

Juan F. v. Rell Exit Plan
Quarterly Report
July 1, 2007 – September 30, 2007
Civil Action No. H-89-859 (AHN)
December 19, 2007

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

Table of Contents
***Juan F.* v Rell Exit Plan Quarterly Report**
July 1, 2007 – September 30, 2007

	Page
Highlights	3
July 1, 2007 through September 30, 2007 Exit Plan Outcome Measure Overview Chart	6
Outcome Measure 3 & 15 Report (Third Quarter)	7
<i>Appendix 1</i> – Rank Scores for Outcome Measure 3 and Outcome Measure 15 –Third Quarter 2007	25
<i>Juan F.</i> Action Plan	28
<i>Appendix 2</i> – The Department’s Exit Plan Outcome Measures Summary Report Third Quarter Report July 1, 2007 – September 30, 2007	52

***Juan F. v Rell* Exit Plan Quarterly Report
July 1, 2007 – September 30, 2007**

Highlights

1. The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of July 1, 2007 through September 30, 2007 indicates that the Department achieved 17 of the 22 measures.
2. For the fourth consecutive quarter, the Department achieved all three permanency measures, Reunification (Outcome Measure 7), Adoption (Outcome Measure 8), and Transfer of Guardianship (Outcome Measure 9).
3. Based on the Monitor's review of a 50 case sample (see Monitor's Office Case Review for Outcome Measure 3 and Outcome Measure 15, pages# 7 to # 27), the Department of Children and Families attained the level of "Appropriate Treatment Plan" in 15 of the 50-case sample or 30.0% and attained the designation of "Needs Met" in 32 of the 50 case sample or 64.0%.

While some improvement was noted, many treatment plans lacked sufficient action steps, short-term goals and explanations of progress in meeting the steps and goals articulated in the previous treatment plan. Provider input was again minimal or absent in a number of the cases reviewed. System gridlock continues to exist and discharge delays, waiting lists for community services, and the lack of sufficient foster and adoptive homes are identified in many of the cases sampled within the various reviews conducted during the recent months.

A number of initiatives were undertaken during the quarter to facilitate improvement with these measures. In addition to specific trainings, utilization of practice guides and case review activities by the Area Office Managers, there were multiple training events for the Administrative Case Review staff in collaboration with the Court Monitor's Office. In addition, in an effort to give real-time information, interim feedback by the Court Monitor's Office was provided to the Area Offices as individual case reviews were completed, rather than after the completion of the quarterly sample.

Some offices utilized the feedback to revise treatment plans and/or improve service provision to correct deficiencies. Revised plans were forwarded to all parties involved with the family or child by these offices.

The quarterly report section, *Juan F. Action Plan*, includes additional information related to meeting the service and permanency needs of children and families.

4. The Department exceeded the Repeat Maltreatment standard (Outcome Measure 5) for the second consecutive quarter with a rate of 6.1%.
5. There are a large number of adolescents (approximately 1300) who have the non-preferred permanency goal of Another Planned Permanent Living Arrangement (APPLA). Many of these children have extended stays in out of home placement and have not had their permanency needs adequately attended to by DCF and the providers serving them. While some of these children are in stable placements and may have stated their desire for no further adoption recruitment, our ongoing reviews find that in addition to placement and permanency needs, other needs remain unmet at a higher rate than other children in care. These include: appropriate mental health treatment, education services, medical/dental treatment and transitional services.
6. The Court Monitor's Office has completed the data collection on a review of children in temporary placements who are in overstay status (STAR/Shelter programs and SAFE Homes). The data is currently being entered and analyzed. The Court Monitor will produce a report of the findings later this month.
7. The Monitor's quarterly review of the Department for the period of July 1, 2007 through September 30, 2007 indicates the Department has achieved compliance with the following 17 Outcome Measures:
 - Commencement of Investigations (97.0%)
 - Completion of Investigations (94.2%)
 - Search for Relatives (91.8%)
 - Repeat Maltreatment (6.1%)
 - Maltreatment of Children in Out-of-Home Care (0.3%)
 - Reunification (65.5%)
 - Adoption (36.2%)
 - Transfer of Guardianship (76.8%)
 - Multiple Placements (94.4%)
 - Foster Parent Training (100.0%)
 - Placement within Licensed Capacity (96.9%)
 - Worker-Child Visitation Out-of-Home Cases (94.8% Monthly/ 98.7% Quarterly)
 - Worker-Child Visitation In-Home Cases (89.4%)
 - Caseload Standards (100.0%)
 - Residential Reduction (10.8%)
 - Discharge Measures (95%)
 - Multi-disciplinary Exams (95.2%)

8. The Department has maintained compliance for at least two (2) consecutive quarters¹ with 17 of the Outcome Measures. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
 - Commencement of Investigations (twelfth consecutive quarter)
 - Completion of Investigations (twelfth consecutive quarter)
 - Search for Relatives (eighth consecutive quarter)
 - Repeat Maltreatment (second consecutive quarter)
 - Maltreatment of Children in Out-of-Home Care (fifteenth consecutive quarter)
 - Reunification (ninth consecutive quarter)
 - Adoption (fourth consecutive quarter)
 - Transfer of Guardianship (fifth consecutive quarter)
 - Multiple Placements (fourteenth consecutive quarter)
 - Foster Parent Training (fourteenth consecutive quarter)
 - Placement within Licensed Capacity (fifth consecutive quarter)
 - Visitation Out-of-Home (eighth consecutive quarter)
 - Visitation In-Home (eighth consecutive quarter)
 - Caseload Standards (thirteenth consecutive quarter)
 - Residential Reduction (ninth consecutive quarter)
 - Discharge Measures (ninth consecutive quarter)
 - Multi-disciplinary Exams (seventh consecutive quarter)

9. The Monitor's quarterly review of the Department for the period of July 1, 2007 through September 30, 2007 indicates that the Department did not achieve compliance with five (5) measures:
 - Treatment Plans (30.0%)
 - Sibling Placements (83.39%)
 - Re-Entry (9.0%)
 - Children's Needs Met (64.0%)
 - Discharge to DMHAS and DMR (95%)

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

3Q July 1- September 30, 2007 Exit Plan Report Outcome Measure Overview																
Measure	Measure	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005	2Q 2005	3Q 2005	4Q 2005	1Q 2006	2Q 2006	3Q 2006	4Q 2006	1Q 2007	2Q 2007	3Q 2007
1: Investigation Commencement	>=90%	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%	96.4%	98.7%	95.5%	96.5%	97.1%	97.0%
2: Investigation Completion	>=85%	64.2%	68.8%	83.5%	91.7%	92.6%	92.3%	93.1%	94.2%	94.2%	93.1%	94.2%	93.7%	93.0%	93.7%	94.2%
3: Treatment Plans**	>=90%	X	X	10%	17%	X	X	X	X	X	X	54%	41.1%	41.3%	30.3	X
4: Search for Relatives*	>=85%	X	X	93%	82%	44.6%	49.2%	65.1%	89.6%	89.9%	93.9%	93.1%	91.4%	92%	93.8%	91.4%
5: Repeat Maltreatment	<=7%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.4%	6.3%	7.0%	7.9%	7.9%	7.4%	6.3%	6.1%
6: Maltreatment OOH Care	<=2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%	0.4%	0.7%	0.7%	0.2%	0.2%	0.0%	0.3%
7: Reunification*	>=60%	X	X	X	X	X	X	64.2%	61%	66.4%	64.4%	62.5%	61.3%	70.5%	67.9%	65.5%
8: Adoption	>=32%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.0%	36.9%	27%	33.6%	34.5%	40.6%	36.2%
9: Transfer of Guardianship	>=70%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%	72.4%	60.7%	63.1%	70.2%	76.4%	78%	88.0%	76.8%
10: Sibling Placement*	>=95%	65%	53%	X	X	X	X	96%	94%	75%	77%	83%	85.5%	84.9%	79.1%	83.3%
11: Re-Entry	<=7%	X	X	X	X	X	X	7.2%	7.6%	6.7%	7.5%	4.3%	8.2%	7.5%	8.5%	9.0%
12: Multiple Placements	>=85%	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%	96.6%	95.6%	95%	96.3%	96.0%	94.4%
13: Foster Parent Training	100%	X	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%	88.3%	92%	93%	95.7%	97%	95.9%	94.8%	96.2%	95.2%	94.5%	96.7%	96.4%	96.8%	97.1%	96.9%
15: Needs Met**	>=80%	53%	57%	53%	56%	X	X	X	X	X	X	62%	52.1%	45.3%	51.3%	X
16: Worker-Child Visitation (OOH)*	>=85% 100%	72% 87%	86% 98%	73% 93%	81% 91%	77.9% 93.3%	86.7% 95.7%	83.3% 92.8%	85.6% 93.1%	86.8% 93.1%	86.5% 90.9%	92.5% 91.5%	94.7% 99.0%	95.1% 99.1%	94.6% 98.7%	94.8% 98.7%
17: Worker-Child Visitation (IH)*	>=85%	39%	40%	46%	33%	71.2%	81.9%	78.3%	85.6%	86.2%	87.6%	85.7%	89.2%	89%	90.9%	89.4%
18: Caseload Standards+	100%	73.1%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%	100%
19: Residential Reduction	<=11%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.8%	11.6%	11.3%	10.8%	10.9%	11%	10.9%	11%	10.8%
20: Discharge Measures	>=85%	74%	52%	93%	83%	X	X	95%	92%	85%	91%	100%	100%	98%	100%	95%
21: Discharge to DMHAS and DMR	100%	43%	64%	56%	60%	X	X	78%	70%	95%	97%	100%	97%	90%	83%	95%
22: MDE	>=85%	19%	24.5%	48.9%	44.7%	55.4%	52.1%	58.1%	72.1%	91.1%	89.9%	86%	94.2%	91.1%	96.8%	95.2%

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

I. Background and Methodology:

The *Juan F. v Rell* Revised Exit Plan and subsequent stipulated agreement reached by the parties and court ordered on July 11, 2006 requires the Monitor’s Office to conduct a series of quarterly case reviews to monitor Outcome Measure 3 (Treatment Planning) and Outcome Measure 15 (Needs Met). The implementation of this review began with a pilot sample of 35 cases during the third quarter 2006. During the Third Quarter 2007, the Monitor’s Office reviewed a total of 50 cases.

This quarter’s 50-case sample was stratified based upon the distribution of area office caseload on June 1, 2007. The sample incorporates both in-home and out-of-home cases based on the overall statewide percentage reflected on the date that the sample was determined.

Table 1: Fourth Quarter Sample Required Based on June 1, 2007 Caseload Universe

Area Office	Total Caseload	% of State Caseload	% of In-Home Cases in AO	In-Home Sample	OOH Sample	Total Sample
Bridgeport	1,198	8.6%	36.0%	1	3	4
Danbury	346	2.5%	14.0%	1	1	2
Greater New Haven	929	6.7%	24.0%	1	2	3
Hartford	1,857	13.4%	20.0%	1	4	5
Manchester	1,302	9.4%	27.0%	1	4	5
Meriden	593	4.3%	31.0%	1	1	2
Middletown	415	3.0%	25.0%	1	1	2
New Britain	1,493	10.8%	35.0%	2	3	5
New Haven Metro	1,493	10.8%	32.0%	2	3	5
Norwalk	248	1.8%	35.0%	1	1	2
Norwich	1,123	8.1%	32.0%	1	3	4
Stamford	276	2.0%	39.0%	1	1	2
Torrington	457	3.3%	13.0%	1	1	2
Waterbury	1,302	9.4%	22.0%	1	3	4
Willimantic	<u>847</u>	<u>6.1%</u>	<u>28.0%</u>	<u>1</u>	<u>2</u>	<u>3</u>
	13,879	100.0%		17	33	50

This quarter, the methodology individually assigned one DCF staff or Monitor’s Review staff to review each case. Within the course of seven to twelve hours, each case was subjected to the following methodology.

1. A review of the Case LINK Record documentation for each sample case concentrating on the most recent six months. This includes narratives, treatment

- planning documentation, investigation protocols, and the provider narratives for any foster care provider during the last six-month period.
2. Attendance/Observation at the Treatment Planning Conference (TPC)/Administrative Case Review (ACR) or Family Conference (FC)².
 3. A subsequent review of the final approved plan conducted fourteen to twenty days following the date identified within the TPC/ACR/FC schedule from which the sample was drawn. The reviewer completed an individual assessment of the treatment plan and needs met outcome measures and filled out the scoring forms for each measure.

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

In situations where a reviewer had difficulty assigning a score, the supervisor would become a sounding board or determining vote in final designation of scoring. Reviewers could present their opinions and findings to the supervisor to assist them in the overall determination of compliance for OM3 and OM15. If a reviewer indicated that there were areas that did not attain the “very good” or “optimal” level, yet has valid argument for the overall score to be “an appropriate treatment plan” or “needs met” he or she would clearly outline the reasoning for such a determination and submit this for review by the Court Monitor for approval of an override exception. These cases are also available to the Technical Advisory (TAC) for review. During the fourth quarter, there were 8 such cases submitted for consideration/assistance of supervisory oversight. Two cases were requests for override on Outcome Measure 3 and six cases were requests for override on Outcome Measure 15. All requests were valid and resulted in the approval of an override to allow a passing score. These cases can be identified in the appendix document scoring tables later in this document.

Sample Demographics

The sample consisted of 50 cases distributed among the fifteen area offices. The work of 50 Social Workers and 44 Social Work Supervisors’ work was incorporated into the record review. At the point of review, the data indicates that the majority of cases (66.0%) are children in care for child protective service reasons. A full description of the sample by case type is provided below along with indication of the children in placement during the quarter having some involvement with the Juvenile Justice System during the quarter.

² Attendance at the family conference is included where possible. In many cases, while there is a treatment plan due, there is not a family conference scheduled during the quarter we are reviewing. To compensate for this, the Monitoring of in-home cases includes hard copy documentation from any family conference held within the six month period leading up to the treatment plan due date.

Crosstabulation 1: What is the type of case assignment noted in LINK? * Does child in placement have involvement with the juvenile justice system?

What is the type of case assignment noted in LINK?	Does child in placement have involvement with the juvenile justice system?			
	Yes	No	In-Home CPS or Voluntary Service Case	Total
CPS In-Home Family Case (IHF) ³	0	1	15	16
CPS Child in Placement Case (CIP)	5	26	0	31
Voluntary Services Child in Placement Case (VSCIP)	0	1	1	2
Voluntary Services In-Home Family Case	0	0	1	1
Total	5	28	17	50

As shown above, of the 33 children with out of home placements during the quarter, five or 15.2% also had documented involvement with the juvenile justice system during the period.

In establishing the reason for the most recent case open date identified, reviewers were asked to identify all substantiations or voluntary service needs identified at the point of most recent case opening. This was a multiple response question which allowed the reviewers to select more than one response as situations warranted. In total, 113 reasons were identified. The data indicates that physical neglect remains the most frequent reason for a case opening in treatment, as 72.0% of the cases cited this as one of the factors for the case opening. This was again followed by Parental Substance Abuse/Mental Health which was present in 52.0% of the cases reviewed, and Emotional Neglect cited in 26.0% of the cases sampled.

Additionally, our tool was edited to include three new questions, first related to the child’s condition, asking, “Did the child have behavioral, medical, substance abuse or delinquent behaviors in conjunction with CPS concerns in the home?” Thirty-six percent of the cases designated this as a “yes” response. Second, “Is there a history of prior investigations?” which indicated 56% of the sample had at least one prior investigation on record. And, lastly, “does the parent have a history including prior TPR’d children?” which reported a 10% population having had one or more children for which the parents rights were terminated prior to the recent case open date.

³ Includes one child who had placement episode during the quarter but was reunified at point of review.

Table 2: Causes for DCF involvement on Date of Most recent Case Opening

What was the cause for DCF's involvement on this date?	Number Alleged/Identified	Number Substantiated
Physical Neglect	36	34
Substance Abuse/Mental Health (Parent)	26	10
Emotional Neglect	13	7
Domestic Violence	8	4
Physical Abuse	8	4
Voluntary Services Request (child)	6	-
FWSN Referral	4	-
Abandonment	3	3
Child's TPR Case prompted new opening	3	-
Emotional Abuse/Maltreatment	2	1
Sexual Abuse	2	0
Educational Neglect	1	1
Medical Neglect	1	1
Total	113	65

When asked to isolate the primary reason for case opening among those identified for each case; physical neglect was identified for 46.0% of the sample set.

Table 3: What is the primary reason cited for case opening/reopening?

Reason	Frequency	Percent
Physical Neglect	23	46.0%
Substance Abuse	7	14.0%
Voluntary Service Request	6	12.0%
Child's TPR	4	8.0%
Domestic Violence	2	4.0%
Physical Abuse	2	4.0%
Abandonment	1	2.0%
Educational Neglect	1	2.0%
Emotional Abuse/Maltreatment	1	2.0%
Emotional Neglect	1	2.0%
Medical Neglect	1	2.0%
Sexual Abuse	1	2.0%
Total	76	100.0%

DCF approved permanency/case goals were identified for 47 of the 50 cases reviewed (94.0%). DCF policy requires concurrent planning when reunification or APPLA are the designated. Of the 10 situations in which “Reunification” was the permanency goal, there was a required concurrent plan documented in 9 cases (90.0%). Of the five cases with the goal of APPLA, only one case (20%) identified a concurrent goal. Two of these instances were deemed “very good” due to the facts presented at the ACR and through the record review. The teenager in each case indicated that they did not wish to pursue adoption or transfer of guardianship, and family relationships remained a focus - maintained through visitation and therapy services. The remaining cases did not document such clear rationale for the APPLA and were scored marginally and poor as a result of the failure to identify a concurrent plan to the APPLA goal.

Table 4: What is the child or family’s stated permanency goal on the most recent approved treatment plan in place during the period?

Permanency Goal	Frequency	Percent
In-Home Goals - Safety/Well Being Issues	17	34.0%
Adoption	14	28.0%
Reunification	10	20.0%
APPLA	3	6.0%
APPLA: Permanent Non-Relative Foster Care	2	4.0%
UTD - plan incomplete - unapproved or missing	2	4.0%
Goal indicated is not an approved DCF goal	1	2.0%
Long Term Foster Care with a licensed relative	1	2.0%
Total	50	100.0%

Children in placement had various lengths of stay at the point of our review. This ranged from less than one month, to greater than 24 months. Below is a crosstab of cases by length of stay as it relates to TPR filing and in relation to the ASFA requirement to file or identify an exception by no later than 15 months into the out of home episode. In three cases in which the child’s length of stay and permanency goal required the filing of TPR, it had not been done nor was an exception noted in LINK.

Crosstabulation 2: Has child’s length of stay exceeded the 15 of the last 22-month benchmark set by ASFA? * For child in placement, has TPR been filed?

Has child’s length of stay exceeded the 15 of the last 22 benchmark set by ASFA?	Has TPR been Filed?				Total
	Yes	No	N/A - Exception Noted in LINK	N/A - Child’s goal and length of time do not require TPR	
Yes	2	3	3	0	8
No	1	6	1	7	15
N/A - TPR has already been filed or granted	7	0	0	0	7
	10	9	4	7	30

At the point of review, the children in placement were predominantly in foster care settings. Twenty-one children were in DCF licensed foster homes, of which there were 12 relative homes and one special study home. Three children were living in private provider foster homes in Connecticut. One child was in a group home, and one child was in a Safe Home. Three children were in in-state residential settings and two were in out of state residential settings. One child was on a trial home visit with their biological parent/guardian. One child was in detention. Five of the children in placement were identified as awaiting placement on the ASO list. Of that number, one was indicated as being in delayed status.

II. Monitor’s Findings Regarding Outcome Measure 3 – Treatment Plans

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

The third quarter case review data indicates that the Department of Children and Families attained the level of “Appropriate Treatment Plan” in 15 of the 50-case sample or **30.0%**.

All of the cases sampled (100%) had a plan less than 7 months old at the point of review. Two of the plans not passing (4.0%) did not have social work supervisory approval. Both of these plans had one or more sections with less than a “very good” rating and would have been deemed inappropriate regardless of approval status. In respect to accommodating primary language of clients, 98.0% of the cases had documentation that families’ language needs were met (One case was unable to be determined as to compliance with meeting language needs due to inability to confirm that biological father was directly approached to determine need for translation. Narratives indicate ongoing language barrier but remainder of family speaks predominately English).

Of the 33 cases with children in placement, eight, or 27.3% achieved an overall determination of “appropriate treatment plan”. In-Home cases achieved this designation

35.3% of the time. The following crosstabulation provides further breakdown to distinguish between voluntary and child protective services cases as well.

Crosstabulation 3: What is the type of case assignment noted in LINK? * Overall Score for OM3

Type of Case Assignment	Overall Score for OM3					
	Appropriate Treatment Plan		Not an Appropriate Treatment Plan		Total	
	#	%	#	%	#	%
CPS In-Home Family	5	31.3%	11	68.8%	16	100.0%
Voluntary Services In-Home Family	1	100.0%	0	0%	1	100.0%
CPS Child in Placement	8	25.8%	23	74.2%	31	100.0%
Voluntary Services Child in Placement	1	50.0%	1	50.0%	2	100.0%
Total	15	30.0%	35	70.0%	50	100.0%

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

Table 5: Participation and Attendance Rates for Active Case Participants within the Sample Set

Identified Case Participant	Percentage with documented Participation/Engagement in Treatment Planning Discussion	Percentage Attending the TPC/ACR or Family Conference (when held)
Other Participants	80.9%	83.3%
Foster Parent	79.2%	62.5%
Mother	67.4%	56.4%
Active Service Providers	54.4%	35.5%
Child	54.2%	36.4%
Other DCF Staff	46.2%	44.0%
Father	29.3%	28.6%
Parents' Attorney	16.1%	10.7%
Attorney/GAL (Child)	14.3%	12.1%

Attendance rates still appear to be problematic for most case participants. Reviewers most noted a failure to invite adolescents and fathers, and the overall lack of engagement with both children's and parents' attorneys. However, it is evidenced by the data that there is an increase in the rate of inclusion of other supports or kin when identified by the family.

As with prior reviews, this review process continued to look at eight categories of measurement when determining overall appropriateness of the treatment planning (OM3). Scores were based upon the following rank/scale.

Optimal Score – 5

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

Very Good Score – 4

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

Marginal Score – 3

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

Poor Score – 2

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

Absent/Adverse Score – 1

The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no treatment plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

The following set of three tables provide at a glance, the scores for each of the eight categories of measurement within Outcome Measure 3. The first is the full sample (n=50), the second is the children in out of home placement (CIP) cases (n=33) and the third is the in-home family cases (n=17). For a complete listing of rank scores for Outcome Measure 3 by case, see Appendix 1.

“Reason for Involvement” and “Present Situation to Date” were most frequently ranked with an Optimal Score. Deficits were most frequently noted in two of the eight categories: “Determination of Goals/Objectives” and “Action Steps to Achieve Goals”.

Table 6: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for All Cases Across All Categories of OM3

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	36	11	3	0	0
I.2. Identifying Information	8	32	9	0	1
I.3. Strengths/Needs/Other Issues	17	24	9	0	0
I.4. Present Situation and Assessment to Date of Review	17	19	12	2	0
II.1 Determining the Goals/Objectives	12	15	19	4	0
II.2. Progress ⁴	11	22	12	4	0
II.3 Action Steps to Achieving Goals Identified	4	15	28	3	0
II.4 Planning for Permanency	20	20	5	4	1

Table 7: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for Out of Home (CIP) Cases Across All Categories of OM3

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	21	9	3	0	0
I.2. Identifying Information	3	22	8	0	0
I.3. Strengths/Needs/Other Issues	9	15	9	0	0
I.4. Present Situation and Assessment to Date of Review	12	12	7	2	0
II.1 Determining the Goals/Objectives	7	10	12	4	0
II.2. Progress	8	14	8	3	0
II.3 Action Steps to Achieving Goals Identified	3	8	20	2	0
II.4 Planning for Permanency	9	14	5	4	1

Table 8: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for In-Home Family Cases Across All Categories of OM3

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	15	2	0	0	0
I.2. Identifying Information	5	10	1	0	1
I.3. Strengths/Needs/Other Issues	8	9	0	0	0
I.4. Present Situation and Assessment to Date of Review	5	7	5	0	0
II.1 Determining the Goals/Objectives	5	5	7	0	0
II.2. Progress ⁵	3	8	4	1	0
II.3 Action Steps to Achieving Goals Identified	1	7	8	1	0
II.4 Planning for Permanency	11	6	0	0	0

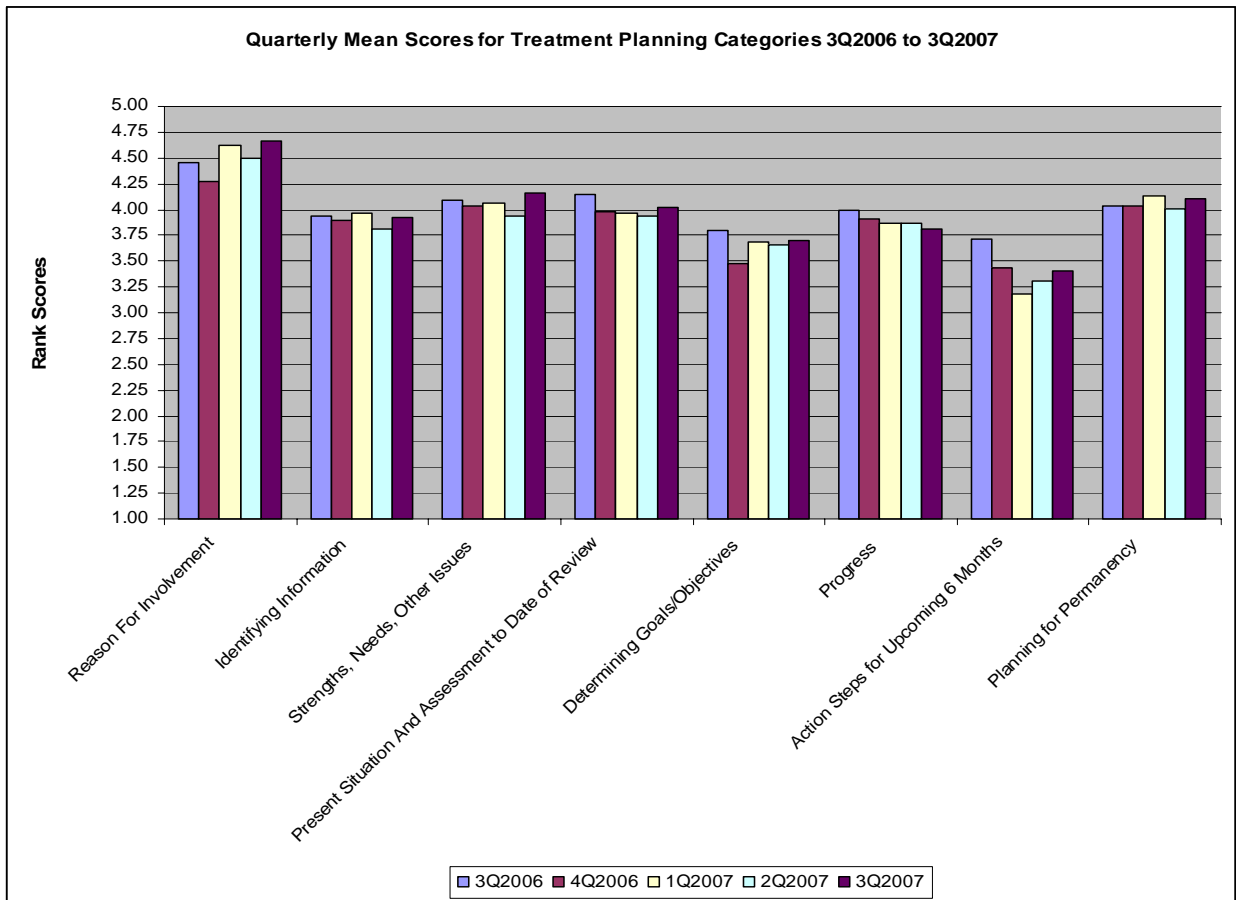
⁴ One case was rated "too early to rate" and therefore is excluded from this table.

⁵ One In-Home Family case was rated "too early to rate" and therefore is excluded from this table.

As in prior quarters the eight categories measured indicate that DCF continues to struggle with assignment of action steps for the case participants in relation to goals and objectives (II.3); identifying the goals and objectives for the coming six month period (II.1), and in detailing progress (II.2) and reporting the present situation and assessment of the child and/or family on the date the plan is written (I.4).

While acknowledging the disappointing overall results of cases meeting the Outcome Measure 3 standard, the Department has made strides in some areas which can be recognized when examining the averages over time. The requirement for Outcome Measure 3 is for 90% of the sample cases to have an overall passing score rather than achieve a statewide average for individual subcategories that are within the passing range. This quarter, four of the seven categories had average scores at or above the “very good” rank of 4. The chart of mean averages below is provided as a way to show the trends, not compliance with Outcome Measure 3.

Chart 1: Mean Averages for Outcome Measure 3 - Treatment Planning (3rd Quarter 2006 - 3rd Quarter 2007)



III. Monitor’s Findings Regarding Outcome Measure 15 – Needs Met

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

Review Findings and Trends

The case review data indicates that the Department of Children and Families attained the designation of “Needs Met” in 64.0% of the 50-case sample. There is only a slight variation when looking at the case assignment type in relation to needs met. Of the 16 cases selected as CPS in-home family cases, 9 or 56.3% achieved “needs met” status. Twenty of the 31 CPS cases with children in placement (64.5%) achieved “needs met” status, and all of the three Voluntary Service cases, both in-home and out of home achieved “needs met” status.

Crosstabulation 4: Overall Score for Outcome Measure 15 * What is the type of case assignment noted in LINK?

Assignment Type		Overall Score for Outcome Measure 15		
CPS In-Home Family	Count	9	7	16
	% within Assignment Type	56.3%	43.8%	100.0%
	% within Overall Score	28.1%	38.9%	32.0%
CPS Child in Placement	Count	20	11	31
	% within Assignment Type	32.3%	36.7%	100.0%
	% within Overall Score	60.6%	64.7%	62.0%
Voluntary Services In-Home Family	Count	1	0	1
	% within Assignment Type	100.0%	0.0%	100.0%
	% within Overall Score	3.0%	0.0%	2.0%
Voluntary Services Child in Placement	Count	2	0	2
	% within Assignment Type	100.0%	0.0%	100.0%
	% within Overall Score	6.1%	0.0%	4.0%
Total	Count	32	18	50
	% within Assignment Type	64.0%	36.0%	100.0%
	% within Overall Score	100.0%	100.0%	100.0%

The overall score was also looked at through the filter of the stated permanency goal. The full breakdown is shown below:

Crosstabulation 5: What is the child or family’s stated goal on the most recent approved treatment plan in place during the period? * Overall Score for Outcome Measure 15

What is the child or family’s stated goal on the most recent approved treatment plan in place during the period?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Reunification	Count	7	3	10
	% within goal	70.0%	30.0%	100.0%
	% within Overall Score	21.2%	17.6%	20.0%
Adoption	Count	13	1	14
	% within goal	92.9%	7.1%	100.0%
	% within Overall Score	39.4%	5.9%	28.0%
Long Term Foster Care with a licensed relative	Count	0	1	1
	% within goal	0.0%	100.0%	100.0%
	% within Overall Score	0.0%	5.9%	2.0%
APPLA: Permanent Non-Relative Foster Care⁶	Count	1	1	2
	% within goal	50.0%	50.0%	100.0%
	% within Overall Score	3.0%	5.9%	4.0%
APPLA	Count	1	2	3
	% within goal	33.3%	66.7%	100.0%
	% within Overall Score	3.0%	11.8%	6.0%
In-Home Goals - Safety/Well Being Issues	Count	10	7	17
	% within goal	58.8%	41.2%	100.0%
	% within Overall Score	31.3%	38.9%	34.0%
Goal indicated is not an approved DCF goal	Count	0	1	1
	% within goal	.0%	100.0%	100.0%
	% within Overall Score	.0%	5.9%	2.0%
UTD	Count	0	2	2
	% within goal	.0%	100.0%	100.0%
	% within Overall Score	.0%	11.8%	4.0%
Total	Count	33	17	50
	% within goal	66.0%	34.0%	100.0%
	% within Overall Score	100.0%	100.0%	100.0%

⁶ This APPLA goal is not longer an acceptable designation, but given the crossover of area office training and our review process for this quarter, we are not identifying them as “unapproved goals” at this juncture.

In total, Outcome Measure 15 looks at twelve categories of measurement to determine the level with which the Department was able to meet the needs of families and children. When looking at a break between passing scores (5 or 4) and those not passing (3 or less) there is a marked difference in performance among the categories. Taken in isolation, the Department shows promising practices in legal action, safety of children in placement, attending to medical needs, and recruitment efforts for the prior period. Most problematic continue to be provision of timely dental services, and mental health, behavioral health, and substance abuse services. Reviewers also felt that children in intact family situations continue to be in situations of questionable risk in 26.9% of the cases. The majority of these cases were borderline/marginal in nature. In only one case did the review score the in-home situation “poor”. There were no adverse scores noted related to safety.

Table 9: Treatment Plan Categories Achieving Passing Status for 3Q 2007

Category	# Passing (Scores 4 or 5)	# Not Passing (Scores 3 or Less)
DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months (II.2)	48 96.0%	2 4.0%
Medical Needs (III.1)	42 84.0%	8 16.0%
DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months (II.3)	38 97.4%	1 2.6%
Dental Needs (III.2)	38 76.0%	12 24.0%
DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal during the Prior Six Months (II.4)	38 76.0%	12 24.0%
Safety – Children in Placement (I.2)	35 94.6%	2 5.4%
Mental Health, Behavioral and Substance Abuse Services (III.3)	33 73.3%	12 26.7%
Securing the Permanent Placement – Action Plan for the Next Six Months (II.1)	32 88.9%	4 11.1%
Educational Needs (IV. 2)	30 81.1%	7 18.9%
Child’s Current Placement (IV.1)	29 82.9%	6 17.1%
Safety – In Home (I.1)	18 90.0%	2 10.0%

Table 10 below provides the complete scoring for all cases by each category.

Table 10: Measurements of Treatment Plan OM 15 – Percentage of Rank Scores Attained Across All Categories⁷

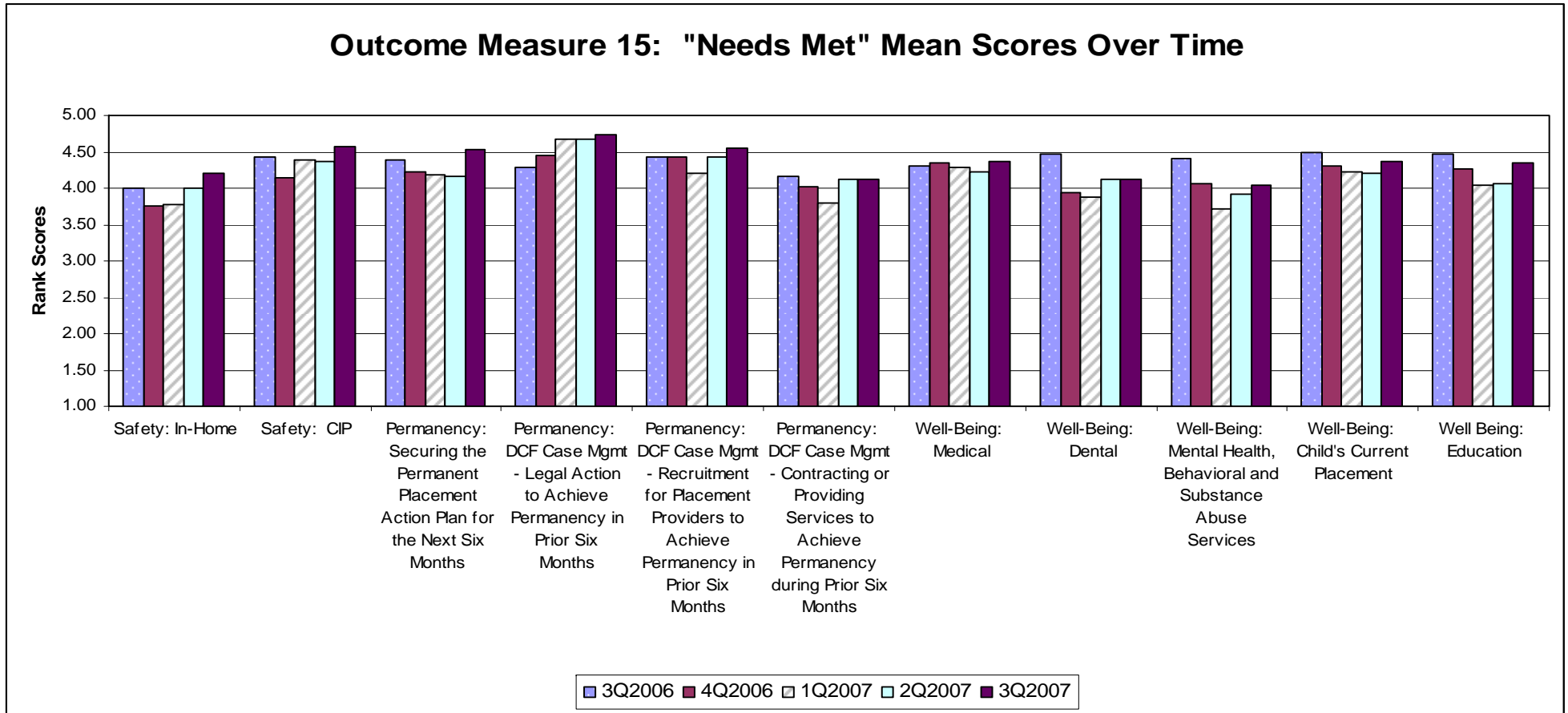
Category	# Ranked Optimal "5"	# Ranked Very Good "4"	# Ranked Marginal "3"	# Ranked Poor "2"	# Ranked Adverse/Absent "1"	N/A To Case
I.1 Safety – In Home	6	12	2	0	0	30
I.2. Safety – Children in Placement	23	12	2	0	0	37
II.1 Securing the Permanent Placement – Action Plan for the Next Six Months	24	8	3	1	0	14
II.2. DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months	39	9	2	0	0	0
II.3 DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	23	15	1	0	0	11
II.4. DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal during the Prior Six Months	19	19	11	1	0	0
III.1 Medical Needs	27	15	7	0	1	0
III.2 Dental Needs	25	13	7	3	2	0
III.3 Mental Health, Behavioral and Substance Abuse Services	15	18	10	2	0	5
IV.1 Child’s Current Placement	19	10	6	0	0	15
IV. 2 Educational Needs	20	10	6	1	0	13

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

⁷ Percentages are based on applicable cases for the individual measure. Those cases marked N/A are excluded from the denominator in each row’s calculation of percentage. At the point of sampling, the total number identified for the in-home sample was 23 cases. However, a number of cases had both in-home and out of home status at some point during the six month period of review.

From an alternate view, the data was analyzed to provide a comparative look at the median for each of the Outcome Measure 15 categories. As with the chart provided for Outcome Measure 3, this is presented as a method to identify trends across time, and is not a reflection of overall compliance with the 80% requirement for Outcome Measure 15 - Needs Met.

Chart 2: Mean Averages for Outcome Measure 15 - Needs Met (3rd Quarter 2006 - 3rd Quarter 2007)



In addition to looking at the twelve categories of Outcome Measure 15, the review also collected data on situations in which a case had a need identified at the prior ACR, treatment plan or within the period’s LINK record. Data was collected on those that remained unresolved at the point of the most recent treatment planning efforts. In 32 of the 50 cases, the reviewers found unmet needs. 67 discrete needs were identified. Of those identified needs remaining unmet during the last treatment planning cycle, “mental health services” was the most frequently cited, within 46% of the sample and comprising 71.9% of the subset of cases with unmet needs. Others included:

Table 11: Frequency of Unmet Service Needs

Identified Category of Service Need Type	Frequency	% of times identified in Cases with Unmet Needs (n=32)
Mental Health Services	23	71.9%
Dental	9	28.1%
Substance Abuse Treatment	6	18.8%
Medical	6	18.8%
Out of Home Care	5	15.6%
Domestic Violence Treatment	5	15.6%
Housing	4	12.5%
Out of Home Support Services	3	9.4%
Education	2	6.2%
Training	2	6.3%
In-Home Support Services	1	3.1%
DCF Case Management	1	3.1%
	67	

Barriers were identified for the unmet needs cited above. Most frequently the barrier was identified as client refusal (as identified by the Social Worker), followed by delay in referral. There was a large portion with reviewers identifying delays but selecting UTD as a response. Reviewers have been advised to address clarifying questions to the SWS or SW in future reviews to obtain more clarity in these situations.

Table 12: What was the primary barrier that prevented families or children from having their medical, dental, mental health or other service need met?

Barrier	Frequency	% of all Barriers Identified
Client Refused Service	17	25.4%
UTD from treatment plan or narrative	14	20.9%
Other ⁸	8	11.9%
Delay in Referral by Worker	11	16.4%
Wait List	4	6.0%
Mother whereabouts unknown	3	4.5%
No Slots Available	2	3.0%
Insurance	2	3.0%
Gender Specific Services Not Available - Male	1	1.5%
Service Not Available for Age Group	1	1.5%
No service Identified	1	1.5%
Provider Delay due to Staffing	1	1.5%
Referred service is unwilling to engage client	1	1.5%
Service deferred pending completion of another	<u>1</u>	1.5%
	67	

When looking specifically at the current treatment planning document for the upcoming six month period, 30 cases (60.0%) had evidence of a service need that was clearly identified at the ACR/TPC or within LINK documentation but not incorporated into the current treatment plan document. A total of 61 services were identified within the 30 cases. Table 13 provides the list identified by the reviewers:

Table 13: Service Needs Not Incorporated into the Current Treatment Plan

Identified Category of Service Need Type	Frequency	% within Cases with Missing Service Needs (n=30)
Out of Home Support Services	5	16.7%
Mental Health services	9	30.0%
Dental	7	23.3%
Medical	6	20.0%
In-home Support Services	5	16.7%
DCF	10	33.3%
Education	3	10.0%
Substance Abuse Treatment	4	13.3%
Training	3	10.0%
Domestic Violence Treatment	6	20.0%
Childcare	1	3.3%
Employment	1	3.3%
Housing	<u>1</u>	3.3%
	61	

⁸ Included: Court delayed receipt of evaluation materials - delaying additional evaluation; Parents moved to Utah; Prioritization of multiple services for complex needs delayed dental; SW left agency - two months passed until new SW re-referred (2 services); Mother became whereabouts unknown during period; No TFC homes are available.

The failure to include these services directly on treatment plan action steps to achieve stated goals for the current cycle leads to subsequent failure to address the engagement and progress of these items. In addition it misrepresents the expectation levels for clients, providers and DCF during the period to follow.

Appendix 1 Documents
Rank Scores for Outcome Measure 3
And
Outcome Measure 15

Left blank for insertion of OM 3 Appendix

Left Blank for Insertion of OM15 Appendix

Juan F. Action Plan

In March 2007, the parties agreed to an action plan for addressing key components of case practice related to meeting children's needs. The Juan F. Action Plan focuses on a number of key action steps to address permanency, placement and treatment issues that impact children served by the Department. These issues include children in SAFE Homes and other emergency or temporary placements for more than 60 days; children in congregate care (especially children age 12 and under); and the permanency service needs of children in care, particularly those in care for 15 months or longer.

A set of monitoring strategies for the Juan F. Action Plan were finalized by the Court Monitor. The monitoring strategies include regular meetings with the Department staff, the Plaintiffs, provider groups, and other stakeholders to focus on the impact of the action steps outlined in the Juan F. Action Plan; selected on-site visits with a variety of providers each quarter; targeted reviews of critical elements of the Juan F. Action Plan; ongoing analysis of submitted data reports; and attendance at a variety of meetings related to the specific initiatives and ongoing activities outlined in the Juan F. Action Plan. Targeted reviews are underway that build upon the current methodology for Needs Met (Outcome Measure 15) and incorporate additional qualitative review elements including interviews with children and families, assigned DCF staff, service providers, and significant collaterals within cases reviewed. These reviews will inform the parties and promote practice improvement. These reviews were developed and piloted beginning in September 2007. The Court Monitor continues to work closely with both parties to ensure that the reviews are targeted, integrated and results orientated.

A review of children in temporary placements, STAR/Shelter programs and SAFE Home programs is being conducted by the Court Monitor. Data is currently being entered into the database and analysis will commence shortly. A report detailing the results and findings will be disseminated in the next month.

Juan F. Action Plan Summary
Third Quarter Updates:

The Connecticut Behavioral Health Partnership (CTBHP) in collaboration with the Department of Children and Families has conducted and released a study of children placed in foster care, analyzing the relationship between the use of behavioral health services and disruption from a first or second foster home placement. The following is a summary of key findings:

- Across all comparisons, disruption rates for youth placed in relative care or special study care were significantly lower than for youth placed in traditional foster care.
- Most disruptions occur within the first 7 days of removal from the home.
- Between 25% and 47% of youth placed in foster care experienced a care disruption between their first placement and May 1, 2007. The rate of disruption was dependent on the definition of disruption being used. For youth in relative care/special study, the rate of disruption was from 9% to 12%, depending on the definition of disruption.
- Older youth (age 10 to 18) were more likely to experience a disruption than children ages birth to 10. Gender did not appear to be related to disruption rates. Certain ethnicity issues did appear to be related to disruption; Hispanic youth entering foster care and African American youth entering relative care/special study were more likely to experience disruption than respective comparison groups despite the definition of disruption being used.
- When disruptions were categorized into negative and positive types, foster care youth who had been authorized for behavioral health services during the six (6) months before foster care placement were significantly more likely to disrupt (52.4%) than those without service authorizations (35.8%). There was no association, however, when other definitions of disruption were considered.
- Among foster care youth and those in relative care/special study, those who had been authorized during the six (6) months after placement were significantly more likely to disrupt than those without services authorizations.
- The original anecdotal question of whether children in foster care accessing the Emergency Department (ED) were an indicator for subsequent disruption from that placement could not be examined. There was inadequate sample size to test this hypothesis; there was null data for 99.5% of the 722 children in foster care and 100% null data for the 280 children in Relative/Special Study Care.

Recommendations from Value Options are being developed for submission to DCF that will focus on development of appropriate clinical interventions targeted at reducing disruption in foster care placement.

- On September 26, 2007, the targeted intervention utilized the previous spring was reinstated in response to a significant number of children being served by the Connecticut Children's Medical Center (CCMC) Emergency Department. In addition, a six-bed Child and Adolescent Rapid Emergency Stabilization Service (CARES) unit opened at the Institute of Living (IOL) on October 15, 2007. The crisis assessment and brief (3 day) stabilization unit is designed to provide an opportunity for children to transfer from the ED for assessment services and relieve overcrowding at the ED.

- Value Options and DCF staff are reviewing and considering changes to the roles of the System Managers. Consideration is being given to focus the System Managers role by identifying one or two major areas of work or projects that are Area Office specific that will facilitate achievement of broader goals. The areas of focus may include; developing or improving community collaborative, assisting with foster care recruitment activities, communication of provider specific information along with case review and discussion of provider performances. The efforts of System Managers have been most useful in Area Offices where integration of behavioral health expertise is embraced and utilized in a collaborative manner.
- The finalization of Local Area Development Plans (LADP) has been held up pending decisions on the restructuring of System Management component. These plans are intended to identify goals and action steps to support local and system development and service expansion. The primary areas of focus/goals are access to care and quality of care.
- A change to the referral process for the Behavioral Health Partnership is in progress. A new flow chart that details the revised process will be released shortly. The change will include further definition of the clinical information that must be provided in conjunction with Child and Adolescent Needs Strength Inventory (CANS). A two day CANS “Train the Trainer” event was held on October 15th-16th that was presented by Dr. John Lyons, the developer of CANS. This event provided a forum for staff to utilize a refresher course in the use of CANS and present questions regarding the instrument as well as system issues.
- New procedures to incorporate the staff assigned to each residential facility are being developed for release later this month. The recently hired licensed clinical staff will be included in the process of reviewing referrals and matching children with treatment programs (residential and group home). These Residential Team members will serve as Program leads and will have facility, routine, and special assignments. Concurrent reviews will begin that are conducted by VO staff with in-state facilities which will provide additional clinical oversight then is currently occurring.
- Gridlock remains throughout the treatment and service array. Discharge delays at emergency departments, group homes, residential treatment centers, SAFE Homes and STAR/Shelters and other treatment placement services occur throughout the system. Additional foster and adoptive homes, especially therapeutic homes are needed. Specialized residential treatment for sexually reactive children, DD/MR children and assaulted children are not readily available. While the Department has met the residential reduction standard (Outcome Measure 19), recent data indicates that the out-of-state residential population is increasing. During the past quarter a series of meetings were held with each of the Area Directors and their Behavioral Health Program Directors (BHPD), Karl Kemper; Chief of Staff, Dr. Karen Anderson; Health Management Administrator, and Lori Szczgiel; CEO, Connecticut Behavioral Health Partnership (CTBHP). These meetings

focused on ways to better manage existing resources including efficient utilization of residential treatment services. The Department is developing specific action plans to address the residential care population. These action steps will attempt to ensure a more focused treatment intervention, assure that treatment provided meets the presenting needs of the child, and that children do not remain in residential care once their treatment needs are met through effective discharge planning. Access to all levels of care must be prompt.

- Wait-lists for in-home services and outpatient services continue to exist on a regular basis. The implementation of the recent legislation regarding Families with Services Needs (FWSN) is exacerbating the existing problem of timely provision of services due to the increasing number of children that the Department must serve via these referrals.
- Clinical rounds continue to be held bi-weekly over at the CTBHP Service Center. In addition to the Residential Care Team, staff members from all 4 DCF facilities and key program staff attend in order to review the waiting list for care against the immediate vacancy list. Providers have been in attendance to observe the process. A new "dashboard" report that is designed to track the number of referrals against a variety of variables including age, sex, area office, presenting problem has been completed and was distributed to BHPDs in September and again in October. While data is accurate for in-state Residential Treatment Centers, out of state residential treatment remains a problem as Value Options is experiencing difficulty outreaching to all of the 66 licensed facilities that are used (many of whom serve 3 or fewer children). Value Options intends to have all children entered into the system within the next 2 months.
- The point-in-time data submitted by the Department indicates some progress regarding children in overstay status in SAFE Homes. The number of children in SAFE Homes greater than 60 days was 100 in August 2007 and 81 as of November 2007. Meanwhile, the same data report indicates that 50 children were in placement longer than 60 days in a STAR/Shelter programs as of November 2007; an increase over the 39 reported in August 2007. These point-in-time views are one view of this issue. In an effort to better understand the needs, treatment and outcomes for these children, a targeted review is in process by the Court Monitor's Office and results will be disseminated shortly.
- Eleven STAR homes are open and ten are currently at full capacity. Three remaining programs have been procured and are slated to open in January or February of 2008. The last two shelter model facilities will remain open to maintain capacity through a transition period scheduled to be completed by June 2008.
- A series of meetings between DCF staff and SAFE Home providers has continued throughout the past quarter. Considerable progress has been made on a revised scope of service and outcome reporting. Appropriate enhancement of this service model to address documented clinical and staffing needs is contingent on additional funding or reallocation of current funding.
- As of the date of this report 48 therapeutic group homes are open with another 6 homes anticipated to be opened by June 2008 (total of approximately 260 beds for the 54 homes). Recently, 4 sessions of training were offered on October 18th and 19th 2007 to therapeutic

group home staff that provided training regarding trauma informed care. This included information about understanding the impact of trauma and seclusion as well as restraint prevention tools. The training was attended by the Court Monitor who observed that the training curriculum was well received by the staff in attendance. The efforts to meet the needs of the children in this level of care is difficult due to an ongoing dilemma and challenge regarding the appropriate use of de-escalation tools, utilization of hospital, inpatient or community resources and requesting assistance from local police via 911 calls.

- The following are 9 identified populations of children outlined in the ***Juan F.*** **Action Plan** for regular updates on progress in meeting the children's permanency needs.
 1. Child pre-TPR + in care > 3 months with no permanency goal (N=67) as of November 2006.
Goal = 0 by 3/1/07.
As of November 2007 there are 12 children.
 2. Child pre-TPR + goal of adoption + in care > 12 months + no compelling reason for not filing TPR (N=70) as of November 2006.
Goal = 0 by 4/1/07.
As of November 2007 there are 177 children.
 3. Child post-TPR + goal of adoption + in-care > 12 months + no resource barrier identified (N=90) as of November 2006.
As of November 2007 there are 201 children.
 4. Child post-TPR + goal of adoption + in care > 12 months + same barrier to adoption in place > 90 days (N=169) as of November 2006.
As of November 2007 there are 191 children.
 5. Child post-TPR + goal other than adoption (N=357) as of November 2006.
As of November 2007 there are 304 children.
 6. Child pre-TPR + no TPR filed + in care < 6 months + goal of adoption. (N=18) as of November 2006.
As of November 2007 there are 15 children.
 7. Child pre-TPR + goal of reunification + in care > 12 months (N=550) as of November 2006.
As of November 2007 there are 572 children in this population.
 8. Child pre-TPR + goal other than adoption or reunification + in care > 12 months—transfer of guardianship cases (N=133) as of November 2006.
As of November 2007 there are 177 children in this population.
 9. Child pre-TPR + goal other than adoption or reunification + in care > 12 months - other than transfer of guardianship cases (N=939) as of November 2006.
As of November 2007 there are 997 children in this population (144 are placed with a relative in a long term foster home arrangement).

- DCF has continued to exercise a focused review of children ages 12 and under who are being considered for congregate care placement. The number of children ages 12 and under in congregate care was 290 as of November 2007. This is a decrease from the 312 reported in August 2007 and 53 less than the 343 reported in November 2006. A review of the outcomes for diverted children would inform the effect and impact of these efforts to reduce reliance on congregate care.
- Another Planned Permanent Living Arrangement (APPLA) is not a preferred permanency goal and far too many children currently have this permanency goal. The Department has been far more vigorous in the consideration of selecting APPLA as a goal, but approximately 1300 children currently have APPLA as their permanency goal (pre-TPR and post-TPR). Ongoing reviews regarding children's needs being met continue to indicate that those with APPLA goals are more often not having their needs met. Ongoing efforts to review and inform case management decisions for these cases by Central Office, Area Office and Administrative Case Review staff continues.
- As a result of an RFP, three new providers of supportive housing (SWET) were selected. Programs in Bridgeport and Norwich have opened and are admitting youth. The New Haven provider was unable to secure a selected site and a new RFP was issued. The newly selected provider is attempting to secure a site. The total additional capacity for all three sites is 27 apartments.
- The eleven 1.0 level group homes were converted to the PASS model which includes greater emphasis on education and vocational skill development. Teachers are included for each site to provide tutoring and advocacy.
- During the past quarter, each of the Emergency Mobile Psychiatric Services (EMPS) completed separating out the cost centers associated with EMPS and Care Coordination. This information was required to define the parameters of the proposed redesign of this service. Development of RFPs is proceeding with the target of initializing procurement in the spring of 2008.

- The Division of Foster Care monthly report for October 2007 indicates that there are 1218 licensed foster homes (DCF regular) with 2487 beds available. This is a net loss of 5 homes and 47 beds from the totals reported in July 2007. Additional foster care and adoptive resources are an essential component to address the well documented needs and gridlock conditions that exist in the child welfare system. Sustainable improvements to placement and treatment needs of children will require the increased availability of foster and adoptive homes. Area Offices routinely struggle to locate foster care placement options that are appropriate matches for the children requiring this level of care. There are a significant number of children that are discharge-delayed and languish in higher levels of care then clinically necessary waiting for foster/adoptive placement resources.
- Despite the net loss in the homes considerable activity occurred over the past quarter to increase recruitment/retention results. A multimedia campaign launched in May 2007 to increase adoptions, foster care and mentoring service capacity recently concluded. Connecticut Radio Network worked on collaboration with DCF on this multimedia campaign. Research by UCONN Department of Public Policy was utilized in the creation of this integrated communications campaign. During the course of this effort there were;
 - 6,364 announcements via radio
 - 6,687 visitors to a newly created English and Spanish website (Helpachildshine.com) including 127 inquiries for information on fostering, adopting, or mentoring.
 - Multiple inserts of these print ads in seven different publications reaching African Americans, Hispanic and same sex populations.
 - Direct mail to approximately 80,000 individuals to targeted mailing lists.
 - Multiple events where fostering, mentoring and adoption received considerable exposure occurred including a Kick-off event at Legislative Office Building, and events at three in-state hospitals and other community events. Many of these efforts will continue.
- A January date is set to begin collecting private provider foster care administrative data and individual child data will be collected beginning in the Spring of 2008. Analysis of this data will assist DCF and providers in the redesign planned for the foster care system.
- The implementation of Structured Decision Making (SDM) continued through the previous quarter. Case readings to assess the progress and quality of the SDM data/information are ongoing and transitioning to each of the Area Offices. Contracted resources have been freed up to allow additional case readings to occur. An ongoing challenge in the quality of SDM use is adherence and focus to definitional and documentation issues. While the recent and ongoing reviews conducted by the Court Monitor's office have not focused solely on SDM utilization or accuracy, the benefits and challenges have been noted by reviewers on numerous occasions, as SDM documentation is reviewed in conjunction with both the review of Outcome Measure 3 and 15 as well as targeted reviews. Reviewers noted discrepancies between SDM scores and factual documentation within the cases. Quarterly management reports are now being produced.
- In an effort to provide more accessible, local community based support to adoptive

families, UCONN is in the process of hiring 2 additional staff to complete their local network of services and an additional social worker to assist the Director with management of the post-adoption PPSP program and organization of the Adoption Community Network in Connecticut. The Post Master's Certification program via UCONN and SCSU now has a total of 34 participants. Recently, national expert Dr. Joyce Maguire Pavao presented as part of this program.

- The Family Conferencing model supports the principles behind the Treatment Plan that has been in use since late 2005. This strength-based practice creates an important framework for engagement that improves families and sets the stage for collaborative problem-solving. For this reason, Family Conferencing is an essential adjunct to the implementation of Structural Decision Making (SDM). The importance of an accurate needs assessment is a foundation of SDM and family conferencing/family engagement provide the appropriate collaborative framework for developing the assessment and formulation treatment plan goals and objectives with parents and parent identified kin. The three quarters of data reviewed show a gradual increase in the total number of family conferences held,
 - October 2006 to December 2006: 253 Conferences
 - January 2007 to March 2007: 491 Conferences
 - April 2007 to June 2007: 619 Conferences

Analysis of data indicates that approximately half the family conferences were held in conjunction with a Treatment Plan due date. The other half was convened because of events in the life of the family. Comparing the number of Family Conferences convened to help develop a Family Treatment Plan with the number of Family Treatment Plans due in a period provides an indication of how frequently workers are successfully engaging kin in Formal Treatment Plans. While the percentage has increased over the three quarters (7%, 11%, 14%) this still only represents a small portion of the cases where this important case practice approach is utilized. The product that each family conference produces is a Family Agreement and the type of help offered and agreed to at the conference includes; placement resources, emergency respite, housing, visitation supervision, transportation and emotional and/or financial support.

Social Work Trainees receive pre-service training in Family Conference principles. The need to address SWS training and support of supervision in this area is ongoing and to date has not been addressed in supervisory pre-service training. There is a need to enforce office-based coaching and support for Family Conferencing and kinship casework. A dedicated resource to assist social workers in coordinating and facilitating Family Conferences for specific, complex case scenarios should be considered.

Finally, Family Conferencing principles provide a perfect context for implementing Differential Response where needs assessment and timely service delivery are primary goals.

JUAN F. ACTION PLAN MONITORING REPORT

November 2007

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 Toward Permanency:

The following table developed using the Chapin Hall database provides a longitudinal view of permanency for annual admission cohorts from 2002 through 2007.

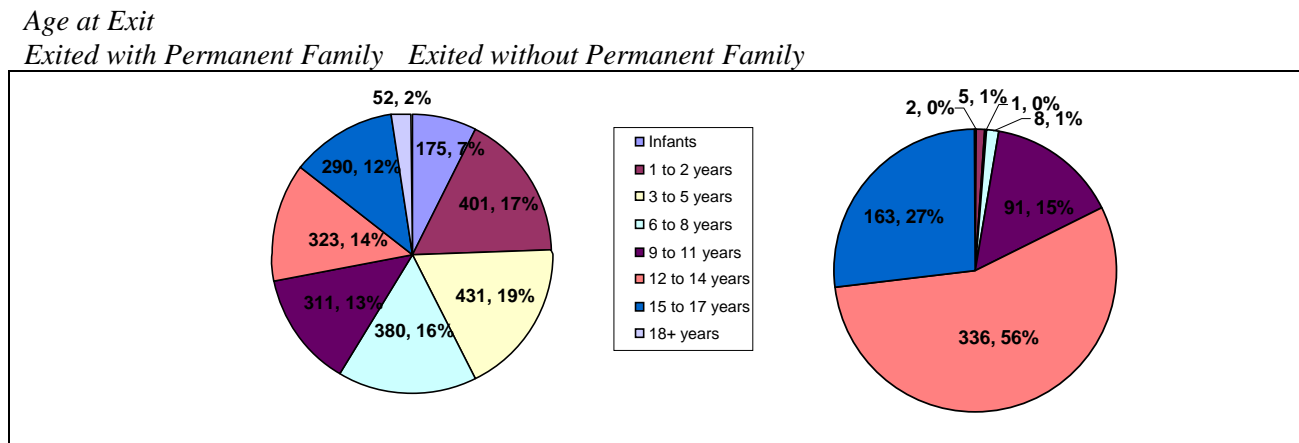
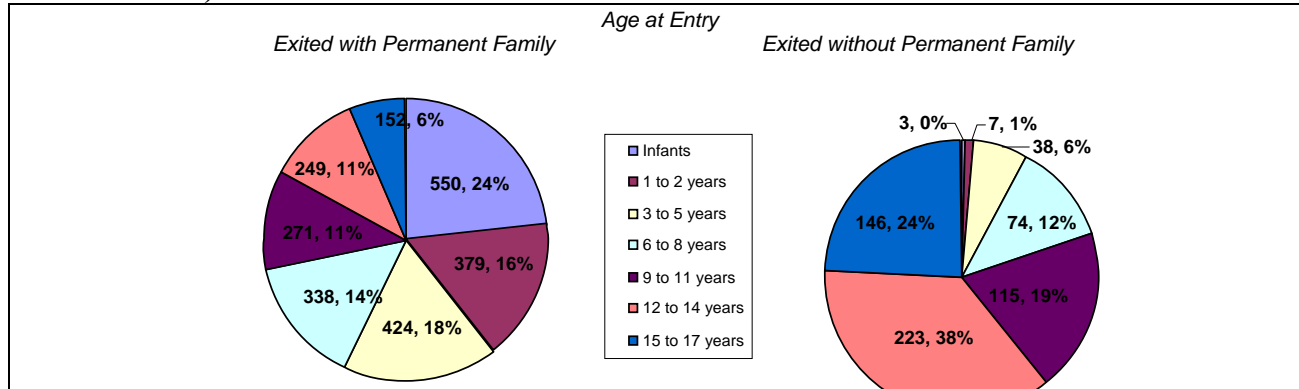
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care					
	2002	2003	2004	2005	2006	2007
Total Entries	3103	3535	3200	3079	3389	1831
Permanent Exits						
In 1 yr	1183 38%	1395 39%	1221 38%	1082 35%		
In 2 yrs	1642 53%	2061 58%	1789 56%			
In 3 yrs	1967 63%	2365 67%				
In 4 yrs	2135 69%					
To Date	2216 71%	2536 72%	2107 66%	1703 55%	1309 39%	394 22%
Non-Permanent Exits						
In 1 yr	273 9%	248 7%	231 7%	282 9%		
In 2 yrs	331 11%	319 9%	303 9%			
In 3 yrs	364 12%	365 10%				
In 4 yrs	403 13%					
To Date	436 14%	392 11%	367 11%	368 12%	259 8%	74 4%

	Period of Entry to Care					
	2002	2003	2004	2005	2006	2007
Unknown Exits						
<i>In 1 yr</i>	110 4%	158 4%	135 4%	132 4%		
<i>In 2 yrs</i>	140 5%	200 6%	187 6%			
<i>In 3 yrs</i>	166 5%	231 7%				
<i>In 4 yrs</i>	190 6%					
<i>To Date</i>	205 7%	256 7%	216 7%	173 6%	116 3%	19 1%
Remain In Care						
<i>In 1 yr</i>	1537 50%	1734 49%	1613 50%	1583 51%		
<i>In 2 yrs</i>	990 32%	955 27%	921 29%			
<i>In 3 yrs</i>	606 20%	574 16%				
<i>In 4 yrs</i>	375 12%					
<i>To Date</i>	246 8%	351 10%	510 16%	835 27%	1705 50%	1344 73%

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 (2006 EXIT COHORT)



Permanency Goals:

The following chart illustrates and summarizes the number of children at various stages of placement episodes, and provides the distribution of Permanency Goals selected for them.

Figure 3: Distribution of Permanency Goals on the Path to Permanency (Children in Care on November 1, 2007⁹)

Is the child legally free (his or her parents' rights have been terminated)?				
Yes	No			
967	↓ 4194			
<i>Goals of:</i>	Has the child been in care more than 15 months?			
663 (69%)	No	Yes		
Adoption	2,045	↓ 2,149		
275 (28%)	Has a TPR proceeding been filed?			
APPLA	Yes		No	
7 (1%)	522		↓ 1,627	
Reunify	<i>Goals of:</i>			
13 (1%)	345 (66%)	Is a reason documented not to file TPR?		
Relatives	Adoption	Yes	No	
9 (1%)	94 (18%)	1,465	162	
BLANK	APPLA	<i>Goals of:</i>	<i>Documented</i>	<i>Goals of:</i>
	48 (9%)	112 (8%)	<i>Reasons:</i>	9 (6%)
	Reunify	Adoption	70%	Adoption
	9 (2%)	750 (51%)	Compelling Reason	45 (28%)
	Relatives	APPLA	17%	APPLA
	20 (4%)	335 (23%)	Child is with relative	95 (59%)
	Trans. of	Reunify	7%	Reunify
	Guardian:	134 (9%)	Petition in process	2 (1%)
	Sub/Unsub	Relatives	6%	Relatives
	6 (1%)	133 (9%)	Service not provided	7 (4%)
	BLANK	Trans. of		Trans. of
		Guardian:		Guardian: Sub
		Sub/Unsub		4 (2%)
		1 (0%)		BLANK
		BLANK		

⁹ Children over age 18 are included in these figures.

Preferred Permanency Goals:

Reunification	Nov 2006	March 2007	May 2007	June 2007	Aug 2007	Nov 2007
Total number of children with Reunification goal, pre-TPR and post-TPR	2185	2082	2049	2042	1894	1849
Number of children with Reunification goal pre-TPR	2177	2075	2037	2023	1876	1842
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 15 months in care 	450	413	418	430	461	478
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 36 months in care 	71	78	78	83	74	67
Number of children with Reunification goal, post-TPR	8	7	12	19	18	7

Transfer of Guardianship (Subsidized and Non-Subsidized)	Nov 2006	March 2007	May 2007	June 2007	Aug 2007	Nov 2007
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	342	330	319	305	288	279
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	333	329	318	305	288	278
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, >= 22 months 	100	76	92	87	85	88
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, >= 36 months 	29	29	31	30	28	35
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	7	1	1	0	0	1

Adoption	Nov 2006	March 2007	May 2007	June 2007	Aug 2007	Nov 2007
Total number of children with Adoption goal, pre-TPR and post-TPR	1199	1304	1319	1335	1303	1352
Number of children with Adoption goal, pre-TPR	646	685	707	733	701	689
Number of children with Adoption goal, TPR not filed, >= 15 months in care	129	111	118	130	115	121
<ul style="list-style-type: none"> Reason TPR not filed, Compelling Reason 	16	23	23	25	18	19
<ul style="list-style-type: none"> Reason TPR not filed, petitions in progress 	44	56	62	62	50	71
<ul style="list-style-type: none"> Reason TPR not filed, child is in placement with relative 	8	13	14	16	18	20
<ul style="list-style-type: none"> Reason TPR not filed, services needed not provided 	2	6	9	11	13	2
<ul style="list-style-type: none"> Reason TPR not filed, blank 	59	13	10	16	16	9
Number of cases with Adoption goal post-TPR	553	619	612	602	602	663
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care >= 15 months 	524	576	571	562	572	618
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care >= 22 months 	461	491	494	489	490	513
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	62	88	93	79	57	67
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	269	307	319	334	338	373
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	75	62	75	69	71	95

Progress Towards Permanency:	Nov 2006	March 2007	May 2007	June 2007	Aug 2007	Nov 2007
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	823	252	199	200	272	162

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	Nov 2006	March 2007	May 2007	June 2007	Aug 2007	Nov 2007
Total number of children with Long Term Foster Care Relative goal	215	199	203	197	182	172
Number of children with Long Term Foster Care Relative goal, pre-TPR	200	185	189	182	167	160
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR 	37	30	40	36	37	29
Long Term Foster Care Rel. goal, post-TPR	15	14	14	15	15	12
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR 	6	5	5	6	6	6

APPLA*	Nov 2006*	March 2007*	May 2007*	June 2007*	Aug 2007	Nov 2007
Total number of children with APPLA goal	1607	1426	1410	1396	1347	1302
Number of children with APPLA goal, pre-TPR	1282	1104	1102	1093	1057	1027
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, pre-TPR 	128	124	115	111	102	81
Number of children with APPLA goal, post-TPR	325	322	308	303	290	275
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, post-TPR 	58	48	52	53	49	38

* 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.

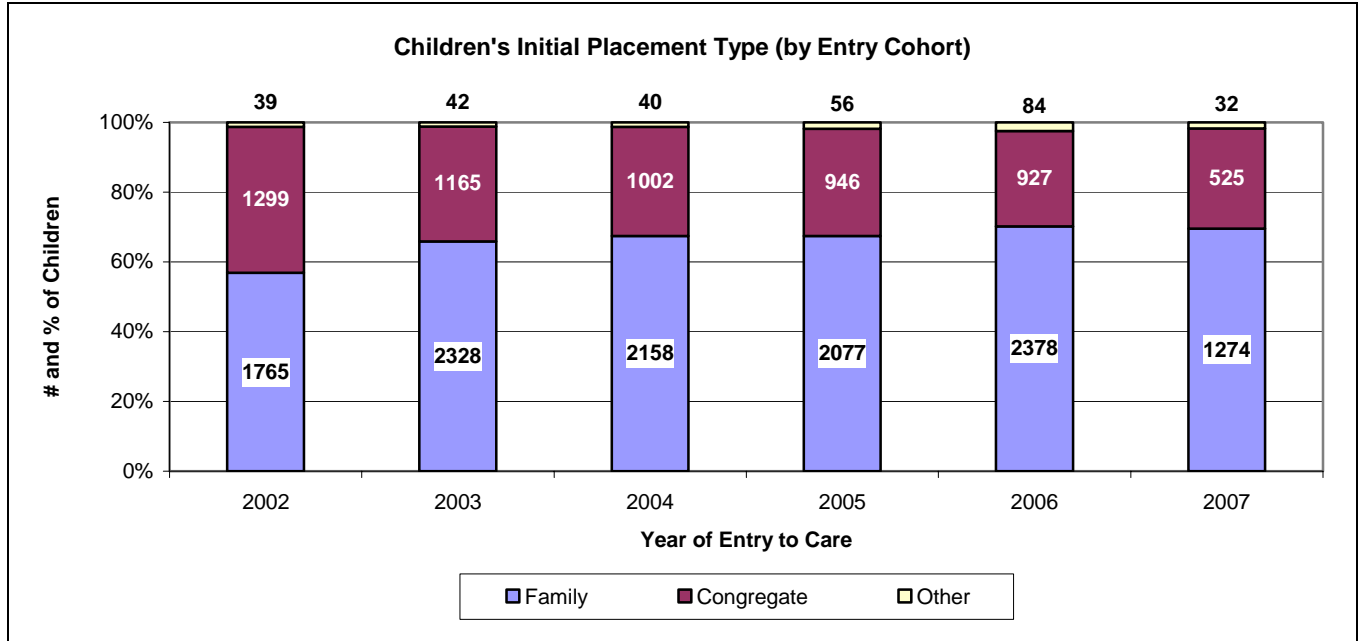
Missing Permanency Goals:

	Nov 2006	March 2007	May 2007	June 2007	Aug 2007	Nov 2007
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	93	37	36	42	23	27
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	29	12	7	9	3	11
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	11	9	2	3	2	11
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	9	5	1	1	1	5

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 2007.

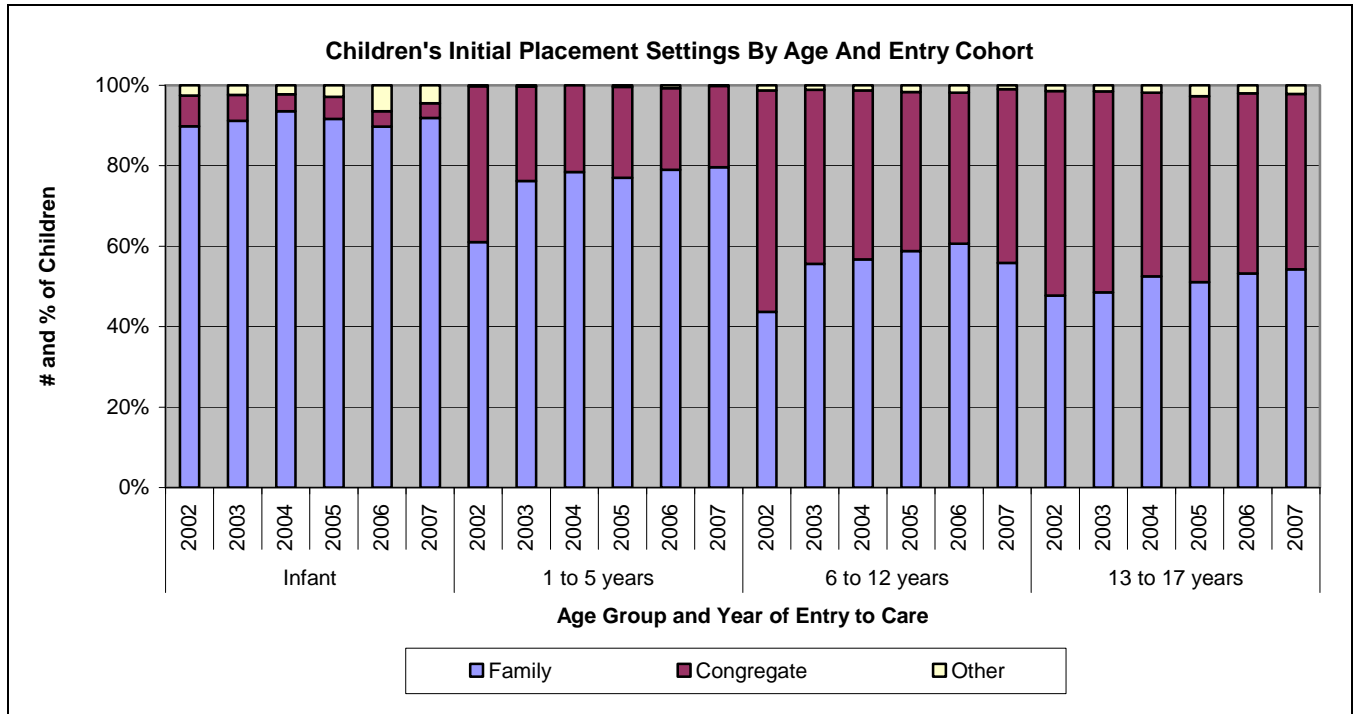


The next table shows specific care types used month-by-month for entries between September 2006 and August 2007

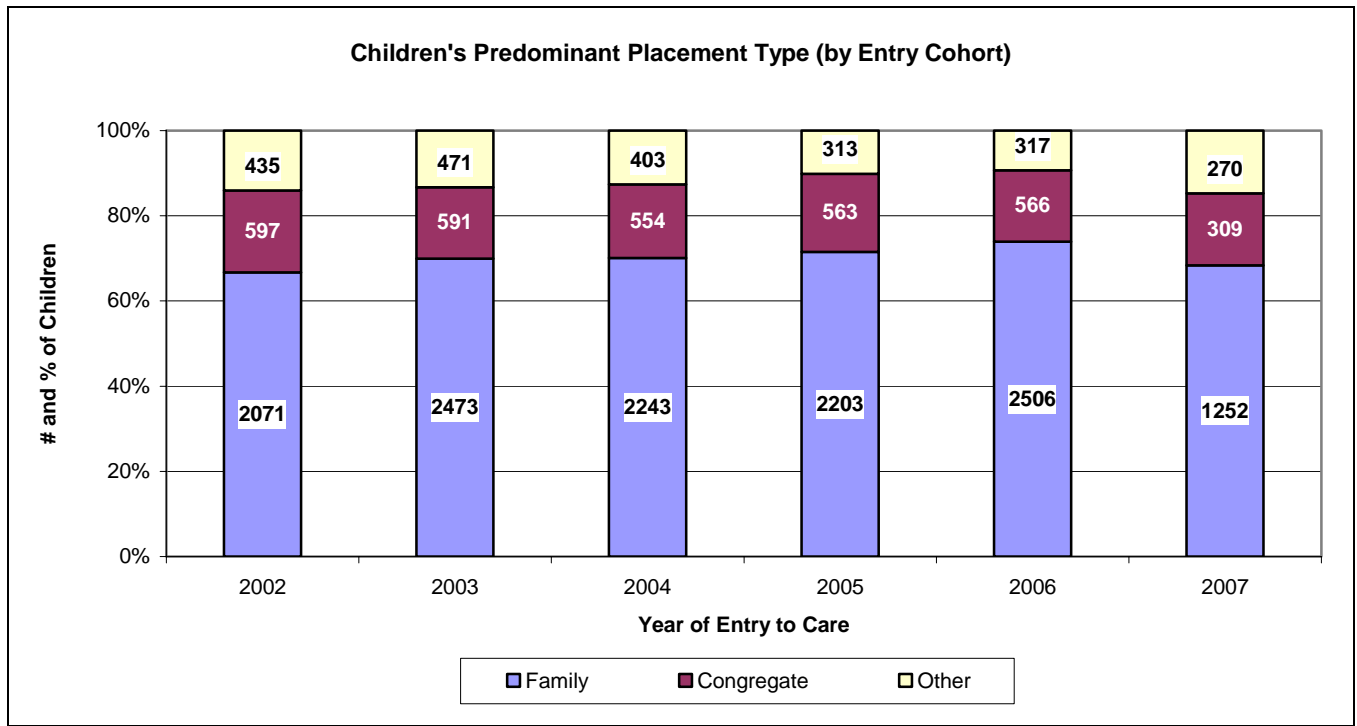
Case Summaries

First placement type		enter Sep06	enter Oct06	enter Nov06	enter Dec06	enter Jan07	enter Feb07	enter Mar07	enter Apr07	enter May07	enter Jun07	enter Jul07	enter Aug07
Residential	N	26	17	24	21	28	15	21	15	20	23	17	11
	%	9.0%	7.6%	10.0%	10.2%	8.8%	7.0%	7.6%	7.5%	9.0%	9.8%	7.9%	7.3%
DCF Facilities	N	7	3	4	5	4	1	4	1	4	3	2	4
	%	2.4%	1.3%	1.7%	2.4%	1.3%	.5%	1.4%	.5%	1.8%	1.3%	.9%	2.7%
Foster Care	N	140	108	114	109	147	116	129	111	118	113	114	87
	%	48.3%	48.0%	47.3%	52.9%	46.1%	54.0%	46.7%	55.8%	53.2%	48.3%	52.8%	58.0%
Group Home	N	2	6	1	4	4		3	3		8	4	1
	%	.7%	2.7%	.4%	1.9%	1.3%		1.1%	1.5%		3.4%	1.9%	.7%
Independent Living	N		2						1	1		1	
	%		.9%						.5%	.5%		.5%	
Relative Care	N	41	38	35	37	69	32	46	20	34	37	20	22
	%	14.1%	16.9%	14.5%	18.0%	21.6%	14.9%	16.7%	10.1%	15.3%	15.8%	9.3%	14.7%
Medical	N	13	6	7	5	3	2	6	3	5	2	3	5
	%	4.5%	2.7%	2.9%	2.4%	.9%	.9%	2.2%	1.5%	2.3%	.9%	1.4%	3.3%
Safe Home	N	41	30	39	12	45	29	42	23	27	28	35	13
	%	14.1%	13.3%	16.2%	5.8%	14.1%	13.5%	15.2%	11.6%	12.2%	12.0%	16.2%	8.7%
Shelter	N	13	5	6	12	9	9	19	16	9	10	11	4
	%	4.5%	2.2%	2.5%	5.8%	2.8%	4.2%	6.9%	8.0%	4.1%	4.3%	5.1%	2.7%
Special Study	N	7	10	11	1	10	11	6	6	4	10	9	3
	%	2.4%	4.4%	4.6%	.5%	3.1%	5.1%	2.2%	3.0%	1.8%	4.3%	4.2%	2.0%
Total	N	290	225	241	206	319	215	276	199	222	234	216	150
	%	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 2007 admission cohorts.



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

Case Summaries

Last placement type in spell (as of censor date)		exit Sep06	exit Oct06	exit Nov06	exit Dec06	exit Jan07	exit Feb07	exit Mar07	exit Apr07	exit May07	exit Jun07	exit Jul07	exit Aug07
Residential	N	21	16	16	22	30	14	17	10	11	31	21	13
	%	8.4%	6.8%	6.5%	8.2%	12.7%	6.0%	5.5%	4.8%	4.1%	10.2%	8.5%	6.7%
DCF Facilities	N	6	4	4	3	3	3	4	4	2	5	4	1
	%	2.4%	1.7%	1.6%	1.1%	1.3%	1.3%	1.3%	1.9%	.7%	1.7%	1.6%	.5%
Foster Care	N	121	98	113	127	93	109	119	94	153	153	114	110
	%	48.2%	41.4%	45.6%	47.2%	39.2%	47.0%	38.3%	45.0%	56.7%	50.5%	46.3%	56.7%
Group Home	N	13	10	10	8	10	12	8	11	12	11	15	9
	%	5.2%	4.2%	4.0%	3.0%	4.2%	5.2%	2.6%	5.3%	4.4%	3.6%	6.1%	4.6%
Independent Living	N	2	3	6	3	5	5	4	4	4	3	4	1
	%	.8%	1.3%	2.4%	1.1%	2.1%	2.2%	1.3%	1.9%	1.5%	1.0%	1.6%	.5%
Relative Care	N	59	71	63	82	55	57	107	55	54	70	57	40
	%	23.5%	30.0%	25.4%	30.5%	23.2%	24.6%	34.4%	26.3%	20.0%	23.1%	23.2%	20.6%
Medical	N		1	3	2		1		1	1		2	
	%		.4%	1.2%	.7%		.4%		.5%	.4%		.8%	
Safe Home	N	4	19	15	5	19	14	18	9	16	14	16	8
	%	1.6%	8.0%	6.0%	1.9%	8.0%	6.0%	5.8%	4.3%	5.9%	4.6%	6.5%	4.1%
Shelter	N	9	8	8	4	3	11	13	12	10	6	8	1
	%	3.6%	3.4%	3.2%	1.5%	1.3%	4.7%	4.2%	5.7%	3.7%	2.0%	3.3%	.5%
Unknown	N	1	2		1	4		6				1	1
	%	.4%	.8%		.4%	1.7%		1.9%				.4%	.5%
PSS	N	15	5	10	12	15	6	15	9	7	10	4	10
	%	6.0%	2.1%	4.0%	4.5%	6.3%	2.6%	4.8%	4.3%	2.6%	3.3%	1.6%	5.2%
Total	N	251	237	248	269	237	232	311	209	270	303	246	194
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The next chart shows the primary placement type for children who were in care on August 31, 2007 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	8	40	48	118	110	146	201	671
		% of Row	1.2%	6.0%	7.2%	17.6%	16.4%	21.8%	30.0%	100.0%
		% of Column	7.2%	10.5%	10.0%	13.0%	11.8%	11.3%	11.6%	11.5%
	DCF Facilities	Count	4	5	8	9	13	16	9	64
		% of Row	6.3%	7.8%	12.5%	14.1%	20.3%	25.0%	14.1%	100.0%
		% of Column	3.6%	1.3%	1.7%	1.0%	1.4%	1.2%	.5%	1.1%
	Foster Care	Count	64	160	187	394	451	649	1014	2919
		% of Row	2.2%	5.5%	6.4%	13.5%	15.5%	22.2%	34.7%	100.0%
		% of Column	57.7%	42.0%	39.0%	43.2%	48.5%	50.2%	58.5%	50.0%
	Group Home	Count	0	11	3	15	23	37	54	143
		% of Row	.0%	7.7%	2.1%	10.5%	16.1%	25.9%	37.8%	100.0%
		% of Column	.0%	2.9%	.6%	1.6%	2.5%	2.9%	3.1%	2.5%
	Independent Living	Count	0	1	2	1	1	10	4	19
		% of Row	.0%	5.3%	10.5%	5.3%	5.3%	52.6%	21.1%	100.0%
		% of Column	.0%	.3%	.4%	.1%	.1%	.8%	.2%	.3%
	Relative Care	Count	15	64	114	233	230	246	139	1041
		% of Row	1.4%	6.1%	11.0%	22.4%	22.1%	23.6%	13.4%	100.0%
		% of Column	13.5%	16.8%	23.8%	25.6%	24.8%	19.0%	8.0%	17.8%
	Medical	Count	2	3	5	3	5	0	3	21
		% of Row	9.5%	14.3%	23.8%	14.3%	23.8%	.0%	14.3%	100.0%
% of Column		1.8%	.8%	1.0%	.3%	.5%	.0%	.2%	.4%	
Mixed (none >50%)	Count	0	1	7	15	24	93	232	372	
	% of Row	.0%	.3%	1.9%	4.0%	6.5%	25.0%	62.4%	100.0%	
	% of Column	.0%	.3%	1.5%	1.6%	2.6%	7.2%	13.4%	6.4%	
Safe Home	Count	10	45	55	50	29	11	4	204	
	% of Row	4.9%	22.1%	27.0%	24.5%	14.2%	5.4%	2.0%	100.0%	
	% of Column	9.0%	11.8%	11.5%	5.5%	3.1%	.9%	.2%	3.5%	
Shelter	Count	5	22	25	21	7	4	0	84	
	% of Row	6.0%	26.2%	29.8%	25.0%	8.3%	4.8%	.0%	100.0%	
	% of Column	4.5%	5.8%	5.2%	2.3%	.8%	.3%	.0%	1.4%	
Special Study	Count	2	17	19	45	34	75	57	249	
	% of Row	.8%	6.8%	7.6%	18.1%	13.7%	30.1%	22.9%	100.0%	
	% of Column	1.8%	4.5%	4.0%	4.9%	3.7%	5.8%	3.3%	4.3%	
Unknown	Count	1	12	6	7	2	5	15	48	
	% of Row	2.1%	25.0%	12.5%	14.6%	4.2%	10.4%	31.3%	100.0%	
	% of Column	.9%	3.1%	1.3%	.8%	.2%	.4%	.9%	.8%	
Total	Count	111	381	479	911	929	1292	1732	5835	
	% of Row	1.9%	6.5%	8.2%	15.6%	15.9%	22.1%	29.7%	100.0%	
	% of Column	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Congregate Care Settings

Placement Issues	Nov 2006	March 2007	May 2007	June 2007	Aug 2007	Nov 2007
Total number of children 12 years old and under in Congregate Care	343	336	317	319	312	290
<ul style="list-style-type: none"> • Number of children 12 years old and under in DCF Facilities 	21	20	18	17	10	16
<ul style="list-style-type: none"> • Number of children 12 years old and under in Group Homes 	54	50	51	53	50	53
<ul style="list-style-type: none"> • Number of children 12 years old and under in Residential 	92	80	70	71	70	59
<ul style="list-style-type: none"> • Number of children 12 years old and under in SAFE Home 	148	153	145	146	139	130
<ul style="list-style-type: none"> • Number of children 12 years old and under in Permanency Diagnostic Center 	17	18	18	17	15	19
<ul style="list-style-type: none"> • Number of children 12 years old and under in MH Shelter 	11	15	15	15	10	9
Total number of children ages 13-17 in Congregate Placements	1039	988	989	982	967	952

Use of SAFE Homes, Shelters and PDCs

The analysis below provides longitudinal data for children who entered care in Safe Homes, Permanency Diagnostic Centers and Shelters.

	Period of Entry to Care					
	2002	2003	2004	2005	2006	2007
Total Entries	3103	3535	3200	3079	3389	1831
SAFE Homes & PDCs	729 23%	629 18%	453 14%	391 13%	395 12%	242 13%
Shelters	166 5%	132 4%	147 5%	176 6%	111 3%	87 5%
Total	895 29%	761 22%	600 19%	567 18%	506 15%	329 18%

	Period of Entry to Care					
	2002	2003	2004	2005	2006	2007
Total Initial Placements	895	761	600	567	506	329
<= 30 days	350 39%	308 40%	249 42%	241 43%	184 36%	107 33%
31 - 60	285 32%	180 24%	102 17%	112 20%	73 14%	73 22%
61 - 91	106 12%	119 16%	81 14%	75 13%	86 17%	62 19%
92 - 183	103 12%	106 14%	125 21%	100 18%	116 23%	71 22%
184+	51 6%	48 6%	43 7%	39 7%	47 9%	16 5%

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

Placement Issues	Nov 2006	March 2007	May 2007	June 2007	Aug 2007	Nov 2007
Total number of children in SAFE Home	163	179	170	168	160	143
• Number of children in SAFE Home, > 60 days	79	99	107	114	100	81
• Number of children in SAFE Home, >= 6 months	16	25	33	38	34	18
Total number of children in STAR/Shelter Placement	65	78	83	87	77	95
• Number of children in STAR/Shelter Placement, > 60 days	35	35	39	46	39	50
• Number of children in STAR/Shelter Placement, >= 6 months	4	10	8	8	8	9
Total number of children in Permanency Planning Diagnostic Center	20	18	22	20	17	22
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	13	15	16	17	14	14
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	7	8	9	8	5	6
Total number of children in MH Shelter	13	15	16	16	12	12
• Total number of children in MH Shelter, > 60 days	10	13	14	16	12	11
• Total number of children in MH Shelter, >= 6 months	7	6	6	5	8	9

Time in Residential Care

Placement Issues	Nov 2006	March 2007	May 2007	June 2007	Aug 2007	Nov 2007
Total number of children in Residential care	668	675	674	685	657	633
<ul style="list-style-type: none"> Number of children in Residential care, >= 12 months in Residential placement 	214	215	226	232	227	200
<ul style="list-style-type: none"> Number of children in Residential care, >= 60 months in Residential placement 	6	6	7	7	6	7

Point-in-time Foster and Adoption Recruitment and Retention data is presented below:

Foster/Adoption Recruitment and Retention.

	Nov 2006	Feb 2007	April 2007	July 2007	October 2007
Number of Inquires	113	170	132	203	162
Number of Open Houses	34	31	34	31	34
Number of families starting Pride/GAP training	51	55	57	52	45
Number of families completing Pride/GAP training	68	20	55	27	28
Number of applications filed	138	93	102	115	154
Number of applications that were licensed	72	77	83	108	89
Number of applications pending beyond time frames	140	175	177	93	64
Number of licensed Foster Homes at end of month	1281	1248	1237	1223	1218
Number of licensed Adoptive Homes at end of month	388	354	326	346	331
Number of licensed Special Studies at end of month	236	221	221	210	212
Number of licensed Independents at end of month	131	105	92	73	71
Number of licensed Relatives at end of month	690	592	583	565	563
Number of homes overcapacity (not due to sibling placement)	21	30	27	25	27
Total DCF Licensed Foster Care Bed Capacity ¹⁰	2551	2581	2555	2534	2487
Licensed Bed Capacity of Specialized Foster Care (non-DCF) Homes	838	884	708	961	1057
Total number of Specialized Foster Care (non-DCF) Homes with placements	577	613	535	732	696
Total number of Specialized Foster Care (non-DCF) Homes available for placements	261	271	173	229	201

¹⁰ Excludes beds within relative, special study, independent, and adoption only homes.

The Department's Exit Plan Outcome
Measure Summary Report for Second Quarter
July 1, 2007 –September 30, 2007
Appendix 2

Juan F. v Rell
Exit Plan

Civil Action No. H-89-859 (AHN)

**Exit Plan Outcome Measures
Summary Report
Third Quarter 2007
July 1, 2007 - September 30, 2007**

November 2007

Submitted by:
Exit Planning Division
505 Hudson Street, 10th Floor
Hartford, CT 06106
Tel: (860) 550-6300

**Exit Plan Outcome Measures
Summary Report
Third Quarter 2007**

Cover Letter55

Commissioner Hamilton’s Highlights for Third Quarter 2007 Exit Plan Report.....56

Outcome Measure Overview Chart61

November 21, 2007

We are very proud to submit to you our Third Quarter 2007 Exit Report. This quarter's report continues to show the Department's steady commitment to achieving the best possible outcomes for children and families. Once again the Department has met 17 out of the 20 measures during this period – the third time in the history of the Exit Plan.

Highlights in this Quarter include: meeting the goal for repeat maltreatment for two consecutive quarters; achieving timely permanency as demonstrated by meeting all three permanency outcomes (reunification, adoption, and transfer of guardianship); and for sibling placement, our study showed improvement from the last quarter with an 83.3% over last quarter's 79.1%.

The outcome for re-entry into care continues to be a challenge but we are confident that this will show improvements as we become more expert in the use of our SDM tools which closely examine the issues and strengths when reunifying children with their parents. The Department's outcome for discharge of youth with mental illness and/or mental retardation did not meet the goal of 100% but missed this goal by 3 youth out of the 61 reviewed.

The Exit Plan reports show steady growth in the majority of the outcome areas since the First Quarter Report of 2004. At that time, the Department automated only a handful of reports and the majority (11 outcomes) were part of a small case review. Caseloads in March of 2004 identified 273 staff over 101-125% capacity and 25 staff over 126-200% capacity. In our Third Quarter 2004 report we showed slight improvements with 9 outcomes as part of a small case review and no staff over the 126-200% caseload capacity. The Third Quarter 2004 report also introduced the beginning of the QIPS staff, QIT (Quality Improvement Teams), contracts with translation agencies covering over 150 different languages, Family Conference initiative, and an expansion in the number of MDE clinics available for our children, and an incorporation of outcome measures into management's PARS. Multiple Placements, Foster Parent Training and Caseload standards were the only 3 outcomes to meet the goals for two consecutive quarters.

Today, we have met 17 outcomes for the third time and, in many instances, have consistently surpassed the goals. Clearly, as you can see from the progress over time the Department has made surprising and significant achievements. Providing staff with tools to help strengthen case practice and for more efficient ways to document their work has played an important role. The availability of numerous automated reports, trainings, and forums to share information has also contributed to our success.

Most of all, it is the faces of the children who are now with their forever families, have not suffered continued maltreatment, have moved into community settings from residential facilities, are residing with their siblings and relatives, have continuity in the relationships with their social workers, and have been engaged in the appropriate services to help improve their day to day living that generates such commitment from staff at all levels in the Department.

Susan I. Hamilton, MSW, J.D.

Commissioner

Third Quarter 2007 Exit Plan Report Commissioner Highlights

The Third Quarter 2007 Exit Plan report demonstrates the Department's ability to achieve goals for some of the most challenging outcomes and at the same time maintaining success with other outcomes. Though we always have the need and desire to improve our work, our growing capacity to meet the goals of the Exit Plan is a testament of our commitment to the thousands of families we work with everyday and to the partnerships we have created with our community providers. Further highlights of this Quarter's outcomes include:

ACCOMPLISHMENTS

This quarterly report shows we met the following 17 outcomes:

- Commencement of Investigations: The goal of 90 percent was exceeded for the twelfth quarter in a row with a current achievement of 97 percent.
- Completion of Investigations: Workers completed investigations in a timely manner in 94.2 percent of cases, also exceeding the goal of 85 percent for the twelfth consecutive quarter.
- Search for Relatives: For the eighth consecutive quarter, staff achieved the 85 percent goal for relative searches and met this requirement for 91.4 percent of children.
- Repeat Maltreatment: For the second consecutive quarter, staff exceeded the goal of 7 percent by achieving 6.1 percent
- Maltreatment of Children in Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the fifteenth consecutive quarter with an actual measure of .3 percent.
- Timely Reunification: For the ninth consecutive quarter, this measure exceeded the 60 percent goal with a mark of 65.5 percent.
- Timely Adoption: For the fourth consecutive quarter, staff exceeded the 32 percent goal for finalizing adoptions within two years of a child's entering care by meeting the goal in 36.2 percent of adoptions in the quarter.
- Timely Transfer of Guardianship: For the fifth consecutive quarter, staff exceeded the 70 percent goal for achieving a transfer within two years of a child's removal with a performance of 76.8 percent.
- Multiple Placements: For the fourteenth consecutive quarter, the Department exceeded the 85 percent goal with a rate of 94.4 percent.
- Foster Parent Training: For the fourteenth consecutive quarter, the Department met the 100 percent goal.
- Placement within Licensed Capacity: For the fifth consecutive quarter, staff met the 96 percent goal with an actual rate of 96.9 percent.
- Worker-To-Child Visitation In Out Of Home Cases: For the eighth consecutive quarter staff have exceeded the 85 percent goal for monthly visitation of children in out-of-home cases by hitting the mark in 94.8 percent of applicable cases.
- Worker to Child Visitation in In-Home Cases: For the eighth consecutive quarter, workers met required visitation frequency in 89.4 percent of cases, thereby exceeding the 85 percent standard.
- Caseload Standards: For the thirteenth quarter, no Department social worker carried more cases than the Exit Plan standard.

- Reduction in Residential Care: For the sixth consecutive quarter, staff met the requirement that no more than 11 percent of children in DCF care are in a residential placement by hitting 10.8 percent.
- Discharge Measures: For the ninth consecutive quarter, staff met the 85 percent goal for ensuring children discharged at age 18 from state care had attained either educational and/or employment goals by achieving an appropriate discharge in 95 percent of applicable cases.
- Multi-disciplinary Exams: For the seventh consecutive quarter, staff met the 85 percent goal by ensuring that 95.2 percent of children entering care received a timely multi-disciplinary exam and thus the highest achieved.

Our management reports are able to identify case level information and help to proactively resolve challenges on a daily basis. This in turn, allows us to make more informed decisions about practice, policy, and service provision. As the Department prepares to integrate its own method of evaluating and sustaining improved practices, exception reports have been added to the number of automated reports and are available to all staff.

Ultimately, our ability to objectively evaluate practice overtime is crucial in our efforts to become a more accountable organization. Currently, the Department has agreed on a method of evaluating practice - Connecticut's Comprehensive Outcomes Review (CCOR) that mirrors the Child and Family Service Review (CFSR) conducted nationally by the Administration of Children and Families. CCOR will address how we will remain true to our successes in the years to come and in the short-run as we prepare our state for the CFSR scheduled for September 2008. Currently, we have 3 area offices that will be reviewed by September 2008 and are in the pre-review phase.

As hundreds of children move to permanency, we recognize that there remain many youth in care, some for long periods of time. New and enhanced strategies have been developed to support this population in achieving educational, employment, and vocational success while at the same time finding ways to connect youth with life long connections - adults who will provide them with ongoing nurturance and guidance. In the Third Quarter 2004 report, the case review for Discharge outcomes evaluated 36 youth with 30 having achieved success as discharge. Today, 88 youth were evaluated with 58 having achieved success in this outcome. The Discharge (also known as the AMOD case review) outcome report has been enhanced since that initial report back in 2004. We can now determine not only who has achieved this outcome, but where they have gone - many youth have received undergraduate degrees, entered the helping/educational fields such as teaching, child care, fire/police/EMT, social work, and missionary work across the globe and joined the military. The improvements made to the Independent Living Programs and housing options made available to our youth have helped foster independence and this has proven to show increased success rates.

As we continue to work on achieving permanency for youth, we also must take steps to honor cultural connections and provide ways for youth to either become familiar or stand solid in their cultural/ethnic identities. With this in mind, the Bureau of Adolescent and Transitional Services has developed several yearly activities to address cultural connections for youth across the state. For the first time in our history, the Department coordinated a Quinceañera event (Sweet 15) which marks a right of passage for Latina girls that are expected to become leaders in the community. Fourteen young Latinas were selected from their essay submissions. The majority of the essays expressed the need to connect with other young Latinas in the foster care system. Recognizing that the Quinceañera event did not have to focus solely on the celebration, an

initiative was developed that included numerous educational sessions pertaining to culture, empowerment, self-esteem, team building, etiquette, and personal growth.

The year 2007 also marked the Second Annual Black-Greek Alliance Conference bringing together numerous Black Fraternities and Sororities to develop and help mentor youth in recognizing the potential in furthering their education, vocational, and employment options. The number of youth attending (110) doubled from 2006 (55). The response was positive and youth recognized not only their options for a better future but the power they hold in recognizing their cultural connections. These and many other events with a focus on cultural connections and educational and career opportunities would not have been possible without the voices of our youth. It has been crucial for the Department to recognize the power of recommendations made by the Youth Advisory Boards to improve practice and create opportunities for personal growth.

CHALLENGES

The Department is aware that there still remain areas needing greater focus despite our successes. Our efforts to bring together collaborative teams (with parents, youth, providers, and kin), increasing the options for interventions/services, increasing the options for placement, and addressing needs are crucial to success. In addition, the Department must continue to improve how it secures appropriate and stable placements – in the community when possible and only as long as required—for those children whose treatment needs preclude family living. Our staff must continue to work collaboratively to support children who return home or find permanency in other families so as to prevent them from re-entering the foster care system.

The Department understands that resources are crucial, but so are the tools used by the Department to assess and plan for families and children. Development of valid assessment tools is not an easy task and requires thoughtful planning and monitoring. Assessments are at the core of identifying and understanding underlying issues contributing to abuse and neglect. They are valuable for establishing a collaborative relationship with families – one that can lead to solid treatment plans to address these core issues. In addition, staff needs clarification and guidance in these areas and thus policies continues to be enhanced or developed. Various new policies are in development and will help to shape the practice associated with assessments of families. This, in turn, affects change within a family that can be sustained and help the family deal with crisis in healthier ways.

In addition to the many action steps and initiatives outlined in the *Juan F.* Action Plan aimed at improving performance in areas in particular areas of work under the Exit Plan (status update is attached), the following is an update on additional initiatives that will improve assessments, treatment planning, and case decision-making:

- **Structured Decision Making (SDM)**: SDM is an evidence-based approach to delivering child welfare services proven to be both valid and reliable. SDM tools focus on three major areas: safety, risk and strengths and needs/reunification. This vitally important and major initiative required comprehensive training of all staff levels (management, supervisory, frontline, administrative support). Following the training of all staff and some focused reviews, the Department is working on securing management and tracking reports to help guide and improves the implementation and impact of SDM.
- **Differential Response System (DRS)**: DRS utilizes a non-blaming, strength-based, assessment approach to engage families in identifying needs for the majority of accepted reports to the Hotline. There is no associated substantiation or placement of any adult on the Central Registry. The traditional forensic-based approach of a CPS investigation will

be utilized only for those cases indicating serious injury or risk of immediate harm to a child. Currently, several community partners are involved with DCF in planning this effort. They include: the Commission on Children, Bridgeport Hospital, Kids Link (local child advocacy agency), TVCCA, Children's Trust fund, the Office of the Child Advocate, DSS, and FAVOR. In addition, family conferencing will be incorporated into this initiative. This approach is expected to be taken statewide in State Fiscal Year 2009, and the interim period is being dedicated to planning, policy and implementation readiness.

- **Intensive Safety Planning (ISP)**: ISP is designed to provide intensive, concrete, home-based services with select families immediately upon removal of a child through a court order. The focus is on mitigating the safety factors that led to the removal in order to consider prompt reunification before the 20 day Order of Temporary Custody hearing. Two evidence-based practices will be utilized as part of the ISP intervention, including the Structured Decision Making (SDM) Safety Assessment Tool (completed by DCF staff during the initial investigation and before the decision to remove is made as well as before reunifying the child). In addition, the Global Appraisal of Individual Need (GAIN)-Quick tool will be administered to the primary caretaker during the ISP intervention in order to identify the constellation or behavioral health, medical or other treatment issues. Twelve service providers have been identified through competitive procurement and approved by the Commissioners Office. All 12 contractors are now delivering ISP services.
- **Building Stronger Families**: An evidence-based, integrated, in-home model for helping families with parents who need substance abuse treatment and children over the age of seven who have suffered maltreatment and have mental health treatment needs. The Annie Casey Foundation supports this approach, which currently is being piloted in New Britain and New Haven is a modification of the MST model.
- **Intensive Home Based Services aka "Family-Based Recovery" Treatment (for substance abusing parent)**: Similar to Building Stronger Families except the children are under age two, Family Based Recovery Treatment targets substance abuse of parents and maltreatment issues. This in-home substance abuse treatment program focuses on parenting skills and repairing parent/child attachment issues. Services began in New Haven (2 providers) in January 2007 and four additional programs have been added this quarter. Each of the 6 programs will serve 12 families at a time.
- **Project SAFE Outreach And Engagement**: Now in Hartford and New Haven, this program will become a component of ISP (see above) when ISP becomes operational. Case managers work in the home to address substance abuse. High participation is anticipated in contrast to traditional Project SAFE outcomes.
- **Supportive Housing for Families**: The Supportive Housing for Recovering Families Program (SHRF) offers family support services and safe housing to families involved with DCF. The program serves families statewide through a network of contractors managed by The Connection, Inc. Case management services are funded through DCF. Housing is funded through a combination of DCF funds, DSS Rental Assistance Program (RAP) certificates, and federal Section 8 Housing Vouchers. The program was recently expanded (July 06) to serve an additional 100 families increasing the total program capacity to 465 families.

CONCLUSION

Each quarter, we have witnessed the positive results of our staff's work. As complex as the child protection system can be, we remain confident that we are moving in the right direction and that we will build upon these successes. Steadily we are concentrating in a few crucial areas – comprehensive individualized assessments, effective planning, successful interventions and child-centered, family-focused practice. Ultimately, it is our engagement of families and children and consistency in our work that will help lead the way.

3Q July 1- September 30, 2007 Exit Plan Report
Outcome Measure Overview

Measure	Measure	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005	2Q 2005	3Q 2005	4Q 2005	1Q 2006	2Q 2006	3Q 2006	4Q 2006	1Q 2007	2Q 2007	3Q 2007
1: Investigation Commencement	>=90%	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%	96.4%	98.7%	95.5%	96.5%	97.1%	97.0%
2: Investigation Completion	>=85%	64.2%	68.8%	83.5%	91.7%	92.6%	92.3%	93.1%	94.2%	94.2%	93.1%	94.2%	93.7%	93.0%	93.7%	94.2%
3: Treatment Plans**	>=90%	X	X	10%	17%	X	X	X	X	X	X	54%	41.1%	41.3%	30.3	X
4: Search for Relatives*	>=85%	X	X	93%	82%	44.6%	49.2%	65.1%	89.6%	89.9%	93.9%	93.1%	91.4%	92%	93.8%	91.4%
5: Repeat Maltreatment	<=7%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.4%	6.3%	7.0%	7.9%	7.9%	7.4%	6.3%	6.1%
6: Maltreatment OOH Care	<=2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%	0.4%	0.7%	0.7%	0.2%	0.2%	0.0%	0.3%
7: Reunification*	>=60%	X	X	X	X	X	X	64.2%	61%	66.4%	64.4%	62.5%	61.3%	70.5%	67.9%	65.5%
8: Adoption	>=32%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.0%	36.9%	27%	33.6%	34.5%	40.6%	36.2%
9: Transfer of Guardianship	>=70%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%	72.4%	60.7%	63.1%	70.2%	76.4%	78%	88.0%	76.8%
10: Sibling Placement*	>=95%	65%	53%	X	X	X	X	96%	94%	75%	77%	83%	85.5%	84.9%	79.1%	83.3%
11: Re-Entry	<=7%	X	X	X	X	X	X	7.2%	7.6%	6.7%	7.5%	4.3%	8.2%	7.5%	8.5%	9.0%
12: Multiple Placements	>=85%	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%	96.6%	95.6%	95%	96.3%	96.0%	94.4%
13: Foster Parent Training	100%	X	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%	88.3%	92%	93%	95.7%	97%	95.9%	94.8%	96.2%	95.2%	94.5%	96.7%	96.4%	96.8%	97.1%	96.9%
15: Needs Met**	>=80%	53%	57%	53%	56%	X	X	X	X	X	X	62%	52.1%	45.3%	51.3%	X
16: Worker-Child Visitation (OOH)*	>=85% 100%	72% 87%	86% 98%	73% 93%	81% 91%	77.9% 93.3%	86.7% 95.7%	83.3% 92.8%	85.6% 93.1%	86.8% 93.1%	86.5% 90.9%	92.5% 91.5%	94.7% 99.0%	95.1% 99.1%	94.6% 98.7%	94.8% 98.7%
17: Worker-Child Visitation (IH)*	>=85%	39%	40%	46%	33%	71.2%	81.9%	78.3%	85.6%	86.2%	87.6%	85.7%	89.2%	89%	90.9%	89.4%
18: Caseload Standards+	100%	73.1%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%	100%
19: Residential Reduction	<=11%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.8%	11.6%	11.3%	10.8%	10.9%	11%	10.9%	11%	10.8%
20: Discharge Measures	>=85%	74%	52%	93%	83%	X	X	95%	92%	85%	91%	100%	100%	98%	100%	95%
21: Discharge to DMHAS and DMR	100%	43%	64%	56%	60%	X	X	78%	70%	95%	97%	100%	97%	90%	83%	95%
22: MDE	>=85%	19%	24.5%	48.9%	44.7%	55.4%	52.1%	58.1%	72.1%	91.1%	89.9%	86%	94.2%	91.1%	96.8%	95.2%

Results based on Case Reviews

Outcome Measure	Comments
1, 2, 4, 5,6, 7, 8, 9, 10*, 11, 16, 17 & 22	ROM Reports * ROM report with supplemental case review, conducted by Results Management, to evaluate and confirm clinical reasons for separating sibling groups.
12, 14, 18 & 19	LINK Reports
3+, 13*, 15+, 20** & 21**	Case Reviews + Court Monitor and DCF collaborative in depth case review * Administrative Report from CAFAP ** Case Review conducted by DCF Continuous Quality Improvement Division

Caseload Standards +

2006

1Q As of May 15, 2006 the Department met the 100% compliance mark. The sixty (60) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

2Q As of August 15, 2006 the Department met the 100% compliance mark. The thirty (30) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

3Q As of September 30, 2006 the Department met the 100% compliance mark. The forty (40) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

4Q As of December 31, 2006 the Department met the 100% compliance mark. The fifty-three (53) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

2007

1Q As of May 15, 2007 the Department met the 100% compliance mark. The sixty (60) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

2Q As of August 15, 2007 the Department met the 100% compliance mark. The sixty (41) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

3Q As of November 15, 2007 the Department met the 100% compliance mark. The sixty (31) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).