	7	0	7
	% within Race	100.0%	0.0%	100.0%
Unable To Determine (UTD)	Count	0	2	2
	% within Race	.0%	100.0%	100.0%
White	Count	13	14	27
	% within Race	48.1%	51.9%	100.0%
"Unknown"	Count	1	0	1
	% within Race	100.0%	0.0%	100.0%
Total Sample	Count	30	24	54
	% within Race	55.6%	44.4%	100.0%

Crosstabulation 12: 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
Male	Count	13	8	21
	% within Sex of Child	61.9%	38.1%	100.0%
Female	Count	8	5	13
	% within Sex of Child	61.5%	38.5%	100.0%
Total	Count	21	13	34
	% within Sex of Child	61.8%	38.2%	100.0%

Crosstabulation 13: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? * Overall Score for Outcome Measure 15

What is the child or family's stated 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
Adoption	Count	8	2	10
	% within Case Plan Goal?	80.0%	20.0%	100.0%
APPLA	Count	7	1	8
	% within Case Plan Goal?	87.5%	12.5%	100.0%
Long Term Foster Care with a Licensed Relative	Count	0	1	1
	% within Case Plan Goal?	0.0%	100.0%	100.0%
Reunification	Count	5	8	13
	% within Case Plan Goal?	38.5%	61.5%	100.0%
Transfer of Guardianship	Count	1	0	1
	% within Case Plan Goal?	100.0%	.0%	100.0%
In-Home Goals - Safety/ Well Being Issues	Count	8	11	19
	% within Case Plan Goal?	42.1%	57.9%	100.0%
UTD - plan incomplete, unapproved/missing for this period	Count	1	1	2
	% within Case Plan Goal?	50.0%	50.0%	100.0%
Total	Count	30	24	54
	% within Case Plan Goal?	55.6%	44.4%	100.0%

Crosstabulation 14: Legal Status * Overall Score for Outcome Measure 15

Legal Status		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Not Committed	Count	2	2	4
	% within Legal Status	50.0%	50.0%	100.0%
Committed (Abuse/ Neglect/Uncared For)	Count	14	7	21
	% within Legal Status	66.7%	33.3%	100.0%
TPR/Statutory Parent	Count	3	2	5
	% within Legal Status	60.0%	40.0%	100.0%
Order of Temporary Custody	Count	2	2	4
	% within Legal Status	50.0%	50.0%	100.0%
Protective Supervision	Count	2	1	3
	% within Legal Status	75.0%	25.0%	100.0%
N/A - In-Home CPS case with no legal involvement	Count	5	7	12
	% within Legal Status	41.7%	58.3%	100.0%
N/A - In-Home Voluntary Service Case	Count	0	2	2
	% within Legal Status	0.0%	100.0%	100.0%
Unknown/Pending	Count	2	0	2
	% within Legal Status	100.0%	0.0%	100.0%
Probate Court Custody or Probate Court Guardianship	Count	0	1	1
	% within Legal Status	0.0%	100.0%	100.0%
Total	Count	30	24	54
	% within Legal Status	55.6%	44.4%	100.0%

Crosstabulation 15: 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
Yes	Count	2	2	4
	%	50.0%	50.0%	100.0%
No	Count	10	7	17
	%	58.8%	41.2%	100.0%
N/A - In-Home Case (CPS or Voluntary Services)	Count	9	11	20
	%	45.0%	55.0%	100.0%
N/A - Exceeded timeframe however TPR has already been filed or granted/or compelling reason documented	Count	9	4	13
	%	71.4%	28.6%	100.0%
Total	Count	32	21	53
	%	69.2%	30.8%	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 35 cases requiring an SDM Risk Reassessment or Reunification Assessment, 7 cases were done at the 90 day intervals policy recommends.

Table 3: 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
Yes	7	13.0	13.0
No	28	51.9	51.9
N/A	19	35.2	100.0
Total	54	100.0	

In regard to the SDM safety assessments conducted at the point of investigations, there were 18 cases which merited the safety assessment. In 17 of the cases, there was evidence of the documented safety plan resulting from the safety decision identified during the investigation phase. These are required in situations deemed conditionally safe. In 14 of these cases, the safety plan appeared to have mitigated some or most of the concerns identified.

During the Fourth Quarter, there were 38 cases⁵ that had one or more unmet priority needs identified as unmet during the period under review. In total 156 discrete needs were captured by our review staff in the review process. The most frequently identified barrier within the 156 unmet needs is identified 22.4% of the time as: "Delay in Referral", this was followed by 14.7% of the barriers indicated as "Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services " or almost equally identified at 14.1% "Client Refused". Also of note, in 10.3% of the situations, the barrier noted was "No Service Identified to Meet this Need", which would be indicative of those cases with low scoring assessments and issues with SDM completion that are cited in other sections of this report.

Table 4: Fourth Quarter Identified Unmet Priority Needs

Unmet Need	Barrier	Frequency
Adoption Recruitment	Area Office did not Respond to Reviewer Request for Clarification on Barrier to this Service	1
Adoption Supports (PPSP)	Area Office did not Respond to Reviewer Request for Clarification on Barrier to this Service	1
Anger Management	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
ARG Consultation	Delay in Referral	9
Day Treatment/Partial Hospitalization Programs - Child	Lack of Communication between DCF and Provider	1
Day Treatment/Partial Hospitalization Programs - Child	Provider Issues - untimely provision of services related to staffing, lack of follow through, etc	1
Delinquency Prevention	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Dental or Orthodontic Services	Area Office did not Respond to Reviewer Request for Clarification on Barrier to this Service	1
Dental Screening or Evaluation	Client Refused	1
Dental Screening or Evaluation	Area Office did not Respond to Reviewer Request for Clarification on Barrier to this Service	2
Dental Screening or Evaluation	No Service Identified to Meet this Need	2

⁵ Full sample includes 54 cases. Six cases were newly open cases in which this was the initial case plan drafted and unmet needs were too soon to rate. In ten cases the reviewer identified no unmet needs during the prior period under review.

Unmet Need	Barrier	Frequency
Domestic Violence Services - Perpetrators	Lack of Communication between DCF and Provider	1
Domestic Violence Services - Perpetrators	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	2
Domestic Violence Services - Prevention	No Service Identified to Meet this Need	2
Domestic Violence Services - Victims	Lack of Communication between DCF and Provider	1
Domestic Violence Services - Victims	Other - Individual Treatment Service Does Not Exist in the Community. (Mother requesting service which is not in group format.)	1
Domestic Violence Services - Victims	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	3
Drug/Alcohol - Inpatient Substance Abuse Treatment - Parent	Client Refused	1
Drug/Alcohol - Relapse Prevention-Parent	Client Refused	2
Drug/Alcohol - Substance Abuse Prevention - Parent	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Drug/Alcohol Education - Parent	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
Drug/Alcohol Outpatient Substance Abuse Treatment - Parent	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
Drug/Alcohol -Substance Abuse Screening - Child	Delay in Referral	1
Drug/Alcohol -Substance Abuse Screening - Parent	Delay in Referral	1
Drug/Alcohol -Substance Abuse Screening - Parent	Client Refused	3
Drug/Alcohol -Substance Abuse Screening - Parent	No Service Identified to Meet this Need	3
Drug/Alcohol Testing - Child	Delay in Referral	1
Drug/Alcohol Testing - Parent	Delay in Referral	1
Drug/Alcohol Testing - Parent	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
Educational Screening or Evaluation	Delay in Referral	1
Educational Screening or Evaluation	Provider Issues - untimely provision of services related to staffing, lack of follow through, etc	1
Family or Marital Counseling	Client Refused	1
Family or Marital Counseling	Delay in Referral	1
Family or Marital Counseling	Service Deferred Pending Completion of Another	1
Family Preservation Services	Provider Issues - untimely provision of services related to staffing, lack of follow through, etc	1
Family Reunification Services	Delay in Referral	2
Foster Care Support	Delay in Referral	1
Health/Medical Screening or Evaluation	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Health/Medical Screening or Evaluation	No Service Identified to Meet this Need	1
IEP Programming	Lack of Communication between DCF and Provider	1
IEP Programming	Provider Issues - untimely provision of services related to staffing, lack of follow through, etc	1
Individual Counseling - Child	Delay in Referral	1
Individual Counseling - Child	Client discharged for noncompliance/missed appointments/or refusal of follow-up services	3
Individual Counseling - Parent	Delay in Referral	1
Individual Counseling - Parent	No Service Identified to Meet this Need	1
Individual Counseling - Parent	Service Not Available in Primary Language	1
Individual Counseling - Parent	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	6
In-Home Parent Education and Support	Lack of Communication between DCF and Provider	1
In-Home Parent Education and Support	No Service Identified to Meet this Need	1
In-Home Parent Education and Support	Client Refused	3

Unmet Need	Barrier	Frequency
In-Home Treatment	Delay in Referral	1
In-Home Treatment	Lack of Communication between DCF and Provider	1
In-Home Treatment	No Service Identified to Meet this Need	1
In-Home Treatment	UTD from Case Plan, Narratives or Area Office Response Provided	1
In-Home Treatment	Wait List	1
Job Coaching/Placement	No Service Identified though client has unmet need	1
Life Skills Training	Delay in Referral	1
Life Skills Training	No Service Identified to Meet this Need	1
Matching/Processing/ICO	No Service Identified to Meet this Need	3
Mental Health Screening or Evaluation - Child	Delay in Referral	1
Mental Health Screening or Evaluation - Parent	Delay in Referral	1
Mentoring	Lack of Communication between DCF and Provider	1
Mentoring	Provider Issues - untimely provision of services related to staffing, lack of follow through, etc	1
Mentoring	Client Refused	2
Mentoring	Delay in Referral	3
Other Mental Health - Fire-Setter Evaluation	Delay in Referral	1
Other Mental Health -Psychiatric Assessment for Medication Management	Delay in Referral	1
Other State Agency - DMR, DMHAS, MSS, ETC)	Provider Issues - untimely provision of services related to staffing, lack of follow through, etc	1
Problem Sexual Behavior Evaluation	Client Refused	1
Problem Sexual Behavior Therapy	Delay in Referral	1
Psychological or psychosocial evaluation - Child	Delay in Referral	1
Psychological or psychosocial evaluation - Parent	Delay in Referral	1
Relative Foster Care	Delay in Referral	1
Sexual Abuse Therapy - Victim	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
Sexual Abuse Therapy - Victim	Delay in Referral	1
SW/Child Visitation	UTD from Case Plan or Area Office Response	1
SW/Child Visitation	Visitation Not at Benchmark/Policy levels	13
SW/Parent Visitation	Visitation Not at Benchmark/Policy levels	11
SW/Provider & Collateral Contacts	Lack of timely communication, delays in referrals and follow through.	14
Therapeutic Foster Care	Service Deferred Pending Completion of Another	1
Transportation	No Service Identified to Meet this Need	1
Tuition for Private School or College	Delay in Referral	1
		156

In 12 of the sample cases, there were no unmet needs that were identified by the case reviewer. In these 12 cases, all identified providers and services were in place during the period to assist the children and families meet the identified priority objectives and case plan goals as indicated. In 16 cases, the identified unmet needs had been assessed in the prior period and continued to be unmet six months later.

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	13	24.1	24.1	24.1
No	16	29.6	29.6	53.7
N/A - No prior FSNA	13	24.1	24.1	77.8
N/A - There are no unmet needs	12	22.2	22.2	100.0
Total	54	100.0	100.0	

In 28 cases or 51.9% of the current case plans reviewed, the reviewer identified that service needs for the child and/or family were only "partially" included in the reviewed case plan as a result of the LINK documentation available for the last six month period. While this is an area clearly needing improvement, the Court Monitor notes this is an improvement, however in comparison to prior reviews as there are no situations in which the reviewer indicated a "no" response to the question posed "Were all needs and services unmet during the prior six months discussed at the ACR or family conference and incorporated as action steps on the current case plan?"

Reviewers identified 13 cases, or 24.1% of the sample in which the unmet need was one that was remaining from the prior period under review, and had in fact been assessed and identified at the time of the prior case plan development.

In looking at the needs identified going forward that were not incorporated into the action steps of the case plans, our reviewers identified 82 needs and a corresponding barrier or reason for the possible failure to address that need. 50% of the needs not incorporated were identified as "No Service Identified to Meet this Need". This failure to appropriately identify and address the need for appropriate service directly impacts needs met going forward for families, and is reflected in the low scoring for Assessments and Action Steps in Outcome Measure 3. These included:

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 Recruitment and Support (includes PPSP)	Area Office Did Not Respond to Reviewer Request for Clarification on Barrier to this Service	2
Adoption Recruitment and Support (includes PPSP)	UTD from Area Office Response	1
Adoption Recruitment and Support (includes PPSP)	No Service Identified to Meet this Need	1
Anger Management - Parent	No Service Identified to Meet this Need	1
Case Management/Support/Advocacy	Other - Delays in referrals, SDM assessments and case planning weak, relatives not approached timely, family engagement issues	6
Domestic Violence Services - Perpetrators	No Service Identified to Meet this Need	1
Domestic Violence Services - Prevention	No Service Identified to Meet this Need	1
Domestic Violence Services - Victims	No Service Identified to Meet this Need	3
Drug/Alcohol - Substance Abuse Prevention - Parent	No Service Identified to Meet this Need	1
Drug/Alcohol - Substance Abuse Screening - Child	Delay in Referral	1
Drug/Alcohol - Substance Abuse Screening - Parent	No Service Identified to Meet this Need	5
Drug/Alcohol - Substance Abuse Screening - Parent	No Service Identified to Meet this Need	1
Drug/Alcohol - Substance Abuse Screening - Parent	Area Office Did Not Respond to Reviewer Request for Clarification on Barrier to this Service	1
Drug/Alcohol - Substance Abuse Screening - Parent	Delay in Referral	1
Drug/Alcohol Testing - Parent	Area Office did not Respond to Reviewer Request for Clarification on this service barrier	1
Educational Screening or Evaluation	No Service Identified to Meet this Need	1
Educational Screening or Evaluation	Delay in Referral	1
Educational Screening or Evaluation	Insurance Issue	1
Educational Screening or Evaluation	Lack of Communication between DCF and Provider	1
Family or Marital Counseling	Delay in Referral	1
Family or Marital Counseling	Other - Clarification of Therapeutic Purpose	1
Family Reunification Services	No Service Identified to Meet this Need	1
Family Reunification Services	Delay in Referral	1
Family Stabilization Services	No Service Identified to Meet this Need	2
Foster Care Support	Delay in Referral	1
Health/Medical Screening or Evaluation	No Service Identified to Meet this Need	2
IEP Programming	Area Office did not Respond to Reviewer Request for Clarification on this service barrier	1

Unmet Need	Barrier	Frequency
Individual Counseling - Child	Other - Clarification of Therapeutic Purpose	1
Individual Counseling - Child	Delay in Referral	1
Individual Counseling - Child	No Service Identified to Meet this Need	1
Individual Counseling - Parent	No Service Identified to Meet this Need	3
In-Home Parent Education	No Service Identified to Meet this Need	2
Life Skills Training	Lack of Communication between DCF and Provider	1
Matching/Processing/ICO	No Service Identified to Meet this Need	1
Medication Management - Parent	Service Deferred Pending Completion of Another	1
Medication Management - Parent	No Service Identified to Meet this Need	1
Mental Health Screening or Evaluation - Child	Lack of Communication between DCF and Provider	1
Mental Health Screening or Evaluation - Parent	No Service Identified to Meet this Need	2
Mental Health Screening or Evaluation - Parent	Client Refused	1
Mental Health Screening or Evaluation - Parent	Delay in Referral	1
Mentoring	Delay in Referral	2
Mentoring	Lack of Communication between DCF and Provider	1
Mentoring	No Service Identified to Meet this Need	1
Other Medical Intervention - Obesity/Weight Management - Child	No Service Identified to Meet this Need	1
Other State Agency - (DMR, DMHAS, MSS, Etc.)	No Service Identified to Meet this Need	1
Parenting Classes	No Service Identified to Meet this Need	3
Parenting Classes	Client Refused Service or was Subsequently Discharged for Non-Compliance	1
Problem Sexual Behavior Evaluation	N/A Client engaged in recommended service but not incorporated into planning	1
Problem Sexual Behavior Therapy	Service Deferred Pending Completion of Another	1
Psychiatric Evaluation	Client Refused Service or was Subsequently Discharged for Non-Compliance	1
Psychological or Psychosocial Evaluation - Child	No Service Identified to Meet this Need	1
Relative Foster Care	Delay in Referral	1
Sexual Abuse Therapy - Victim	No Service Identified to Meet this Need	2
Sexual Abuse Therapy - Victim	Client Refused	1
SW/Child Visitation	No Service Identified to Meet this Need	1
SW/Parent Contacts	Area Office did not Respond to Reviewer Request for Clarification on this service barrier	1
SW/Provider Contacts	Contacts were delayed, not per policy expectations UTD from case plan, narrative or area office response provided	3
Transportation	No Service Identified to Meet this Need	1
		82

Court Monitor Certification Review of Outcome Measure 12 (Multiple Placements), Outcome Measure 14 (Placement within Licensed Capacity), and Outcome Measure 16 (Worker-Child Visitation for Children in Out of Home Placement)

Purpose and Sampling Methodology

The DCF Court Monitor's Office in consultation with the parties decided to conduct a set of certification reviews to identify areas of strengths and challenges prior to assertion of compliance and exit as outlined by the exit requirements of the Revised *Juan F. v Malloy* Exit Plan for Outcome Measures 12, 14 and 16. This preliminary review will allow the parties additional information beyond the quantitative data routinely provided, regarding Multiple Placements, Placement within Licensed Capacity and Worker-Child Visitation for Children in Out of Home Placement. This qualitative review is intended to examine the underlying extent to which practice improvements have occurred, and what improvements may be necessary prior to the assertion of compliance with the *Juan F.* Consent Decree. It will also allow for a point in time verification of the quarterly quantitative data provided quarterly.

The measures require that DCF comply and sustain the following level of practice:

Outcome Measure 12:

“Beginning on January 1, 2004, at least 85% of the children in DCF custody shall experience no more than three (3) placements during any twelve month period.”

Outcome Measure 14:

“At least 96% of all children placed in foster homes shall be in foster homes operating within their licensed capacity, except when necessary to accommodate sibling groups.”

Outcome Measure 16:

“DCF shall visit at least 85% of all out-of-home children at least once a month, except for probate, interstate, or voluntary cases. All children must be seen by their DCF Social Worker at least quarterly.”

The Court Monitor's Office secured the universe of DCF children from the DCF online database. The universe includes the population of all children that were in DCF custody for at least thirty days in the quarters ending:

- 1) December 31, 2010 (excluding voluntary, interstate and probate cases), and
- 2) March 31, 2011(excluding voluntary, interstate and probate cases).

The DCF Excel Database of May 25, 2011 included an unduplicated count of 4,107 and 4,058 children for the quarters ending December 31, 2010 and March 31, 2011 respectively.

Table 1: Court Monitors Outcome Measures 12/14/16 Identified Universe from DCF Caseload LINK Report

Children In Placement more than 30 days during the 4 th Quarter 2010		Children In Placement more than 30 days during the 1 st Quarter 2011	
Aftercare		Aftercare	1
General Administration	7	General Administration	4
Treatment Services	3	Treatment Services	5
Unassigned	69	Unassigned	56
Bridgeport Office	280	Bridgeport Office	267
Danbury Office	107	Danbury Office	92
Hartford Office	662	Hartford Office	648
Manchester Office	353	Manchester Office	366
Meriden Office	182	Meriden Office	184
Middletown Office	137	Middletown Office	134
Milford Office	236	Milford Office	226
New Britain Office	417	New Britain Office	427
New Haven Office	404	New Haven Office	386
Norwalk Office	72	Norwalk Office	77
Norwich Office	437	Norwich Office	429
Stamford Office	68	Stamford Office	68
Torrington Office	188	Torrington Office	193
Waterbury Office	446	Waterbury Office	422
Willimantic Office	216	Willimantic Office	213
Grand Total (Duplicates)	4284	Grand Total (Duplicates)	4198
Unduplicated Count	4107	Unduplicated Count	4058

Sampling methodology required a sample at a 95% confidence level (+/-6%). This resulted in the need to identify a sample of 252 children for the Fourth Quarter universe and 250 children for the sample for the First Quarter universe. A total of 502 cases were reviewed in all.

Table2: Sample Set Distribution by Quarter and Area Office

Sample Set by Area Office	Sample Set Quarter Reviewed		
	4th Quarter 2010	1st Quarter 2011	Total
Bridgeport	18	15	33
Danbury	6	6	12
Hartford	36	37	73
Manchester	21	22	43
Meriden	11	11	22
Middletown	9	8	17
Milford	13	16	29
New Britain	26	26	52
New Haven	23	24	47
Norwalk	5	7	12
Norwich	26	24	50
Stamford	5	3	8
Torrington	11	12	23
Waterbury	28	25	53
Willimantic	14	14	28
Total Sample	252	250	502

The sample requirements and size drawn for Outcome Measure 16 were deemed sufficient to provide statistically valid sampling for the populations within Outcome Measures 12 and 14 for the same periods. Had the resulting random sampling proven to result in limitations that hindered the Monitor's ability to assess these areas sufficiently, we would have addressed this with additional sampling.

A pilot test of the methodology was conducted to ensure issues of reliability and validity were addressed prior to initiating the full review. A portion of the review sample was also reviewed and scored by the project lead so that interrater scores could be assessed and any issues resolved prior to data entry.

The combined 12/14/16 samples included 502 children. There were very minor changes in demographics from quarter to quarter. Demographics are reported on the full population of 502 to avoid lengthy repetition throughout the report.

The children within the sample were participants in cases that were open during a range of 16 years, with the oldest case open since July 1995, and the most recent case having been opened during the period of review, in October 2010. The combined samples were 52.6% male. The legal status was most often committed (63.5%). Children's ages ranged from 4 months old to 18 years old with an average age of ten. The racial make-up of is 56.6% white, 29.5% Black/African American, 11.2% Multi-Racial. See table below for full details.

Crosstabulation 1: Sex of Child * Legal Status * Quarter Reviewed

Quarter Reviewed			Legal Status								
			Not Committed	Committed	Dually Committed	TPR/Statutory Parent	Order of Temporary Custody	Protective Supervision	None - case closed prior to last date of PUR	Total	
4th Quarter 2010	Sex of Child	male	Count	6	82	1	25	17	2	0	133
			% Sex	4.5%	61.7%	.8%	18.8%	12.8%	1.5%	.0%	100.0%
			% Legal Status	46.2%	51.9%	100.0%	51.0%	60.7%	100.0%	.0%	52.8%
	female	Count	7	76	0	24	11	0	1	119	
		% Sex	5.9%	63.9%	.0%	20.2%	9.2%	.0%	.8%	100.0%	
		% Legal Status	53.8%	48.1%	.0%	49.0%	39.3%	.0%	100.0%	47.2%	
	Total	Count	13	158	1	49	28	2	1	252	
		% Sex	5.2%	62.7%	.4%	19.4%	11.1%	.8%	.4%	100.0%	
		% Legal Status	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
1st Quarter 2011	Sex of Child	male	Count	2	85	3	25	12	2	2	131
			% Sex	1.5%	64.9%	2.3%	19.1%	9.2%	1.5%	1.5%	100.0%
			% Legal Status	28.6%	52.8%	100.0%	49.0%	60.0%	50.0%	50.0%	52.4%
	female	Count	5	76	0	26	8	2	2	119	
		% Sex	4.2%	63.9%	.0%	21.8%	6.7%	1.7%	1.7%	100.0%	
		% Legal Status	71.4%	47.2%	.0%	51.0%	40.0%	50.0%	50.0%	47.6%	
	Total	Count	7	161	3	51	20	4	4	250	
		% Sex	2.8%	64.4%	1.2%	20.4%	8.0%	1.6%	1.6%	100.0%	
		% Legal Status	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Table 3: Race (Child or Family Case Named Individual)

Race	Frequency	Percent
American Indian or Alaskan Native	1	.2
Asian	7	1.4
Black/African American	148	29.5
White	284	56.6
UTD	6	1.2
Multiracial (more than one race selected)	56	11.2
Total	502	100.0

Of the population sampled, 34.5% were identified as Hispanic ethnicity.

While cases may have multiple issues identified, when asked to identify the primary issue cited, reviewers indicated that the primary reason for opening the case was most frequently identified as physical neglect (34.7 % of the sample).

Table 4: What is the primary reason cited that resulted in child's most recent case opening?

Reason for Most Recent Case Open	Frequency	Percent
Physical neglect	174	34.7
Child's TPR prompted new case opening	98	19.5
Substance abuse/mental health of parent	76	15.1
Physical abuse	33	6.6
Voluntary services request	31	6.2
Medical neglect	24	4.8
Emotional neglect	14	2.8
Sexual abuse	13	2.6
Abandonment	11	2.2
Domestic violence	11	2.2
Educational neglect	11	2.2
Emotional abuse/maltreatment	3	.6
FWSN referral	3	.6
Total	502	100.0

This was followed most closely in the sample by the population of children in care where termination of parental rights had occurred, and thus a newly assigned LINK case identification, or case had been opened which accounted for 19.5%. The third most frequently cited reason for case open was related to the parent's mental health or substance use with 15.1% of the cases cited with this as the primary reason for the case opening. 53.6% of these cases involved a substantiation of abuse or neglect.

For reporting purposes, in keeping with the methodology, all information relayed from here forward will treat each quarter as a separate entity.

Court Monitor's Certification Review of Outcome Measure 12 (Multiple Placements)

Outcome Measure 12 Findings - Fourth Quarter 2010

Outcome Measure 12 was established to monitor the frequency of placements experienced by children in the custody of the Department. The measure requires that:

“Beginning on January 1, 2004, at least 85% of the children in DCF custody shall experience no more than three (3) placements during any twelve month period.”

During the Fourth Quarter 2010, the Department reported 96.1% compliance with this measure. Automated reporting has indicated compliance with this measure since the second quarter 2004 reporting. The Monitor’s finding, while not identical to the automated reporting, is consistent with the level of practice that exceeds the outcome measure standard as reported during the past twelve quarters. **The Court Monitor finds a total of 94.0% children had three or fewer placements during the 12 month period ending December 31, 2010.**

Table 5: Has this child experienced more than three placements in the 12 months ending December 31, 2010?

Experience >3 Placements	Frequency	Percent	Valid Percent
Yes	15	6.0%	6.0%
No	238	94.0%	94.0%
Total	252	100.0%	100.0%

The number of placements reported ranged from one to eight, with an average of 1.7 placements. The mode of placements was 1 placement, with 142 children remaining in one placement during the quarter.

Table 6: How many placements has this child experienced during this same time period?

# Placements	Frequency	Percent	Cumulative Percent
1	143	56.7	56.7
2	73	29.0	85.7
3	21	8.3	94.0
4	8	3.2	97.2
5	2	.8	98.0
6	3	1.2	99.2
8	2	.8	100.0
Total	252	100.0	

The methodology does not count children's moves to settings already experienced by the child as a change in placement. Therefore, the number of physical moves experienced during the period was also captured in this review process. During this quarter, the range of moves experienced was zero (child remained in the same placement) to 10. The mode of moves was identified as zero (139 children had no moves during the 12 month period). The mean average number of moves across the period is 0.79.

Table 7: How many moves has this child experienced in the 12 months ending December 31, 2010?

Moves	Frequency	Valid Percent	Cumulative Percent
0	140	55.6	55.6
1	73	29.0	84.5
2	20	7.9	92.5
3	10	4.0	96.4
4	1	.4	96.8
5	4	1.6	98.4
6	1	.4	98.8
7	2	.8	99.6
10	1	.4	100.0
Total	252	100.0	

There is evidence that social workers are discussing the changes in placements for the children assigned to their caseloads with Social Work Supervisors. In response to the question, "Is there evidence that the Social Worker and Social Work Supervisor had consultation in regards to the placement disruptions/moves that were occurring that were not the result of the child's behaviors?" the reviewers found that overwhelmingly, 95.6% of the cases documented such evidence. Further, in response to the question "Did the most recent ACR during the period document a discussion of issues of stability of placement?" 95.2% of the cases had such documentation of a discussion within the DCF-553 discussion notes. The data indicates improvement in the accurate use of the placement icon compared to prior reviews conducted. We did not receive as many anecdotal replies from reviewers in regards to the need to search narratives exhaustively to ascertain "missing" placements for children during the episode of placement.

A disruption case conference is required by policy in situations where a child has experienced two foster home disruptions within an eighteen month period for reasons related to the child's behavior or condition. There were nine situations in which a Disruption Conference was warranted. Of those situations, only one (11.1%) had the documented conference with identified participants. In this situation the introduction of respite and supports in the foster home helped to maintain the placement.

As the Court Monitor's Office is aware that there is a statewide variation in the practice/policy of the Disruption Conference requirement, our reviewers also looked for evidence of other efforts to ameliorate disruptions and support placements. Our reviews found that in seven cases there was evidence in the documentation the social worker did consult with others in the Area Office for assistance. As stated earlier, of the nine cases with situations warranting a disruption conference, only one had the formal conference, however in looking at the consultation specific to the child's placement issues in these cases we did find:

- 7 cases included documentation of consultation with the Program Manager
- 2 cases included documented consultation with the Area Office Foster and Adoption Supervisor or Central Office Foster and Adoption Service Unit

- 2 cases included documented consultation with the Therapeutic Foster Care Provider
- 1 case included consultation with Central Office Behavioral Health staff

When looking at other reasons for multiple placement moves beyond the child's immediate behaviors, reviewers identified multiple reasons for moves within the sample set. The majority of the reasons are for positive or necessary therapeutic purposes:

- Planned move to lower level of care - 31
- Moved from temporary placement - 24
- Placement with relative - 20
- Planned move to higher level of care - 18
- Move to a pre-adoptive placement - 9
- Reunited with siblings in care - 6
- Foster family life circumstances - 5
- Substantiated CPS report of abuse/neglect - 5
- Investigation of Allegation of abuse/neglect in foster home with or without regulatory violation cited - 4
- Delinquency/Detention/Incarceration - 4
- Trial Home Visit - 4
- Placement with special study - 3
- AWOL Behaviors - 1
- Child's special medical needs - 1
- Inappropriate match for child's age, background or known behavioral mental health or medical needs - 1
- No clear reason identifiable - 1
- Placement in closer proximity to home - 1
- Pre-Adoptive placement rejected child - 1
- Relative not licensable - 1

During the Fourth Quarter 2010 in those cases with multiple placements, there were efforts to obtain relative licensure more expeditiously, to work with the therapeutic foster care provider to obtain a therapeutic foster home match for a child requiring those services, and to obtain mentoring supports for a youth needing social supports. Increased communication with the outside providers was beneficial in two situations, Foster and Adoption Support Team was referred in one case, and the Area Resource Group was utilized in one case. However, there still continues to be a lack of documented contact between the Ongoing Services and FASU staff in placement situations that may have been preserved or improved with an earlier collaborative effort (proactive vs. reactive) to address the increase in behavioral issues or crisis in the foster home.

Outcome Measure 12 Findings -First Quarter 2011

Outcome Measure 12 was established to monitor the frequency of placements experienced by children in the custody of the Department. The measure requires that:

“Beginning on January 1, 2004, at least 85% of the children in DCF custody shall experience no more than three (3) placements during any twelve month period.”

During the First Quarter 2011, the Department reported 96.1% compliance with this measure. Automated reporting has indicated compliance with this measure since the second quarter 2004 reporting. The Monitor’s finding, while not identical to the automated reporting, is consistent with the level of practice that exceeds the standard as reported during the past twelve quarters. **The Court Monitor finds a total of 95.2% children had three or fewer placements during the 12 month period ending March 31, 2011.**

Table 8: Has this child experienced more than three placements in the 12 months ending March 31, 2011?

Experience >3 Placements	Frequency	Percent	Valid Percent
Yes	12	4.8%	4.8%
No	238	95.2%	95.2%
Total	250	100.0%	100.0%

The number of placements, as with the Fourth Quarter 2010 ranged from one to eight, with an average of 1.7 placements. The mode of placements was 1 placement, with 141 children remaining in one placement during the quarter.

Table 9: How many placements has this child experienced during this same time period?

Placements	Frequency	Percent	Cumulative Percent
1	141	56.4%	56.4%
2	77	30.8%	87.2%
3	18	7.2%	94.4%
4	9	3.6%	98.0%
5	2	.8%	98.8%
6	1	.4%	99.2%
7	1	.4%	99.6%
8	1	.4%	100.0%
Total	250	100.0%	

The placement count does not count moves to settings already experienced by the child as a change in placement, our review also captured the number of physical moves experience by a child. During this quarter, the range of moves experienced was zero (child remained in the same placement) to 8, with the mode of moves identified as zero (140 children had no moves during the

12 month period). The mean average number of moves across the period is just slightly less than the Fourth Quarter (0.79) at 0.76.

Table 10: How many moves has this child experienced in the 12 months ending March 31, 2011?

Moves	Frequency	Valid Percent	Cumulative Percent
0	140	56.0%	56.0%
1	69	27.6%	83.6%
2	23	9.2%	92.8%
3	11	4.4%	97.2%
4	2	.8%	98.0%
5	1	.4%	98.4%
6	2	.8%	99.2%
8	2	.8%	100.0%
Total	250	100.0%	

In response to the question, "Is there evidence that the Social Worker and Social Work Supervisor had consultation in regards to the placement disruptions/moves that were occurring that were not the result of the child's behaviors?" the reviewers found that overwhelmingly, 90.9% of the cases documented such evidence. Further, in response to the question "Did the most recent ACR during the period document a discussion of issues of stability of placement?" 96.8% of the cases had such documentation of a discussion within the DCF-553 discussion notes.

A disruption case conference is required by policy in situations where a child has experienced two foster home disruptions within an eighteen month period for reasons related to the child's behavior or condition. There were 11 situations in which a Disruption Conference was warranted. Of those situations, only one (9.1%) had the documented conference with identified participants. In this situation a new foster care placement was sought out with no additional evaluation or services put in place.

As the Court Monitor's Office is aware that there is a statewide variation in the practice/policy of the Disruption Conference requirement, our reviewers also looked for evidence of other efforts to ameliorate disruptions and support placements. Our reviews found that in seven cases there was evidence in the documentation the social worker did consult with others in the Area Office for assistance. As stated earlier of the eleven cases with situations warranting a disruption conference, only one had the formal conference, however in looking at the consultation specific to the child's placement issues in these cases we did find:

- 8 cases included documentation of consultation with the Program Manager
- 7 cases included documentation of consultation with the Area Resource Group
- 4 cases included documented consultation with the Area Office Foster and Adoption Supervisor or Central Office Foster and Adoption Service Unit
- 3 cases included documented consultation with the Therapeutic Foster Care Provider
- 2 cases included documentation with other outside contracted providers
- 1 case included consultation with Central Office Behavioral Health staff

When looking at other reasons for multiple placement moves beyond the child's immediate behaviors, reviewers identified multiple reasons for moves within the sample set. The majority of the reasons are for positive or necessary therapeutic purposes:

- Planned move to lower level of care - 29
- Moved from temporary placement - 16
- Placement with relative - 16
- Planned move to higher level of care - 16
- Foster family life circumstances - 12
- Inappropriate match for child's age, background or known behavioral mental health or medical needs - 9
- Allegation of abuse/neglect in foster home with or without substantiation or regulatory violation cited - 9
- Move to a pre-adoptive placement - 7
- Trial Home Visit - 7
- Reunited with siblings in care - 6
- Substantiated CPS report of abuse/neglect - 3
- Delinquency/Detention/Incarceration - 2
- Placement in closer proximity to home - 2
- Placement with special study - 2
- Overcapacity - 1
- Pre-Adoptive placement rejected child - 1

During the First Quarter 2011 in those cases with multiple placements, there was evidence of collaboration with the Central Office of Foster and Adoption Services, completion of a CANS, hospitalization to stabilize a child, and referrals to play therapy and individual therapy in order to support placement. Increased communication with the outside providers was beneficial in two situations, FAST (Foster and Adoption Support Team) was referred in one case, and the Area Resource Group nurse was utilized in one case. However, as with the Fourth Quarter, there still continues to be a lack of documented ongoing contact between many Ongoing Services and FASU staff in situations that may have been preserved or improved with a collaborative effort to address the increase in behavioral issues or crisis in the foster home.

Court Monitor's Certification Review of Outcome Measure 14 (Placement within Licensed Capacity)

Outcome Measure 14 - Fourth Quarter 2010 Findings

Outcome Measure 14 was established to monitor the Department's ability to maintain its foster homes within the stated licensed capacity.

"At least 96% of all children placed in foster homes shall be in foster homes operating within their licensed capacity, except when necessary to accommodate sibling groups."

The Department reported that during the Fourth Quarter 2010 the agency achieved 96.8% compliance with the measure.

As approved by the parties, the Department's reporting is a point in time reporting process. Our review incorporated the full three month's time frame and identified any situation, of any length, in which there was an overcapacity placement. This is a methodologically different approach to the Department's point in time reporting, which isolates one date and reports on all children in care on a given date. This difference in methodology may account for slight deviations in results.

Of the 252 children in the Court Monitor's sample, 203 were placed in foster care for all or part of the quarter. Of that number, 176 children or 86.7% were placed in homes which were within their licensed bed capacity. By agreement of the parties, overcapacity situations are allowable when they are solely the result of a sibling group placement. The sibling exception impacts 18 of those 27 children identified in overcapacity homes - leaving 9 children in overcapacity homes to be counted per the agreed methodology. **Therefore, the Monitor finds the Department achieved compliance with Outcome Measure 14 at a rate of 95.6% for the Fourth Quarter 2010 when looking at the 202 children across the full three month period of review.**

Crosstabulation 2: During the quarter of October 31, 2010 - December 31, 2010 was the identified child in placement in overcapacity home?

Overcapacity Present	Frequency	Percent	Valid Percent
Yes	27	10.7	13.3
No	176	69.7	86.7
Total	203	80.6	100.0
N/A - Child not in Foster Home during Period	49	19.4	
Total	252	100.0	

In seven of the nine overcapacity situations the reviewer identified that the overcapacity was the result of a lack of availability of a suitable placement resource. Specifically, for one case the need identified was for an adolescent. In another case the overcapacity was the result of the home having a lapsed license which the review counts as "zero" capacity. In eight of the 27 overcapacity situations, there were documented expectations that the census in the home would be reduced eminently thus resolving the overcapacity issue.

In 14 of the 27 records there were documented efforts by the Foster and Adoption Services Unit Social Worker (FASU) in regard to supporting a home that was overcapacity - these included either entries in the case record or FASU provider record showing collaboration between the Ongoing Social Worker and FASU Social Worker. In eight of the 14 cases, there was clear documentation that there were joint efforts between the FASU staff and the Child Protection Services Social Worker to planfully move a child. In 33.3% of the DCF foster homes with overcapacity present, and in which it was not identified as a temporary placement (respite or emergency), there were updates to the foster family's support plans to reflect the overcapacity status and identification of supports for the foster family and child. This percentage is inflated, however, as in seven cases, there was no support plan documented upon which to review efforts in relation to the overcapacity status.

Seven of the cases involved private provider or therapeutic foster homes, and there was no indication of the therapeutic foster provider's efforts towards a reduction of the census. It was unclear from the record what changes were made to the therapeutic foster home support plans. The lack of documentation in relation to the support and service implementation in the private provider foster homes, as well as the collaboration and communication between DCF and the private provider support staff was identified as problematic by the review staff.

To determine if these overcapacity placements were short term in nature, the reviewers looked at how many days a child was in an overcapacity situation. This is shown in the table below with reference to whether the sibling exception was also noted.

Crosstabulation 3: Was the overcapacity the result of sibling group placement? * For how long was the home overcapacity during the quarter?

Was the overcapacity the result of sibling group placement?		For how long was the home overcapacity during the PUR?						no Overcapacity	Total
		<7 days	7-14 days	15-21 days	22-28 days	>28 days			
Yes	Count	2	1	2	0	14	0	19	
	%	10.5%	5.3%	10.5%	.0%	73.7%	.0%	100.0%	
No	Count	2	0	0	1	6	1	10	
	%	20.0%	.0%	.0%	10.0%	60.0%	10.0%	100.0%	
N/A - No placements in overcapacity homes during quarter	Count	0	0	0	0	0	174	174	
	%	.0%	.0%	.0%	.0%	.0%	100.0%	100.0%	
Total	Count	4	1	2	1	20	175	203	
	%	2.0%	.5%	1.0%	.5%	9.9%	86.1%	100.0%	

Two of the overcapacity placements were identified by the Social Worker narratives as being at risk of disruption as a result of the overcapacity issue. In four reviews, the documentation provided evidence that the well-being of the foster children in the home was being impacted by the overcapacity status. In one case, the FASU worker increased visits from quarterly to monthly in support of the foster parents and this was a supplement to the monthly CPS worker visits. In another case, it was determined that the sibling of our study subject required a higher level of care, and this was secured to meet his needs. In two instances, multiple comments were made in narratives regarding issues in the foster home; however it did not appear that the Social Worker collaborated with FASU to follow up on the issues regarding declining cleanliness, nor the concerns of the foster parent regarding physical aggression of one sibling toward another. (These may have been addressed outside the period of our review.)

Outcome Measure 14 Findings - First Quarter 2011

Outcome Measure 14 was established to monitor the Department's ability to maintain its foster homes within the stated licensed capacity.

"At least 96% of all children placed in foster homes shall be in foster homes operating within their licensed capacity, except when necessary to accommodate sibling groups."

The Department reported that during the First Quarter 2011 the agency was achieved with 96.8% compliance with the measure.

As approved by the parties, the Department's reporting is a point in time reporting process. Our review incorporated the full three month's time frame and identified any situation, of any length, in which there was an overcapacity placement. This is a methodologically different approach to the Department's point in time reporting, which isolates one date and reports on all children in care on a given date. This difference in methodology may account for slight deviations in results.

Of the 250 children in the Court Monitor's First Quarter 2011 sample, 197 were placed in foster care for all or part of the quarter. Of that number, 168 children or 85.3% were placed in homes which were within their licensed bed capacity. By agreement of the parties, overcapacity situations are allowable when they are solely the result of a sibling group placement. The sibling exception impacts 18 of the 29 children identified in overcapacity homes - leaving 11 children in overcapacity homes to be counted per the agreed methodology. **Therefore, the Monitor finds the Department achieved compliance with Outcome Measure 14 at a rate of 94.4% for the First Quarter 2011 when looking at the 197 children in foster care across the full three month period of review.**

Table 11: During the quarter of January 1, 2011 - March 31, 2011 was the identified child in placement in overcapacity home?

Overcapacity Present	Frequency	Percent	Valid Percent
Yes	29	11.6	14.7
No	168	67.2	85.3
Total	197	78.8	100.0
N/A -Child not in Foster Home during Period	53	21.2	
Total	250	100.0	

In four cases, the overcapacity was the result of a lack of resource being available for an adolescent. In two of the overcapacity situations, there was the expectation that the census in the overcapacity home would be reduced imminently, bringing the overcapacity issue into resolution. In four cases, it was identified that the provider had expertise in the child's specific area of need - medical, behavioral or mental health. In one case, a relative who had placement of children for approximately two months was not compliant with the licensure process, pursuing and obtaining transfer of guardianship prior to obtaining licensure.

In 11 of the 29 records with overcapacity there were documented efforts by the FASU worker in regard to supporting a home that was overcapacity. These included either entries in the case record or FASU provider record showing collaboration between the CPS worker and FASU staff. In three of the 20 cases in which the foster care placement was a DCF foster home, there was clear documentation that there were joint efforts between the FASU staff and the Child Protections Services Social Worker to planfully move a child. In 33.3% of the nine DCF foster homes with overcapacity present, and in which it was not identified as a temporary placement, there were updates to the foster family's support plans to reflect the overcapacity status and identification of supports for the foster family and child. As in the Fourth Quarter 2010 findings, the percentage of 33.3% is over stated, as in eight cases, there was *no* support plan documented upon which to review efforts in relation to the overcapacity status.

Nine of the cases involved private provider or therapeutic foster homes, and there was no indication of the therapeutic foster provider's efforts towards a reduction of the census. As with the prior quarter, it was unclear from the record what changes were made to the therapeutic foster home support plans. The lack of documentation in relation to the support and service implementation in the private provider foster homes, as well as the collaboration and communication between DCF and the private provider support staff was identified as problematic in several of the comments by the review staff.

To determine if these overcapacity placements were short term in nature, the reviewers looked at how many days a child was in an overcapacity situation. This is shown in the table below with reference to whether the sibling exception was also noted.

Crosstabulation 4: Was the overcapacity the result of sibling group placement? * For how long was the home overcapacity during the quarter?

		For how long was the home overcapacity during the PUR?						
		<7 days	7-14 days	15-21 days	22-28 days	>28 days	no overcapacity	Total
Yes	Count	2	0	0	1	15	0	18
	%	11.1%	.0%	.0%	5.6%	83.3%	.0%	100.0%
No	Count	4	1	0	2	4	2	13
	%	30.8%	7.7%	.0%	15.4%	30.8%	15.4%	100.0%
N/A - no placements in overcapacity homes during quarter	Count	0	0	1	0	0	165	166
	%	.0%	.0%	.6%	.0%	.0%	99.4%	100.0%
Total	Count	6	1	1	3	19	167	197
	%	3.0%	.5%	.5%	1.5%	9.6%	84.8%	100.0%

One of the overcapacity placements was identified by the Social Worker narratives as being at risk of disruption as a result of the overcapacity issue. Comments provided by the reviewers indicated that the cases reviewed for overcapacity did not have barriers or failed efforts in regard to support as in some of our past reviews of multiple placements. There were some comments regarding limited narratives, sparse communication in general across the reviewed cases, however in these overcapacity cases, the homes appeared stable with plans in place to address the overcapacity. The providers appeared capable of meeting the needs of the additional placement demands.

Court Monitor's Certification Review Outcome Measure 16 (Worker-Child Visitation with Child in Out of Home Placement)

Outcome Measure 16 - Fourth Quarter 2010

Outcome Measure 16 was established to monitor the visitation rate with Children in DCF placement. The measure is two fold, in that it requires that:

“DCF shall visit at least 85% of all out-of-home children at least once a month, except for probate, interstate, or voluntary cases. All children must be seen by their DCF Social Worker at least quarterly.”

For the Fourth Quarter 2010, the Department reported 98.9% compliance with the quarterly Outcome Measurement for visitation, "All children must be seen by their DCF Social Worker at least quarterly."

The Court Monitor's data is highly consistent with the results reported by the Department at the close of the Fourth Quarter, as we find that the Department achieved 98.4% compliance with the quarterly mandate for visitation by a DCF Social Worker.

The number of visits across the quarter by the assigned Social Worker ranged from zero to 35 visits, with an median of 3 visits, (coincidentally also the mode with 97 cases reporting 3 visits). All children within the 252 sample were seen by some professional at least once in the quarter however, 4 children were not seen by DCF social work staff during the quarter. In the four cases in which there was no assigned DCF Social Worker visit, there were two cases in which visits were documented by private provider, and two in which there was at least one ICPC documented visit.

The Department had reported findings of 95.3% for the Fourth Quarter 2010 "monthly" visitation standard requirement. In following the methodology of establishing the monthly visitation mandate within each monthly population and calculating the average for the quarter that is established by the Revised Exit Plan, **our data indicates an average compliance of 93.2% with the monthly visitation requirement by DCF or another approved professional. This is fairly consistent with the Department's automated reporting of 95.3%. The variation is influenced by minor narrative entry selection errors identified in prior reviews.** The Department has clearly met the required benchmark of 85%.

When measuring visitation on a child specific level rather than as an average of the population, 222 of the 252 children in the sample were visited by a DCF (or other acceptable professional) at least once a month during each month for which they were in placement during the quarter. Thus, performance still exceeds the 85.0% requirement but with a lower percentage rate, as this translates to 90.4% of the children being seen at least one time per month each month during the quarter rather than a statistical average across the quarter.

Table 13: Statistics Related to Visitation by DCF, ICPC or Identified Private Provider within the 252 sample set.

	Total number of DCF Assigned Social Worker visits during the quarter.	Total number "Other DCF"⁶ visit during the quarter.	Total number of ICPC visits during the quarter.	Total number of Private Provider visits during the quarter.
Valid Cases	252	246	8	73
Mean	4.47	1.16	.75	.85
Median	3.00	0	.0	.0
Mode	3	0	0	0
Range	0...35	0...17	0...6	0...15

In two of the cases not meeting the benchmark requirement during the Fourth Quarter, the reviewers indicated that this was due to a change in Social Worker which impacted the visitation schedule.

The quality of visits was a focus of the review process as well. The review captured private conversations with the children during visitation, engagement efforts with parents to whom children were to reunify, discussions with caretakers related to well-being and permanency. The review also assessed issues of well-being, risk and safety, supervision, and provision of services. At the close of the tool, reviewers were also asked to evaluate the overall quality of the visitation based upon the same rank scoring protocol that was used for the in-home visitation cases (see page 54 for scoring guide).

In all, 80.5% of the cases documented private conversation with (or visual assessment in situations where children could not communicate due to age or other considerations) the child on at least one occasion during the quarter. There were many situations in which there was documented contact with the children during visits, but reviewers could not infer from the documentation present that the discussions with children were private. Private conversation is shown crosstabulated with whether the child was seen on a monthly basis during the quarter to provide a sense of the frequency with which private conversations are documented in the LINK record.

⁶ Could include SWS, Program Manager, covering SW, FASU SW or ARG staff. Would not include case aide contacts.

Crosstabulation 5: Were there monthly face to face visits documented for this child in placement during the quarter of review? * During these visits, is there documentation that the SW met with the child in private? (alone)

Count	During these visits, is there documentation that the SW met with the child in private? (alone)					Total
	in all months open 30 days	in two months	in one month	No months	N/A - Age/ Developmental level precludes communication	
Were there monthly face to face visits documented by any allowable professional with this child in placement during the quarter of review?						
Yes	67	34	40	41	45	227
No	6	3	4	9	3	25
Total	73	37	44	49	56	252

Visits with the child were not always conducted at the place of residence. Our review attempted to identify the most frequently identified locations for visits with children in placement. The reviewers found that of the 252 cases reviewed, 598 documented conversations occurred with the children in the following settings:

- 183 documented conversations occurred with children in the foster care placement.
- 119 of the conversations were documented while the Social Worker was involved in transporting the child.
- 62 of the conversations happened at the DCF Office.
- 52 documented conversations with the child while at the residential facility.
- 51 documented conversations out in the community in places such as a park, library or the mall.
- 32 of the cases documented conversations with the children in placement during visits/appointments to community provider locations.
- 30 of the conversations with children were documented in the school setting.
- 28 of cases documented visits with the child in placement in the biological parents' home.
- 13 of the conversations with children occurred at the hospital.
- 12 of the conversations with children occurred at a courthouse.
- 12 of the conversations occurred in some "other" setting - such as prison visits, medical provider office or a relative home.
- 3 of the conversations or observations occurred at a daycare setting.
- 1 of the conversations was documented in detention.

In reviewing the engagement efforts with parents to whom children are reunifying, our review asked: "Did the DCF Worker have documented face to face contact with the parent for which reunification is the goal on a monthly or quarterly basis?"

- 100% of the cases in which reunification was the stated goal had at least one face to face contact by the Social Worker with the identified person(s) to which reunification was to

occur during the quarter. In 92.0% of the cases in which reunification was the goal, there was at least one conversation documented with the parent or guardian which identified progress or regress toward the reunification goal during the period under review.

- Language was not an identified barrier in the sample cases. In all but one case, the Social Worker was able to speak with the client in the client's primary language. In the one case in which this was not a possibility, an interpreter/translator was utilized.
- In all there were 90 cases in which reunification with the mother was the identified case plan goal during the period under review. Of that total, 51.1% had documented SW face to face monthly contact with the mother.
- In all there were 63 cases in which reunification with the father was the goal during the period under review. Of that total, only 34.9% of the fathers had documented SW face to face monthly contact.
- In all there were 4 cases in which reunification with a guardian was the goal during the period under review. Of that total, only 25.0% of the guardians had documented SW face to face monthly contact.

Private conversation with the child's caretaker (foster parent or residential care provider) was documented in 211 or 83.7 % of the cases. In 218 of these cases, there was a documented discussion with the provider regarding the child's well-being and services in place. Additionally, there were 19 cases in which there was no private conversation documented, but during which there was discussion regarding the child's well-being. This would indicate a total of 8.8% of the cases (approximately 22 cases) reviewed that failed to document any DCF Social Worker's direct conversation with the child's foster parent or residential caretaker, private or otherwise, regarding the child's well-being or services during the quarter.

Crosstabulation 6: Did the DCF Social Worker document that the discussion with the placement provider included conversation related to the child's well-being and any services in place at that time? * Did DCF Social Worker have documented private contact/conversations with the foster parent/residential provider during the period under review?

Did the DCF Social Worker document that the discussion with the placement provider included conversation related to the child's well-being and any services in place at that time?	Did DCF Social Worker have documented private contact/conversations with the foster parent/residential provider during the period under review?		
	Yes	No	Total
Yes	199	19	218
No	12	19	31
UTD - no face to face visits during PUR	0	3	3
Total	211	41	252

- In total, of the sample of 252 cases, just over half or 56.7% of the cases included documentation of at least one DCF Social worker visit in which the Social Worker included an observation of the living space in which the child resided as it applied to safety and overall quality of life.
- In 28.2% of the cases, there was no documented discussion related to the case plan goals or barriers to achieving the permanency goal with the foster parent or residential care provider during the period under review. Our office believes this lack of engagement has an impact on the case planning measure (OM3), needs met (OM15) as well as the relationship and retention of foster parents.
- In 5.6% of the cases there was a significant concern identified by the Social Worker during the visit. In 11.4% of the cases, a private provider conducting a visit or contacting DCF documented a significant concern related to the placement.
- In 46 cases, the child or placement provider requested assistance with services, clothing or other necessary items during the visitation or through phone contacts. In 31 of these 46 situations, there was documented response with assistance or follow through with appropriate information to the provider or child.

In using the ranking score identified within the directional guide (in italics below), reviewers ranked the quality of visitation throughout the quarter of October 1, 2010 through December 31, 2010.

Optimal Quality – 5

The reviewer finds evidence that visits occurred at the benchmark requirement or with greater frequency if necessitated by the facts of the case. During those visits, all essential DCF Policy requirements are met, as are practice expectations within the documentation, including an assessment of needs and safety within the out-of-home placement and a discussion of the progress toward the treatment plan goals. There is ongoing evidence of discussion related to referrals, services or information.

Very Good Quality – 4

The reviewer finds evidence that visits occurred at the benchmark requirement. During each visit, essential DCF Policy expectations are substantially present. There is an effort to include an assessment of needs and safety for each visit as well as documentation within the quarter of discussion related to treatment plan goals, follow up on referrals, and the services in place for the child.

Marginal Quality – 3

While attempts were made to visit the child in placement and comply with DCF Policy requirements, the reviewer finds evidence that visits may not have occurred at the benchmark requirement. An effort is made by the DCF Social worker to follow DCF practice expectations and to document some assessment of needs and safety within the out-of-home placement. Visits may not indicate follow up discussion documented on referrals, services or information provided.

Poor Quality – 2

The reviewer finds little evidence that the benchmark for visitation was attempted. The quarterly visitation requirement may be met, however, there is a failure to document compliance with DCF practice expectations regarding visitation with children in out-of-home placement so that there is no documentation of safety or needs assessment within LINK narratives.

Adverse Quality – 1

Both DCF Policy and practice expectations were disregarded. The reviewer finds no documentation of visits during the quarter, or the LINK narrative indicates a visitation contact which raises serious concerns and inappropriate response.

Table 14: Overall Rank Score for the Quality of Visitation

Rank	Frequency	Percent	Cumulative Percent
Optimal Quality	31	12.3%	12.3%
Very Good Quality	110	43.7%	56.0%
Marginal Quality	91	36.1%	92.1%
Poor Quality	20	7.9%	100.0%
Adverse Quality	0	0.0%	100.0%
Total	252	100.0%	

As indicated, the reviewers found that 56.0% of the sample had documentation that reflected the social workers achievement of the statistical benchmark of visitation as well as a level of documentation indicating compliance with quality practice and policy expectations and adequate assessment of needs and safety for the child in the out of home placement. An additional 36.1% were considered marginal, in that they may or may not have met the monthly visitation benchmark requirement, but that the documentation indicates considerable effort in that regard, and an effort to meet the practice and policy expectations including some level of a quality assessment of priority needs and safety. In 7.9% of the sample cases were scored at the poor ranking level.

As this visitation work within the out-of-home case sample is compared with the quality of visitation within the in-home population sample, the quality of visitation noted is higher overall than with the in-home population, and there were no instances of “adverse” quality as was found within the in-home sample set.

A concern noted by the reviewers was the apparent lack of effort to engage adolescents and children of all ages in meaningful conversations about their circumstances and desires regarding case planning objectives, permanency, educational opportunities, placements, social recreational activities. A lack of private conversations was present with children at the placement in which they currently reside, from the perspective of a social worker assessing a person in their environment. Few reflected a discussion with the child regarding his or her circumstances at that point in time. The documentation of those cases identified as marginal and poor were lacking substance. Many narratives were devoid of engagement, and more often than not were reflective

of transports, supervised visits, or drop-by visits that were minimally documented to merely meet a benchmark with no clear purpose or assessment.

Table 15: Comparison of Quality of Visitation with In-Home and Out of Home Sample Sets

Rank	Percent In Home Sample (n=247)	Percent in OOH Sample (n=252)
Optimal Quality	2.0%	12.3%
Very Good Quality	19.8%	43.7%
Marginal Quality	54.3%	36.1%
Poor Quality	21.9%	7.9%
Adverse Quality	2.0%	0.0%
Total	100.0%	100.0%

The cases at the lower end of the quality spectrum were in sharp contrast to the cases of optimal quality at the opposite end of the curve, in which the social worker engaged both the child or adolescent, and or the foster provider or residential caretaker at each monthly visit and also used the phone and or email to supplement the face to face contacts as necessary. Private conversations were specifically identified in the documentation, with concerns addressed timely if they were identified, and parents were also incorporated to ensure that they were kept up to date on the child's progress and issues while in care. In these 31 cases identified as optimal, there was also evidence of collaboration and social worker contacts with FASU or ICPC or contacts with community providers to address case planning in support of the reunification. In contrast to the in-home sample, there were no cases in which the reviewer identified the quality of visitation to be adverse. Even in those cases with no DCF contact, the professional contact and efforts during the quarter that were documented were at a level indicating evidence of minimal attempts to ensure safety and well-being consistent with the ranking of poor versus adverse.

Outcome Measure 16 - First Quarter 2011

Outcome Measure 16 was established to monitor the visitation rate with Children in DCF placement. The measure is two fold, in that it requires that:

“DCF shall visit at least 85% of all out-of-home children at least once a month, except for probate, interstate, or voluntary cases. All children must be seen by their DCF Social Worker at least quarterly.”

For the First Quarter 2011, the Department reported 99.2% compliance with the quarterly Outcome Measurement for visitation, "All children must be seen by their DCF Social Worker at least quarterly."

The Court Monitor's data is highly consistent with the results reported by the Department at the close of the Fourth Quarter, as we find that the Department achieved 98.8% compliance with the quarterly mandate for visitation by a DCF Social Worker.

The number of visits across the quarter by the assigned Social Worker ranged from zero to 18 visits, with an median of 3 visits, (coincidentally also the mode with 97 cases reporting 3 visits). All but one adolescent in a therapeutic group home within the 250 child sample had documented

visitation by the agreed upon DCF social work staff, ICPC or private provider at least once in the quarter. As indicated, one child had no documented contact, this leaves two additional children without DCF visitation in the quarter: one child was seen as documented by private provider, and one had ICPC documented visits entered within the LINK record.

The Department had reported findings of 95.8% for the First Quarter 2011 monthly visitation standard requirement. In following the methodology of establishing the monthly visitation mandate within each monthly population and calculating the average for the quarter that is established by the Revised Exit Plan, **our data indicates an average compliance of 93.2% with monthly visitation requirement by DCF or another approved professional. This is fairly consistent with the Department’s automating reporting of 95.8%. This variation is influenced by minor narrative entry selection errors identified in prior reviews.** The Department has clearly met the required benchmark of 85%.

When measuring visitation on a child specific level rather than an average of the population, 217 of the 250 children in the sample were visited by a DCF (or other acceptable professional) at least once a month during each month for which they were in placement during the quarter. The performance still exceeds the 85.0% requirement but with a lower percentage rate, as this translates to 86.8% of the children being seen at least one time per month each month during the quarter rather than a statistical average across the case population within the quarter.

Table 16: Statistics Related to Visitation by DCF, ICPC or Identified Private Provider within the 252 sample set.

	Total number of DCF Assigned Social Worker visits during the quarter.	Total number "Other DCF" ⁷ visit during the quarter.	Total number of ICPC visits during the quarter.	Total number of Private Provider visits during the quarter.
Valid Cases	250	249	8	66
Mean	3.00	1.0	.75	.85
Median	3.00	0	.0	.0
Mode	3	0	0	0
Range	0...18	0...41	0...3	0...3

In three of the cases not meeting the benchmark requirement during the First Quarter 2011, the reviewers indicated that there was a change in Social Worker which appeared to have impacted the visitation schedule. In four additional cases there seemed to be a period of the review in which there was no primary worker assignment.

The quality of visits was a focus of the review process as well. The review captured private conversations with the children during visitation, engagement efforts with parents to whom children were to reunify, discussions with caretakers related to well-being and permanency. The review also assessed issues of well-being, risk and safety, supervision, and provision of services. At the close of the tool, reviewers were also asked to evaluate the overall quality of the visitation based upon the same rank scoring protocol that was used for the in-home visitation cases.

⁷ This could include a combination of visits from the SWS, Program Manager, covering SW, FASU SW and/or ARG staff. Would not include case aide contacts.

In all, 78.4% of the cases documented private conversation with (or visual assessment in situations where children could not communicate due to age or limitations) the child on at least one occasion during the quarter. There were of course situations in which there was documented contact during visits that did occur, but reviewers could not infer from the documentation present that the meetings with children were private. Private conversation is shown crosstabulated with whether the child was seen on a monthly basis during the quarter to provide a sense of the frequency with which private conversations are documented in the LINK record. In one case a reviewer noted that it appeared language may be a barrier as the worker did not speak the primary language of the child.

Crosstabulation 7: Were there monthly face to face visits documented for this child in placement during the quarter of review? * During any visit, is there documentation that the SW met with the child in private? (alone)

Were there monthly face to face visits documented by any allowable professional with this child in placement during the quarter of review?	During any visit, is there documentation that the SW met with the child in private? (alone)					Total
	in all months open 30 days	in two months	in one month	No months	N/A - Age/ Developmental level precludes communication	
Yes	58	32	25	45	57	217
No	7	3	8	9	6	33
Total	65	35	33	54	63	250

Visits with the child were not always conducted at the place of residence. Our review attempted to identify the most frequently identified locations for visits with children in placement. The reviewers found 547 documented conversations with children occurring in the following settings and within the 250 First Quarter sample cases:

- 180 documented conversations in the foster care placement.
- 112 of the conversations were documented while the Social Worker was involved in transporting the child.
- 50 of the conversations occurred at the DCF office
- 49 documented conversations with the child while at the residential facility.
- 45 documented conversations out in the community in places such as a park, library or the mall.
- 27 of the cases documented conversations with the children in placement during visits/appointments to community provider locations.
- 20 of the documented conversations occurred at the child's school.
- 17 of the conversations with children occurred at a courthouse.
- 17 of cases documented conversations with the child in placement in the biological parents' home.

- 14 of the conversations with children were documented in "other" setting. (includes miscellaneous places not specifically captured for example: supervised prison visits, visiting resource relative homes, a parking lot, dentist visit).
- 10 of the conversations were documented within a hospital setting.
- 5 of the conversations or observations occurred at a daycare setting.
- 1 of the conversations was documented in detention.

In reviewing the engagement efforts with parents to whom children are reunifying, our review asked: "Did the DCF Worker have documented face to face contact with the parent for which reunification is the goal on a monthly or quarterly basis?"

- Slightly lower than in the Fourth Quarter which had 100% of the cases with a documented face to face contact by the Social Worker, the First Quarter documentation shows that 90.9% of the cases in which reunification was the stated goal had at least one contact with the identified person(s) to which reunification was to occur once during the quarter. In 77.8% of these cases in which reunification was the goal, there was at least one conversation documented with the parent or guardian which specifically identified progress or regress toward the reunification goal during the period under review.
- Language was not an identified barrier in the sample cases. In all but one case, the Social Worker was able to speak with the client in the client's primary language. In the one case in which this was not a possibility, an interpreter/translator was utilized.
- In all there were 97 cases in which reunification with the mother was the identified case plan goal during the period under review. Of that total, 53.6% had documented SW face to face monthly contact with the mother.
- In all there were 64 cases in which reunification with the father was the goal during the period under review. Of that total, only 31.3% of the fathers had documented SW face to face monthly contact.
- In all there were no cases in which reunification with a guardian was the goal.

In 86.4% of the sample cases (n=216), there was a documented discussion with the provider regarding the child's well-being and services in place. Private conversation with the child's caretaker (foster parent or residential care provider) was documented in 206 or 82.4 % of the cases. This would indicate a total of 9.6% of the cases reviewed which failed to document any DCF Social Worker's direct conversation with the child's foster parent or residential caretaker, private or otherwise, regarding the child's well-being or services at that juncture in the case during the quarter.

Crosstabulation 8: Did the DCF Social Worker document that the discussion with the placement provider included conversation related to the child's well-being and any services in place at that time? * Did DCF Social Worker have documented private contact/conversations with the foster parent/residential provider during the period under review?

	Did DCF Social Worker have documented private contact/conversations with the foster parent/residential provider during the period under review?			
	Yes	No	UTD No Face to Face Visits during the PUR	Total
Did the DCF Social Worker document that the discussion with the placement provider included conversation related to the child's well-being and any services in place at that time?				
Yes	196	20	0	216
No	10	17	0	27
UTD - no face to face visits during PUR	0	4	3	7
Total	206	41	3	250

- In total, of the sample of 250 cases, 52.0% of the cases included documentation of at least one DCF Social worker visit in which the Social Worker included an observation of the living space in which the child resided as it applied to safety and overall quality of life.
- In 27.2% of the cases, there was no documented discussion related to the case plan goals or barriers to achieving the permanency goal with the foster parent or residential care provider during the period under review. Our office believes this lack of engagement has an impact on the case planning measure (OM3), needs met (OM15) as well as the relationship and retention of foster parents.
- In 8.0% of the cases there was a significant concern identified by the Social Worker during the visit. In 7.0% of the cases, a private provider conducting a visit contacted DCF with a documented, significant concern related to the placement.
- In 37 cases (14.8%) the child or placement provider requested assistance with services, clothing or other necessary items during the visitation or through phone contacts. In 33 cases or 89.2% of these situations, there was documented response with assistance or follow through with appropriate information to the provider or child. This response rate is much improved over the Fourth Quarter rate of documented response.

In using the ranking score identified within the directional guide (in italics below), reviewers ranked the quality of visitation throughout the quarter of January 1, 2011 through March 31, 2011.

Optimal Quality – 5

The reviewer finds evidence that visits occurred at the benchmark requirement or with greater frequency if necessitated by the facts of the case. During those visits, all essential DCF Policy requirements are met, as are practice expectations within the documentation, including an assessment

of needs and safety within the out-of-home placement and a discussion of the progress toward the treatment plan goals. There is ongoing evidence of discussion related to referrals, services or information.

Very Good Quality – 4

The reviewer finds evidence that visits occurred at the benchmark requirement. During each visit, essential DCF Policy expectations are substantially present. There is an effort to include an assessment of needs and safety for each visit as well as documentation within the quarter of discussion related to treatment plan goals, follow up on referrals, and the services in place for the child.

Marginal Quality – 3

While attempts were made to visit the child in placement and comply with DCF Policy requirements, the reviewer finds evidence that visits may not have occurred at the benchmark requirement. An effort is made by the DCF Social worker to follow DCF practice expectations and to document some assessment of needs and safety within the out-of-home placement. Visits may not indicate follow up discussion documented on referrals, services or information provided.

Poor Quality – 2

The reviewer finds little evidence that the benchmark for visitation was attempted. The quarterly visitation requirement may be met, however, there is a failure to document compliance with DCF practice expectations regarding visitation with children in out-of-home placement so that there is no documentation of safety or needs assessment within LINK narratives.

Adverse Quality – 1

Both DCF Policy and practice expectations were disregarded. The reviewer finds no documentation of visits during the quarter, or the LINK narrative indicates a visitation contact which raises serious concerns and inappropriate response.

Table 17: Overall Rank Score for the Quality of Visitation

Rank	Frequency	Percent	Cumulative Percent
Optimal Quality	29	11.6%	11.6%
Very Good Quality	106	42.4%	54.0%
Marginal Quality	88	35.2%	89.2%
Poor Quality	25	10.0%	99.2%
Adverse Quality	2	0.8%	100.0%
Total	250	100.0%	

As indicated in the table above, the reviewers found that 54.0% of the sample reviewed had documentation that reflected social workers achievement of the statistical benchmark rate of

visitation as well as a level of documentation indicating compliance with quality practice and policy expectations and adequate assessment of priority needs and safety for the child in the out-of-home placement. An additional 35.2% were considered marginal, in that they may or may not have met the monthly visitation benchmark requirement, but that the documentation indicates considerable effort in that regard, and an effort to meet the practice and policy expectations including some level of a quality assessment of needs and safety. In 10.0% of the sample set cases were scored at the poor ranking level. In this quarter reviewers did indicate two cases were of adverse quality. In these two cases there was no documented visit during the period under review - in one the worker was out on leave and the case was not reassigned timely, and in the other, though the Social Work Supervisor Conference note indicated the child had been seen, there was no narrative entry by the assigned worker for the period under review.

As this visitation work within the out of home case sample is compared with the quality of visitation within the in-home population sample, the quality of visitation noted is higher overall than with the in-home population, and there were no instances of “adverse” quality as was found within the in-home sample set.

We re-iterate the same issues noted in the prior quarter. A concern noted by the reviewers was the apparent lack of effort to engage adolescents and children of all ages in meaningful conversations about their circumstances and desires regarding case planning objectives, permanency, educational opportunities, placements, social recreational activities. There was a lack of private conversations within the spaces that children in placement reside. Social worker's narratives often failed to provide an assessment of the child in their living environment. The documentation of those cases identified as marginal and poor were lacking substance, devoid of engagement, more often reflecting transports, supervised visits, or drop-by that were minimally documented to merely meet a benchmark with no clear purpose or assessment.

Table 18: Comparison of Quality of Visitation with In-Home and Out of Home Sample Sets

Rank	Percent In Home Sample (n=248)	Percent in OOH Sample (n=250)
Optimal Quality	2.0%	11.6%
Very Good Quality	19.4%	42.4%
Marginal Quality	52.0%	35.2%
Poor Quality	23.4%	10.0%
Adverse Quality	3.2%	0.8%
Total	100.0%	100.0%

The cases at the lower end of the quality spectrum were in sharp contrast to the cases of optimal quality at the opposite end of the curve, in which the social worker engaged both the child or adolescent, and or the foster provider or residential caretaker at each monthly visit and also used the phone and or email to supplement the face to face contacts as necessary. Private conversations were specifically identified in the documentation, with concerns addressed timely if they were identified, and parents were also incorporated to ensure that they were kept up to date on the child's progress and issues while in care. In these 29 cases identified as optimal, there was also evidence of collaboration and social worker contacts with FASU or ICPC or contacts with community providers and family to address case planning in support of the permanency goal.

JUAN F. ACTION PLAN MONITORING REPORT

February 2012

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.

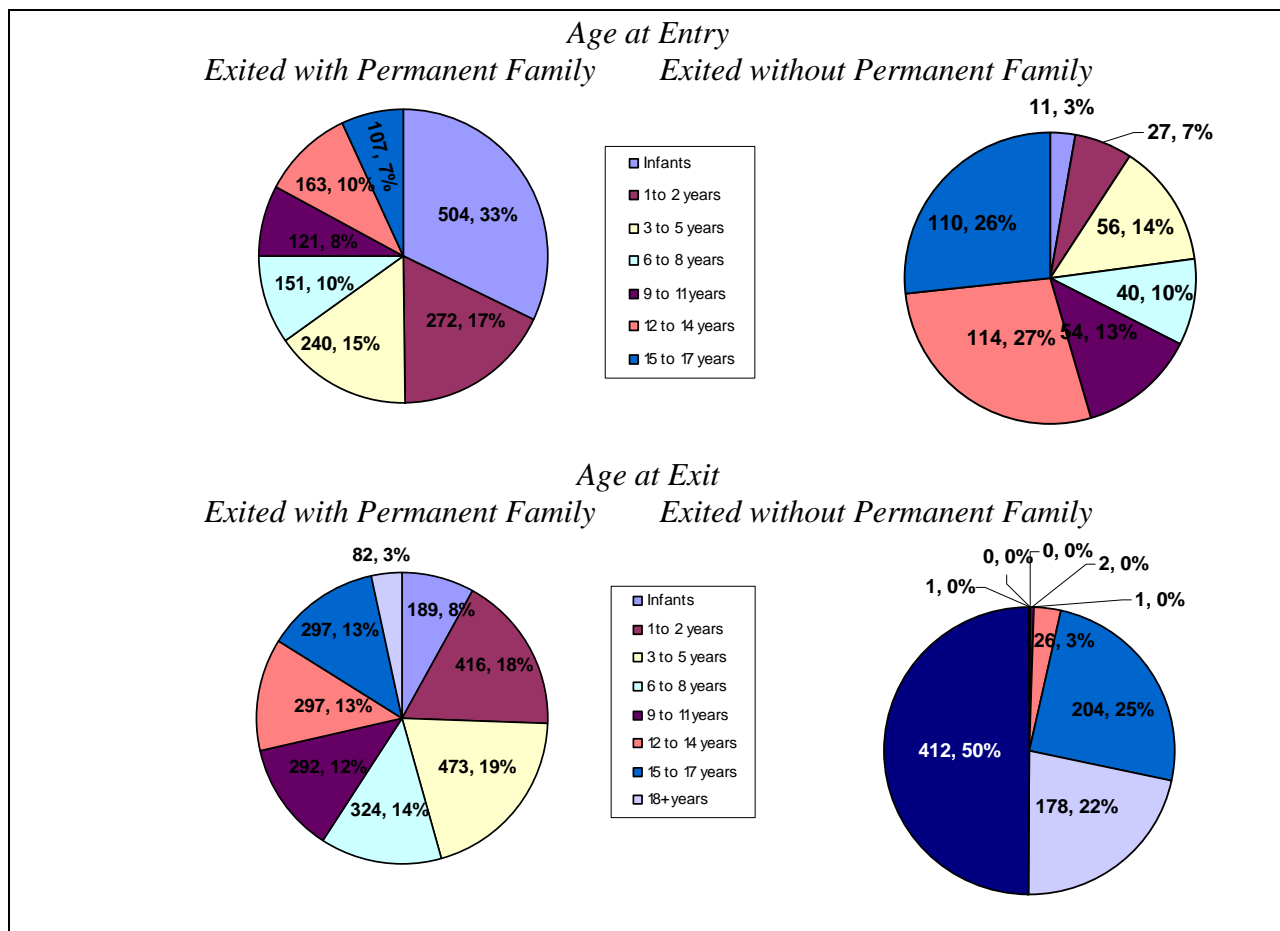
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Entries	3104	3547	3204	3093	3408	2852	2829	2628	2694	2290
Permanent Exits										
In 1 yr	1181 38.0%	1406 39.6%	1229 38.4%	1132 36.6%	1263 37.1%	1095 38.4%	1098 38.8%	1091 41.5%	1022 37.9%	
In 2 yrs	1641 52.9%	2078 58.6%	1806 56.4%	1743 56.4%	1973 57.9%	1675 58.7%	1676 59.2%	1580 60.1%		
In 3 yrs	1968 63.4%	2385 67.2%	2093 65.3%	2016 65.2%	2324 68.2%	1973 69.2%	1945 68.8%			
In 4 yrs	2139 68.9%	2540 71.6%	2263 70.6%	2161 69.9%	2500 73.4%	2088 73.2%				
To Date	2304 74.2%	2699 76.1%	2361 73.7%	2245 72.6%	2589 76.0%	2113 74.1%	1994 70.5%	1696 64.5%	1205 44.7%	440 19.2%
Non-Permanent Exits										
In 1 yr	274 8.8%	249 7.0%	231 7.2%	289 9.3%	259 7.6%	263 9.2%	250 8.8%	208 7.9%	197 7.3%	
In 2 yrs	332 10.7%	320 9.0%	301 9.4%	371 12.0%	345 10.1%	318 11.2%	320 11.3%	267 10.2%		
In 3 yrs	365 11.8%	366 10.3%	366 11.4%	431 13.9%	401 11.8%	354 12.4%	363 12.8%			
In 4 yrs	406 13.1%	392 11.1%	403 12.6%	461 14.9%	449 13.2%	392 13.7%				
To Date	491 15.8%	478 13.5%	479 15.0%	529 17.1%	484 14.2%	403 14.1%	379 13.4%	286 10.9%	224 8.3%	97 4.2%

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Unknown Exits										
<i>In 1 yr</i>	106 3.4%	153 4.3%	129 4.0%	83 2.7%	76 2.2%	62 2.2%	60 2.1%	78 3.0%	126 4.7%	
<i>In 2 yrs</i>	136 4.4%	193 5.4%	171 5.3%	124 4.0%	117 3.4%	98 3.4%	92 3.3%	138 5.3%		
<i>In 3 yrs</i>	161 5.2%	220 6.2%	208 6.5%	163 5.3%	140 4.1%	126 4.4%	120 4.2%			
<i>In 4 yrs</i>	179 5.8%	244 6.9%	234 7.3%	181 5.9%	167 4.9%	153 5.4%				
<i>To Date</i>	248 8.0%	312 8.8%	281 8.8%	214 6.9%	191 5.6%	155 5.4%	130 4.6%	160 6.1%	212 7.9%	87 3.8%
Remain In Care										
<i>In 1 yr</i>	1543 49.7%	1739 49.0%	1615 50.4%	1589 51.4%	1810 53.1%	1432 50.2%	1421 50.2%	1251 47.6%	1349 50.1%	
<i>In 2 yrs</i>	995 32.1%	956 27.0%	926 28.9%	855 27.6%	973 28.6%	761 26.7%	741 26.2%	643 24.5%		
<i>In 3 yrs</i>	610 19.7%	576 16.2%	537 16.8%	483 15.6%	543 15.9%	399 14.0%	401 14.2%			
<i>In 4 yrs</i>	380 12.2%	371 10.5%	304 9.5%	290 9.4%	292 8.6%	219 7.7%				
<i>To Date</i>	61 2.0%	58 1.6%	83 2.6%	105 3.4%	144 4.2%	181 6.3%	326 11.5%	486 18.5%	1053 39.1%	1666 72.8%

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 (2011 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 FEBRUARY 1, 2011⁸)

Is the child legally free (his or her parents' rights have been terminated)?				
Yes	No			
633	↓ 3057			
<i>Goals of:</i>	Has the child been in care more than 15 months?			
459 (73%)	No	Yes		
Adoption	1,736	↓ 1,321		
163 (24%)	Has a TPR proceeding been filed?			
APPLA	Yes		No	
11 (2%)	426		↓ 895	
Relatives	<i>Goals of:</i> Is a reason documented not to file TPR?			
7 (1%)	292 (69%)	Yes	No	
Blank	Adoption	473	422	
3 (<1%)	87 (20%)	<i>Goals of:</i>	<i>Documented</i>	<i>Goals of:</i>
Trans. of	APPLA	294 (62%)	<i>Reasons:</i>	188 (45%)
Guardian:	21 (5%)	APPLA	80%	Reunify
Sub/Unsub	Reunify	92 (19%)	Compelling	103 (24%)
1 (<1%)	16 (4%)	Reunify	Reason	APPLA
Reunify	Trans. of	35 (7%)	13%	72 (17%)
	Guardian:	Trans. of	Child is with	Adoption
	Sub/Unsub	Guardian:	relative	50 (12%)
	9 (2%)	Sub/Unsub	4%	Trans. of
	Relatives	28 (6%)	Petition in	Guardian:
	1 (<1%)	Relatives	process	Sub/Unsub
	Blank	22 (5%)	3%	6 (1%)
		Adoption	Service not	Relatives
		2 (<1%)	provided	3 (1%)
		Blank		Blank

⁸ Children over age 18 are not included in these figures.

Preferred Permanency Goals:

Reunification	Nov 2010	Feb 2011	May 2011	Aug 2011	Nov 2011	Feb 2012
Total number of children with Reunification goal, pre-TPR and post-TPR	1606	1615	1610	1585	1531	1495
Number of children with Reunification goal pre-TPR	1605	1615	1606	1584	1527	1494
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 15 months in care 	288	275	286	277	245	301
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 36 months in care 	39	36	31	36	40	43
Number of children with Reunification goal, post-TPR	1	0	4	1	4	1

Transfer of Guardianship (Subsidized and Non-Subsidized)	Nov 2010	Feb 2011	May 2011	Aug 2011	Nov 2011	Feb 2012
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	168	166	162	177	228	229
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	166	163	159	177	225	226
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, >= 22 months 	48	47	39	39	49	43
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, >= 36 months 	19	26	17	15	13	15
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	2	3	3	0	3	3

Adoption	Nov 2010	Feb 2011	May 2011	Aug 2011	Nov 2011	Feb 2012
Total number of children with Adoption goal, pre-TPR and post-TPR	1112	1136	1159	1103	1057	1042
Number of children with Adoption goal, pre-TPR	587	624	629	632	626	583
Number of children with Adoption goal, TPR not filed, >= 15 months in care	103	126	123	129	98	94
<ul style="list-style-type: none"> Reason TPR not filed, Compelling Reason 	15	15	20	15	4	6

Adoption	Nov 2010	Feb 2011	May 2011	Aug 2011	Nov 2011	Feb 2012
• Reason TPR not filed, petitions in progress	38	37	27	24	20	13
• Reason TPR not filed, child is in placement with relative	2	1	7	6	4	3
• Reason TPR not filed, services needed not provided	6	3	1	0	0	0
• Reason TPR not filed, blank	42	70	68	84	70	72
Number of cases with Adoption goal post-TPR	525	512	530	471	431	459
• Number of children with Adoption goal, post-TPR, in care >= 15 months	501	481	496	439	398	425
• Number of children with Adoption goal, post-TPR, in care >= 22 months	420	418	430	384	349	359
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	34	33	41	33	25	21
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	192	162	146	146	120	112
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	198	216	231	203	200	203

Progress Towards Permanency:	Nov 2010	Feb 2011	May 2011	Aug 2011	Nov 2011	Feb 2012
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	245	287	324	355	343	422

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	Nov 2010	Feb 2011	May 2011	Aug 2011	Nov 2011	Feb 2012
Total number of children with Long Term Foster Care Relative goal	91	74	73	79	70	65
Number of children with Long Term Foster Care Relative goal, pre-TPR	82	62	62	69	61	54
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR	8	6	4	7	10	5
Long Term Foster Care Rel. goal, post-TPR	9	12	11	10	9	11
• Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR	1	0	0	0	0	0

APPLA*	Nov 2010	Feb 2011	May 2011	Aug 2011	Nov 2011	Feb 2012
Total number of children with APPLA goal	814	806	775	752	751	711
Number of children with APPLA goal, pre-TPR	640	638	606	596	588	559
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, pre-TPR 	29	28	22	23	27	28
Number of children with APPLA goal, post-TPR	174	168	169	156	163	152
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, post-TPR 	13	11	13	10	8	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.						

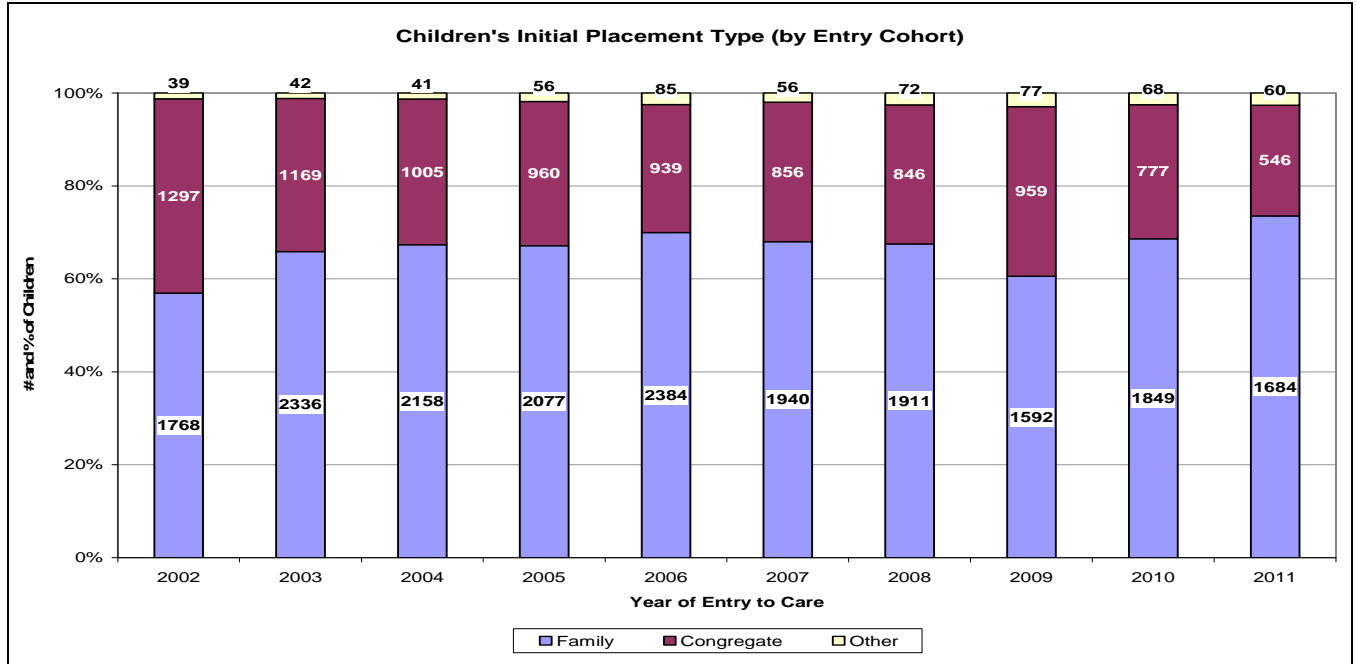
Missing Permanency Goals:

	Nov 2010	Feb 2011	May 2011	Aug 2011	Nov 2011	Feb 2012
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	32	23	19	16	17	25
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	17	13	9	7	8	10
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	10	7	5	2	5	6
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	5	3	5	2	3	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.

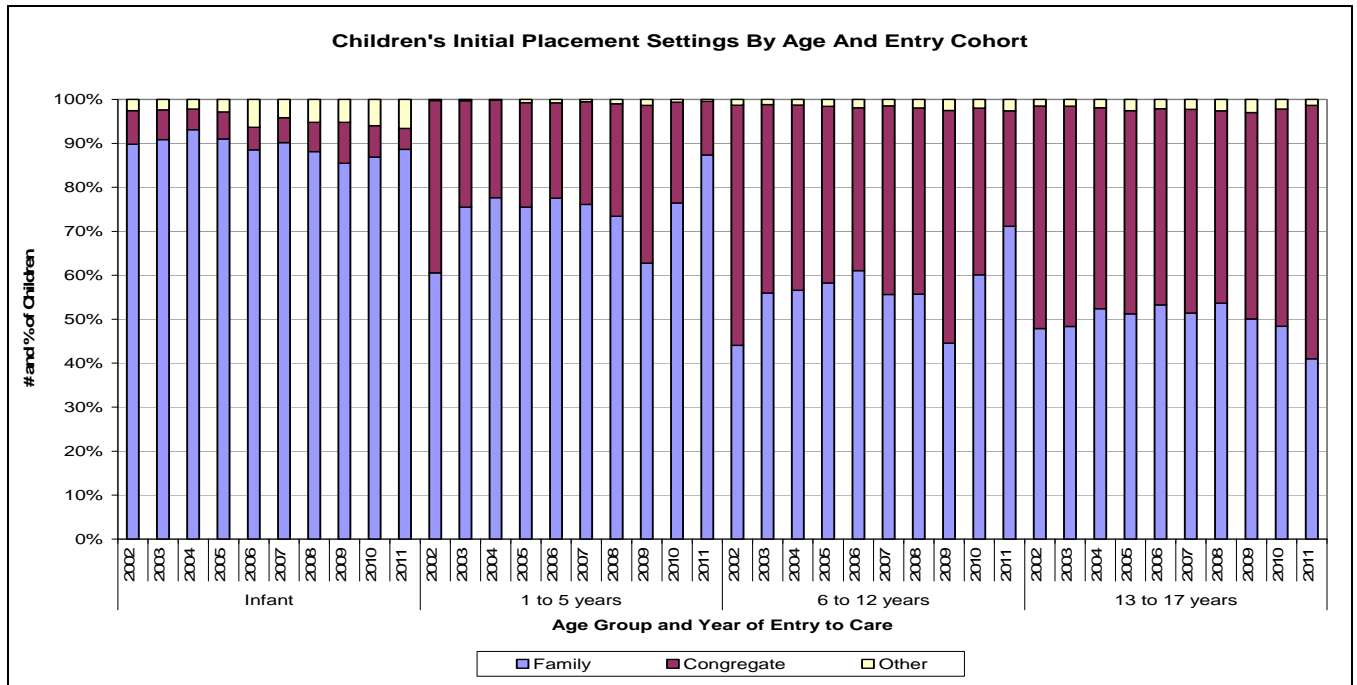


The next table shows specific care types used month-by-month for entries between January 2011 and December 2011.

Case Summaries

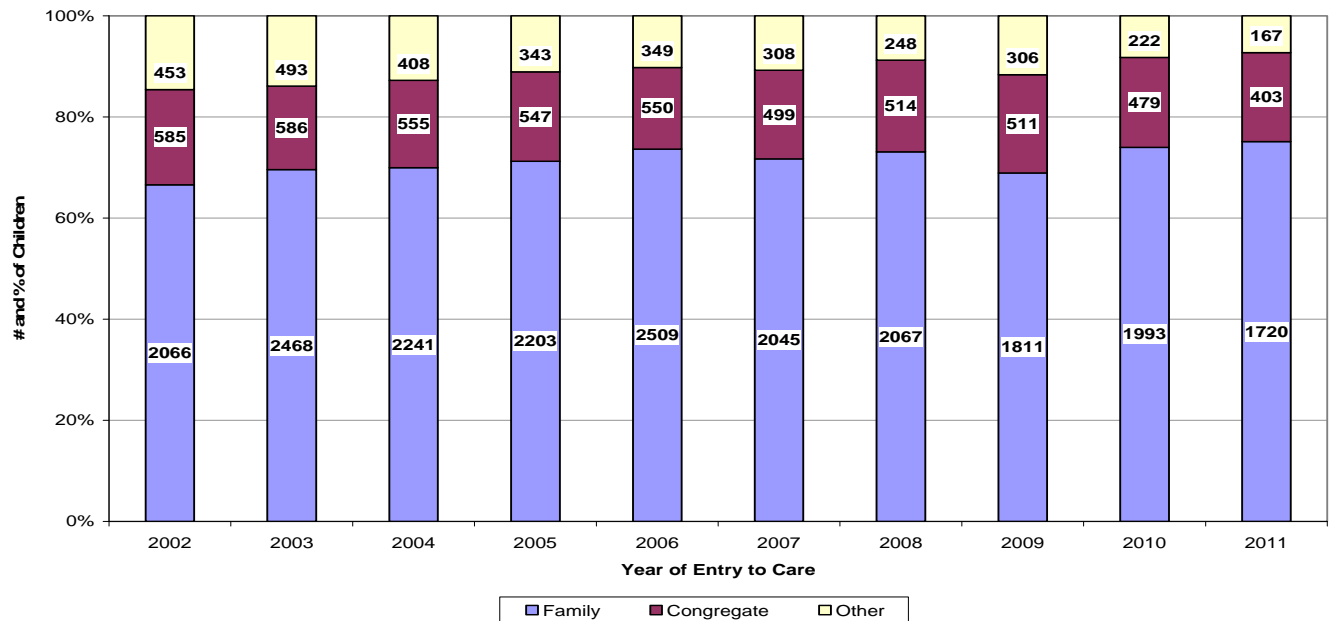
First placement type		enter Jan11	enter Feb11	enter Mar11	enter Apr11	enter May11	enter Jun11	enter Jul11	enter Aug11	enter Sep11	enter Oct11	enter Nov11	enter Dec11
Residential	N	11	9	20	8	10	13	12	13	10	10	12	9
	%	6.1%	5.5%	9.0%	4.4%	4.4%	5.9%	5.7%	6.7%	4.7%	5.6%	7.6%	6.8%
DCF Facilities	N	3	3	7	4	2	1	1	3	1	4	2	2
	%	1.7%	1.8%	3.1%	2.2%	.9%	.5%	.5%	1.5%	.5%	2.2%	1.3%	1.5%
Foster Care	N	98	80	115	86	112	111	105	80	112	82	67	60
	%	54.7%	48.8%	51.6%	47.3%	49.1%	50.0%	49.8%	41.2%	52.1%	45.6%	42.7%	45.5%
Group Home	N		2	3	1	1	6	6	5	5	4	4	
	%		1.2%	1.3%	.5%	.4%	2.7%	2.8%	2.6%	2.3%	2.2%	2.5%	
Relative Care	N	31	28	39	43	59	47	45	45	46	37	30	35
	%	17.3%	17.1%	17.5%	23.6%	25.9%	21.2%	21.3%	23.2%	21.4%	20.6%	19.1%	26.5%
Medical	N	9	6	3	3	1	6	3	9	7	5	4	4
	%	5.0%	3.7%	1.3%	1.6%	.4%	2.7%	1.4%	4.6%	3.3%	2.8%	2.5%	3.0%
Safe Home	N	9	16	9	13	14	14	14	12	9	11	18	7
	%	5.0%	9.8%	4.0%	7.1%	6.1%	6.3%	6.6%	6.2%	4.2%	6.1%	11.5%	5.3%
Shelter	N	14	12	22	17	24	13	12	23	20	12	16	8
	%	7.8%	7.3%	9.9%	9.3%	10.5%	5.9%	5.7%	11.9%	9.3%	6.7%	10.2%	6.1%
Special Study	N	4	8	5	7	5	11	13	4	5	15	4	7
	%	2.2%	4.9%	2.2%	3.8%	2.2%	5.0%	6.2%	2.1%	2.3%	8.3%	2.5%	5.3%
Total	N	179	164	223	182	228	222	211	194	215	180	157	132
	%	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.

Children's Predominant Placement Type (by Entry Cohort)



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

Case Summaries

Last placement type in spell (as of cens or date)		exit Jan11	exit Feb11	exit Mar11	exit Apr11	exit May11	exit Jun11	exit Jul11	exit Aug11	exit Sep11	exit Oct11	exit Nov11	exit Dec11
Residential	N	17	12	21	9	19	29	19	19	12	10	9	8
	%	12.7%	7.8%	9.5%	4.5%	7.9%	9.8%	9.3%	6.9%	7.3%	6.0%	6.8%	4.3%
DCF Facilities	N			2	4	2	4	1	5		2	2	2
	%			.9%	2.0%	.8%	1.4%	.5%	1.8%		1.2%	1.5%	1.1%
Foster Care	N	63	77	104	98	115	142	81	132	93	78	63	103
	%	47.0%	50.3%	47.1%	48.8%	47.9%	48.1%	39.7%	47.8%	56.4%	46.7%	47.7%	54.8%
Group Home	N	10	10	11	16	8	30	15	15	6	11	6	11
	%	7.5%	6.5%	5.0%	8.0%	3.3%	10.2%	7.4%	5.4%	3.6%	6.6%	4.5%	5.9%
Independent Living	N	4	4	4	6	3	8	1	3	1	1	4	
	%	3.0%	2.6%	1.8%	3.0%	1.3%	2.7%	.5%	1.1%	.6%	.6%	3.0%	
Relative Care	N	26	30	53	42	59	53	56	66	40	47	37	48
	%	19.4%	19.6%	24.0%	20.9%	24.6%	18.0%	27.5%	23.9%	24.2%	28.1%	28.0%	25.5%
Medical	N		3	4	3	2		2	2	1	1		1
	%		2.0%	1.8%	1.5%	.8%		1.0%	.7%	.6%	.6%		.5%
Safe Home	N	3	6	6	6	9	7	6	2	2	2	2	4
	%	2.2%	3.9%	2.7%	3.0%	3.8%	2.4%	2.9%	.7%	1.2%	1.2%	1.5%	2.1%
Shelter	N	7	6	13	11	14	2	11	17	2	6	4	8
	%	5.2%	3.9%	5.9%	5.5%	5.8%	.7%	5.4%	6.2%	1.2%	3.6%	3.0%	4.3%
Special Study	N	4	3	2	4	8	19	11	14	5	7	2	2
	%	3.0%	2.0%	.9%	2.0%	3.3%	6.4%	5.4%	5.1%	3.0%	4.2%	1.5%	1.1%
Uknown	N		2	1	2	1	1	1	1	3	2	3	1
	%		1.3%	.5%	1.0%	.4%	.3%	.5%	.4%	1.8%	1.2%	2.3%	.5%
Total	N	134	153	221	201	240	295	204	276	165	167	132	188
	%	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 February 1, 2012 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	22	33	76	75	97	96	408
		% of Row	2.2%	5.4%	8.1%	18.6%	18.4%	23.8%	23.5%	100.0%
		% of Col	7.9%	7.3%	7.3%	9.6%	11.8%	10.7%	8.2%	9.3%
DCF Facilities	DCF Facilities	Count	0	5	7	7	3	8	5	35
		% of Row	.0%	14.3%	20.0%	20.0%	8.6%	22.9%	14.3%	100.0%
		% of Col	.0%	1.7%	1.5%	.9%	.5%	.9%	.4%	.8%
Foster Care	Foster Care	Count	47	105	178	320	317	491	682	2140
		% of Row	2.2%	4.9%	8.3%	15.0%	14.8%	22.9%	31.9%	100.0%
		% of Col	41.2%	34.7%	39.1%	40.3%	49.9%	54.3%	58.2%	48.9%
Group Home	Group Home	Count	0	7	15	22	27	60	81	212
		% of Row	.0%	3.3%	7.1%	10.4%	12.7%	28.3%	38.2%	100.0%
		% of Col	.0%	2.3%	3.3%	2.8%	4.3%	6.6%	6.9%	4.8%
Independent Living	Independent Living	Count	0	0	0	0	1	5	1	7
		% of Row	.0%	.0%	.0%	.0%	14.3%	71.4%	14.3%	100.0%
		% of Col	.0%	.0%	.0%	.0%	.2%	.6%	.1%	.2%
Relative Care	Relative Care	Count	31	89	140	255	157	140	74	886
		% of Row	3.5%	10.0%	15.8%	28.8%	17.7%	15.8%	8.4%	100.0%
		% of Col	27.2%	29.4%	30.8%	32.1%	24.7%	15.5%	6.3%	20.2%
Medical	Medical	Count	3	3	6	3	1	4	2	22
		% of Row	13.6%	13.6%	27.3%	13.6%	4.5%	18.2%	9.1%	100.0%
		% of Col	2.6%	1.0%	1.3%	.4%	.2%	.4%	.2%	.5%
Mixed (none >50%)	Mixed (none >50%)	Count	1	1	2	17	17	50	172	260
		% of Row	.4%	.4%	.8%	6.5%	6.5%	19.2%	66.2%	100.0%
		% of Col	.9%	.3%	.4%	2.1%	2.7%	5.5%	14.7%	5.9%
Safe Home	Safe Home	Count	6	24	18	22	8	10	4	92
		% of Row	6.5%	26.1%	19.6%	23.9%	8.7%	10.9%	4.3%	100.0%
		% of Col	5.3%	7.9%	4.0%	2.8%	1.3%	1.1%	.3%	2.1%
Shelter	Shelter	Count	9	25	31	22	8	0	0	95
		% of Row	9.5%	26.3%	32.6%	23.2%	8.4%	.0%	.0%	100.0%
		% of Col	7.9%	8.3%	6.8%	2.8%	1.3%	.0%	.0%	2.2%
Special Study	Special Study	Count	7	20	22	47	20	38	49	203
		% of Row	3.4%	9.9%	10.8%	23.2%	9.9%	18.7%	24.1%	100.0%
		% of Col	6.1%	6.6%	4.8%	5.9%	3.1%	4.2%	4.2%	4.6%
Unknown	Unknown	Count	1	2	3	3	1	1	5	16
		% of Row	6.3%	12.5%	18.8%	18.8%	6.3%	6.3%	31.3%	100.0%
		% of Col	.9%	.7%	.7%	.4%	.2%	.1%	.4%	.4%
Total	Total	Count	114	303	455	794	635	904	1171	4376
		% of Row	2.6%	6.9%	10.4%	18.1%	14.5%	20.7%	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

Placement Issues	Nov 2010	Feb 2011	May 2011	Aug 2011	Nov 2011	Feb 2012
Total number of children 12 years old and under, in Congregate Care	190	171	149	132	105	90
• Number of children 12 years old and under, in DCF Facilities	8	4	6	4	2	5
• Number of children 12 years old and under, in Group Homes	40	37	34	31	28	24
• Number of children 12 years old and under, in Residential	41	51	44	40	34	25
• Number of children 12 years old and under, in SAFE Home	90	78	61	54	36	35
• Number of children 12 years old and under, in Permanency Diagnostic Center	8	1	1	0	0	0
• Number of children 12 years old and under in Shelter	3	0	3	3	5	1
Total number of children ages 13-17 in Congregate Placements	756	748	752	729	713	675

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.

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Entries	3104	3547	3204	3093	3408	2852	2829	2628	2694	2290
SAFE Homes & PDCs	728 23%	629 18%	453 14%	395 13%	395 12%	382 13%	335 12%	471 18%	331 12%	146 6%
Shelters	165 5%	135 4%	147 5%	178 6%	114 3%	136 5%	144 5%	186 7%	175 6%	193 8%
Total	893 29%	764 22%	600 19%	573 19%	509 15%	518 18%	479 17%	657 25%	506 19%	339 15%

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Initial Plcmnts	893	764	600	573	509	518	479	657	506	339
<= 30 days	351 39%	308 40%	249 42%	242 42%	186 37%	162 31%	150 31%	229 35%	135 27%	114 34%
31 - 60	284 32%	180 24%	102 17%	114 20%	73 14%	73 14%	102 21%	110 17%	106 21%	77 23%
61 - 91	106 12%	121 16%	81 14%	76 13%	87 17%	79 15%	85 18%	157 24%	91 18%	51 15%

	Period of Entry to Care									
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total Initial Plcmnts	893	764	600	573	509	518	479	657	506	339
92 - 183	101 11%	107 14%	124 21%	100 17%	118 23%	131 25%	110 23%	124 19%	136 27%	72 21%
184+	51 6%	48 6%	44 7%	41 7%	45 9%	73 14%	32 7%	37 6%	38 8%	25 7%

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

Placement Issues	Aug 2010	Nov 2010	Feb 2011	May 2011	Aug 2011	Nov 2011	Feb 2012
Total number of children in SAFE Home	125	99	90	70	79	63	60
• Number of children in SAFE Home, > 60 days	64	59	56	50	42	35	44
• Number of children in SAFE Home, >= 6 months	14	14	12	15	13	14	9
Total number of children in STAR/Shelter Placement	78	84	75	80	80	79	75
• Number of children in STAR/Shelter Placement, > 60 days	42	44	41	41	48	43	40
• Number of children in STAR/Shelter Placement, >= 6 months	5	3	6	4	3	11	7
Total number of children in Permanency Planning Diagnostic Center	15	11	1	1	0	0	0
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	11	9	1	1	0	0	0
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	4	1	1	1	0	0	0
Total number of children in MH Shelter	1	2	0	1	2	5	2
• Total number of children in MH Shelter, > 60 days	0	1	0	1	1	4	2
• Total number of children in MH Shelter, >= 6 months	0	0	0	0	1	1	1

Time in Residential Care

Placement Issues	Aug 2010	Nov 2010	Feb 2011	May 2011	Aug 2011	Nov 2011	Feb 2012
Total number of children in Residential care	475	462	477	488	454	403	372
• Number of children in Residential care, >= 12 months in Residential placement	141	129	129	132	126	119	124
• Number of children in Residential care, >= 60 months in Residential placement	2	2	1	2	2	1	1

Appendix 1
Commissioner's Highlights from
The Department of Children & Families
Fourth 2011 Exit Plan Report

Commissioner Statement

As this report is prepared, we at the Department stand at a critical juncture in the transformation of our work with children, families, communities, and service providers. On March 5, we began operation of the Differential Response System to improve how we relate to and work with families who are the subject of a report to our newly-named Careline. At the same time, we continue to implement the Strengthening Families Practice Model, which encompasses all of our work and will be fully operational statewide in the middle of this year.

Unquestionably, this is a time of great change, but at the center of it all is the belief that strengthening families is the most important way to improve children's long-term well-being. In a fundamental way, children only do as well as their families. This idea lies at the heart of our Strengthening Families Practice Model and the Differential Response System (DRS). This practice model will guide all our work, including responses to abuse and neglect reports, behavioral health services, juvenile services, foster care, in-home services and work at DCF-run facilities. Similar to DRS, gaining family participation is the foundation underlying the model, including family-centered assessments, purposeful visitation, effective case planning, initial and ongoing safety and risk assessments, and individualized services. 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. All staff will have received training by mid-year, and Department-wide implementation will be complete at that time.

The operational details of Strengthening Families and DRS may be complex, but the basis for why we are making these changes is very simple. Strengthening Families and DRS afford us a way to build relationships with families that ultimately benefit the child. Strengthening Families and DRS promise to fundamentally change our work with families and communities so as to greatly improve the participation by families in their own case plans and treatment.

Experience and research indicate that the quality of family participation is the single most important factor in the success of our interventions. Strengthening Families and Differential Response will substantially improve how we engage families to take control of their own treatment and their own lives.

These fundamental reforms come on the heels of other major policy reforms that we instituted during my first year. We began 2011 by restructuring the agency itself 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. 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.

I also imposed a number of major directives, including making announced visits whenever possible, requiring that out-of-state placements obtain Commissioner approval, increasing placements with relatives, and reducing the use of congregate settings for children. These structural changes and policy directives already have had an impact. For example:

- The percentage of children placed with relatives when initially entering care in 2011 rose to 24 percent compared to 14 percent the year before. The percentage of children overall placed with relatives has risen to 19.6 percent in March 2012 compared to 15.7 percent in March 2011.
- The number of children in an out-of-state placement fell to 192 on March 1, 2012 compared to 355 a year earlier.
- The use of congregate care for younger children has been significantly reduced. The number of children age six and under in congregate care settings declined from 40 in March 2011 to 6 in March 2012. The number of children ages 12 and under in congregate care also has decreased from 200 in March 2011 to 102 in March 2012.

While these are important advances, much more remains to be done to improve the holistic well-being of children served by the Department. For example, there are still too many children with long lengths of stay in temporary settings such as Safe Homes and STAR homes. On April 9, 2012, 41 percent of the 138 children and youth in temporary settings have exceeded the expected 90-day length of stay. We must work together to ensure these children transition to safe, appropriate and stable placements that meet their needs.

There are also many challenges associated with the implementation of the Strengthening Families Practice Model, increased focus on relative placements, and reductions in the use of congregate care. Notably, 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 also 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.

The service array also presents challenges that must be addressed. There exists a lack of in-state placement options for some children and youth. While the number of out-of-state placements has been reduced significantly, the Department struggles to find appropriate placements for some youth with problem sexual behaviors and other complex behavioral health needs. This has impacted youth who require new placements as well as young people returning to Connecticut from out of state. We have already begun work with some of our in-state providers to create a system of stable and appropriate placements and services to meet these youth's needs closer to home. We further hope that with a new RFP, we will be able to help other providers retool to accommodate these children.

Clearly, there is much work that must be done. Nevertheless, I am confident that this second-phase of transformation, marked by the Strengthening Families Practice Model and DRS, will be vital catalysts to build upon the improvements of the first year. We estimate that DRS will impact the way approximately 40 percent of reports to the Careline are handled. Instead of the traditional, sometimes-adversarial, forensic-style investigation, Department staff will engage families in an assessment that can lead to community services identified by the families themselves. Families will identify their strengths and needs. Community services will be arranged according to the family's own prescriptions.

In short, all our structural reforms and other changes that come with them will support a far more positive relationship with families and far better long-term outcomes for children. No other factor in a child's life matters anywhere near as much as his or her family. These reforms give us the capacity to more fully harness that force for the good of children.