

**Juan F. v. Rell Exit Plan  
Quarterly Report  
July 1, 2009 - September 30, 2009  
Civil Action No. 2:89 CV 859 (CFD)**

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**July 1, 2009 - September 30, 2009**

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**Juan F. v Rell Exit Plan Quarterly Report  
July 1, 2009-September 30, 2009**

**Highlights**

- The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of July 1, 2009 through September 30, 2009 indicates the Department achieved 15 of the 22 Outcome Measures.
- The Department continued to reduce utilization of residential services (Outcome Measure 19, Residential Reduction); lowering the percentage of residential placements to 9.6%.
- Based on the Court Monitor's review of a sample of 52 cases, the Department attained a level of "Appropriate Treatment Plan" in 28 of the 52 cases sampled or 53.8%. This is a significant decline compared with the performance last quarter.

Key findings this past quarter include:

- The failure to incorporate stakeholder feedback and points of view, service needs clarifications and decisions, and important permanency considerations and action steps.
  - Mixed results in the Department's efforts to increase the engagement of key participants in case planning activity. Rates of participation were again highest among foster parents and mothers and lowest for fathers and children's or parent's attorneys.
  - 48.1% of the sample population in which Structured Decision Making (SDM) was required by policy, did not have consistent 90-day reassessments in LINK.
  - There were 154 discrete unmet needs identified by the review team across 40 of the 52 cases in the prior six month period.
  - Sixty-one service needs that were discussed at the time of the ACR (Administrative Case Review)/Family Conference or otherwise identified as a need within the narratives were not incorporated into the most recent approved case plan.
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- Outcome Measure 15 (Meeting Children's Needs) was achieved in 55.8% or 29 of the 52 cases reviewed. The largest categories of unmet needs involved mental health/behavioral health/substance abuse services and case management deficiencies (timely referrals, timely assessments, lack of follow-up).
  - Outcome Measure 11 (Re-Entry) was not achieved for the fourth consecutive quarter and increased to 9.9% this past quarter.
  - Outcome Measure 18 (Caseload Standards) was not met for the second consecutive quarter. There were 5 incidences where a worker exceeded the

caseload standard. Each of the circumstances was for a brief duration and in each case the social worker exceeded the standard by one or two cases. Caseload carrying positions continue to be refilled but Area Offices report that the increased level of oversight by Office of Policy and Management (OPM) and Department of Administrative Services (DAS) in response to the State's fiscal crisis has slowed the hiring process.

- Outcome Measure 20 (Discharge Measures) was not achieved for the first time since the 4<sup>th</sup> Quarter of 2004. This outcome measure focuses on children discharged from DCF custody and whether they have graduated from high school or acquired a GED, enrolled in post-secondary programs, are employed full-time, or enlisted in the military. Of the 81 youth reviewed for this measure, 65 (80%) achieved one or more positive outcomes while 16 (20%) did not. Of the sixteen youth who did not meet the measure, 12 were male and four were female. Fifteen youth had been involved in criminal/delinquency activities and four were incarcerated at the time the case was closed. Seven of the 16 youth were diagnosed with a significant mental health disorder. Ten of the sixteen youth were identified as Special Education students. Nine of these youths were coping with substance abuse issues at the time of discharge and four youth were living in unstable housing situations (transient or homeless). It is noted that similar profiles were noted for some youth who achieved the measure. This is an area that warrants additional review and action by the Department.
- The Division of Foster Care monthly report for November 2009 indicates that there are 2,358 licensed DCF foster homes. The number of available private foster care homes is 989. The baseline set in June 2008 was a total of 3,388. The Department's current status is a net loss of 41 homes.

Additional foster care and adoptive resources are an essential component required to address the needs of children, reduce discharge delays and ensure placement in the most appropriate and least restrictive setting. A summary report of the Court Monitor's review of the Department's implementation of the 2008-2010 Family Foster Care Action Plan is included in this report on page 9.

- 2,638 initial Service Needs Review (SNR) Screens have been initialized, entered, approved and locked from the September 15, 2008 cohort population of 2,661. A total of 976 of the 2,661 or 36.7% have exited the SNR process since its inception. While the number of SNR reviews undertaken is impressive; and improved outcomes for some children are clearly noted, with some exceptions, the overall quality of the Service Needs Review Process implementation has declined in recent months. There are a number of factors that have impacted the effort including; the overwhelming numbers of reviews required by the original cohort population and subsequent newly identified cohort populations, changes in personnel and responsibilities due to the restructuring, case management shortcomings and the lack or unavailability of critical service resources.

To address the redundancies being noted by Court Monitor and DCF staff, the process was integrated into the ACR beginning in May 2009. However, in doing so, the involvement of key participants began to decline as did the cases with attendance of the identified manager. Reviewers also noted a lack of follow-up related to the resolution of identified issues in a timely and consistent fashion through the designed 90-day structure. Many 90-day reviews are now being conducted in a more pro-forma manner rather than the robust, dynamic fashion that existed earlier. This and other factors considered by the Monitor led to the decision to work with the parties to both transform the methodology and better integrate the SNR principles into recent revisions in the Department's case planning efforts as well as redefining the specific children in each cohort who require a heightened review via a screening out of children at the time of the ACR.

- As of November 2009, there were 498 children placed in residential facilities. This is a decrease of 11 children in comparison to the 509 reported last quarter. The number of children residing and receiving treatment in out-of-state residential facilities decreased by 10 to 266 compared to 276 reported last quarter. The number of children residing in residential care for greater than 12 months increased to 133 compared with 131 in August 2009.
- The number of children utilizing SAFE Home temporary placements increased to 132 as of November 2009 compared with the 120 reported as of August 2009. The number of children in SAFE Home in overstay status (>60 days), increased to 58 children compared with the 54 reported last quarter. The lack of sufficient foster/adoptive resources is the most significant barrier to timely discharge.
- The number of youth in overstay status (>60 days) in STAR placements decreased to 37 from 40 the previous quarter. The lack of sufficient foster home resources, therapeutic group homes, and specialized residential services hampers the efforts to reduce the utilization of STAR services and better manage the resident's length of stay.
- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased from 966 in August 2009 to 928 in November 2009. The Department's continued effort to appropriately pursue APPLA goals for youth and the continued age-out of older youth is contributing to the ongoing reduction.
- The number of children age 12 years old or younger in congregate care increased from 243 in August 2009 to 248 in November 2009. This is the same total reported a year ago (November 2008). The increase is primarily tied to a growing number of children placed in SAFE Home settings.

- The Monitor’s quarterly review of the Department for the period of July 1, 2009 through September 30, 2009 indicates that the Department did not achieve compliance with seven (7) measures:
  - Treatment Plans (53.8%)
  - Reunification (56.0%)
  - Re-Entry (9.9%)
  - Sibling Placements (84.7%)
  - Children’s Needs Met (55.8%)
  - Caseload Standards (99.6%)
  - Discharge Measures (80.0%)
  
- The Monitor’s quarterly review of the Department for the period of July 1, 2009 through September 30, 2009 indicates the Department has achieved compliance with the following 15 Outcome Measures:
  - Commencement of Investigations (97.6%)
  - Completion of Investigations (94.0%)
  - Search for Relatives (91.0%)
  - Repeat Maltreatment (5.4%)
  - Maltreatment of Children in Out-of-Home Care (0.4%)
  - Adoption (36.7%)
  - Transfer of Guardianship (81.8%)
  - Multiple Placements (95.7%)
  - Foster Parent Training (100.0%)
  - Placement within Licensed Capacity (96.3%)
  - Worker-Child Visitation Out-of-Home Cases (95.1% Monthly/99.0% Quarterly)
  - Worker-Child Visitation In-Home Cases (88.8%)
  - Residential Reduction (9.6%)
  - Discharge to DMHAS and DMR (100.0%)
  - Multi-disciplinary Exams (91.4%)

- The Department has maintained compliance for at least two (2) consecutive quarters<sup>1</sup> with 14 of the Outcome Measures reported as achieved this quarter. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
  - Commencement of Investigations (twentieth consecutive quarter)
  - Completion of Investigations (twentieth consecutive quarter)
  - Search for Relatives (sixteenth consecutive quarter)
  - Repeat Maltreatment (tenth consecutive quarter)
  - Maltreatment of Children in Out-of-Home Care (twenty-third consecutive quarter)
  - Adoption (third consecutive quarter)
  - Transfer of Guardianship (third quarter)
  - Multiple Placements (twenty-second consecutive quarter)
  - Foster Parent Training (twenty-second consecutive quarter)
  - Placement within Licensed Capacity (thirteenth consecutive quarter)
  - Visitation Out-of-Home (sixteenth consecutive quarter)
  - Visitation In-Home (sixteenth consecutive quarter)
  - Residential Reduction (fourteenth consecutive quarter)
  - Multi-disciplinary Exams (fifteenth consecutive quarter)

A full reporting of the Stipulation Regarding Outcome Measure 3 and 15 and the DCF Action Plan can be found on pages 9 and 35 respectively.

A full copy of the Department's 3rd Quarter 2009 submission including the Commissioner's highlights may be found on page 103.

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

<b>Juan F. Exit Plan Report Outcome Measure Overview</b>																								
<b>1 Q 2004-3Q 2009 (July 1, 2009 – September 30, 2009)</b>																								
		2 0 0 4 Percentages				2 0 0 5 Percentages				2 0 0 6 Percentages				2 0 0 7 Percentages				2 0 0 8 Percentages				2 0 0 9 Percentages		
		1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q	4Q	1Q	2Q	3Q
<b>1:</b> 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	97.4	97.8	97.5	97.4	97.9	97.5	97.7	97.6
<b>2:</b> 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	92.9	91.5	93.7	89.9	91.4	93.7	91.8	94.0
<b>3:</b> Treatment Plans	>=90%	X	X	10.0	17.0	X	X	X	X	X	X	54.0	41.1	41.3	30.3	30.0	51.0	58.8	54.7	62.3	79.2	54.7	73.1	51.9
<b>4:</b> Search for Relatives*	>=85%	X	X	93.0	82.0	44.6	49.2	65.1	89.6	89.9	93.9	93.1	91.4	92.0	93.8	91.4	93.6	95.3	95.8	96.3	94.3	95.8	91.2	91.0
<b>5:</b> 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	5.4	5.7	5.9	5.7	6.1	5.9	4.8	5.4
<b>6:</b> 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	0.2	0.2	0.3	0.3	0.2	0.3	0.1	0.4
<b>7:</b> Reunification*	>=60%	X	X	X	X	X	X	64.2	61.0	66.4	64.4	62.5	61.3	70.5	67.9	65.5	58.0	56.5	59.4	57.1	69.6	59.4	71.9	56.0
<b>8:</b> Adoption	>=32%	10.7	11.1	29.6	16.7	33.0	25.2	34.4	30.7	40.0	36.9	27.0	33.6	34.5	40.6	36.2	35.5	41.5	33.0	32.3	27.2	33.0	33.2	36.7
<b>9:</b> 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	78.0	88.0	76.8	80.8	70.4	70.0	71.7	64.9	70.0	75.7	81.8
<b>10:</b> Sibling Placement*	>=95%	65.0	53.0	X	X	X	X	96.0	94.0	75.0	77.0	83.0	85.5	84.9	79.1	83.3	85.2	86.7	86.8	82.6	82.1	86.8	83.1	84.7
<b>11:</b> 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	7.8	11.0	6.7	6.7	7.4	6.7	8.8	9.9
<b>12:</b> Multiple Placements	>=85%	X	95.8	95.2	95.5	96.2	95.7	95.8	96.0	96.2	96.6	95.6	95.0	96.3	96.0	94.4	92.7	91.2	96.3	95.9	95.8	96.3	95.8	95.7
<b>13:</b> Foster Parent Training	100%	X	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
<b>14:</b> Placement Within Licensed Capacity	>=96%	88.3	92.0	93.0	95.7	97.0	95.9	94.8	96.2	95.2	94.5	96.7	96.4	96.8	97.1	96.9	96.8	96.4	96.8	97.0	96.6	96.8	96.6	96.3
<b>15:</b> Needs Met**	>=80%	53.0	57.0	53.0	56.0	X	X	X	X	X	X	62.0	52.1	45.3	51.3	64.0	47.1	58.8	54.7	52.8	58.5	54.7	61.5	55.8
<b>16:</b> Worker-Child Visitation (OOH)*	>=85% 100%	72.0 87.0	86.0 98.0	73.0 93.0	81.0 91.0	77.9 93.3	86.7 95.7	83.3 92.8	85.6 93.1	86.8 93.1	86.5 90.9	92.5 91.5	94.7 99.0	95.1 99.1	94.6 98.7	94.8 98.7	94.6 98.5	95.9 99.1	94.9 98.7	95.4 98.6	95.0 98.9	94.9 98.7	95.7 99.3	95.1 99.0
<b>17:</b> Worker-Child Visitation (IH)*	>=85%	39.0	40.0	46.0	33.0	71.2	81.9	78.3	85.6	86.2	87.6	85.7	89.2	89.0	90.9	89.4	89.9	90.8	91.4	90.3	89.7	91.4	89.6	88.8
<b>18:</b> Caseload Standards+	100%	73.1	100	100	100	100	100	99.8	100	100	100	100	100	100	100	100	100	100	100	100	100	100	99.6	99.6
<b>19:</b> 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	11.0	10.9	11.0	10.8	10.9	10.5	10.4	10.0	10.1	10.4	9.7	9.6
<b>20:</b> Discharge Measures	>=85%	74.0	52.0	93.0	83.0	X	X	95.0	92.0	85.0	91.0	100	100	98.0	100	95.0	96.0	92.0	92.0	93.0	92.2	92.0	92.2	80.0
<b>21:</b> Discharge to DMHAS and DMR	100%	43.0	64.0	56.0	60.0	X	X	78.0	70.0	95.0	97.0	100	97.0	90.0	83.0	95.0	96.0	97.0	98.0	95.0	95.2	98.0	97.2	100
<b>22:</b> MDE	>=85%	19.0	24.5	48.9	44.7	55.4	52.1	58.1	72.1	91.1	89.9	86.0	94.2	91.1	96.8	95.2	96.4	98.7	93.6	94.0	90.1	93.6	94.5	91.4



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

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

#### **A. Recruitment and Retention Plan**

##### **Foster/Adoption Review**

During the course of the 3<sup>rd</sup> Quarter 2009 (July-September) and the beginning of the 4<sup>th</sup> Quarter 2009 (October and November), the Court Monitor conducted a review of the Department's foster and adoptive activities with respect to the implementation of the Family Foster Care Action Plan. The results that the Department set out to achieve included:

- a net gain of 350 newly licensed foster homes by June 30, 2009
- assuring that children and youth placed in foster care are in foster homes operating within licensed capacity
- assuring the appropriateness of a child or youth placement and utilizing foster care where appropriate to reduce discharge delays and overstays in temporary congregate care settings, and
- increasing foster parent satisfaction.

Five major initiatives are outlined in the Family Foster Care Action Plan.

1. Enhance retention efforts and pre-licensing experiences for all potential foster parents.
2. Provide foster families greater access to responsive services, training, and supports.
3. Better target and inform recruitment/public awareness resources and meeting.
4. Increase timely discharge from congregate settings.
5. Enhance organizational and workforce development.

In order to evaluate the Department's efforts, a series of group discussions were convened with the primary stakeholders including:

- DCF Office of Foster and Adoptive Service (OFAS) managers,
- Foster and Adoptive Service Unit staff (from Hartford, New Haven, Norwalk, Torrington, and Norwich),
- Area Office management team staff from Hartford, New Haven, Norwalk, Torrington, and Norwich,
- Connecticut Association of Foster and Adoptive Parents (CAFAP)
- Therapeutic Foster Care Providers
- DCF Foster parents
- AdoptUS.Kids
- Foster Care Community Collaboratives
- CAFAP Liaisons

Court Monitor staff also attended a variety of additional meetings including: Open House trainings, recruitment and retention events and support groups.

Finally, a review of the fiscal underpinnings of the foster care efforts was conducted in collaboration with the Bureau Chief of Child Welfare Services, Stacey Gerber and the Director of Foster Care Services, Tom Dwyer.

### Findings

The Court Monitor's review concluded that during the past year the Department has implemented the identified action tasks outlined within year one of the 2008 Family Foster Care Action Plan at the statewide and area office level. Multiple activities were engaged in and reported in two status updates provided to the Court Monitor and confirmed via monitoring efforts. The timeframes set out in the plan were not always met as some delays were reported; they were unavoidable or were necessary to complete tasks appropriately.

The Monitor's finding that the Department implemented the plan does not diminish the continuing critical need to increase foster/adoptive resources in Connecticut. While there were noted improvements, including major structural changes achieved, the Department did not achieve the net gain target goals set for 2008-2009. The continued lack of sufficient foster and adoptive resources severely impacts children in a variety of negative ways. The Department, especially the foster care staff, have embraced the continued need to address Connecticut's foster care needs. The discussions conducted with hundreds of foster care stakeholders point to the continued need to address existing barriers and focus on the opportunities to improve recruitment and retention outcomes. Some of the suggested changes are fundamental issues of communication and collaboration. Other suggestions include increased focus, commitment and efficiencies with recruitment and retention efforts.

The major quantitative goal set by the Department was a net increase of 350 foster homes from the baseline of available foster homes on June 2008 (3,388 foster homes including 2,355 that were DCF licensed foster homes and 1,033 that were private foster homes). This target goal was not achieved. According to the June 2009 report, the number of foster homes was 3,420 (DCF licensed foster homes 2,402, private foster homes, 1,018). This was a net gain of 32 homes. The finding as of November 2009 as noted on page 4, indicates that there are 2,358 licensed DCF foster homes. The number of available private foster care homes is 989. While the Department licensed 975 new foster homes during the first year of the plan, nearly as many foster homes were closed.

It is noted that despite the target goals, the established need, and the pressures to license additional foster homes the Department has not shirked from its obligation to maintain high standards of care for foster homes. Additionally, there is no evidence that bed capacities have been arbitrarily increased to reflect additional bed availability. Finally, the findings of the review mirror the quarterly report findings that the Department is continuing to meet Outcome Measure 14 (Placement within Licensed Capacity). Less than 4% of the foster homes have more children than their licensed bed capacity.

With respect to the other results sought by the Department, the findings are mixed. The Department has implemented a number of assessments, tracking and corrective action processes to address the discharge delays from congregate care facilities. These include focused weekly reviews coordinated by Central Office, a variety of individualized tracking processes developed by the Area Offices, utilization of Managed Service System (MSS) meetings, continued utilization of twice weekly "rounds", and implementation of the Service Needs Review process. While some improvement was initially noted, the lack of sufficient foster care and adoptive resources continues to hamper the effort to reduce delays and children continue to receive treatment and placement services in inappropriate and restrictive levels of care.

Exit interviews conducted by CAFAP and the feedback of both foster parents and service providers during the review note positive and negative findings regarding foster parent satisfaction with training, support, communication, collaboration service provision, and case management.

The Department's implementation of the 2008 Family Foster Care Action Plan addresses most aspects of the concrete business of obtaining new homes and keeping the homes that are already licensed. Unfortunately, **respect, support, communication and collaboration** are more difficult to promote, ensure and measure. These areas appear to be the major barriers in both the retention and recruitment of new homes as expressed by a majority of the stakeholders.

The following are the key findings resulting from the Court Monitor review of the Department's efforts in implementing the 2008 Family Foster Care Action Plan:

**Recruitment:**

- Area Office FASU staff were generally aware of the 2008 Family Foster Care Action Plan and the targets set for recruitment. Some staff indicated that they were not sufficiently involved with the development and content of the individualized Area Office plans. The process for developing the individualized plans included one all-day planning exercise but staff indicated that there was little opportunity for feedback or clarification as the plans were finalized. The Department is in the process of revising the individual plans with input from Area Office FASU staff and intends to complete this task in early 2010.
- The meetings with individual Area Office staff and attendance at various open houses, support group and Pride Trainings demonstrated to the Court Monitor staff that foster care staff are very invested in gaining new homes, training, and supporting families to improve the foster care system.
- The Department recognized that the 2008 Family Foster Care Plan required additional action steps to improve the targeted recruitment efforts necessary to reach the goals set forth. The Office of Foster and Adoptive Services contacted the National Resource Center for the Recruitment and Retention of foster and Adoption Families, through its agent ADOPT US KIDS.
- In collaboration with ADOPT US KIDS staff the Department profiled their most successful foster families and conducted a "market segmentation" of nearly one thousand families. It was conducted by Claritas/PRIZM/Nielsen Company and was then further supplemented by the DCF Office of Research and Evaluation which added a geographic component. The Department has initiated contracting with a Connecticut based marketing firm, Durham Group, to develop a statewide foster care communications and marketing plan.
- There is considerable redundancy and inefficiency in the current recruitment efforts by DCF and private providers. All are recruiting for foster parents, but they compete with one another in many cases rather than operating in a collaborative and planful manner. The Department has begun to address this problem by reaching agreement to utilize a single brand, logo and tagline. This should allow a greater opportunity to recruit with a cohesive message.
- After a long series of discussion and negotiation, revisions to the Therapeutic Foster Care system appear to be agreed upon and the Department and private providers are poised to enter into revised contracts and commence implementation by January 2010. Both sides have noted the enormous potential that exists for this effort to recruit up to 200 additional homes and better address the needs of foster children with more difficult behaviors. The negotiations between the Department

and the therapeutic care providers were at times tense and difficult, but ultimately resulted in a better plan, to improve the care and services to foster children. Additionally, the TFC providers will receive more than a 30% increase in funding to support these improvements.

- A number of the stakeholders identified the need for improved assessment and utilization of relative home resources. The lack of timely follow-up with identified relatives and the inconsistent effort in locating and pursuing relatives, especially the paternal relatives was noted in discussion within both Department staff and stakeholder group discussions. The findings regarding identification and assessment of paternal relatives mirrors the findings reported in the Department's Connecticut Comprehensive Outcome Review (CCOR) reports.
- The Department has recognized the need to improve service delivery to prospective foster parents. OFAS managers have stressed the need to encourage and support families throughout the licensing process.
- Roughly 10% of the inquiries generated by the KID HERO line operated by the Connecticut Association of Foster and Adoptive Parents (CAFAP) result in licensed homes. The reported national figure is approximately 8%. The OFAS managers have established a target of increasing the percentage, and improving their engagement of prospective families is viewed as a key component. As part of this effort, a series of steps have been initiated by the Department in conjunction with CAFAP to streamline and improve the pre-licensing efforts.
- Adequate funding for incentives and promotional items at the booths sponsored by both DCF and the private organizations are important. It was reported by all reviewers that without such items people don't stop at the booths/tables to even inquire about foster/adoptive care. When participating at events where there are a variety of organizations with crowds mulling around, those with the most fanfare get the most attention. It is questionable how effective a mechanism this is for DCF in gaining homes. While the number of potential new homes recruited may be small in many cases, DCF and private agency foster care staff correctly indicate the need to maintain a presence at community events to keep the need for foster care in constant view.
- The current "Open House" forum provided by the Department is a misnomer. In fact the "Open House" is an informational session that begins and ends at a certain time; rather than as the name implies a "drop in" session to obtain information which is, in fact, not the case. One must arrive on time for the Open House if not, key information is missed. In addition, the session often does not last the full two hours. It would seem prudent to consider changing the name to something that indicates that it is an "Initial Informational Session". Further, the Court Monitor reviewers found that the information provided during the Open House is inconsistent across the state with varied types and depth of information provided.

Further, reviewers reported that the sessions were unorganized. In addition, there was concern that much of the information provided was given using acronyms and phrasing that would be unclear to those not very familiar with DCF and the population it serves. As an initial point of entry, more basic, simplified information should be provided. There was some concern noted by Court Monitor staff that the push to fill out paperwork often made people feel that they were already committing to this process, when in fact many were attending to simply find out more about foster and adoptive parenting. There may be a number of families who are ready to sign forms and jump on board at the Open House, but there is another group who seemed somewhat put off by what was asked of them at an initial informational session. Also, reviewers reported that the buildings were not well marked and they found it difficult to locate the meetings. Lastly, it was noted that there was a lack of simple courtesy. In some instances, food and beverages were not provided at Open House events. These sessions are held in the evening when many are just getting out of work. A cup of coffee, bottle of water or snack should not be an exception at these events and should not be at the expense of the worker/trainer or participants. This courtesy would make the meeting much more inviting and offer opportunities for participants to meet and mingle.

- Efforts are underway by the Department and CAFAP to develop a foster and adoption website that would raise awareness and serve as an information clearinghouse for statewide foster care and adoption resources and efforts. The site would be interactive and include statewide calendars of Open Houses, trainings and activities, links to individual websites, and videos depicting foster care and adoption experiences as well as portions of actual Open Houses and trainings.
- There was mixed feedback from the Court Monitor staff regarding the PRIDE trainings attended. Some found the groups to include engaged participants and others found the training unorganized and dull with little participation by the attendees. It did appear that the personality of the trainer, the training topic, and co-trainers seemed to affect the response to the training. All agreed that the PRIDE Training materials and videos appeared to be outdated. Because of this, it appears that trainers enhance the training in their own unique ways leading to inconsistency in the information relayed.
- Updating the manual and specifically focusing on inclusion of legal and medical modules by the Training Academy and OFAS would be beneficial. A more state-wide uniform Open House presentation as well as PRIDE Training curriculum should be considered. This was a common statement from staff as well as foster families. This along with a consistent "Train the Trainer" for those staff who will be conducting Open Houses and PRIDE Trainings should be implemented. Consideration should be given to having the trainers from various parts of the state meet on a regular basis to help enhance training and adjust certain modules when appropriate. Having this peer discussion will help to provide a more cohesive and comprehensive training statewide.

**Retention:**

- Although about half of the homes were reportedly lost due to positive outcomes for children including adoptions and transfers of guardianship, there are a significant number of homes which are not closed for these positive reasons. Although there is a percentage of the remaining homes which were closed due to allegations of abuse/neglect and an inability to provide the appropriate care to the Department's population of children, there remains concern about the homes lost due to dissatisfaction with their experience including those who did not consider continuing as a caretaker for additional DCF children after an adoption etc.
- Many families are lost prior to or at the time of their first relicensing. Concerns about needing more support and better communication from OFAS workers and CPS workers was expressed in multiple meetings we attended throughout our review. Most foster and adoptive families felt respected by their Foster and Adoptive Unit (FASU) worker, but many felt that they did not get the support that they required. Recent efforts by the Department to reallocate foster care resources invoked concern from foster families. They indicated that they were told that they would have less support available to them.
- The Department in collaboration with the Connecticut Association of Foster and Adoptive Parents (CAFAP) has added two new retention resources. The first is attempting to address families that are in the early stages of pre-licensing and the second targets foster parents who are approaching their first re-licensing (two years). Due to changes in personnel, CAFAP spent the past quarter attempting to hire the post licensing retention specialist.
- Foster families often feel that they do not receive professional respect from Children's Protective Service staff (primarily Social Workers and Social Work Supervisors). The feelings expressed were that depending on the worker, the experience with DCF is completely different. Some foster parents reported not wanting to take children who were on certain worker's caseloads. Despite the efforts of FASU staff to meet with CPS staff and present and promote a FASU perspective (FASU 101), it is apparent that additional training and a change in the culture of the relationship of CPS workers is needed with regard to communication and respect for foster families. Area Office staff likewise indicated there were no instances where foster parents were disrespectful and impatient with CPS staff. The concept of collaboration and team work needs to be reiterated and/or re-introduced. This is a key element in retaining the currently licensed foster and adoptive homes. In multiple meetings attended "respect" for the foster and adoptive families came across as a major barrier in the retention and recruitment of homes.
- Foster families were very appreciative of the efforts of the CAFAP liaisons. The staff are posted at most offices and assist with a variety of tasks including support functions.

- Foster parents and a few private provider stakeholders made note of the propensity of unsubstantiated reports that are made regarding foster parents. There was recognition of the toll these investigations take on families and concern that the length of time to complete the investigations is excessive at times. The Department has worked over the last few months to reduce the timeframes within the standard of 45 days.

### **Training:**

- The pre-service training is well attended and is affected by the dynamics of each group participating in the training. The experience of attending a variety of PRIDE trainings showed that there are differences in training throughout the state and a more standardized form of training is needed. There was common thought among the Court Monitor staff that there needs to be training for the foster care trainers. Court Monitor staff, Department and potential foster parents indicated that the training materials are outdated. It is recommended that the PRIDE book be updated. It should be noted that the PRIDE curriculum is a proprietary document that the purchaser (DCF) is not free to significantly alter. DCF plans to bring in a trainer from the Child Welfare League of America, who owns the copyright to PRIDE, to provide retraining on its use. It is planned that the trainer will be on site in Connecticut for five (5) days.
- The Department has increased training opportunities over the last couple years. A variety of options are offered including weekend trainings and on-line courses that assist in meeting the individualized needs of family. Still, a more aggressive approach is required to address the individualized needs of both the family and the children in their care. FASU Support Worker's home visits and phone contacts need to include dialogue with the foster parents so that their specific needs can be matched with available training opportunities through CAFAP, the TFC Network, and Foster Parent College. Other trainings provided through social work, nursing, educational or other networks may also be considered if they meet standards upon review.
- The proposed requirements for post-licensing training for private therapeutic foster homes must be adopted and approached in the same manner by DCF for DCF foster homes.
- The Post-Pride training is not utilized as mandated. FASU staff acknowledged that while they encourage and promote post licensing training along with CAFAP; foster homes are relicensed without completing the needed ongoing training. Families report the difficulty in getting to the trainings, and further a need for more child specific topics is given as a reason for failure to attend. Although the list of statewide trainings provided by CAFAP appears extensive, continued efforts to provide trainings or topic areas requested is required. Many families indicate a preference for trainings that are incorporated into their support groups; this seemed to be a statewide consensus. It is easier for families when the trainings are



incorporated into the support groups as these are always local and food and babysitting are provided. Many families state that without these "perks" they cannot attend needed training. CAFAP is providing these services, and has begun undertaking a poll of foster parents training issues statewide, in an attempt to identify seminar topics of interest. The plan is then to locate appropriate speakers and trainers willing to work within the support group schedules to provide supplemental trainings to the core Post-PRIDE training curriculum.

- The on-line "Foster Parent College" is somewhat utilized, but there are limits in the number of courses that can be taken through that program. A few foster parents indicated they use it a great deal but others report not liking the fact that it has no interactive component and questions can't be asked and opinions cannot be expressed. It does appear that incorporating training into the support groups is a productive use of time and an effective way to get additional attendance at the post-license training.

#### **Support:**

- The area of support provoked much discussion in every meeting. When the foster and adoptive families feel their family and children's needs are being addressed, they continue to take in children, recruit new families (which has been stated by workers, private providers, and families to be the best recruitment tool that the Department has), and provide support to newer and struggling families.
- There were positive reports of the quality and effectiveness of the recently revamped FAST services and Emergency Mobile Psychiatric Services (EMPS) as well as other in-home service options. Concerns that were expressed involved the timeliness, availability and effectiveness of some services, especially behavioral health services.
- Flex funding was viewed as an important resource by all stakeholders. In several conversations it was indicated that there is a reduced availability of these services which would have a negative impact on children's care and stability, yet there has been no directive issued by Central Office regarding a reduction in flex fund use. Still, there is a perceived reduction by staff due to the requests being more closely scrutinized and questioned along with increases in the timeframe for approval.
- Department surveys and information culled from the Court Monitor reviews indicates that despite a variety of outreach efforts, DCF foster homes and private foster care agencies and their foster homes continue to lack knowledge about the full array of services that are available for the children in their care. The support groups are viewed as a great benefit to those who attend, but further utilization of support groups needs to be addressed. Although the support groups are advertised regularly in Department and CAFAP newsletters, newer families seem to utilize these groups less and report not being aware of them. Perhaps bringing a support group member into training sessions to discuss the support groups and encourage

people to give it a try would be beneficial. Consideration should be given to bridging the gap between training groups and support groups by keeping training groups together as a support group once pre-service training is concluded.

- Support from DCF continues to be an area of great debate. Due to FASU understaffing in some offices, having workers performing multiple job roles in others, and the current push for more recruitment pre-licensing activity, some foster families reported feeling as though they "are on their own". A few foster families indicated that they did not know who their identified support worker was. Foster parents, representing multiple Area Offices, indicated that they have been told that over the next several months they should not expect immediate assistance when they call with questions or concerns. As stated earlier, there are very mixed feelings about the relationships between foster parents and CPS workers. There are tensions between some families and workers that puts current placements in jeopardy and likely means that future placements will not occur.
- The contract with CAFAP requires the provision of considerable support for the agency foster homes. "Kid Hero" processing of inquiries, pre-licensing and post licensing efforts, the "Buddy" system, training and support group are some of the support functions that are provided by the agency. While there was general support and appreciation of CAFAP noted by most groups and areas of the state, shortcomings noted in support group utilization as well as concerns about the content of post-licensing training is a shared problem for CAFAP and DCF. Innovative and creative "out of the box" proposals by both agencies are required to address these issues. CAFAP is attempting to address these issues through recent outreach to current families to secure their input as to the content they would like to have provided at trainings statewide.
- Many of the in-home services have been found to be helpful in maintaining placement of children. Like many issues explored, there was a small amount of negative feedback regarding these in-home services. This needs to be explored as the Department considers any expansion or reduction in services provided to foster and pre-adoptive families. The consensus in our discussions was that these services should be put into the home proactively especially with children who have significant mental and behavioral health needs rather than waiting until the placement is on the verge of disruption.

**Collaboration/Communication:**

- The discussion in meetings with individual Area Offices which included: OFAS staff, FASU staff, Area Office management team staff, the CAFAP liaison and foster care community collaborative staff demonstrated a shared teamwork approach. While the roles and responsibilities of the CAFAP liaison and community collaborative staff varied from office to office there was a shared sense of purpose and activity that was evident.

- The idea of working together and the team approach to providing care to the population served by DCF provoked great discussion among foster families, DCF workers, DCF management and private providers. The challenge of working collaboratively was seen very differently by each office involved stakeholder groups. Each of the primary stakeholders had complaints about the attitudes and activities (i.e. lack of patience, lack of empathy, abruptness, rigidity, uncooperativeness etc.) of other stakeholders. A common forum or strategy to address these festering issues remains elusive.
- In response to the current Stipulation Regarding Outcome Measure 3 and 15 additional oversight was embraced and developed by OFAS and FASU staff, especially in the area of tracking, triaging and teaming children that overstay in temporary settings such as SAFE Homes and STAR programs. The limitations of realizing an increasing impact for these efforts rests; in part, with the lack of sufficient foster homes resources.
- Therapeutic Foster Care providers and DCF have been in a protracted discussion regarding the revamping of the private foster care system. The oversight of CAFAP has increased over the last year and expectations have made more specific.
- A few foster/adoptive families expressed concern for the lack/poor quality of the feedback that is provided to families after pre-adoptive teamings are held. They indicated that this failure to support the pre-adoptive parent causes undo stress and results in lost opportunities to explore concerns and potentially the loss of the home altogether as the family chooses to no longer participate in the foster and adoptive care process.
- There continue to be many children in need of foster homes, and yet there are both DCF and Therapeutic homes that are not utilized. The idea of sharing homes between the private agencies and DCF needs to be better explored. There are private agency homes that do not appear able to meet the behavioral/mental health needs of the children who truly need therapeutic care, but could care for children with lesser needs who need foster care, especially with the benefit of additional therapeutic supports in place. The wisdom of licensing families as therapeutic homes when they cannot truly provide an enhanced level of care needs to be further explored. A better use of the resource and development of the home would be to utilize the home for "regular" foster care or respite care and allow for experience and development of the skill set to occur. This sharing of resources between the Department and private agencies needs to be addressed as soon as possible.
- Communication is a basic concept that is continues to hinder the ability to gain and retain more foster and adoptive homes. Some foster parents, FASU workers, and providers expressed concerns about their concerns not being acted upon. FASU

workers feel like they are not heard by management, foster parents report that DCF does not hear and understand their needs and concerns, and private agencies feel their comments are unheeded and they are skittish about expressing themselves due to fear of retribution. These are recurring issues that must be explored and resolved.

- Finding increased opportunities for having CPS Social Workers and foster caregivers together on a more regular basis in non-crisis settings and helping them to see one another's role would break down some of the barriers. This should be further explored in the updated plan.

### **Staffing/Fiscal**

- The Department recently received an incentive grant from the federal government in the amount of \$511,354 related to the number of adoptions completed by the agency.
- The impact of vacancies and extended work leave situations is more pronounced in the smaller Area Offices reviewed. Without the increased assistance of CAFAP liaisons and community collaborative staff the smaller offices would be unable to address all of the foster care recruitment and retention efforts.
- While the early retirement and fiscal rescission cuts have impacted the agency as a whole, vacancies for foster care positions continue to be processed and approved. However, the timeframe is slightly longer due to additional oversight of hiring.
- There have been no significant cuts to the portion of the agency budget related to provision of foster care services. The foster care rates have not been adjusted and the revamping of private therapeutic foster care is continuing.
- The state's fiscal crisis has not allowed the Department to offer coupons, tickets, and small gift opportunities in appreciation of foster parents' efforts as they have in the past.
- There is a forecasted impact on children in care related to the announced rescission cuts due to planned reductions in contracted services as well as reductions in flex fund availability.

## **B. Recruitment and Retention Goals**

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

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

DCF Licensed Foster Homes	2,355
Private Foster Homes	<u>1,033</u>
	3,388

According to the November 2009 report, the number of foster homes is:

DCF Licensed Foster Homes	2,358
Private Foster Care Homes	<u>989</u>
	3,347

The Department has achieved a net loss of 41 homes since June 2008.

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

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

### **Stipulation §III. Independent Review of the Utilization of Congregate Care Facilities**

A revised draft was presented to the Technical Advisory Committee (TAC) during this past quarter. Additional comments and suggestions were provided to the Department after the TAC reviewed the draft. Both parties are intent on finalizing the document in January 2010. A number of the action steps described in the draft document are already being addressed by the Department.

### **Stipulation §IV. Practice Model**

The preliminary implementation phase is continuing. The various work groups developed have been meeting for this initiative and progress is being made.

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

### Service Needs Review

As of October 15, 2009 the progress on Service Needs Review (SNR) of the 2,661 children in the 9/15/08 Cohort has reached the following statewide:

- 2,638 initial screens have been initialized, entered, approved and locked.
- 23 initial screens are open and in process.
  - 17 are in approval stage pending final locking.
  - 0 of the initial cohort screens have not yet been commenced.
- 1,481 "follow up 1" screens have been completed of 2,045 scheduled.
- 720 "follow up 2" screens have been completed of 1,303 scheduled.
- 215 "follow up 3" screens have been completed of 595 scheduled.
- 41 "follow up 4" screens have been completed of 177 scheduled.
- 7 "follow up 5" screens have been completed of 38 scheduled.
- **595** children exited the SNR process at the point of initial case review screen. An additional 191 children exited at the point of the 1st follow up SNR Meeting. 139 children exited at the 2nd follow up SNR. 43 children exited at the 3rd SNR follow-up review and five children exited at the 4th recorded follow up review and three children have exited as a result of the fifth follow up review. **A total of 976 of the 2,661 or 36.7% have exited the SNR process since its inception.**

As a result of our prompting in July 2009, the Area Offices briefly screened approximately 450 cases that had not yet had initial screens completed and where a child had not been identified as having achieved permanency. Many of these children had in fact exited the cohorts in which they were identified on September 15, 2008 and were no longer in need of review. For those that required the intervention, an SNR meeting was scheduled and wherever possible was scheduled in conjunction with the child's ACR in the August to November timeframe.

- An interesting finding related to the initial 1,157 children in Cohort 5 - All Children with a permanency goal of Another Planned Permanent Living Arrangement "APPLA":
- As of October 15, a total of 176 children or 15.2% exited the cohort
  - 980 children remained in the cohort. **Upon screening, a total of 493 were determined to be appropriately identified with an APPLA goal and had all their needs being addressed through normal case management activity at the time of the screening.** However, the methodology required the children to remain in the process until exit. These children do not actually require any additional oversight or action; and as such it could be argued that they do not belong in the process as the 90 day case plan and ACR processes provide sufficient

oversight to monitor the appropriateness of the goal and revisit more permanent options at routine intervals as circumstances change within the life of the child. **This is a significant portion of the initial population at 42.6%**, and could be used to better gauge the unmet need population with the cohort grouping for future planning efforts. The remaining group of 487 children remained appropriately identified in Cohort 5 due to issues with the APPLA permanency planning goal, or other identified service needs that remained unmet at the point of this review.

The Monitor's Office took those reports and further aggregated the data and resolved data inconsistencies where necessary. As of October 31, 2009, 1,635 children from the original 2,661 children remained in the review follow up process. The aggregated report of those remaining is found in the table below. The numbers below may reflect slightly different totals from what the regions reported in the week following October 15. While not exact, the numbers are representative of the cohorts and corresponding identified barriers some 12 months into the SNR process.

While the numbers of reviews undertaken is impressive, with some exceptions, the overall quality of the Service Needs Review Process implementation has declined. To address redundancies being noted over time, the process was incorporated into the ACR. However, in doing so, the involvement of key participants began to decline along with managerial oversight. Also, reviewers noted a lack of follow up related to the resolution of issues in timely and consistent fashion through the designed 90-day structure.

However, our reviews find that many quality issues are rooted in a failure to communicate both interdepartmentally and with providers and clients. Often barriers spanned several documented supervisions with no action discussed or seemingly taken on an issue that was identified months prior by the SNR process. In many of these cases the ongoing SNR tools were not updated at timely intervals or newly initiated prior to the ACR attended.

While the new methodology to be initiated by the Department in January will reduce the SNR-like process to more manageable numbers, the issues related to communication and case management will require the focused efforts of the ACR SWS, area office staff, and key stakeholders. Supervisory assessment of needs, services, and barriers related to a client's progress through the use of such tools as the Structured Decision Making (SDM) and case planning at 90-day cycles need to be integrated into decision making. As with the failings in the current situation, the new methodology will not succeed without the involvement of the families and providers. This need for engagement is consistent with the message of recent case planning changes and is an area that was a focus in recently promulgated training.

The Court Monitor's Office and the DCF Quality Assurance Program Supervisors (QA PS) completed quality assurance tools on 45 of the Service Needs Review cases over the last two calendar quarters. Twenty-nine of the cases reviewed involved children who were members of one of the eight cohort groups and were included within our OM3 and OM15 review sample selections. Additionally, 16 reviews were conducted by the Department Quality Assurance Program Supervisors:

With few exceptions, our oversight of the database has shown that required 90-day reviews have not been consistently held as intended. The QA reviews verify that when the process is done with the inclusion of key participants and managerial input the process is very useful in identifying needs, barriers, resources within and outside of DCF, and developing clear action steps. The implementation of well designed action steps allows the Department and stakeholders to make inroads toward achieving short and long term objectives by ensuring the appropriate provision of services and the achievement of the permanency goal for the child. In other review cases, it was clear that the process was being done as an additional task or assignment with forms filled out partially, incorrectly, and well after the meetings that were non-inclusive and without information being shared with key participants as the process envisioned. In all, during the two quarters, 55% of the cases reviewed were felt to be at an overall quality rated acceptable, good or superior<sup>2</sup>. The rate has, however, declined in a comparison of the second and third quarters from 61% to 35%.

We surmise that this decline in SNR is due to the quantity of cases required by the original methodology, the restructuring on managerial level positions that were overseeing the process, and the impact of the recent early retirements. It is also impacted by the recent revision of the treatment plan to the new case plan format that utilizes SDM information.

On a five point scale with one being Poor and five being Superior the following scores resulted for the cases reviewed.

**Table 1: Reviewer Ranked Quality of SNR Combined 2<sup>nd</sup> and 3<sup>rd</sup> Quarter 2009**

Poor	Marginal	Acceptable	Good	Superior
10 (22.2%)	10 (22.2%)	2 (4.4%)	18 (40.0%)	5 (11.1%)

Comments of the reviewers indicated that the strength of the ACR SWS or facilitator efforts in collaboration with the participation of the manager and key stakeholders at the SNR meeting had a large role in how thorough the SNR discussion became and the

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<sup>2</sup>Defined on the protocol as: "Acceptable: Most key stakeholders were invited to participate in the SNR process through documented invitation. Form was accurately completed. The majority of action steps identified on the form addresses unmet needs in a meaningful manner to exit the cohort(s)." and "Superior: Collaboration fully evident with family, providers and internal DCF. Process displayed an honest effort to step apart from the ongoing case management to assess possible avenues to achieve movement where barriers had not been addressed prior. Tool was completed in a thoughtful and through manner with action steps that were specific and timely."



quality of the resulting action plan. Attendance of outside participants including the family greatly impacted the depth of the discussion.

During the third quarter, several Court Monitor reviewers ranking the quality poor found the issue of conducting the SNR review was not raised at all during the ACR. Reviewers also pointed to the absence of incorporating the identified action steps into either the SNR tool or the case plan subsequent to the completion of the meeting as reasons for Poor or Marginal scoring. This latter issue was noted by both Court Monitor and QA PS reviewers.

Key questions from our protocol are reported below:

*Was the information on the SNR protocol consistent with your review of the case information and observations at the SNR/ACR meeting?*

- Overall 60% of the respondents indicated that the information was consistent.
  - The rate of positive response was significantly higher in the DCF QA PS group than in the Court Monitor reviewer group. Court Monitor reviewers indicated a rate of 46% consistency versus a rate of 83.3% amongst the QA PS group.
  - The rate of consistency improved from the second quarter to the third quarter. In the second quarter, the score reflected a rate of 57% consistency, in the third quarter the rate of consistency increased to 68%.

*Was the Manager screening and involvement evident from the SNR documentation in LINK or within the tools completed for this child?*

- Overall 64.4% of the respondents indicated that there was evidence of manager involvement within the documentation (or through attendance).
  - The third quarter finding show a marked decline in the rate of documented manager involvement in that the rate decreased from 79.3% in the second quarter to 37.5% in the third quarter cases reviewed.

*Were all key stakeholders active in this case invited to participate in the SNR process?*

- Overall, the Department achieved a rate of 68.8% compliance with invitation to key participants across the two quarters.
  - The rate of compliance decreased in the third quarter with the overall rate of performance shifting from 75.8% to 62.5%

At the request of the Department given the high percentages of legal barriers reported in various offices for the 329 children in Cohorts 6 and 7 this area was the subject of further review by the Court Monitor in early November. The Court Monitor selected 31 of the 62 cases with this barrier identified and reviewed those LINK records to

establish the genesis of the barrier. What was identified as legal barriers by the area office in approximately 40% of the situations reported were, in our review, identified as case management delays in timely filings. Court processes were now in progress, with no untimely or unforeseen appeals or delays related to the legal system itself. In an additional 20%-30% of the cohort, the situations identified had recently been resolved and the cases were on their way to permanency with identified dates for adoptions established or already transpired at the time of our review. The remaining group actually did have legal barriers, in that there were appeals in progress, or court continuances, additional court dates still required prior to termination, or adoption finalization. This could be established through the presence of supervisory directives that repeated over the course of several months with limited or no action, lack of action on SNR action steps, and lack of progress on treatment plan objectives and goals from the prior period.

### Cohort Status Update for 9/15/2008 Population-3Q 2009

<b>Cohort<sup>3</sup></b>	<b>Region I</b>	<b>Region II</b>	<b>Region III</b>	<b>Region IV</b>	<b>Region V</b>	
<b>Cohort 1</b>	<b>9 Children Remain</b> 66.6% Placement Resource 22.2% Mental Health Need 11.1 % Legal Issue	<b>5 Children Remain</b> 60.0% Mental Health Need 40.0% Placement Resource	<b>8 Children Remain</b> 87.5% Mental Health Need 12.5% Severe Medically Complex Need	<b>16 Children Remain</b> 37.5% Placement Resource 18.8% DCF Case Management 12.5% Severe Medically Complex Need 12.5% Transitioning to Trial Home Visit 6.3% Legal Barrier 6.3% Parent Non-Compliant 6.3% Mental Health Need	<b>No children Remain</b>	<b>38</b>
<b>Cohort 2</b>	<b>3 Children Remain</b> 66.7% Placement Resource 33.3% Mental Health Need	<b>No children Remain</b>	<b>1 Children Remains</b> 100.0% Mental Health Need	<b>2 Children Remain</b> 50.0 % Parent Non-Compliant 50.0% DCF Case Management	<b>No children Remain</b>	<b>6</b>
<b>Cohort 3</b>	<b>4Children Remain</b> 75.0 % Placement Resource 25.0% Family Engagement	<b>No children Remain</b>	<b>5 Children Remain</b> 60.0% Mental Health Need 20.0% DDS 20.0% Placement Resource	<b>1 Child remains</b> 100% Placement Resource	<b>No children Remain</b>	<b>10</b>
<b>Cohort 4</b>	<b>1 Child Remains</b> 100.0% Placement Resource	<b>No children Remain</b>	<b>No children Remain</b>	<b>No children Remain</b>	<b>No children Remain</b>	<b>1</b>

<sup>3</sup>Cohort 1: All children age 12 and under placed in any non-family congregate care setting excluding children in Safe Homes less than 60 days

Cohort 2: Children in Emergency or Temporary facility placements > 60 days

Cohort 3: All Children on discharge delay for >30 days in any non-family congregate care setting with the exception of inpatient psychiatric hospitalization

Cohort 4: All Children on discharge delay for more than 7 days that are placed in an inpatient psychiatric hospital

### Cohort Status Update for 9/15/2008 Population-3Q 2009

Cohort <sup>4</sup>	Region I	Region II	Region III	Region IV	Region V	Total
<b>Cohort 5</b>	<p><b>108 Children Remain</b> - of that total 44 (40.7%) were felt to be appropriately APPLA with all needs met.</p> <p>25.9% Mental Health Need 12.0% Requires additional time in residential placement prior to discharge planning 10.2% Placement Resource 2.8% Incarceration/Criminal Activity 1.9% Non-compliant youth 1.9% Parent's Mental Health 1.9% Medical/Dental Need 1.9% DCF Case Management 0.9% AWOL</p>	<p><b>222 Children Remain</b> - of that total 127(54.5%) were felt to be appropriately APPLA with all needs met.</p> <p>33.3% Mental Health Need 3.2% DDS 2.7% AWOL 2.3% Placement Resource 1.4% Incarceration</p>	<p><b>164 Children Remain</b> - of that total 96 (58.5%) were felt to be appropriately APPLA with all needs met.</p> <p>23.8% Mental Health Need 4.2% DDS 3.1% Sex Offender Program 2.4% Placement Resource 1.2% AWOL 1.2% DCF Case Management 1.2% Medical/Dental Need 1.2% Non-compliant youth 1.2% Educational Program 0.6% Medically Complex 0.6% Criminal Activity</p>	<p><b>211 Children Remain</b> - Of that total 104 (49.3%) were felt to be appropriately APPLA with all Needs Met.</p> <p>11.9% Mental Health Need 10.4% Life Skills/Adolescent Services 5.7% Medical/Dental Need 2.9% Placement Resource 2.9% Non-compliant youth 2.9% DCF Case Management 2.9% AWOL 2.9% Dental Need 2.9% Life Long Family Ties 1.9% DDS/DMHAS 1.4% Adoption Services 1.0% Incarceration/Criminal Activity 1.0% Substance Abuse 1.0% Legal Barrier</p> <p>1.0% Other Service Need 1.0% Educational Programming 1.0% Licensing Issue 0.5% Mentor (True Colors) 0.5% Visitation 0.5% Child recently disrupted 0.5% Immigration Issue</p>	<p><b>275 Children Remain</b> - of that total 122 (44.4%) were felt to be appropriately APPLA with all needs met.</p> <p>45.5% Mental Health Need 8.4% Placement Resource 1.8% AWOL</p>	<b>980</b>

<sup>4</sup> Cohort 5: All Children with goal of APPLA

**Cohort Status Update for 9/15/2008 Population-3Q 2009**

<b>Cohort <sup>5</sup></b>	<b>Region I</b>	<b>Region II</b>	<b>Region III</b>	<b>Region IV</b>	<b>Region V</b>	
<b>Cohort 6</b>	<b>3 Children Remain</b> 100.0% Legal Barriers	<b>12 Children Remain</b> 58.3% Legal Barrier 25.0% Placement Resource 8.3% DCF Case Management 8.3% Mental Health Need	<b>3 Children Remain</b> 66.7% Legal Barrier 33.3% Mental Health Need	<b>13 Children Remain</b> 46.2% DCF Case Management 23.1% Placement Resource 23.1% Legal Barrier 7.7% Older child recently placed in potential adoptive resource - period of adjustment prior to filing	<b>No children Remain</b>	<b>31</b>

<sup>5</sup> Cohort 6: All Children with a permanency goal of adoption who have been in DCF custody >12 months for whom a TPR petition has not been filed and no compelling reason has been documented

**Cohort Status Update for 9/15/2008 Population-3Q 2009**

<b>Cohort <sup>6</sup></b>	<b>Region I</b>	<b>Region II</b>	<b>Region III</b>	<b>Region IV</b>	<b>Region V</b>	
<b>Cohort 7</b>	<b>26 Children Remain</b> 15.4% Placement Resource 15.4% Support Needed 11.5 % Period of stability required prior to adoption finalization 11.5% Child's Indecision 11.5% Mental Health Need 11.5% Placement Resource 7.7% Legal Barrier 7.7% Child's Indecision 3.9% Immigration Issue 3.9% Medical Need	<b>41 Children Remain</b> 43.9% No Barrier to adoption but no clear path established. 29.3% Placement Resource 17.1% Mental Health Need 9.8% Legal Barrier	<b>51 Children Remain</b> 25.5% Placement Resource 7.8% No barrier to adoption but no clear path yet established. 21.6% Legal Barrier 17.6% Mental Health 11.8% Foster Parent Issues Need 9.8% Period of stability required prior to adoption finalization 1.9% Child now refusing adoption 1.9% Subsidy matter to be resolved 1.9% Sex Offender Program	<b>68 Children Remain -</b> 19.1% Placement Resource 14.7% Change in Goal requested to APPLA 14.7% Mental Health Need 10.3% Period of stability required prior to adoption finalization 8.8% DCF Case Management 8.8% Legal Barrier 5.9% Adoption Support Services 4.4% Licensing Issue 2.9% Delays in subsidy paperwork/approvals 2.9% Pre-Adoptive Parent Indecision 1.5% Child's ambivalence 1.5% Educational Programming 1.5% Medically Complex 1.5% ICPC 1.5% No Barrier Remains - will exit shortly	<b>112 Children Remain</b> 37.5% Placement Resource 22.3% Legal Barrier 19.6% Mental Health Need 18.8% No barrier to adoption but no clear path yet established. 1.8% Child's ambivalence	<b>298</b>

<sup>6</sup> Cohort 7: All Children with a permanency goal of adoption with TPR status (except those who are living in an adoptive home with no barrier to adoption and who are on path to finalization)

### Cohort Status Update for 9/15/2008 Population-3Q 2009

<b>Cohort<sup>7</sup></b>	<b>Region I</b>	<b>Region II</b>	<b>Region III</b>	<b>Region IV</b>	<b>Region V</b>	
<b>Cohort 8</b>	<b>19 Children Remain</b> 36.8% Require continued level of residential care 21.0% Require BCW Approval for change to APPLA 10.5% Parent's Mental Health 5.3% Goal change to Adoption 5.3% AWOL 5.3% Criminal Activity 5.3% Placement Resource 5.3% Legal Barrier 5.3% Reunification is progressing, slower pace but steady progress and positive assessment. 5.3% Voluntary Service Case 5.3% Preparing Trial Home Visit	<b>52 Children Remain</b> 48.1% Mental Health Need 28.9% Reunification is progressing, slower pace but steady progress and positive assessment. 19.2% Placement Resource 1.9% AWOL 1/9% Legal Barrier	<b>18 Children Remain</b> 61.1% Mental Health Need 22.2% Reunification is progressing, slower pace but steady progress and positive assessment. 16.7% DCF Case Management	<b>29 Children Remain</b> 20.7% DCF Case Management 10.3% Goal change to APPLA 10.3% Reunification is progressing, slower pace but steady progress and positive assessment. 6.9% Legal Barrier 6.9% Parent's Substance Abuse 6.9% Placement Resource 3.4% Child Requires Higher Level of Care 3.4% Goal Changing to Adoption 3.4% Parent's Mental Health 3.4% Child's Mental Health 3.4 Child Waitlisted for YAS 3.4% Risk Assessments to be conducted - potential close. 3.4% Child incarcerated 3.4% DDS Referral 3.4% No Barrier Remains - will exit shortly 3.4% Reunification clinically deemed inappropriate at this time. 3.4% Medically Complex	<b>41 Children Remain</b> 73% Reunification is progressing, slower pace but steady progress and positive assessment. 17.0% Mental Health 7.3% Legal Barrier 2.4% Service for Hearing Impaired Needed.	<b>159</b>

<sup>7</sup> Cohort 8: All children with a permanency goal of reunification in DCF custody >12 months who have not been placed on trial home reunification, or have not had an approved goal changed

**Cohort Status Update for 9/15/2008 Population-3Q 2009**

<b>Cohort <sup>8</sup></b>	<b>Region I</b>	<b>Region II</b>	<b>Region III</b>	<b>Region IV</b>	<b>Region V</b>	
<b>Cohort 9</b>	<b>23 Children Remain</b> 30.4% Mental Health Need 30.4% Legal Barrier 8.7% Educational Programming 4.3% Incarcerated 4.3% Case Management 4.3% Adoption Support Needed 4.3% Placement Resource 4.3% Service Not Available in Spanish 4.3% Immigration Issue 4.3 Ongoing Monitoring required	<b>29 Children Remain</b> 44.8% Trial home reunification period 20.7% Mental Health Need 13.8% Legal Barrier 6.9% Adoption in progress (minor delays) 6.9% Placement Resource 3.4% AWOL 3.4% DDS	<b>12 Children Remain</b> 50.0% Legal Barrier 16.7% Mental Health Need 8.3% ICPC 8.3% Subsidy Negotiation 8.3% DCF Case Management 8.3% Child requesting delay in adoption until Spring	<b>20 Children Remain-</b> 55.0% Legal Barrier 10.0% DCF Case Management 5.0% Placement Resource 5.0% Mental Health Need 5.0% Licensing 5.0% Ongoing Voluntary Services Required 5.0% DMHAS 5.0% Protective Supervision and Services newly implemented 5.0% Medical Need	<b>28 Children Remain</b> 53.6% adoption in progress (minor delays) 25.0% Goal changes to TOG - not yet established with court 14.3% TPR Pending 7.1% trial home reunification period	<b>112</b>
<b>Total Children</b>	<b>196</b>	<b>361</b>	<b>262</b>	<b>360</b>	<b>456</b>	<b>1635</b>

<sup>8</sup> Cohort 9: Children exiting all cohorts 1 through 8 but having remaining unmet service need(s)



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

### **A.-F.**

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

### **B. Health Care Treatment**

Under Stipulation § VII.B, the Department is responsible for the health care treatment needs of all children in care for any medically necessary treatment that is identified not only by the EPSDT screen but through the various assessments that are completed by DCF and various providers serving the children. The Department's performance in meeting this requirement is routinely captured in the Court Monitor's Quarterly Review of Outcome Measure 15 (Children's Need Met). In the Third Quarter, Mental Health and Substance Abuse Treatment Needs unmet for children in the sample or were present in 10 cases or 19.2% of the cases reviewed in which both children and/or parents needs were not adequately met impacting the children's overall progress toward case goals. During this period, dental needs were not timely or adequately addressed in 8 cases or 15.4% of the sample. Medical needs were not timely or adequately addressed in 8 cases or 15.4% of the sample.

### **Stipulation §VIII. Treatment Planning**

The new case plan format has officially replaced the treatment plan document in LINK effective the week of September 21, 2009. Training has been completed statewide and there have been no major issues reported related to technical implementation. The Fourth Quarter review will be the first report where all the sampled cases will utilize the new format.

## **Stipulation §IX. Interim Performance**

### **B. Health Care**

#### **1. Dental Service Needs**

As of September 30, 2009, Section III.2 Dental Service Needs within Outcome Measure 15 Methodology was determined appropriately met 84.6% of the cases. (Target goal 85.0%).

#### **2. Mental Health Service Needs**

As of September 30, 2009 Section III.3 Mental Health Service Needs within Outcome Measure 15 Methodology was determined to be appropriately met within 80.8% of the cases reviewed. (Target goal 85.0%).

### **C. Contracting or Providing Services to Meet the Permanency Goal**

As of September 30, 2009 the "DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal component of the Outcome Measure 15 Methodology was determined to be appropriately met in 80.8% ( Target goal was 73%).

### **D. Goals for Increasing Family Based Placements**

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

duration of the Stipulation. The November 2009 data indicates that 74% of children in DCF custody were in family-based settings.

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

**1. Action Steps to Achieving Goals Identified**

As of September 30, 2009 the "Action Steps to Achieving Goals Identified" case planning component of the Outcome Measure 3 Methodology was determined to be met in 63.5% of the cases reviewed. (Target Goal 85.0%)

**2. Determining Goals and Objectives**

As of September 30, 2009 the "Determining Goals/Objectives" case planning component of the Outcome Measure 3 Methodology was 78.8% (Target Goal is 85.0%)

**3. Planning for Permanency**

As of September 30, 2009 the "Planning for Permanency" case planning component of the Outcome Measure 3 Methodology was 86.5% (Target Goal is 85.0%)

**4. Strengths/Needs/Other Issues**

As of September 30, 2009 the "Strengths /Need/Other Issues" case planning component of the Outcome Measure 3 Methodology was 86.5% (Target Goal is 85.0%)

**5. Progress**

As of September 30, 2009 the "Progress" case planning component of the Outcome Measure 3 Methodology was 92.3% (Target Goal is 85.0%)

### **Juan F. Action Plan- Third Quarter 2009 Updates**

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

A set of monitoring strategies for the Juan F. Action Plan were finalized by the Court Monitor. The monitoring strategies include regular meetings with the Department staff, the Plaintiffs, provider groups, and other stakeholders to focus on the impact of the action steps outlined in the Juan F. Action Plan; selected on-site visits with a variety of providers each quarter; targeted reviews of critical elements of the Juan F. Action Plan; ongoing analysis of submitted data reports; and attendance at a variety of meetings related to the specific initiatives and ongoing activities outlined in the Juan F. Action Plan. Targeted review activities are also conducted that build upon the current methodology for Needs Met (Outcome Measure 15) and reflect the July 2008 agreement Stipulation Regarding Outcome Measures 3 and 15. The specific cohorts being reviewed and methodology are components of the Stipulation.

- The following are 9 identified populations of children outlined in the Juan F. Action Plan for regular updates on progress in meeting the children's permanency needs.

1. Child pre-TPR + in care > 3 months with no permanency goal (N=67) as of November 2006.  
Goal = 0 by 3/1/07.

*In August 2009 there were 49 children. As of November 2009 there are 68 children.*

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

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

*As of August 2009 there were 70 cases with no reason for not filing TPR (blank).  
As of November 2009 there are 57 cases with no reason for not filing TPR (blank).*

*Many of our review activities have noted an area needing improvement is the identification of valid compelling reasons. A review of the cases with compelling reasons is needed to assess the accuracy and appropriateness of the designated compelling reasons.*

3. Child post-TPR + goal of adoption + in-care > 12 months + no resource barrier identified (N=90) as of November 2006.

*As of August 2009 there were 43 children where the permanency barrier titled "no resource" is identified, 88 children with the permanency barrier of "no barrier identified", and 220 that are blank. In addition, 16 have "ICPC" as a barrier, 22 cite a "pending appeal", 3 have "pending investigations", 60 indicate a "special needs barrier", 19 are "subsidy negotiation", 119 indicate that "support is needed" and 27 have "foster parent indecision" indicated.*

*As of November 2009 there are 34 children where the permanency barrier titled "no resource" is identified, 56 children with the permanency barrier of "no barrier identified", and 250 that are blank. In addition, 14 have "ICPC" as a barrier, 21 cite a "pending appeal", 1 have "pending investigations", 64 indicate a "special needs barrier", 24 are "subsidy negotiation", 92 indicate that "support is needed" and 21 have "foster parent indecision" indicated.*

4. Child post-TPR + goal of adoption + in care > 12 months + same barrier to adoption in place > 90 days (N=169) as of November 2006.

*In August 2009 there were 190 children.*

*As of November 2009 there are 190 children in this cohort.*

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

*In August 2009 there were 266 children in the cohort.*

*As of November 2009 there are 239 children in this cohort.*

6. Child pre-TPR + no TPR filed + in care < 6 months + goal of adoption. (N=18) as of November 2006.

*In August 2009 there were 14 children in this cohort.*

*As of November 2009 there are 11 children in this cohort.*

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

*In August 2009 there were 513 children in this population.*

*As of November 2009 there are 453 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.

*In August 2009 there were 115 children in this population.*

*As of November 2009 there are 116 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.

*In August 2009 there were 692 children in this population (88 were placed with a relative in a long term foster home arrangement).*

*As of November 2009 there are 665 children in this population (79 are placed with a relative in a long term foster home arrangement).*

## JUAN F. ACTION PLAN MONITORING REPORT

**NOVEMBER 2009**

This report includes data relevant to the permanency and placement issues and action steps embodied within the Action Plan. Data provided comes from several sources: the monthly point-in-time information from LINK, the Chapin Hall database and the Behavioral Health Partnership database.

### A. PERMANENCY ISSUES

#### Progress Towards Permanency:

The following table developed using the Chapin Hall database provides a longitudinal view of permanency for annual admission cohorts from 2002 through 2009.

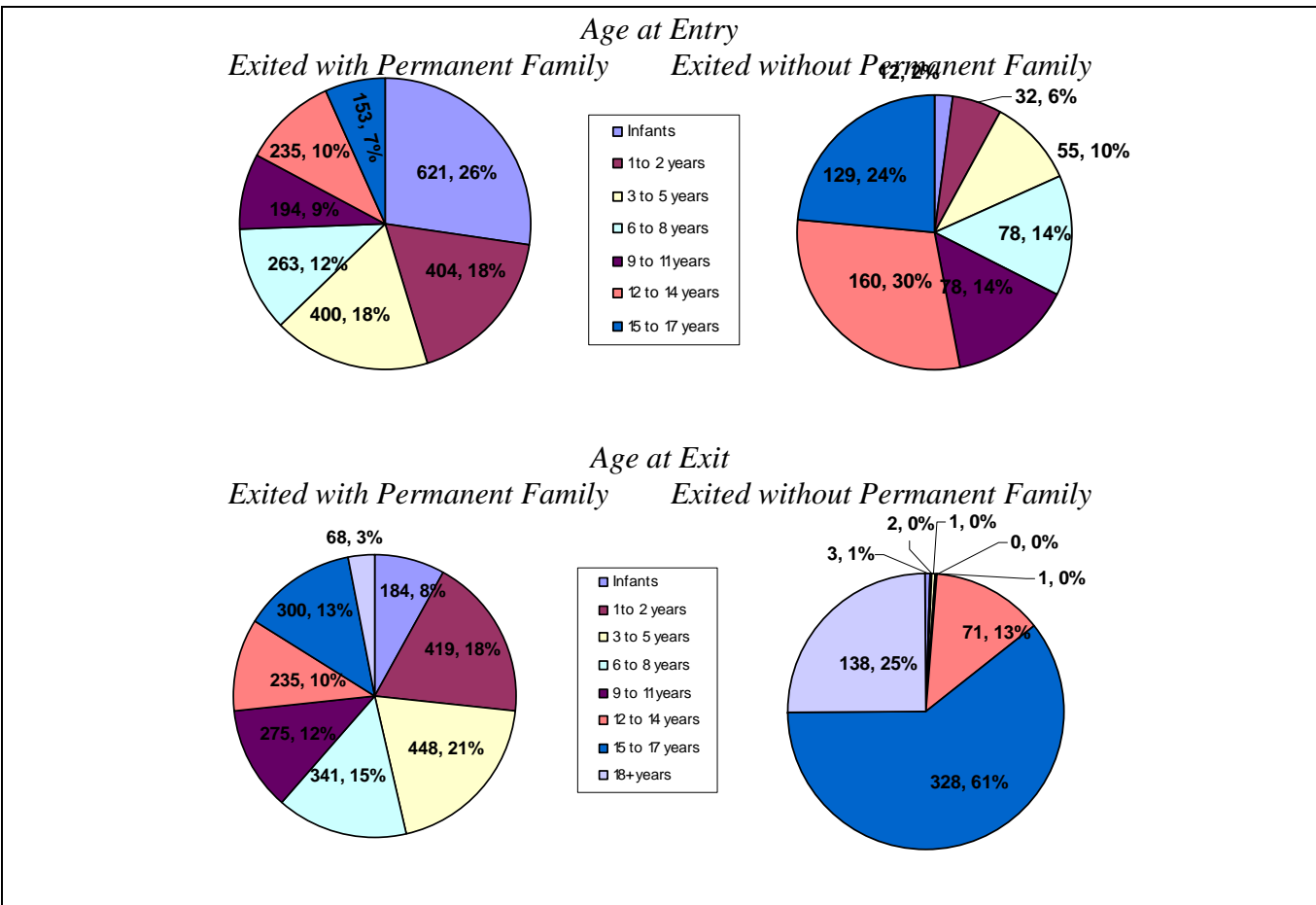
**Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)**

	Period of Entry to Care							
	2002	2003	2004	2005	2006	2007	2008	2009
<b>Total Entries</b>	3107	3548	3206	3093	3408	2855	2827	1989
<b>Permanent Exits</b>								
<b>In 1 yr</b>	1184 38.1%	1404 39.6%	1230 38.4%	1131 36.6%	1264 37.1%	1094 38.3%		
<b>In 2 yrs</b>	1644 52.9%	2076 58.5%	1806 56.3%	1743 56.4%	1972 57.9%			
<b>In 3 yrs</b>	1971 63.4%	2383 67.2%	2093 65.3%	2016 65.2%				
<b>In 4 yrs</b>	2142 68.9%	2538 71.5%	2263 70.6%					
<b>To Date</b>	2287 73.6%	2672 75.3%	2331 72.7%	2181 70.5%	2392 70.2%	1745 61.1%	1230 43.5%	463 23.3%
<b>Non-Permanent Exits</b>								
<b>In 1 yr</b>	274 8.8%	250 7.0%	231 7.2%	289 9.3%	259 7.6%	263 9.2%		
<b>In 2 yrs</b>	332 10.7%	321 9.0%	301 9.4%	372 12.0%	345 10.1%			
<b>In 3 yrs</b>	365 11.7%	367 10.3%	366 11.4%	432 14.0%				
<b>In 4 yrs</b>	406 13.1%	393 11.1%	403 12.6%					
<b>To Date</b>	470 15.1%	439 12.4%	435 13.6%	469 15.2%	407 11.9%	328 11.5%	267 9.4%	96 4.8%

	Period of Entry to Care							
	2002	2003	2004	2005	2006	2007	2008	2009
<b><i>Unknown Exits</i></b>								
<b><i>In 1 yr</i></b>	107 3.4%	155 4.4%	129 4.0%	84 2.7%	77 2.3%	63 2.2%		
<b><i>In 2 yrs</i></b>	137 4.4%	195 5.5%	172 5.4%	125 4.0%	121 3.6%			
<b><i>In 3 yrs</i></b>	162 5.2%	222 6.3%	209 6.5%	166 5.4%				
<b><i>In 4 yrs</i></b>	180 5.8%	246 6.9%	236 7.4%					
<b><i>To Date</i></b>	223 7.2%	282 7.9%	253 7.9%	184 5.9%	145 4.3%	98 3.4%	81 2.9%	24 1.2%
<b><i>Remain In Care</i></b>								
<b><i>In 1 yr</i></b>	1542 49.6%	1739 49.0%	1616 50.4%	1589 51.4%	1808 53.1%	1435 50.3%		
<b><i>In 2 yrs</i></b>	994 32.0%	956 26.9%	927 28.9%	853 27.6%	970 28.5%			
<b><i>In 3 yrs</i></b>	609 19.6%	576 16.2%	538 16.8%	479 15.5%				
<b><i>In 4 yrs</i></b>	379 12.2%	371 10.5%	304 9.5%					
<b><i>To Date</i></b>	127 4.1%	155 4.4%	187 5.8%	259 8.4%	464 13.6%	684 24.0%	1249 44.2%	1406 70.7%

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 (2008 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, 2009<sup>9</sup>)**

<b>Is the child legally free (his or her parents' rights have been terminated)?</b>				
<b>Yes</b>	<b>No</b>			
<b>834</b>	↓ <b>3,988</b>			
<i>Goals of:</i>	<b>Has the child been in care more than 15 months?</b>			
594 (85%)	<b>No</b>	<b>Yes</b>		
Adoption	<b>1,855</b>	↓ <b>2,133</b>		
217 (11%)	<b>Has a TPR proceeding been filed?</b>			
APPLA	<b>Yes</b>	<b>No</b>		
6 (1%)	<b>552</b>	↓ <b>1,581</b>		
Blank	<i>Goals of:</i>	<b>Is a reason documented not to file TPR?</b>		
10 (1%)	309 (56%)	<b>Yes</b>	<b>No</b>	
Relatives	Adoption	<b>1,230</b>	<b>351</b>	
7 (1%)	192 (35%)	<i>Goals of:</i>	<i>Documented</i>	<i>Goals of:</i>
Reunify	APPLA	808 (66%)	<i>Reasons:</i>	145 (41%)
	30 (5%)	APPLA	80%	Reunify
	Reunify	201 (16%)	Compelling	129 (37%)
	11 (2%)	Reunify	Reason	APPLA
	Trans. of	88 (7%)	11%	33 (9%)
	Guardian: Sub	Relatives	Child is with	Adoption
	8 (1%)	58 (5%)	relative	31 (8%)
	Relatives	Adoption	5%	Trans. of
	2 (0%)	72 (6%)	Petition in	Guardian:
	Blank	Trans. of	process	Sub/Unsub
		Guardian:	4%	6 (2%)
		Sub/Unsub	Service not	Relatives
		2 (0%)	provided	5 (1%)
		Blank		Blank
		1 (0%)		2 (1%)
		Not Applicable		Not Applicable

<sup>9</sup> Children over age 18 are included in these figures.

**Preferred Permanency Goals:**

<b>Reunification</b>	<b>Oct 2008</b>	<b>Nov 2008</b>	<b>Feb 2009</b>	<b>May 2009</b>	<b>Aug 2009</b>	<b>Nov 2009</b>
Total number of children with Reunification goal, pre-TPR and post-TPR	1745	1710	1661	1627	1620	1545
Number of children with Reunification goal pre-TPR	1742	1709	1658	1622	1612	1538
<ul style="list-style-type: none"> <li>Number of children with Reunification goal, pre-TPR, &gt;= 15 months in care</li> </ul>	346	367	368	386	380	359
<ul style="list-style-type: none"> <li>Number of children with Reunification goal, pre-TPR, &gt;= 36 months in care</li> </ul>	46	54	51	55	61	48
Number of children with Reunification goal, post-TPR	3	1	3	5	8	7

<b>Transfer of Guardianship (Subsidized and Non-Subsidized)</b>	<b>Oct 2008</b>	<b>Nov 2008</b>	<b>Feb 2009</b>	<b>May 2009</b>	<b>Aug 2009</b>	<b>Nov 2009</b>
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	213	208	195	206	198	212
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	212	208	193	203	196	212
<ul style="list-style-type: none"> <li>Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, &gt;= 22 months</li> </ul>	73	78	63	58	54	59
<ul style="list-style-type: none"> <li>Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, &gt;= 36 months</li> </ul>	23	24	26	21	23	26
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	1	0	2	3	2	0

<b>Adoption</b>	<b>Oct 2008</b>	<b>Nov 2008</b>	<b>Feb 2009</b>	<b>May 2009</b>	<b>Aug 2009</b>	<b>Nov 2009</b>
Total number of children with Adoption goal, pre-TPR and post-TPR	1319	1340	1341	1324	1239	1177
Number of children with Adoption goal, pre-TPR	680	711	664	631	603	583
Number of children with Adoption goal, TPR not filed, >= 15 months in care	103	89	109	111	93	91

<b>Adoption</b>	<b>Oct 2008</b>	<b>Nov 2008</b>	<b>Feb 2009</b>	<b>May 2009</b>	<b>Aug 2009</b>	<b>Nov 2009</b>
• Reason TPR not filed, Compelling Reason	31	28	27	24	24	20
• Reason TPR not filed, petitions in progress	55	40	33	31	20	27
• Reason TPR not filed , child is in placement with relative	9	11	10	5	6	7
• Reason TPR not filed, services needed not provided	4	4	7	6	9	4
• Reason TPR not filed, blank	4	6	32	45	34	33
Number of cases with Adoption goal post-TPR	639	629	677	693	636	594
• Number of children with Adoption goal, post-TPR, in care >= 15 months	606	593	636	656	602	563
• Number of children with Adoption goal, post-TPR, in care >= 22 months	539	523	552	571	525	475
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	74	72	64	74	69	44
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	369	351	355	356	304	266
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	87	99	113	146	154	176

<b>Progress Towards Permanency:</b>	<b>Oct 2008</b>	<b>Nov 2008</b>	<b>Feb 2009</b>	<b>May 2009</b>	<b>Aug 2009</b>	<b>Nov 2009</b>
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	179	195	253	290	296	257

**Non-Preferred Permanency Goals:**

<b>Long Term Foster Care Relative:</b>	<b>Oct 2008</b>	<b>Nov 2008</b>	<b>Feb 2009</b>	<b>May 2009</b>	<b>Aug 2009</b>	<b>Nov 2009</b>
Total number of children with Long Term Foster Care Relative goal	135	133	129	125	113	102
Number of children with Long Term Foster Care Relative goal, pre-TPR	121	119	118	114	103	92
<ul style="list-style-type: none"> <li>Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR</li> </ul>	14	10	12	13	8	4
Long Term Foster Care Rel. goal, post-TPR	14	14	11	11	10	10
<ul style="list-style-type: none"> <li>Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR</li> </ul>	4	4	3	3	3	2

<b>APPLA*</b>	<b>Oct 2008</b>	<b>Nov 2008</b>	<b>Feb 2009</b>	<b>May 2009</b>	<b>Aug 2009</b>	<b>Nov 2009</b>
Total number of children with APPLA goal	1148	1126	1039	1010	966	928
Number of children with APPLA goal, pre-TPR	895	874	798	774	729	712
<ul style="list-style-type: none"> <li>Number of children with APPLA goal, 12 years old and under, pre-TPR</li> </ul>	61	57	51	51	42	40
Number of children with APPLA goal, post-TPR	253	252	241	236	237	216
<ul style="list-style-type: none"> <li>Number of children with APPLA goal, 12 years old and under, post-TPR</li> </ul>	25	24	20	17	18	16

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

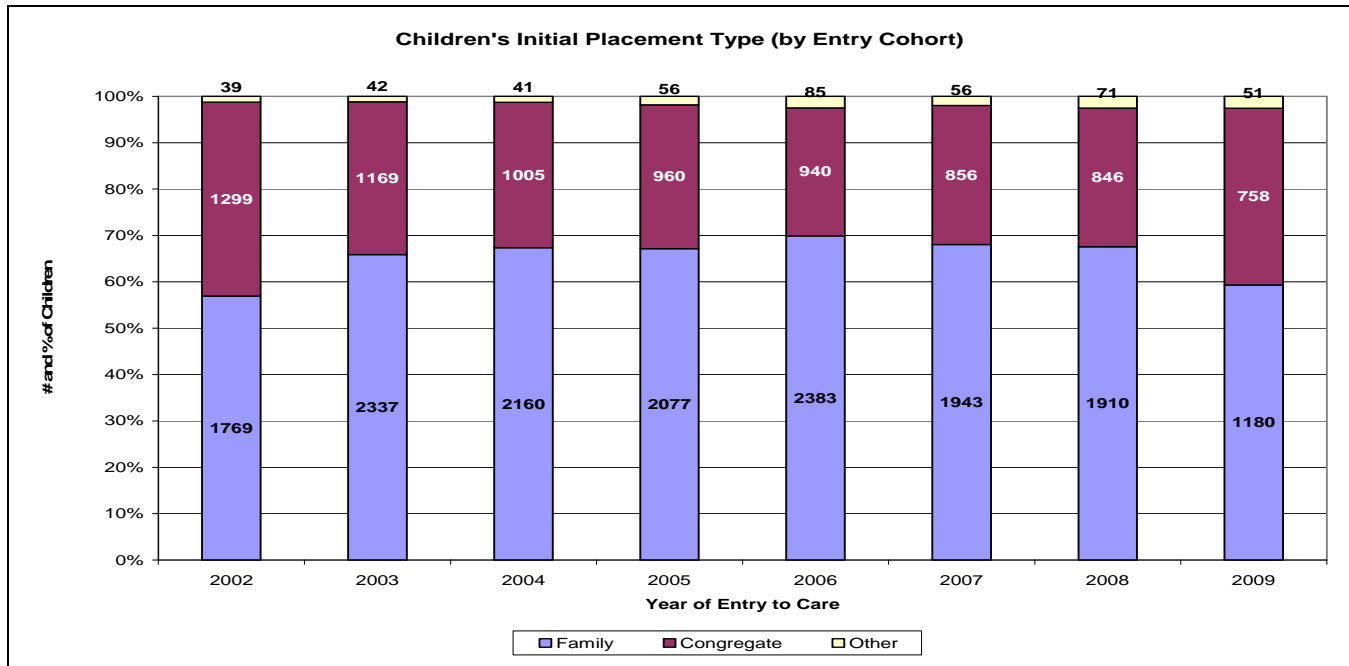
**Missing Permanency Goals:**

	<b>Oct 2008</b>	<b>Nov 2008</b>	<b>Feb 2009</b>	<b>May 2009</b>	<b>Aug 2009</b>	<b>Nov 2009</b>
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	56	66	78	59	74	83
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	6	10	19	14	26	24
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	4	3	5	3	8	4
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	3	0	2	2	7	1

**B. PLACEMENT ISSUES**

**Placement Experiences of Children**

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

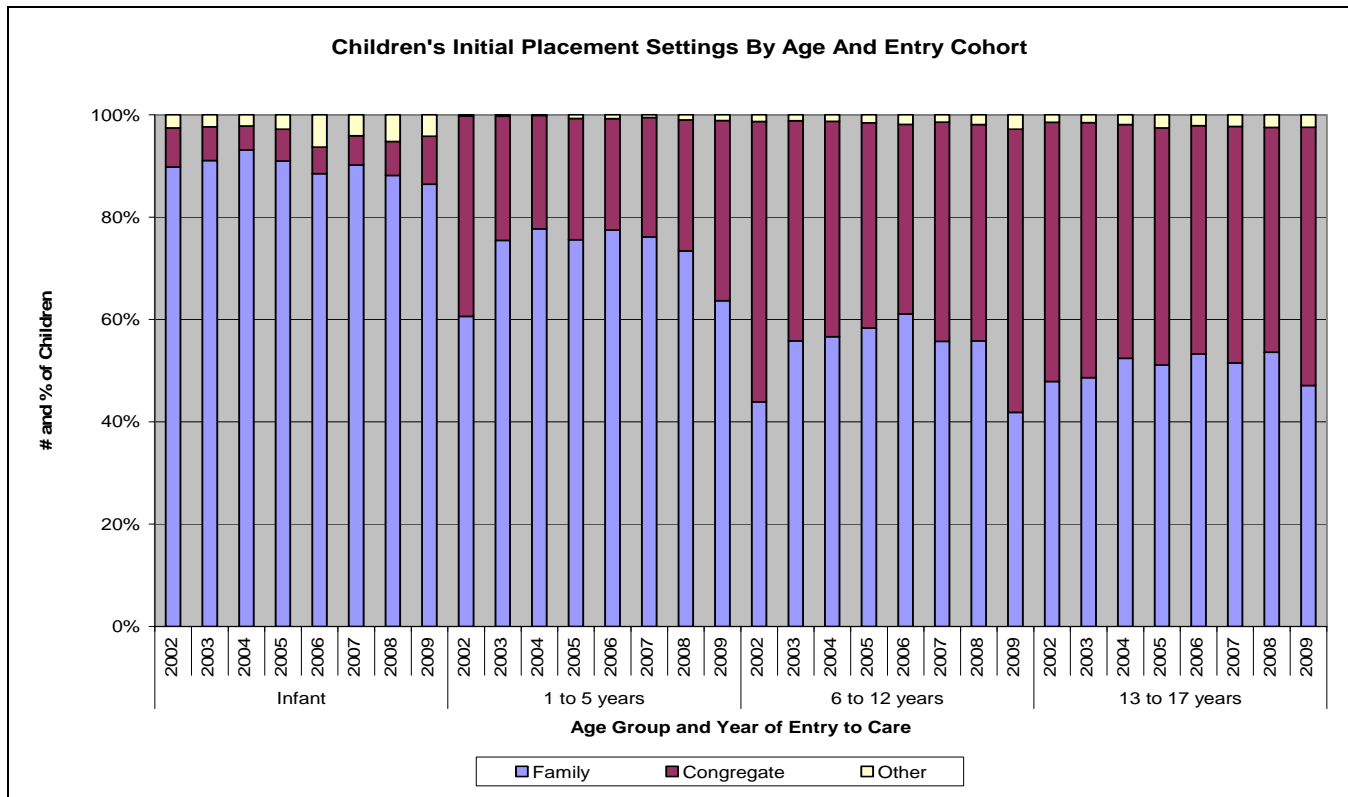


The next table shows specific care types used month-by-month for entries between July 2008 and June 2009.

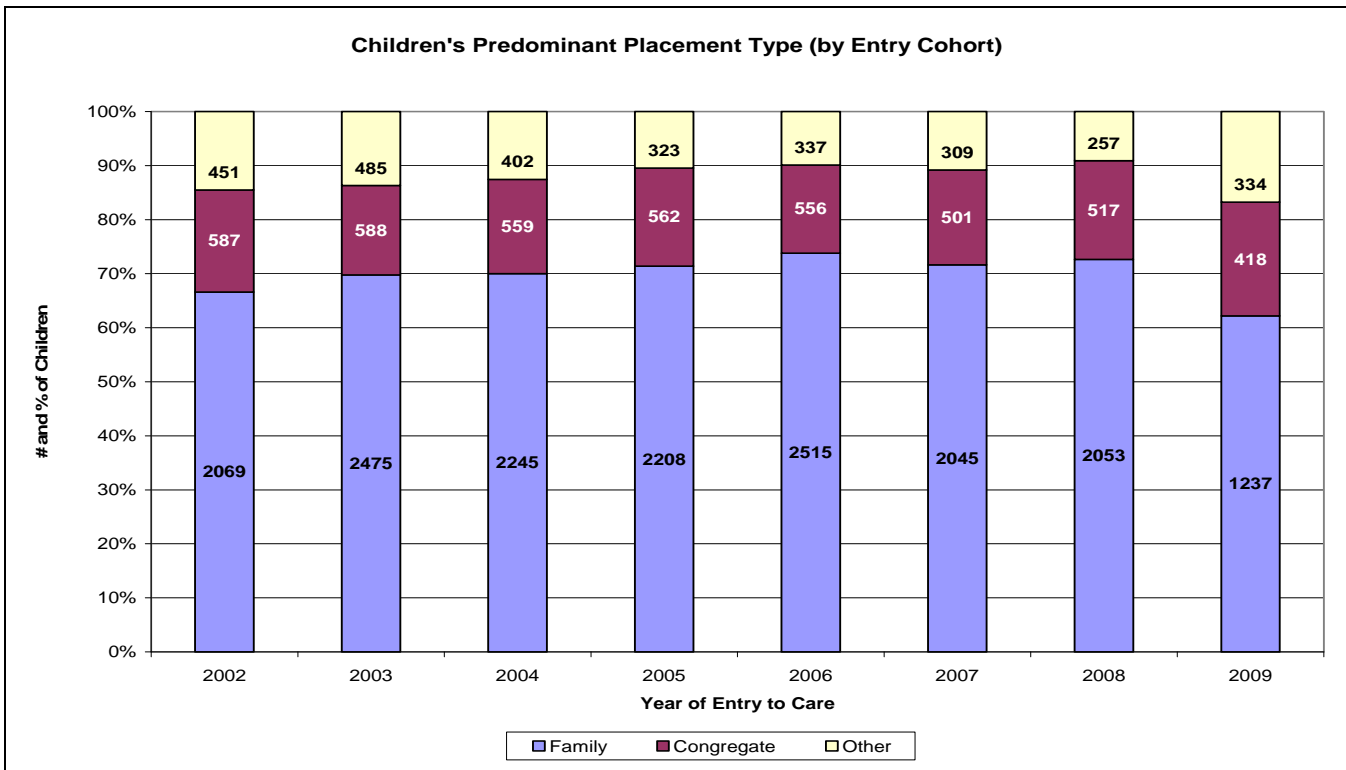
**Case Summaries**

First placement type		enter Oct08	enter Nov08	enter Dec08	enter Jan09	enter Feb09	enter Mar09	enter Apr09	enter May09	enter Jun09	enter Jul09	enter Aug09	enter Sep09
Residential	N	17	24	16	12	19	22	9	19	17	20	20	18
	%	8.1%	10.9%	7.7%	5.7%	9.1%	8.8%	3.6%	7.7%	7.0%	9.9%	9.7%	10.2%
DCF Facilities	N	8	5	3	3	5	9	7	7	5	6	6	1
	%	3.8%	2.3%	1.4%	1.4%	2.4%	3.6%	2.8%	2.8%	2.0%	3.0%	2.9%	.6%
Foster Care	N	108	106	95	97	104	95	122	122	131	85	90	90
	%	51.4%	48.0%	45.9%	45.8%	49.8%	38.2%	49.2%	49.4%	53.7%	41.9%	43.5%	50.8%
Group Home	N	4	7	1	3	3	1	3	6	4	9	7	1
	%	1.9%	3.2%	.5%	1.4%	1.4%	.4%	1.2%	2.4%	1.6%	4.4%	3.4%	.6%
Relative Care	N	27	18	33	27	22	28	25	14	19	27	17	22
	%	12.9%	8.1%	15.9%	12.7%	10.5%	11.2%	10.1%	5.7%	7.8%	13.3%	8.2%	12.4%
Medical	N	2	7	6	6	6	9	5	8	2	7	4	4
	%	1.0%	3.2%	2.9%	2.8%	2.9%	3.6%	2.0%	3.2%	.8%	3.4%	1.9%	2.3%
Safe Home	N	31	32	33	48	31	69	42	38	43	25	41	27
	%	14.8%	14.5%	15.9%	22.6%	14.8%	27.7%	16.9%	15.4%	17.6%	12.3%	19.8%	15.3%
Shelter	N	12	14	15	11	10	15	26	27	19	18	18	11
	%	5.7%	6.3%	7.2%	5.2%	4.8%	6.0%	10.5%	10.9%	7.8%	8.9%	8.7%	6.2%
Special Study	N	1	8	5	5	9	1	9	6	4	6	4	3
	%	.5%	3.6%	2.4%	2.4%	4.3%	.4%	3.6%	2.4%	1.6%	3.0%	1.9%	1.7%
Total	N	210	221	207	212	209	249	248	247	244	203	207	177
	%	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 2009 admission cohorts.



The following chart shows monthly statistics of children who exited from DCF placements between July 2008 and June 2009, 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 Oct08	exit Nov08	exit Dec08	exit Jan09	exit Feb09	exit Mar09	exit Apr09	exit May09	exit Jun09	exit Jul09	exit Aug09	exit Sep09
Residential	N	23	19	11	15	22	23	22	13	34	21	22	12
	%	8.8%	7.6%	4.4%	6.4%	9.6%	9.2%	8.6%	5.6%	10.6%	7.6%	7.9%	6.5%
DCF Facilities	N	2	4		5	3	5	4	2	8	1	3	3
	%	.8%	1.6%		2.1%	1.3%	2.0%	1.6%	.9%	2.5%	.4%	1.1%	1.6%
Foster Care	N	123	114	139	105	111	117	117	117	160	139	150	77
	%	47.3%	45.4%	55.6%	44.9%	48.3%	46.6%	45.7%	50.0%	49.8%	50.2%	54.0%	41.8%
Group Home	N	14	17	11	11	11	9	11	7	16	16	19	15
	%	5.4%	6.8%	4.4%	4.7%	4.8%	3.6%	4.3%	3.0%	5.0%	5.8%	6.8%	8.2%
Independent Living	N	2	6	2	7	6	6	2	2	3	2	5	1
	%	.8%	2.4%	.8%	3.0%	2.6%	2.4%	.8%	.9%	.9%	.7%	1.8%	.5%
Relative Care	N	55	56	50	51	55	52	53	57	60	61	47	50
	%	21.2%	22.3%	20.0%	21.8%	23.9%	20.7%	20.7%	24.4%	18.7%	22.0%	16.9%	27.2%
Medical	N	2	1	1	2	1			4	4	3	3	1
	%	.8%	.4%	.4%	.9%	.4%			1.7%	1.2%	1.1%	1.1%	.5%
Safe Home	N	23	12	15	14	11	16	24	5	15	14	13	11
	%	8.8%	4.8%	6.0%	6.0%	4.8%	6.4%	9.4%	2.1%	4.7%	5.1%	4.7%	6.0%
Shelter	N	9	5	11	13	5	12	12	14	8	8	4	7
	%	3.5%	2.0%	4.4%	5.6%	2.2%	4.8%	4.7%	6.0%	2.5%	2.9%	1.4%	3.8%
Special Study	N	7	15	9	10	5	7	10	12	13	10	10	5
	%	2.7%	6.0%	3.6%	4.3%	2.2%	2.8%	3.9%	5.1%	4.0%	3.6%	3.6%	2.7%
Uknown	N		2	1	1		4	1	1		2	2	2
	%		.8%	.4%	.4%		1.6%	.4%	.4%		.7%	.7%	1.1%
Total	N	260	251	250	234	230	251	256	234	321	277	278	184
	%	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 June 30, 2009 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	18	36	54	80	73	121	140	522
		% of Row	3.4%	6.9%	10.3%	15.3%	14.0%	23.2%	26.8%	100.0%
		% of Col	10.7%	11.5%	10.6%	10.6%	11.9%	11.2%	9.1%	10.5%
	DCF Facilities	Count	1	9	16	24	10	7	11	78
		% of Row	1.3%	11.5%	20.5%	30.8%	12.8%	9.0%	14.1%	100.0%
		% of Col	.6%	2.9%	3.1%	3.2%	1.6%	.6%	.7%	1.6%
	Foster Care	Count	81	117	208	347	320	540	866	2479
		% of Row	3.3%	4.7%	8.4%	14.0%	12.9%	21.8%	34.9%	100.0%
		% of Col	47.9%	37.4%	40.8%	45.9%	52.2%	50.1%	56.6%	49.9%
	Group Home	Count	1	14	9	26	14	42	85	191
		% of Row	.5%	7.3%	4.7%	13.6%	7.3%	22.0%	44.5%	100.0%
		% of Col	.6%	4.5%	1.8%	3.4%	2.3%	3.9%	5.6%	3.8%
	Independent Living	Count	0	0	1	1	1	8	3	14
		% of Row	.0%	.0%	7.1%	7.1%	7.1%	57.1%	21.4%	100.0%
		% of Col	.0%	.0%	.2%	.1%	.2%	.7%	.2%	.3%
	Relative Care	Count	26	39	79	173	121	190	116	744
		% of Row	3.5%	5.2%	10.6%	23.3%	16.3%	25.5%	15.6%	100.0%
		% of Col	15.4%	12.5%	15.5%	22.9%	19.7%	17.6%	7.6%	15.0%
Medical	Count	3	4	4	9	4	1	3	28	
	% of Row	10.7%	14.3%	14.3%	32.1%	14.3%	3.6%	10.7%	100.0%	
	% of Col	1.8%	1.3%	.8%	1.2%	.7%	.1%	.2%	.6%	
Mixed (none >50%)	Count	0	5	8	20	24	74	235	366	
	% of Row	.0%	1.4%	2.2%	5.5%	6.6%	20.2%	64.2%	100.0%	
	% of Col	.0%	1.6%	1.6%	2.6%	3.9%	6.9%	15.3%	7.4%	
Safe Home	Count	25	50	53	30	12	17	5	192	
	% of Row	13.0%	26.0%	27.6%	15.6%	6.3%	8.9%	2.6%	100.0%	
	% of Col	14.8%	16.0%	10.4%	4.0%	2.0%	1.6%	.3%	3.9%	
Shelter	Count	11	26	43	11	3	3	2	99	
	% of Row	11.1%	26.3%	43.4%	11.1%	3.0%	3.0%	2.0%	100.0%	
	% of Col	6.5%	8.3%	8.4%	1.5%	.5%	.3%	.1%	2.0%	
Special Study	Count	3	9	26	29	28	75	55	225	
	% of Row	1.3%	4.0%	11.6%	12.9%	12.4%	33.3%	24.4%	100.0%	
	% of Col	1.8%	2.9%	5.1%	3.8%	4.6%	7.0%	3.6%	4.5%	
Unknown	Count	0	4	9	6	3	0	10	32	
	% of Row	.0%	12.5%	28.1%	18.8%	9.4%	.0%	31.3%	100.0%	
	% of Col	.0%	1.3%	1.8%	.8%	.5%	.0%	.7%	.6%	
Total	Count	169	313	510	756	613	1078	1531	4970	
	% of Row	3.4%	6.3%	10.3%	15.2%	12.3%	21.7%	30.8%	100.0%	
	% of Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

### Congregate Care Settings

<b>Placement Issues</b>	<b>Oct 2008</b>	<b>Nov 2008</b>	<b>Feb 2009</b>	<b>May 2009</b>	<b>Aug 2009</b>	<b>Nov 2009</b>
Total number of children 12 years old and under, in Congregate Care	278	248	222	238	243	248
• Number of children 12 years old and under, in DCF Facilities	16	14	16	9	15	13
• Number of children 12 years old and under, in Group Homes	53	56	44	47	53	49
• Number of children 12 years old and under, in Residential	63	60	45	45	30	34
• Number of children 12 years old and under, in SAFE Home	122	96	97	115	113	125
• Number of children 12 years old and under, in Permanency Diagnostic Center	14	15	12	13	14	13
• Number of children 12 years old and under in MH Shelter	7	4	4	9	7	11
Total number of children ages 13-17 in Congregate Placements	835	843	853	878	859	830

### 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.

	<b>Period of Entry to Care</b>							
	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Total Entries</b>	3107	3548	3206	3093	3408	2855	2827	1989
<b>SAFE Homes &amp; PDCs</b>	729	629	453	395	396	382	335	361
	23%	18%	14%	13%	12%	13%	12%	18%
<b>Shelters</b>	166	135	147	178	114	136	144	155
	5%	4%	5%	6%	3%	5%	5%	8%
<b>Total</b>	895	764	600	573	510	518	479	516
	29%	22%	19%	19%	15%	18%	17%	26%

	Period of Entry to Care							
	2002	2003	2004	2005	2006	2007	2008	2009
<b>Total Initial Plcmnts</b>	895	764	600	573	510	518	479	516
<= 30 days	351 39%	308 40%	249 42%	242 42%	186 36%	162 31%	150 31%	197 38%
31 - 60	285 32%	180 24%	102 17%	114 20%	73 14%	73 14%	102 21%	115 22%
61 - 91	106 12%	121 16%	81 14%	76 13%	87 17%	79 15%	85 18%	122 24%
92 - 183	102 11%	107 14%	124 21%	100 17%	118 23%	131 25%	110 23%	74 14%
184+	51 6%	48 6%	44 7%	41 7%	46 9%	73 14%	32 7%	8 2%

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

Placement Issues	Aug 2008	Oct 2008	Nov 2008	Feb 2009	May 2009	Aug 2009	Nov 2009
Total number of children in SAFE Home	175	132	102	115	125	120	132
• Number of children in SAFE Home, > 60 days	95	84	50	44	43	54	58
• Number of children in SAFE Home, >= 6 months	19	14	9	14	9	9	14
Total number of children in STAR/Shelter Placement	76	72	73	77	91	85	80
• Number of children in STAR/Shelter Placement, > 60 days	39	32	30	36	33	40	37
• Number of children in STAR/Shelter Placement, >= 6 months	8	6	4	8	8	4	7
Total number of children in Permanency Planning Diagnostic Center	20	17	18	14	17	18	18
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	17	14	13	8	11	12	11
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	7	7	8	6	6	1	5
Total number of children in MH Shelter	8	7	5	4	3	7	12
• Total number of children in MH Shelter, > 60 days	6	6	5	4	1	3	8
• Total number of children in MH Shelter, >= 6 months	4	2	0	2	1	0	1

**Time in Residential Care**

<b>Placement Issues</b>	<b>Aug 2008</b>	<b>Oct 2008</b>	<b>Nov 2008</b>	<b>Feb 2009</b>	<b>May 2009</b>	<b>Aug 2009</b>	<b>Nov 2009</b>
Total number of children in Residential care	578	542	529	534	530	509	498
<ul style="list-style-type: none"><li>• Number of children in Residential care, &gt;= 12 months in Residential placement</li></ul>	150	133	125	119	144	131	133
<ul style="list-style-type: none"><li>• Number of children in Residential care, &gt;= 60 months in Residential placement</li></ul>	4	5	4	4	5	5	4

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

**Summary Findings**

- The Third Quarter 2009 Monitor's Office Case Review of Outcome Measure 3 and Outcome Measure 15 included a total of 52 cases. The Monitor finds **a total of 53.8% of the 52 case plans sampled were deemed appropriate for Outcome Measure 3.** This is a decline from the past three quarters.
- **For Outcome Measure 15** during the Third Quarter 2009, a total of twenty-nine cases or **55.8% of the sample had evidence that DCF was meeting children and families' needs during the last six month period.** This is a decline from the past two quarter's performance in which the Department had achieved scores above 60%.
- Twenty-one cases (40.4%) achieved both standards during the quarter.

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

Overall Score for OM3	Overall Score for Outcome Measure 15		
	Needs Met	Needs Not Met	Total
Appropriate Case Plan	21	7	28
Not an Appropriate Case Plan	8	16	24
<b>Total</b>	29	23	52

- There appears to be mixed results in efforts to increase engagement of key participants in case planning activity. Rates of participation are highest among foster parents and mothers. Lowest continue to be those of the parents' attorneys.
- 48.1% of the sample population in which SDM was required by policy did not have consistent 90 day reassessments in LINK to the point of the review.
- There were 154 discrete unmet needs identified by the review team across 40 of the 52 cases in the prior six month period.
- Sixty-one service needs that were discussed at the time of the ACR or family conference or otherwise identified as a need within narratives were not incorporated into the most recent approved case plan document.

### Findings Related to Outcome Measure 3

In only one area office was the required 90% threshold for appropriate Case Plans developed as set forth in the DCF Court Monitor's Protocol for Outcome Measures 3 and 15 met. This was achieved by the Norwich Office achieved 100.0%. The nearest high performance is reported out of the New Britain Area Office which had five of its six case plans achieve passing status, or 83.3%.

A decline in the quality of case plans is evident across the state and is likely partially attributable to the recent large scale retirement in July as well as the roll out of the new case plan system in LINK. Crosstabulations that follow shows the quarter's performance by area office, by race, case type and sex. Child in Placement case plans, specifically those in Voluntary Services had the highest rate of compliance related to Outcome Measure 3 attainment with 66.7% of those plans achieving passing status. Case plans of females tended to have a slightly higher rate of attainment of appropriate Case Plan status, with 62.5% versus 58.8% of their male counterpart's plans achieving that status. Race did not appear to have significant impact, with the exception of those identified as "UTD" having a slightly higher rate of compliance at 66.7%. However, given the lower number of these cases within the sample appropriate weight should be given to these findings.

### Historical Findings on OM3 Compliance -Third Quarter 2006 to Third Quarter 2009

Quarter	Sample (n)	Percent Appropriate
3 <sup>rd</sup> Quarter 2006	35	54.3%
4 <sup>th</sup> Quarter 2006	73	41.1%
1 <sup>st</sup> Quarter 2007	75	41.3%
2 <sup>nd</sup> Quarter 2007	76	30.3%
3 <sup>rd</sup> Quarter 2007	50	32.0%
4 <sup>th</sup> Quarter 2007	51	51.0%
1 <sup>st</sup> Quarter 2008	51	58.8%
2 <sup>nd</sup> Quarter 2008	52	55.8%
3 <sup>rd</sup> Quarter 2008	53	62.3%
4 <sup>th</sup> Quarter 2008	53	79.2%
1 <sup>st</sup> Quarter 2009	52	67.3%
2 <sup>nd</sup> Quarter 2009	52	73.1%
3 <sup>rd</sup> Quarter 2009	52	53.8%
<b>Total to Date</b>	<b>725</b>	<b>52.4%</b>

**Crosstabulation 2: What is the social worker's area office assignment? \*Overall Score for OM3  
Third Quarter 2009**

What is the social worker's area office assignment?		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
<b>Bridgeport</b>	Count	2	3	5
	% within the Area Office	40.0%	60.0%	100.0%
<b>Danbury</b>	Count	0	2	2
	% within the Area Office	.0%	100.0%	100.0%
<b>Milford</b>	Count	2	1	3
	% within the Area Office	66.7%	33.3%	100.0%
<b>Hartford</b>	Count	4	2	6
	% within the Area Office	66.7%	33.3%	100.0%
<b>Manchester</b>	Count	4	1	5
	% within the Area Office	80.0%	20.0%	100.0%
<b>Meriden</b>	Count	2	1	3
	% within the Area Office	66.7%	33.3%	100.0%
<b>Middletown</b>	Count	1	1	2
	% within the Area Office	50.0%	50.0%	100.0%
<b>New Britain</b>	Count	5	1	6
	% within the Area Office	83.3%	16.7%	100.0%
<b>New Haven Metro</b>	Count	1	3	4
	% within the Area Office	25.0%	75.0%	100.0%
<b>Norwalk</b>	Count	1	1	2
	% within the Area Office	50.0%	50.0%	100.0%
<b>Norwich</b>	Count	3	0	3
	% within the Area Office	100.0%	.0%	100.0%
<b>Stamford</b>	Count	0	2	2
	% within the Area Office	.0%	100.0%	100.0%
<b>Torrington</b>	Count	0	2	2
	% within the Area Office	.0%	100.0%	100.0%
<b>Waterbury</b>	Count	1	3	4
	% within the Area Office	25.0%	75.0%	100.0%
<b>Willimantic</b>	Count	2	1	3
	% within the Area Office	66.7%	33.3%	100.0%
<b>State Total</b>	Count	28	24	52
	% within the Area Office	53.8%	46.2%	100.0%

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

What is the type of case assignment noted in LINK		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
CPS In-Home Family Case	Count	8	9	17
	%	47.1%	52.9%	100.0%
CPS Child in Placement Case	Count	18	12	30
	%	60.0%	40.0%	100.0%
Voluntary Services In-Home Family Case	Count	0	2	2
	%	.0%	100.0%	100.0%
Voluntary Services Child in Placement Case	Count	2	1	3
	%	66.7%	33.3%	100.0%
Total	Count	28	24	52
	%	53.8%	46.2%	100.0%

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

Race (Child or Family Case Named Individual)		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
Black/African American	Count	8	7	15
	%	53.3%	46.7%	100.0%
White	Count	17	15	32
	%	53.1%	46.9%	100.0%
UTD	Count	2	1	3
	%	66.7%	33.3%	100.0%
Multiracial (more than one race)	Count	1	1	2
	%	50.0%	50.0%	100.0%
Total	Count	28	24	52
	%	53.8%	46.2%	100.0%

**Crosstabulation 5: Sex of Child \*Overall Score for OM3**

Sex of Child		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
Male	Count	10	7	17
	%	58.8%	41.2%	100.0%
Female	Count	10	6	16
	%	62.5%	37.5%	100.0%
Total	Count	20	13	33
	%	60.6%	39.4%	100.0%



The Monitor granted four override exceptions to allow cases to pass the measure where one or more of the sections may have scored marginally. There were three granted for Outcome Measure three and one granted for Outcome Measure 15.

- In one case the action plan section was weak on identifying the steps that DCF must take to achieve the change in placement for this adolescent, however other sections of the plan do speak to the contacts with MiCasa and SAIL programs and the discussion at that ACR was clear related to the referral that had been made and the ongoing contact necessary as the child awaited her chance to interview. As such the marginal score stands given the poor development of the section but the override is granted as the overall plan is well developed and by proxy you can determine what action the Department is taking during the upcoming period related to placement. (This said, we have requested the area office update the plan to make it clear for the adolescent given this new technical ability in the case plan.)
- In one case a nearly 18 year old was just over the 60 day window for well child care and has no medical issues. Child is very active - busy schedule. Appointment is being made for the youth. All other needs are met. Override granted.
- In one case the stated permanency plan section was weak as it did not clearly articulate who the child will be TOG or adopted by. Key relatives are working with the Department to be assessed and/or be a resource for the child and DCF is conducting the necessary background searches and the like to screen in or out each interested party so that the plan can move forward during the next six month period and the child can make progress toward permanency. The discussion at the ACR was full and everyone seemed to be aware of what was expected. This was not well reflected. Given the level of discussion at the ACR and references throughout the plan, the marginal score stands, however an override is granted.
- There are no action steps indicated in the grid of the case plan identified as "action steps". The score stands, however, an override is granted as the assessment section referenced the needed steps that must be taken to achieve the goal.

There were two cases in which the reviewer found concerns related to poor risk assessment that were felt to be placing a child(ren) at risk. Both of these cases were immediately responded to by the QIPS Hartford Managerial review with appropriate supervisory direction and assessment through SDM and other means to provide re-direction as necessary or better document case practice as needed. Directives included immediate home visits in which all children were seen and safety assessments were documented. Additionally, supervision and subsequent documentation has been entered to reflect contacts with providers, and action steps to address risks and needs identified and plan accordingly.

Engagement with case participants was captured through review and was noted through documentation within the narratives and/or attendance at the ACR or Family Conference. Rates were highest among foster parents and mothers. Lowest participation rates continue to be those of the parents' attorneys. Rates of attendance at the ACR or Family Conference from the prior quarter are shown for comparison. There appears to be mixed results in efforts to increase participation at the ACR or family conference.

**Table 1: Third Quarter 2009 Participation and Attendance Rates for Active Case Participants**

<b>Identified Case Participant</b>	<b>Percentage with documented Participation/ Engagement in Case Planning Discussion</b>	<i>Prior Quarter's Documented Engagement of Participation in Case Planning</i>	<b>Percentage Attending the TPC/ACR or Family Conference (when held)</b>	<i>Rate Of Attendance Prior Quarter</i>
<b>Foster Parent</b>	81.0%	82.6%	66.7%	70.8%
<b>Mother</b>	73.3%	75.0%	66.6%	73.3%
<b>Other Participants</b>	68.0%	94.7%	68.0%	94.7%
<b>Child</b>	59.1%	66.7%	50.0%	38.1%
<b>Other DCF Staff</b>	57.1%	67.9%	52.0%	64.3%
<b>Active Service Providers</b>	56.6%	60.2%	40.0%	39.4%
<b>Father</b>	44.2%	41.2%	42.1%	33.3%
<b>Attorney/GAL (Child)</b>	33.3%	17.2%	21.9%	13.8%
<b>Parents' Attorney</b>	14.3%	0.0%	14.3%	0.0%

Permanency planning with the engagement of the child and family is a focus of the new case planning process. Incorporating concurrent plans into the process continues to be an important task for improving the rate of achieving timely permanency. During this quarter there were four instances in which concurrent plans were required by policy but not identified on the case plan. In the one reunification case that appears to not have the required concurrent plan, the reviewers felt this was appropriate given the voluntary service designation and newness of the case. In the three APPLA cases in which there was no concurrent plan identified, the reviewers indicated that work was necessary to identify a concurrent plan, even if that plan were an alternate APPLA designation, given the tenuous nature of the current plan in place.

**Crosstabulation 6: What is the child or family's stated goal on the most recent approved Case Plan in place during the period? \*What is the stated concurrent plan?**

What is the child or family's stated goal on the most recent approved Case Plan in place during the period?		What is the stated concurrent plan?							Total
		Reunification	Adoption	Transfer of Guardianship	LTFC with a licensed relative	In-Home Goals - Safety/Well Being	None	APPLA	
Reunification	Count %	0 .0%	6 40.0%	4 26.7%	1 6.7%	0 .0%	1 6.7%	3 20.0%	15 100.0%
Adoption	Count %	1 14.3%	1 14.3%	0 .0%	0 .0%	0 .0%	5 71.4%	0 .0%	7 100.0%
Transfer of Guardianship	Count %	0 .0%	2 66.7%	0 .0%	1 33.3%	0 .0%	0 .0%	0 .0%	3 100.0%
In-Home Goals - Safety/Well Being	Count %	0 .0%	0 .0%	0 .0%	0 .0%	7 36.8%	12 63.2%	0 .0%	19 100.0%
None	Count %	0 .0%	0 .0%	0 .0%	0 .0%	0 .0%	1 100.0%	0 .0%	1 100.0%
APPLA	Count %	1 14.3%	2 28.6%	0 .0%	1 14.3%	0 .0%	3 42.9%	0 .0%	7 100.0%
<b>Total</b>	<b>Count %</b>	<b>2 3.8%</b>	<b>11 21.2%</b>	<b>4 7.7%</b>	<b>3 5.8%</b>	<b>7 13.5%</b>	<b>22 42.3%</b>	<b>3 5.8%</b>	<b>52 100.0%</b>

Decisions related to case planning are guided by several principles such as the ASFA guidelines that require the filing of TPR determination or petitions at the time of the child's reaching 15 of the last 22 months in care. Within this sample, decisions related to seeking permanency outside of reunification were made prior to the 12 month mark for six children. One case identified a Transfer of Guardianship, four cases identified adoption goals, and one case identified APPLA. In two of the cases identified with goals of adoption, concurrent plans of reunification were identified but did not appear to be given the focus and effort of the agency in spite of parental cooperation, and progress over the preceding six month period. That progress did not appear to be correctly reflected within SDM assessment or case planning reviewed at the time of this case planning effort. It was clear that the parental expectation included reunification as an achievable goal, while DCF had all but ruled that out and was working diligently on legal efforts and teaming to achieve permanency through termination and adoption over the next several months to a year.

One child continued to have a reunification goal having been in care greater than 24 months. One plan did not identify an appropriate DCF approved goal, but later, per the area office rebuttal, this marginal section was due to multiple relatives being assessed for possible permanency options so that a final determination was not determined at the point of the ACR and approval as to whether reunification with the non-custodial parent, LTFC with a relative, TOG or Adoption would be pursued.

**Crosstabulation 7: How many consecutive months has this child been in out of home placement as of the date of this review or date of case closure during the period?**

**\*What is the child or family's stated goal on the most recent approved Case Plan during the period?**

How many consecutive months has this child been in out of home placement as of the date of this review or date of case closure during the period?		What is the child or family's stated goal on the most recent approved Case Plan in place during the period?						Total
		Reunification	Adoption	Transfer of Guardianship	In-Home Goals - Safety/ Well Being	Goal is not an approved DCF goal	APPLA	
<b>1-6 months</b>	<b>Count</b>	4	0	0	0	0	0	4
	<b>%</b>	100.0%	.0%	.0%	.0%	.0%	.0%	100.0%
<b>7-12 months</b>	<b>Count</b>	8	4	1	0	0	1	14
	<b>%</b>	57.1%	28.6%	7.1%	.0%	.0%	7.1%	100.0%
<b>13-18 months</b>	<b>Count</b>	0	0	1	0	0	0	1
	<b>%</b>	.0%	.0%	100.0%	.0%	.0%	.0%	100.0%
<b>19-24 months</b>	<b>Count</b>	2	1	1	0	0	0	4
	<b>%</b>	50.0%	25.0%	25.0%	.0%	.0%	.0%	100.0%
<b>Greater than 24 months</b>	<b>Count</b>	1	2	0	0	1	6	10
	<b>%</b>	10.0%	20.0%	.0%	.0%	10.0%	60.0%	100.0%
<b>N/A - no child in placement (in-home case)</b>	<b>Count</b>	0	0	0	19	0	0	19
	<b>%</b>	.0%	.0%	.0%	100.0%	.0%	.0%	100.0%
<b>Total</b>	<b>Count</b>	15	7	3	19	1	7	52
	<b>%</b>	28.8%	13.5%	5.8%	36.5%	1.9%	13.5%	100.0%

There are no absent or adverse scores reported for Outcome Measure 3 this quarter. Scores for all categories are reported within the three tables below.

<b>Table 2: Case Plan OM 3 – Number and Percent of Rank Scores for All Cases Across All Categories of OM3</b>					
<b>Category</b>	<b>Optimal “5”</b>	<b>Very Good “4”</b>	<b>Marginal “3”</b>	<b>Poor “2”</b>	<b>Adverse/Absent “1”</b>
<b>I.1 Reason for DCF Involvement</b>	33 63.5%	19 36.5%	0 0.0%	0 0.0%	0 0.0%
<b>I.2. Identifying Information</b>	17 32.7%	33 63.5%	1 1.9%	1 1.9%	0 0.0%
<b>I.3. Strengths/Needs/Other Issues</b>	17 32.7%	28 52.8%	5 9.6%	2 3.8%	0 0.0%
<b>I.4. Present Situation and Assessment to Date of Review</b>	22 42.3%	18 34.6%	11 21.2%	1 1.9%	0 0.0%
<b>II.1 Determining the Goals/Objectives</b>	8 15.4%	33 63.5%	10 19.2%	1 1.9%	0 0.0%
<b>II.2. Progress<sup>10</sup></b>	17 32.7%	31 59.6%	2 3.8%	1 1.9%	0 0.0%
<b>II.3 Action Steps to Achieving Goals Identified</b>	2 3.8%	31 59.6%	17 32.7%	2 3.8%	0 0.0%
<b>II.4 Planning for Permanency</b>	28 53.8%	17 32.7%	6 11.5%	1 1.9%	0 0.0%

<sup>10</sup> One case (1.9%) indicates "too early to note progress".

<b>Table 3: Case Plan OM 3 – Number and Percent of Rank Scores for Out of Home (CIP) Cases Across All Categories of OM3</b>					
Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
<b>I.1 Reason for DCF Involvement</b>	24 72.7%	9 27.3%	0 0.0%	0 0.0%	0 0.0%
<b>I.2. Identifying Information</b>	10 30.3%	22 66.7%	1 3.0%	0 0.0%	0 0.0%
<b>I.3. Strengths/Needs/Other Issues</b>	13 36.4%	17 51.4%	3 9.1%	1 3.0%	0 0.0%
<b>I.4. Present Situation and Assessment to Date of Review</b>	15 45.5%	11 33.3%	6 18.2%	1 3.0%	0 0.0%
<b>II.1 Determining the Goals/Objectives</b>	8 24.2%	21 63.6%	3 9.1%	1 3.0%	0 0.0%
<b>II.2. Progress<sup>11</sup></b>	15 45.5%	17 51.5%	0 0.0%	0 0.0%	0 0.0%
<b>II.3 Action Steps to Achieving Goals Identified</b>	2 6.1%	21 63.6%	9 27.3%	1 3.0%	0 0.0%
<b>II.4 Planning for Permanency</b>	18 54.5%	10 30.3%	5 15.2%	0 0.0%	0 0.0%

<b>Table 4: Case Plan OM 3 – Number and Percent of Rank Scores for In-Home Family Cases Across All Categories of OM3</b>					
Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
<b>I.1 Reason for DCF Involvement</b>	9 47.4%	10 52.6%	0 0.0%	0 0.0%	0 0.0%
<b>I.2. Identifying Information</b>	7 36.8%	11 57.9%	0 0.0%	1 5.3%	0 0.0%
<b>I.3. Strengths/Needs/Other Issues</b>	5 26.3%	11 57.9%	2 10.5%	1 5.3%	0 0.0%
<b>I.4. Present Situation and Assessment to Date of Review</b>	7 36.8%	7 36.8%	5 26.3%	0 0.0%	0 0.0%
<b>II.1 Determining the Goals/Objectives</b>	0 0.0%	12 63.2%	7 36.8%	0 0.0%	0 0.0%
<b>II.2. Progress</b>	2 10.5%	14 73.7%	2 10.5%	1 5.3%	0 0.0%
<b>II.3 Action Steps to Achieving Goals Identified</b>	0 0.0%	10 52.6%	8 42.1%	1 5.3%	0 0.0%
<b>II.4 Planning for Permanency</b>	10 52.6%	7 36.8%	1 5.3%	1 5.3%	0 0.0%

<sup>11</sup> One case (1.9%) indicates "too early to note progress".

All categorical means for Outcome Measure 3 for the third quarter have shown slight declines. On a positive note, no additional categories have dipped into the marginal range besides the two that have consistently been in that position to date, namely Action Steps for the Upcoming Six Months, and Determining the Goals/Objectives.

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

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

Manchester, Middletown and Bridgeport achieved the Outcome Measure 15 mandate of 80.0% of the sample population deemed to have their medical, dental, mental health and other services needs provided as specified in the prior case plan during the last six month period as captured through the DCF Court Monitor's Protocol for Outcome Measures 3 and 15.

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/ Absent “1”	N/A to Case
<b>Safety In Home</b>	4 16.7%	15 62.5%	2 8.3%	3 12.5%	0 0.0%	28
<b>Safety - Child In Placement</b>	16 48.5%	17 51.5%	0 0.0%	0 0.0%	0 0.0%	19
<b>Permanency Securing the Permanent Placement Action Plan for the Next Six Months</b>	16 47.1%	17 50.0%	1 2.9%	0 0.0%	0 0.0%	18
<b>Permanency: DCF Case Management - Legal Action to Achieve Permanency Goal during the Prior Six Months</b>	39 75.0%	11 21.2%	1 1.9%	1 1.9%	0 0.0%	0
<b>Permanency: DCF Case Management - Recruitment for Placement Providers to Achieve the Permanency Goal During the Prior Six Months</b>	29 76.3%	9 23.7%	0 0.0%	0 0.0%	0 0.0%	14
<b>DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months</b>	15 28.8%	27 51.9%	8 15.4%	2 3.8%	0 0.0%	0
<b>Well Being - Medical</b>	35 67.3%	9 17.3%	6 11.5%	2 3.8%	0 0.0%	0
<b>Well Being - Dental</b>	30 57.7%	14 26.9%	4 7.7%	4 7.7%	0 0.0%	0
<b>Well Being - Mental Health, Behavioral Health, Substance Abuse Services</b>	12 23.1%	30 57.7%	6 11.5%	4 7.7%	0 0.0%	0
<b>Well Being - Child's Placement</b>	18 52.9%	12 35.3%	4 7.7%	0 0.0%	0 0.0%	18
<b>Well Being - Education</b>	19 41.3%	23 50.0%	2 4.3%	2 4.3%	0 0.0%	6

A crosstabulation by area office is provided below.



**Crosstabulation 8: What is the social worker's area office assignment? \*Overall Score for Outcome Measure 15 Third Quarter 2009**

What is the social worker's area office assignment?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
<b>Bridgeport</b>	<b>Count</b>	<b>4</b>	<b>1</b>	<b>5</b>
	<b>% within the Area Office</b>	<b>80.0%</b>	<b>20.0%</b>	<b>100.0%</b>
<b>Danbury</b>	Count	0	2	2
	% within the Area Office	.0%	100.0%	100.0%
<b>Milford</b>	Count	2	1	3
	% within the Area Office	66.7%	33.3%	100.0%
<b>Hartford</b>	Count	3	3	6
	% within the Area Office	50.0%	50.0%	100.0%
<b>Manchester</b>	<b>Count</b>	<b>5</b>	<b>0</b>	<b>5</b>
	<b>% within the Area Office</b>	<b>100.0%</b>	<b>.0%</b>	<b>100.0%</b>
<b>Meriden</b>	Count	2	1	3
	% within the Area Office	66.7%	33.3%	100.0%
<b>Middletown</b>	<b>Count</b>	<b>2</b>	<b>0</b>	<b>2</b>
	<b>% within the Area Office</b>	<b>100.0%</b>	<b>.0%</b>	<b>100.0%</b>
<b>New Britain</b>	Count	3	3	6
	% within the Area Office	50.0%	50.0%	100.0%
<b>New Haven Metro</b>	Count	1	3	4
	% within the Area Office	25.0%	75.0%	100.0%
<b>Norwalk</b>	Count	1	1	2
	% within the Area Office	50.0%	50.0%	100.0%
<b>Norwich</b>	Count	1	2	3
	% within the Area Office	33.3%	66.7%	100.0%
<b>Stamford</b>	Count	1	1	2
	% within the Area Office	50.0%	50.0%	100.0%
<b>Torrington</b>	Count	0	2	2
	% within the Area Office	.0%	100.0%	100.0%
<b>Waterbury</b>	Count	3	1	4
	% within the Area Office	75.0%	25.0%	100.0%
<b>Willimantic</b>	Count	1	2	3
	% within the Area Office	33.3%	66.7%	100.0%
<b>State Total</b>	Count	29	23	52
	% within the Area Office	55.8%	44.2%	100.0%

The quarterly scores for Outcome Measure 15 have been in the range of 45.3% to 64.0%. Performance has fluctuated. Four hundred and one (55.3%) of the 725 cases reviewed achieved the measure.

**Crosstabulation 9: Quarter of Review \*Overall Score for Outcome Measure 15**

Quarter of Review		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
<b>3 Q 2006</b>	Count	22	13	35
	%	62.9%	37.1%	100.0%
<b>4 Q 2006</b>	Count	38	35	73
	%	52.1%	47.9%	100.0%
<b>1 Q 2007</b>	Count	34	41	75
	%	45.3%	54.7%	100.0%
<b>2 Q 2007</b>	Count	39	37	76
	%	51.3%	48.7%	100.0%
<b>3 Q 2007</b>	Count	32	18	50
	%	64.0%	36.0%	100.0%
<b>4 Q 2007</b>	Count	24	27	51
	%	47.1%	52.9%	100.0%
<b>1 Q 2008</b>	Count	30	21	51
	%	58.8%	41.2%	100.0%
<b>2 Q 2008</b>	Count	29	23	52
	%	55.8%	44.2%	100.0%
<b>3 Q 2008</b>	Count	28	25	53
	%	52.8%	47.2%	100.0%
<b>4 Q 2008</b>	Count	31	22	53
	%	58.5%	41.5%	100.0%
<b>1 Q 2009</b>	Count	32	20	52
	%	61.5%	38.5%	100.0%
<b>2 Q 2009</b>	Count	33	19	52
	%	63.5%	36.5%	100.0%
<b>3 Q 2009</b>	Count	29	23	52
	%	55.8%	44.2%	100.0%
<b>Total to Date</b>	Count	401	324	725
	%	55.3%	44.7%	100.0%

There continue to be deficits in the quality of SDM that need to be addressed to avoid erosion in the recent small progression we have noted with sections of the OM3 and OM15 scores going forward. Reviewers report some overarching concerns this quarter related to the lack of consistency with case practice related to the use of the SDM tool as it relates to assessments, and when it is used, in the lack of accuracy for both risk and needs assessment related to case planning purposes.

The lack of timely follow through on the 90 day time table for SDM Risk Reassessment or Reunification Assessment/Reassessment appear to warrant further review as 48.1% of the population did not appear to have the required timely SDM documentation in LINK given the facts as understood by the reviewer at the time of the review.

**Table 7: Has there been ongoing SDM Risk Reassessment at 90 day intervals from the date of case opening in Ongoing Services?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	11	21.2	21.2	21.2
No	25	48.1	48.1	69.2
N/A	16	30.8	30.8	100.0
Total	52	100.0	100.0	

Issues came to light this quarter in examples related to pursuit of TPR and adoption and decisions related to maintaining children in the home, removal, or closing cases. It is apparent that similar circumstances are scored dramatically different, resulting in much different practices and case planning activities in various parts of the state or possibly even within various units. The tool appears not to be consistently used to establish risk and identify priority service needs as it was intended, but rather as a mechanism to justify the services already identified for the client and document case planning. Close adherence to the directional guide and use of current information from involved providers is necessary to avoid false scoring in either direction. The scores below would not reflect these issues without close review to get at the facts underneath the scores derived from uninformed/misinformed entry.

**Table 8: For Applicable Cases, what was the most current SDM Risk Reassessment level at the time of preparation for the development of the Case Plan under review?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Low	1	1.9	3.3	3.3
Low	9	17.3	30.0	33.3
Moderate	13	25.0	43.3	76.7
High	7	13.5	23.3	100.0
Total	30	57.7	100.0	

**Table 9: Is there indication of a policy or discretionary override in relation to this score?**

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>Yes</b>	2	3.8	6.7	6.7
<b>No</b>	28	53.8	93.3	100.0
<b>Total</b>	30	57.7	100.0	

Further noted is the small number of priority needs identified for other family members in in-home cases. In the older format, this was easily compensated for by the written section of goals and action steps. Moving forward, with the new format of the grid that will pre-fill from SDM, the social worker will need to make the accommodation by manually adjusting the Case Plan by adding those needs, objectives and action steps that are identified through case planning activities with the child and family.

Needs are met at a higher rate within the CPS Child in Placement cases than in the CPS in-home family cases this quarter. With 66.7% of the children in placement having the designation of needs met versus 41.2% of the children within in-home family cases.

**Crosstabulation 10: What is the type of case assignment noted in LINK? \*Overall Score for Outcome Measure 15**

		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
<b>What is the type of case assignment noted in LINK?</b>				
<b>CPS In-Home Family Case</b>	<b>Count</b>	7	10	17
	<b>%</b>	41.2%	58.8%	100.0%
<b>CPS Child in Placement Case</b>	<b>Count</b>	20	10	30
	<b>%</b>	66.7%	33.3%	100.0%
<b>Voluntary Services In-Home Family Case</b>	<b>Count</b>	1	1	2
	<b>%</b>	50.0%	50.0%	100.0%
<b>Voluntary Services Child in Placement Case</b>	<b>Count</b>	1	2	3
	<b>%</b>	33.3%	66.7%	100.0%
<b>Total</b>	<b>Count</b>	29	23	52
	<b>%</b>	55.8%	44.2%	100.0%

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

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

Race (Child or Family Case Named Individual)		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
<b>Black/African American</b>	Count	7	8	15
	%	46.7%	53.3%	100.0%
<b>White</b>	Count	19	13	32
	%	59.4%	40.6%	100.0%
<b>UTD</b>	Count	1	2	3
	%	33.3%	66.7%	100.0%
<b>Multiracial (more than one race)</b>	Count	2	0	2
	%	100.0%	.0%	100.0%
<b>Total</b>	Count	29	23	52
	%	55.8%	44.2%	100.0%

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

Sex of Child in Placement		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
<b>Male</b>	Count	10	7	17
	%	58.8%	41.2%	100.0%
<b>Female</b>	Count	11	5	16
	%	68.8%	31.3%	100.0%
<b>Total Child in Placement</b>	Count	21	12	33
	%	63.6%	36.4%	100.0%

There are 154 discrete unmet needs identified by the review team across 40 of the 52 cases. In some instances the needs were partially addressed, in others the needs were not addressed timely, or remained unmet at the time of review. These unmet needs are identified in the table below with an associated barrier noted. Client refusal and delays in referrals continue to be the most reported barriers to service provision.

**Table 10: Unmet Service Needs and Identified Barriers during the Last Six Month Period**

Service Need	Barrier	Frequency
Adoption Support (PPSP)	Delay in Referral by SW	1
Anger Management	Client Refused	2
Anger Management	No Service Identified to Meet This Need	1
Behavior Management	Service Not Available in Primary Language	1
Case Management/Support/Advocacy	Delays in Referrals	5
Case Management/Support/Advocacy	Lack of Communication	1
Case Management/Support/Advocacy	Legal Follow Through Needed	1
Case Management/Support/Advocacy	Sibling through Foster Parents not done, no follow up by SW	1
Day Treatment/PHP	Client Refused	1
Dental Screening/Evaluation	Child Refusing	2
Dental Screening/Evaluation	Child's Behaviors/Condition	2
Dental Screening/Evaluation	Delay in Referral	2
Dental Screening/Evaluation	Insurance Issue	1
Dental Screening/Evaluation	Parent is Barrier	1
Dental Screening/Evaluation	Provider Issue	1
Dental Screening/Evaluation	Service Deferred pending completion of another	1
Dental Screening/Evaluation	UTD	1
Dental/Orthodontic Services	Child Refused	2
Developmental Screening/Evaluation	Client Refused	2
Developmental Screening/Evaluation	Delay in Referral by SW	2
Drug & Alcohol Education - Child	Delay in Referral by SW	1
Drug & Alcohol Education - Parent	Delay in Referral by SW	1
Drug & Alcohol Education - Parent	Other - York Protocol for enrollment (mother unable to enroll until officially sentenced)	1
Drug & Alcohol Testing - Parent	Client Refused	3
Drug & Alcohol Testing - Parent	Delay in Referral by SW	1
Educational Screening or Evaluation	Client Refused	1
Educational Screening or Evaluation	Delay in Referral by SW	2
Emergency Adult Family Shelter	No Slots Available	1
Emergency Adult/Family Shelter	Service Unwilling to Engage Client	1
Family Preservation Services	Delay in Referral by SW	1
Family Reunification Services	Client Refused	2
Family/Marital Counseling	Client Refused	2
Flex Funds	Delay in Referral by SW	1
Group Counseling - Child	Wait List	1
Group Home	No slots available	1
Head Start	Transportation Issue	1
Head Start	Wait List	1
Health/Medical Screening or Evaluation	Client Refused	4
Health/Medical Screening or Evaluation	Insurance Issue	1
Health/Medical Screening or Evaluation	UTD	1
Housing Assistance - Section 8	Client Unwilling to seek employment	1
Housing Assistance - Section 8	Wait List	1
IEP Programming	AWOL	1
IEP Programming	Lack of Communication	1
IEP Programming	Placed on Wait List	1

<b>Service Need</b>	<b>Barrier</b>	<b>Frequency</b>
In Home Treatment	No Slots Available	1
In Home Treatment	Wait List	1
Individual Counseling - Child	Delay in Referral	1
Individual Counseling - Child	No Service Identified to Meet this Need	1
Individual Counseling - Child	Wait List	1
Individual Counseling - Parents	Client Refused	5
In-Home Parent Education	Client Refused	3
Inpatient Substance Abuse Treatment - Parent	Client Refused	3
Inpatient Substance Abuse Treatment - Parent	Provider not willing to Accept Client	1
Job Coaching	Client Refused	2
Life Skills	Delay in Referral by SW	1
Maintaining Family Ties	Delay in Referral by SW	2
Matching/Placement Processing	No Service Identified to Meet Need	1
Matching/Placement Processing	Provider Issues - Staffing/Lack of Follow Through	1
Mental Health Screening/Evaluation - Parent	Client Refused	3
Mental Health Screening/Evaluation - Parent	Delay in Referral	1
Mentoring	Delay in Referral by SW	2
Mentoring	Client Refused	1
Mentoring	Financing Unavailable	1
Other In Home Service - Behaviorist	Service not available in primary language	1
Other In Home Service - Behaviorist	UTD	1
Other Medical - MRI	Pending Completion of Another Service	1
Other Medical - Nutrition Program	Wait List	1
Other Medical - Sleep Study	Poor DCF/Family Communication	1
Other OOH Service - Sibling Visitation	Lack of Communication	2
Outpatient Substance Abuse Treatment - Parent	Client Refused	4
Parenting Classes	Client Refused	5
Parenting Classes	Delay in Referral	1
Parenting Classes	No Service Identified to Meet this Need	1
Parenting Classes	Provider Issues - Staffing, Lack of Follow Through	1
Parenting Classes	Wait List	1
Parenting Group	Client Refused	2
Preparation for Adult Living (PALS)	Delay in Referral by SW	1
Problem Sexual Behavior Evaluation	Lack of Communication DCF/Provider	1
Provider Contacts	Lack of Communication	5
Relapse Prevention Program - Parent	Client Refused	1
Relapse Prevention Program - Parent	Delay in Referral	1
Relative Foster Home	Delay in Referral to FASU	1
Residential Facility	Wait List	1
Respite	Delay in Referral by SW	1
Sexual Abuse Evaluation	Wait List	1
Sexual Abuse Therapy - Victim	Transportation Unavailable	1
Social Recreational Program	Delay in Referral by SW	1
Substance Abuse Screening - Child	Delay in Referral by SW	1
Substance Abuse Screening - Parent	Client Refused	4
Substance Abuse Screening - Parent	Delay in Referral by SW	3
Substance Abuse Screening - Parent	Service deferred pending completion of another	1
Supervised Visitation	Client Refused	2
Supportive Housing for Recovering Families	Client Refused	1
Supportive Housing for Recovering Families	No Slots	1
SW/ Parent Visitation	Client Refused	1
SW/Child Visitation	Case Management (UTD)	3
SW/Child Visitation	Child Refused	1
SW/Parent Visitation	Case Management (UTD)	1

Service Need	Barrier	Frequency
Therapeutic Foster Care	No Slots Available	1
Young Parents Program	UTD from narrative or response	1
		154

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

**Table 11: Were any of the identified unmet needs indicated as a need for the participant in the SDM Family Strength and Needs Assessment Tool used to develop the prior case plan?**

Needs Incorporated	Frequency	Percent
<b>Yes</b>	15	28.8%
<b>No</b>	12	23.1%
<b>N/A - No SDM</b>	15	28.8%
<b>N/A - No Unmet Needs Identified by Reviewer</b>	10	19.2%
<b>Total</b>	52	100.0%

Going forward, reviewers looked at the newly drafted and approved Case Plan to determine if the plan incorporated these needs and addressed the barriers to service provision that were identified if still appropriate at the time of plan development, incorporating SDM, and all key stakeholder input. The following tables provide input related to that effort.

**Table 12: Were all needs and services unmet during the prior six months discussed at the ACR and as appropriate, incorporated as action steps on the current case plan?**

Needs Incorporated	Frequency	Percent
<b>Yes - All</b>	16	30.8%
<b>Yes - Partially</b>	25	48.1%
<b>No - None</b>	1	1.9%
<b>N/A - No Unmet Needs Identified</b>	10	19.2%
<b>Total</b>	52	100.0%

**Table 13: Are there any service needs not identified on the current case plan that should have been as a result of documentation reviewed or discussions at the meeting attended?**

	Frequency	Percent
<b>Yes</b>	26	50.0%
<b>No</b>	26	50.0%
<b>Total</b>	52	100.0%



Sixty-one service needs were identified as prevalent but not incorporated into the case plans. These included the following:

**Table 14: Service Needs Identified As a result of Discussion at the Meetings Attended or Record Review, but Not Incorporated into the Current Case Plan**

Service Need	Barrier	Frequency
Adoption Support (PPSP)	No Service Identified to Meet this Need	1
Anger Management	Client Refused	1
Behavior Management	No Service Identified to Meet this Need	1
Case Management/Support/Advocacy	Delays in Referrals	3
Dental Screening/Evaluation	Child Refusing	1
Dental Screening/Evaluation	Delay in Referral	1
Dental Screening/Evaluation	No discussion of Issue - UTD	1
Dental Screening/Evaluation	No Service Identified to Meet the Need	2
Dental/Orthodontic Services	Newly identified, not added to case plan	1
Drug & Alcohol Education - Child	Delay in Referral by SW	1
Drug & Alcohol Testing - Parent	Delay in Referral by SW	2
Educational Screening or Evaluation	Lack of Communication DCF/School	1
Family Preservation Services	No Service Identified to Meet this Need	1
Family/Marital Counseling	Provider Issue	1
Flex Funds	Delay in Referral by SW	1
Health/Medical Screening or Evaluation	UTD	1
Health/Medical Screening or Evaluation	Client Refused	2
Health/Medical Screening or Evaluation	No Service Identified to Meet the Need	3
Individual Counseling - Parents	Delay in Referral by SW	1
Individual Counseling - Parents	Client Refused	1
In-Home Parent Education	Delay in Referral by SW	1
Life Skills	Delay in Referral by SW	1
Mental Health Screening/Evaluation - Child	Approval Process	1
Mental Health Screening/Evaluation - Parent	Delay in Referral	1
Mentoring	Delay in Referral by SW	1
Mentoring	Service Deferred Pending Completion of Another	1
Mentoring	New Recommendation resulting from ACR	1
Mentoring	No Service Identified to Meet this Need	2
Other Medical - Medication Management	Discussion at ACR - All agreed to reassess, not added to case plan	1
Other Medical - Ophthalmology	Provider Issue	1
Other Medical - Sleep Study	Newly Identified, not added per ACR	1
Other OOH Service - Paternity Testing	UTD	1
Other OOH Service - Sibling Visitation	Provider Issue	1
Other State Agency	Discussed at ACR - UTD from Narrative	1
Parenting Classes	UTD	1
Parenting Classes	Delay in Referral	1
Preparation for Adult Living (PALS)	Delay in Referral by SW	1
Provider Contacts	Lack of Communication	4
Psychiatric Evaluation	No Service Identified to Meet this Need	1
Relapse Prevention Program - Parent	Delay in Referral by SW	1
Respite	No Service Identified to Meet this Need	1
Social Recreational Program	Delay in Referral by SW	1
Substance Abuse Screening - Child	No Service Identified to Meet this Need	1
Substance Abuse Screening - Parent	No Service Identified to Meet this Need	1
Substance Abuse Screening - Parent	Newly Identified, Not Included on Case Plan	1
Substance Abuse Screening - Parent	Delay in Referral by SW	3
Supportive Housing for Recovering Families	Provider Issue	1
SW/Child Visitation	Case Management (UTD)	1
		61

**Appendix 1**  
Stipulation Regarding Outcome Measure 3 and 15  
Target Cohorts

### **Stipulation Regarding Outcome Measure 3 and 15-Target Cohorts\***

The Target Cohorts shall include the following:

1. All children age 12 and under placed in any non-family congregate care settings (excluding children in SAFE Homes for less than 60 days);
2. All children who have remained in any emergency or temporary facility, including STAR homes or SAFE homes, for more than 60 days;
3. All children on discharge delay for more than 30 days in any nonfamily congregate care setting, with the exception of in-patient psychiatric hospitalization;
4. All children on discharge delay for more than seven days that are placed in an inpatient psychiatric hospital;
5. All children with a permanency goal of Another Planned Permanent Living Arrangement (“APPLA”);
6. All children with a permanency goal of adoption who have been in DCF custody longer than 12 months for whom a petition for termination of parental rights (TPR) for all parents has not been filed, and no compelling reason has been documented for not freeing the child for adoption;
7. All children with a permanency goal of adoption and for whom parental rights have been terminated (except those who are living in an adoptive home with no barrier to adoption and are on a path to finalization); and
8. All children with a permanency goal of reunification who have been in DCF custody longer than 12 months and have not been placed on a trial home reunification, or have not had an approved goal change.

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

**Appendix 2**  
**Outcome Measure 3 & Outcome Measure 15**  
**3<sup>rd</sup> Quarter 2009**

**Case Summaries - 3<sup>rd</sup> Quarter 2009 Outcome Measure 3**

What is the social worker's area office assignment?	Has the Case Plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3	
<b>Bridgeport (n=5)</b>	1	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan	
	2	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan	
	3	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Marginal	Very Good	Not an Appropriate Case Plan
	4	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	5	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Optimal	Very Good	Optimal	Not an Appropriate Case Plan
<b>Danbury (n=2)</b>	1	yes	Optimal	Optimal	Poor	Very Good	Very Good	Optimal	Very Good	Optimal	Not an Appropriate Case Plan
	2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Not an Appropriate Case Plan

What is the social worker's area office assignment?		Has the Case Plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
<b>Milford (n=3)</b>	1	yes	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
	2	yes	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	3	yes	Very Good	Very Good	Poor	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
<b>Hartford (n=6)</b>	1	yes	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
	2	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	3	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	4	yes	Optimal	Very Good	Optimal	Marginal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	5	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	6	no	Very Good	Poor	Marginal	Marginal	Marginal	Poor	Poor	Poor	Not an Appropriate Case Plan

What is the social worker's area office assignment?		Has the Case Plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
<b>Manchester (n=5)</b>	1	yes	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	2	yes	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
	3	yes	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Marginal	Optimal	Appropriate Case Plan
	4	yes	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Appropriate Case Plan
	5	yes	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Marginal	Not an Appropriate Case Plan
<b>Meriden (n=3)</b>	1	yes	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	2	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Optimal	Not an Appropriate Case Plan
<b>Middletown (n=2)</b>	1	yes	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Not an Appropriate Case Plan

What is the social worker's area office assignment?		Has the Case Plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
<b>New Britain (n=6)</b>	1	yes	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
	2	yes	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	yes	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Marginal	Optimal	Appropriate Case Plan
	4	yes	Optimal	Very Good	Optimal	Optimal	Optimal	Too early to note progress	Very Good	Optimal	Appropriate Case Plan
	5	yes	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	6	yes	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
<b>New Haven Metro (n=4)</b>	1	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Optimal	Marginal	Optimal	Not an Appropriate Case Plan
	2	yes	Very Good	Optimal	Very Good	Optimal	Marginal	Marginal	Marginal	Optimal	Not an Appropriate Case Plan
	3	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	4	yes	Very Good	Marginal	Very Good	Marginal	Very Good	Optimal	Marginal	Optimal	Not an Appropriate Case Plan



What is the social worker's area office assignment?		Has the Case Plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
<b>Norwalk (n=2)</b>	1	yes	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	yes	Optimal	Very Good	Optimal	Marginal	Very Good	Marginal	Very Good	Optimal	Not an Appropriate Case Plan
<b>Norwich (n=3)</b>	1	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	yes	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Marginal	Appropriate Case Plan
	3	yes	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate Case Plan
<b>Stamford (n=2)</b>	1	yes	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	2	yes	Optimal	Very Good	Very Good	Poor	Poor	Very Good	Poor	Marginal	Not an Appropriate Case Plan
<b>Torrington (n=2)</b>	1	yes	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Optimal	Not an Appropriate Case Plan
	2	yes	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Marginal	Very Good	Not an Appropriate Case Plan

What is the social worker's area office assignment?		Has the Case Plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
<b>Waterbury (n=4)</b>	1	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Marginal	Not an Appropriate Case Plan
	2	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Optimal	Not an Appropriate Case Plan
	3	yes	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	4	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Not an Appropriate Case Plan
<b>Willimantic (n=3)</b>	1	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	3	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Not an Appropriate Case Plan
<b>State Total</b>	<b>N</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>

Case Summaries - 3<sup>rd</sup> Quarter 2009 Outcome Measure 15

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

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

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

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

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

What is the social worker's area office assignment?		Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Willimantic	1	N/A	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Marginal	Very Good	Needs Not Met
	2	Very Good	N/A	N/A	Optimal	N/A	Optimal	Optimal	Optimal	Very Good	N/A	Very Good	Needs Met
	3	N/A	Optimal	Optimal	Marginal	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Not Met
	Total	N   1	2	2	3	2	3	3	3	3	2	3	3
Total	N	24	33	34	52	38	52	52	52	52	34	46	52



**Crosstabulation 1: What is the social worker's area office assignment? \*Overall Score for OM3  
\*Quarter of Review**

Quarter of Review			Overall Score for OM3		
What is the social worker's area office assignment?			Appropriate Case Plan	Not an Appropriate Case Plan	Total
<b>3 Q 2006</b>	<b>Bridgeport</b>	<b>Count</b>	2	1	3
		<b>%</b>	66.7%	33.3%	100.0%
	<b>Danbury</b>	<b>Count</b>	0	1	1
		<b>%</b>	.0%	100.0%	100.0%
	<b>Milford</b>	<b>Count</b>	2	1	3
		<b>%</b>	66.7%	33.3%	100.0%
	<b>Hartford</b>	<b>Count</b>	2	2	4
		<b>%</b>	50.0%	50.0%	100.0%
	<b>Manchester</b>	<b>Count</b>	2	2	4
		<b>%</b>	50.0%	50.0%	100.0%
	<b>Meriden</b>	<b>Count</b>	0	1	1
		<b>%</b>	.0%	100.0%	100.0%
	<b>Middletown</b>	<b>Count</b>	1	0	1
		<b>%</b>	100.0%	.0%	100.0%
	<b>New Britain</b>	<b>Count</b>	1	2	3
		<b>%</b>	33.3%	66.7%	100.0%
	<b>New Haven Metro</b>	<b>Count</b>	2	2	4
		<b>%</b>	50.0%	50.0%	100.0%
	<b>Norwalk</b>	<b>Count</b>	1	0	1
		<b>%</b>	100.0%	.0%	100.0%
	<b>Norwich</b>	<b>Count</b>	2	1	3
		<b>%</b>	66.7%	33.3%	100.0%
	<b>Stamford</b>	<b>Count</b>	1	0	1
		<b>%</b>	100.0%	.0%	100.0%
	<b>Torrington</b>	<b>Count</b>	1	0	1
		<b>%</b>	100.0%	.0%	100.0%
	<b>Waterbury</b>	<b>Count</b>	1	2	3
		<b>%</b>	33.3%	66.7%	100.0%
	<b>Willimantic</b>	<b>Count</b>	1	1	2
		<b>%</b>	50.0%	50.0%	100.0%
	<b>Total</b>	<b>Count</b>	19	16	35
		<b>%</b>	54.3%	45.7%	100.0%

**Crosstabulation 2: What is the social worker's area office assignment? \*Overall Score for Outcome Measure 15 \*Quarter of Review (to date)**

Quarter of Review and Area Office			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
3 Q 2006	Bridgeport	Count	1	2	3
		%	33.3%	66.7%	100.0%
	Danbury	Count	1	0	1
		%	100.0%	.0%	100.0%
	Milford	Count	3	0	3
		%	100.0%	.0%	100.0%
	Hartford	Count	3	1	4
		%	75.0%	25.0%	100.0%
	Manchester	Count	3	1	4
		%	75.0%	25.0%	100.0%
	Meriden	Count	0	1	1
		%	.0%	100.0%	100.0%
	Middletown	Count	1	0	1
		%	100.0%	.0%	100.0%
	New Britain	Count	1	2	3
		%	33.3%	66.7%	100.0%
	New Haven Metro	Count	1	3	4
		%	25.0%	75.0%	100.0%
	Norwalk	Count	1	0	1
		%	100.0%	.0%	100.0%
	Norwich	Count	3	0	3
		%	100.0%	.0%	100.0%
	Stamford	Count	1	0	1
		%	100.0%	.0%	100.0%
	Torrington	Count	1	0	1
		%	100.0%	.0%	100.0%
	Waterbury	Count	1	2	3
		%	33.3%	66.7%	100.0%
	Willimantic	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Total	Count	22	13	35
		%	62.9%	37.1%	100.0%

Quarter of Review and Area Office			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
4 Q 2006	Bridgeport	Count	1	5	6
		%	16.7%	83.3%	100.0%
	Danbury	Count	2	0	2
		%	100.0%	.0%	100.0%
	Milford	Count	2	3	5
		%	40.0%	60.0%	100.0%
	Hartford	Count	6	3	9
		%	66.7%	33.3%	100.0%
	Manchester	Count	7	0	7
		%	100.0%	.0%	100.0%
	Meriden	Count	0	3	3
		%	.0%	100.0%	100.0%
	Middletown	Count	2	1	3
		%	66.7%	33.3%	100.0%
	New Britain	Count	4	4	8
		%	50.0%	50.0%	100.0%
	New Haven Metro	Count	1	6	7
		%	14.3%	85.7%	100.0%
	Norwalk	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Norwich	Count	4	2	6
		%	66.7%	33.3%	100.0%
	Stamford	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Torrington	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Waterbury	Count	2	4	6
		%	33.3%	66.7%	100.0%
	Willimantic	Count	3	1	4
		%	75.0%	25.0%	100.0%
	Total	Count	38	35	73
		%	52.1%	47.9%	100.0%

Quarter of Review and Area Office			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
1 Q 2007	Bridgeport	Count	2	4	6
		%	33.3%	66.7%	100.0%
	Danbury	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Milford	Count	3	2	5
		%	60.0%	40.0%	100.0%
	Hartford	Count	3	6	9
		%	33.3%	66.7%	100.0%
	Manchester	Count	3	3	6
		%	50.0%	50.0%	100.0%
	Meriden	Count	1	2	3
		%	33.3%	66.7%	100.0%
	Middletown	Count	2	1	3
		%	66.7%	33.3%	100.0%
	New Britain	Count	4	4	8
		%	50.0%	50.0%	100.0%
	New Haven Metro	Count	4	4	8
		%	50.0%	50.0%	100.0%
	Norwalk	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Norwich	Count	2	4	6
		%	33.3%	66.7%	100.0%
	Stamford	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Torrington	Count	3	0	3
		%	100.0%	.0%	100.0%
	Waterbury	Count	3	4	7
		%	42.9%	57.1%	100.0%
	Willimantic	Count	0	4	4
		%	.0%	100.0%	100.0%
	Total	Count	34	41	75
		%	45.3%	54.7%	100.0%

Quarter of Review and Area Office			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
2 Q 2007	Bridgeport	Count	5	1	6
		%	83.3%	16.7%	100.0%
	Danbury	Count	0	3	3
		%	.0%	100.0%	100.0%
	Milford	Count	3	2	5
		%	60.0%	40.0%	100.0%
	Hartford	Count	5	5	10
		%	50.0%	50.0%	100.0%
	Manchester	Count	3	3	6
		%	50.0%	50.0%	100.0%
	Meriden	Count	1	2	3
		%	33.3%	66.7%	100.0%
	Middletown	Count	1	2	3
		%	33.3%	66.7%	100.0%
	New Britain	Count	4	4	8
		%	50.0%	50.0%	100.0%
	New Haven Metro	Count	4	4	8
		%	50.0%	50.0%	100.0%
	Norwalk	Count	0	2	2
		%	.0%	100.0%	100.0%
	Norwich	Count	5	1	6
		%	83.3%	16.7%	100.0%
	Stamford	Count	0	2	2
		%	.0%	100.0%	100.0%
	Torrington	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Waterbury	Count	3	4	7
		%	42.9%	57.1%	100.0%
	Willimantic	Count	3	1	4
		%	75.0%	25.0%	100.0%
	Total	Count	39	37	76
		%	51.3%	48.7%	100.0%

Quarter of Review and Area Office			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
3 Q 2007	Bridgeport	Count	4	0	4
		%	100.0%	.0%	100.0%
	Danbury	Count	2	0	2
		%	100.0%	.0%	100.0%
	Milford	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Hartford	Count	2	3	5
		%	40.0%	60.0%	100.0%
	Manchester	Count	4	1	5
		%	80.0%	20.0%	100.0%
	Meriden	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Middletown	Count	1	1	2
		%	50.0%	50.0%	100.0%
	New Britain	Count	3	2	5
		%	60.0%	40.0%	100.0%
	New Haven Metro	Count	2	3	5
		%	40.0%	60.0%	100.0%
	Norwalk	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Norwich	Count	2	2	4
		%	50.0%	50.0%	100.0%
	Stamford	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Torrington	Count	2	0	2
		%	100.0%	.0%	100.0%
	Waterbury	Count	3	1	4
		%	75.0%	25.0%	100.0%
	Willimantic	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Total	Count	32	18	50
		%	64.0%	36.0%	100.0%

Quarter of Review and Area Office			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
4 Q 2007	Bridgeport	Count	2	2	4
		%	50.0%	50.0%	100.0%
	Danbury	Count	0	2	2
		%	.0%	100.0%	100.0%
	Milford	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Hartford	Count	1	4	5
		%	20.0%	80.0%	100.0%
	Manchester	Count	5	0	5
		%	100.0%	.0%	100.0%
	Meriden	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Middletown	Count	2	0	2
		%	100.0%	.0%	100.0%
	New Britain	Count	5	0	5
		%	100.0%	.0%	100.0%
	New Haven Metro	Count	0	5	5
		%	.0%	100.0%	100.0%
	Norwalk	Count	0	2	2
		%	.0%	100.0%	100.0%
	Norwich	Count	1	2	3
		%	33.3%	66.7%	100.0%
	Stamford	Count	0	2	2
		%	.0%	100.0%	100.0%
	Torrington	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Waterbury	Count	1	5	6
		%	16.7%	83.3%	100.0%
	Willimantic	Count	3	0	3
		%	100.0%	.0%	100.0%
	Total	Count	24	27	51
		%	47.1%	52.9%	100.0%

Quarter of Review and Area Office			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
1 Q 2008	Bridgeport	Count	4	0	4
		%	100.0%	.0%	100.0%
	Danbury	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Milford	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Hartford	Count	1	5	6
		%	16.7%	83.3%	100.0%
	Manchester	Count	3	2	5
		%	60.0%	40.0%	100.0%
	Meriden	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Middletown	Count	1	1	2
		%	50.0%	50.0%	100.0%
	New Britain	Count	3	2	5
		%	60.0%	40.0%	100.0%
	New Haven Metro	Count	2	3	5
		%	40.0%	60.0%	100.0%
	Norwalk	Count	2	0	2
		%	100.0%	.0%	100.0%
	Norwich	Count	4	0	4
		%	100.0%	.0%	100.0%
	Stamford	Count	0	2	2
		%	.0%	100.0%	100.0%
	Torrington	Count	0	2	2
		%	.0%	100.0%	100.0%
	Waterbury	Count	4	0	4
		%	100.0%	.0%	100.0%
	Willimantic	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Total	Count	30	21	51
		%	58.8%	41.2%	100.0%



Quarter of Review and Area Office			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
2 Q 2008	Bridgeport	Count	1	3	4
		%	25.0%	75.0%	100.0%
	Danbury	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Milford	Count	1	2	3
		%	33.3%	66.7%	100.0%
	Hartford	Count	3	3	6
		%	50.0%	50.0%	100.0%
	Manchester	Count	3	2	5
		%	60.0%	40.0%	100.0%
	Meriden	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Middletown	Count	2	0	2
		%	100.0%	.0%	100.0%
	New Britain	Count	3	2	5
		%	60.0%	40.0%	100.0%
	New Haven Metro	Count	1	4	5
		%	20.0%	80.0%	100.0%
	Norwalk	Count	2	0	2
		%	100.0%	.0%	100.0%
	Norwich	Count	4	0	4
		%	100.0%	.0%	100.0%
	Stamford	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Torrington	Count	2	0	2
		%	100.0%	.0%	100.0%
	Waterbury	Count	1	4	5
		%	20.0%	80.0%	100.0%
	Willimantic	Count	3	0	3
		%	100.0%	.0%	100.0%
	Total	Count	29	23	52
		%	55.8%	44.2%	100.0%

Quarter of Review and Area Office			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
3 Q 2008	Bridgeport	Count	1	3	4
		%	25.0%	75.0%	100.0%
	Danbury	Count	2	0	2
		%	100.0%	.0%	100.0%
	Milford	Count	3	0	3
		%	100.0%	.0%	100.0%
	Hartford	Count	2	5	7
		%	28.6%	71.4%	100.0%
	Manchester	Count	2	3	5
		%	40.0%	60.0%	100.0%
	Meriden	Count	0	2	2
		%	.0%	100.0%	100.0%
	Middletown	Count	1	1	2
		%	50.0%	50.0%	100.0%
	New Britain	Count	5	1	6
		%	83.3%	16.7%	100.0%
	New Haven Metro	Count	3	2	5
		%	60.0%	40.0%	100.0%
	Norwalk	Count	0	2	2
		%	.0%	100.0%	100.0%
	Norwich	Count	0	4	4
		%	.0%	100.0%	100.0%
	Stamford	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Torrington	Count	2	0	2
		%	100.0%	.0%	100.0%
	Waterbury	Count	3	1	4
		%	75.0%	25.0%	100.0%
	Willimantic	Count	3	0	3
		%	100.0%	.0%	100.0%
	Total	Count	28	25	53
		%	52.8%	47.2%	100.0%

Quarter of Review and Area Office			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
4 Q 2008	Bridgeport	Count	2	2	4
		%	50.0%	50.0%	100.0%
	Danbury	Count	0	2	2
		%	.0%	100.0%	100.0%
	Milford	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Hartford	Count	4	3	7
		%	57.1%	42.9%	100.0%
	Manchester	Count	3	2	5
		%	60.0%	40.0%	100.0%
	Meriden	Count	2	0	2
		%	100.0%	.0%	100.0%
	Middletown	Count	1	1	2
		%	50.0%	50.0%	100.0%
	New Britain	Count	3	3	6
		%	50.0%	50.0%	100.0%
	New Haven Metro	Count	2	3	5
		%	40.0%	60.0%	100.0%
	Norwalk	Count	2	0	2
		%	100.0%	.0%	100.0%
	Norwich	Count	4	0	4
		%	100.0%	.0%	100.0%
	Stamford	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Torrington	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Waterbury	Count	2	2	4
		%	50.0%	50.0%	100.0%
	Willimantic	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Total	Count	31	22	53
		%	58.5%	41.5%	100.0%

Quarter of Review and Area Office			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
1 Q 2009	Bridgeport	Count	3	1	4
		%	75.0%	25.0%	100.0%
	Danbury	Count	2	0	2
		%	100.0%	.0%	100.0%
	Milford	Count	3	0	3
		%	100.0%	.0%	100.0%
	Hartford	Count	2	4	6
		%	33.3%	66.7%	100.0%
	Manchester	Count	1	4	5
		%	20.0%	80.0%	100.0%
	Meriden	Count	2	0	2
		%	100.0%	.0%	100.0%
	Middletown	Count	2	0	2
		%	100.0%	.0%	100.0%
	New Britain	Count	4	2	6
		%	66.7%	33.3%	100.0%
	New Haven Metro	Count	1	4	5
		%	20.0%	80.0%	100.0%
	Norwalk	Count	2	0	2
		%	100.0%	.0%	100.0%
	Norwich	Count	3	1	4
		%	75.0%	25.0%	100.0%
	Stamford	Count	0	2	2
		%	.0%	100.0%	100.0%
	Torrington	Count	2	0	2
		%	100.0%	.0%	100.0%
	Waterbury	Count	2	2	4
		%	50.0%	50.0%	100.0%
	Willimantic	Count	3	0	3
		%	100.0%	.0%	100.0%
	Total	Count	32	20	52
		%	61.5%	38.5%	100.0%

Quarter of Review and Area Office			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
2 Q 2009	Bridgeport	Count	2	2	4
		%	50.0%	50.0%	100.0%
	Danbury	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Milford	Count	4	0	4
		%	100.0%	.0%	100.0%
	Hartford	Count	2	3	5
		%	40.0%	60.0%	100.0%
	Manchester	Count	4	1	5
		%	80.0%	20.0%	100.0%
	Meriden	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Middletown	Count	2	0	2
		%	100.0%	.0%	100.0%
	New Britain	Count	4	1	5
		%	80.0%	20.0%	100.0%
	New Haven Metro	Count	2	2	4
		%	50.0%	50.0%	100.0%
	Norwalk	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Norwich	Count	3	2	5
		%	60.0%	40.0%	100.0%
	Stamford	Count	0	2	2
		%	.0%	100.0%	100.0%
	Torrington	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Waterbury	Count	2	2	4
		%	50.0%	50.0%	100.0%
	Willimantic	Count	3	0	3
		%	100.0%	.0%	100.0%
	Total	Count	33	19	52
		%	63.5%	36.5%	100.0%

Quarter of Review and Area Office			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
3 Q 2009	Bridgeport	Count	4	1	5
		%	80.0%	20.0%	100.0%
	Danbury	Count	0	2	2
		%	.0%	100.0%	100.0%
	Milford	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Hartford	Count	3	3	6
		%	50.0%	50.0%	100.0%
	Manchester	Count	5	0	5
		%	100.0%	.0%	100.0%
	Meriden	Count	2	1	3
		%	66.7%	33.3%	100.0%
	Middletown	Count	2	0	2
		%	100.0%	.0%	100.0%
	New Britain	Count	3	3	6
		%	50.0%	50.0%	100.0%
	New Haven Metro	Count	1	3	4
		%	25.0%	75.0%	100.0%
	Norwalk	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Norwich	Count	1	2	3
		%	33.3%	66.7%	100.0%
	Stamford	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Torrington	Count	0	2	2
		%	.0%	100.0%	100.0%
	Waterbury	Count	3	1	4
		%	75.0%	25.0%	100.0%
	Willimantic	Count	1	2	3
		%	33.3%	66.7%	100.0%
	Total	Count	29	23	52
		%	55.8%	44.2%	100.0%

**Appendix 3**  
Commissioner's Highlights from  
Department of Children & Families  
Third Quarter 2009 Exit Plan Report

***Commissioner's Highlights  
Third Quarter 2009 Exit Plan Report  
November 2009***

Despite the challenging fiscal climate, the Department continues to conduct quality work on behalf of Connecticut's children and families. During the third quarter of 2009, Department staff succeeded in either meeting or coming within 10.3 percent of meeting 20 of the 22 outcome measures. Fifteen outcome measures were met outright. For the 10<sup>th</sup> consecutive quarter, the Department exceeded the measure for preventing repeat maltreatment. For the 14<sup>th</sup> consecutive quarter, the Department exceeded the goal for reducing reliance on residential placement, and we brought the percentage of Juan F. children in a residential treatment center to its lowest level ever at 9.6 percent. The number of children in residential placement has been reduced by 418 children or 47 percent since April 2004.

In perhaps the clearest demonstration of how far the Department staff has advanced the quality of our interventions and services to intact families, the number of children in care as the result of abuse or neglect has fallen to 4,817 as of November 13, 2009. That represents a reduction of 24 percent since January 2004 and 31 percent since January 2000. A number of fundamental reforms have contributed to this positive trend, including the implementation of Structured Decision Making and the capacity to now provide intensive in-home clinical services to approximately 3,000 families. As noted above, this is happening while the Department continues to meet the measure for preventing repeat maltreatment.

The Exit Plan continues to focus the Department's efforts and to highlight our progress as well as areas that need substantial improvement. Below is a summary of our accomplishments and remaining challenges:

**ACCOMPLISHMENTS**

The following 15 outcomes were met in the third quarter of 2009:

- Commencement of Investigations: The goal of 90 percent was exceeded for the 20<sup>th</sup> quarter in a row with a current achievement of 97.6 percent.
- Completion of Investigations: Workers completed investigations in a timely manner in 94 percent of cases, also exceeding the goal of 85 percent for the 20<sup>th</sup> consecutive quarter.
- Search for Relatives: For the 16<sup>th</sup> consecutive quarter, staff achieved the 85 percent goal for relative searches and met this requirement for 91 percent of children.
- Repeat Maltreatment: For the 10<sup>th</sup> consecutive quarter, staff exceeded the goal of 7 percent or less by achieving 5.4 percent.
- Maltreatment of Children in Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the 23<sup>rd</sup> consecutive quarter with an actual measure of 0.4 percent.
- Adoption: For the third consecutive quarter and 14 quarters of the last 17, Department staff exceeded the 32 percent goal for completing adoptions within two years with an actual achievement of 36.7 percent.



- Transfer of Guardianship: For the third consecutive quarter and 12 quarters of the last 13, the Department exceeded the 70 percent goal for timely transfers of guardianship with an actual rate of 81.8 percent.
- Multiple Placements: For the 22<sup>nd</sup> consecutive quarter, the Department exceeded the 85 percent goal with a rate of 95.7 percent.
- Foster Parent Training: For the 22<sup>nd</sup> consecutive quarter, the Department met the 100 percent goal.
- Placement within Licensed Capacity: For the 13<sup>th</sup> consecutive quarter, staff met the 96 percent goal with an actual rate of 96.3 percent.
- Worker-To-Child Visitation In Out Of Home Cases: For the 16<sup>th</sup> consecutive quarter staff exceeded the 85 percent goal for monthly visitation of children in out-of-home cases by hitting the mark in 95.1 percent of applicable cases.
- Worker to Child Visitation in In-Home Cases: For the 16<sup>th</sup> consecutive quarter, workers met required visitation frequency in 88.8 percent of cases, thereby exceeding the 85 percent standard.
- Reduction in Residential Care: **This measure, which for the second consecutive quarter fell below 10 percent, reached its best performance to date under the Exit Plan at 9.6 percent.** This also was the 14<sup>th</sup> consecutive quarter that staff met the requirement that no more than 11 percent of children in DCF care are in a residential placement. As of November 13, 2009, there were 471 children in a residential placement, a reduction of 47 percent compared to April 2004.
- Discharge to DMHAS and DDS: For the second time under the Exit Plan, the Department met the 100 percent goal for referring youths who need appropriate services to the Department of Mental Health and Addiction Services or Developmental Services.
- Multi-disciplinary Exams: For the 15<sup>th</sup> consecutive quarter, staff met the 85 percent goal by ensuring that 91.4 percent of children entering care received a timely multi-disciplinary exam.

## CHALLENGES

Foremost among the challenges we face are the outcomes for treatment plans and needs met. While I am disappointed that these two measures took a step back during the quarter, the overall trend line for these two measures has been positive over the last several quarters. The third quarter report must also be viewed in light of the fact that two important activities to improve our treatment planning had not yet been fully implemented during the period, including the training on the new case plan that had just begun in August. Currently, however, training on the case plan has been completed statewide, the Training Academy continues to offer the training sessions to staff at the Academy, and the new case plan is being used in all the area offices.

In addition, the transition of the Administrative Case Review (ACR) from the Bureau of Continuous Quality Improvement to the Bureau of Child Welfare will make a substantial positive impact on this outcome. Converting the ACR into an internal area office function promises to make it more meaningful to the staff responsible for the direct work with families and to strengthen the ACR as a tool for improving the entire treatment planning process.

Much of the effort to improve treatment planning is focused upon improving how we engage families in the process of assessing needs and strengths and deriving goals and action steps. To promote such family engagement -- and improve our work with private providers as well -- the "Better Together"

program is under development and will conduct training sessions in each area office next year. Fourteen facilitators for the Better Together workshops have been identified through an interview process, including six birth parents, six Department staff, and two community providers. The consultants who developed the training curriculum conducted a "train the trainer" session for all facilitators to provide a brief overview of the Better Together program and provide technical assistance. The Training Academy continues to provide support and assistance to all facilitators. Each birth parent is paired with a Department staff person or provider to deliver the two-day workshop to training participants. An official kickoff of the program was held earlier this month, and each team or pair will be required to facilitate two training sessions in 2010 in the area offices.

In relation to the outcome measure for needs met, there are a number of initiatives underway to improve the quality of our services and make them more responsive to the individual strengths and needs of our children and families. Chief among these is the Service Needs Reviews (SNR) that began last year with the identification of approximately 2,500 children across eight cohort groups that would receive a heightened process of review and planning. As a result of the extensive and ongoing work, a total of 976 children or 36.7% have exited the cohorts and the SNR process since its inception. In relation to the 1,157 children with a permanency goal of Another Planned Permanent Living Arrangement (APPLA), the screening identified a total of 493 youth as appropriately identified with an APPLA goal and having all their needs addressed through normal case management activity at the time of the screening.

In another development, the Department is currently engaged in discussions with several private providers to develop a variety of services to mitigate the continued necessity for out-of-state placements for children with treatment needs requiring clinical services that have been insufficiently available in Connecticut. This includes expansion of the in-state capacity to provide specialized residential treatment services for youth with mental retardation and/or other significant developmental delays or disorders, the development of specialized living and outpatient treatment programs for youth with problem sexual behavior, and the creation of specialized programs for youth with significant behavioral dyscontrol and aggression. These programs, in conjunction with the expanding array of clinical and community supports that are now available in Connecticut, are intended to more finely attune the type of programming available in Connecticut to the needs of the youth currently requiring service from the Department.

In addition, improvements in the Emergency Mobile Psychiatric Services (EMPS) were implemented during the quarter and are expected to result in more responsive clinical interventions that further divert children from hospital emergency departments and other intensive levels of treatment. Among the improvements is a centralized statewide call center to handle all incoming referrals, collect basic data, make triage disposition decisions, and route calls to the appropriate regional provider. Specific program standards and benchmarks have been established to support quality service, and a Performance Improvement Center was developed to coordinate training, analyze performance data, and use data to inform network-wide and site-specific performance improvement planning. In addition, a new outreach campaign is designed to target foster children who require this intervention.

Another vitally important initiative to build upon family strengths and support family engagement is the development of a Differential Response System (DRS). The goal of DRS is to establish an alternative response track for accepted abuse/neglect reports that offers a strength-based, solution and service-oriented approach, primarily for low and moderate risk cases. In August 2008, the Department issued a request for information to solicit recommendations on the design and statewide implementation of DRS. The Department received overwhelming support from the community to move forward with an

implementation plan. Because we believe this work is done best at the local level, the Department, in collaboration with family members and advocates and our community partners, established five community planning teams to coordinate and develop a DRS implementation plan. Last month, each of the teams held kickoffs that will lead to the development of detailed implementation plans. The Department anticipates that a phased-in implementation of DRS will begin next year, depending on community readiness and resource availability.

Recruiting and retaining foster homes continues to be a major focus for the Department as a critically important means to meeting the needs of children who require out of home care. The Department has begun to work with a Connecticut marketing/communication firm to design and implement a recruitment campaign focused on an audience that is most likely to come forward as a resource for children in care. Building off a market study conducted with assistance from the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at AdoptUsKids (funded by the Children's Bureau within the federal Administration for Children and Families), the campaign will target populations that resemble our current pool of successful foster/adoptive families. This approach promises to focus Department efforts and resources on families most likely to seek licensure. Foster and adoptive parents have also participated in the campaign development to ensure that its message is effective in tapping the motivations of prospective foster/adoptive families.

In addition to this recruitment campaign, which will require an expenditure of some of the award given Connecticut from the federal government adoption incentive grant, the Department continues its media campaign that relies on news media coverage of adoption and foster care. During November, which is National Adoption Month, the Department secured more than two dozen radio station interviews as well as numerous newspaper and television news stories about foster care adoption in Connecticut.

Taken together, the Department is pursuing an impressive array of initiatives to meet the remaining challenges involving treatment planning, family engagement, enhancing the pool of resource families, and meeting the individual needs of children. The goals that remain unmet under the Exit Plan present important challenges to our work. However, I am confident that our staff has the talent and the determination to move these initiatives forward even under difficult circumstances in order to ensure that our children and families receive the highest quality services possible.