

***Juan F.* v. Rell Exit Plan**
Quarterly Report
October 1, 2009 - December 31, 2009
Civil Action No. 2:89 CV 859 (CFD)

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October 1, 2009 - December 31, 2009

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**Juan F. v Rell Exit Plan Quarterly Report
October 1, 2009-December 31, 2009**

Highlights

- The Monitor's quarterly review of the Department's efforts in meeting the Exit Plan Outcome Measures during the period of October 1, 2009 through December 31, 2009 indicates the Department achieved 16 of the 22 Outcome Measures.
- Based on the Court Monitor's review of a sample of 53 cases, the Department attained a level of "Appropriate Treatment Plan" in 28 of the 53 cases sampled or 47.2%. This is the lowest recorded percentage since the third quarter of 2007.

Key findings this past quarter include:

- During this first full quarter of the Department utilizing the revised case plan format, there was a decline in the quality of the case plans. Since the finding within the second quarter 2009, of 73.1% of the sampled plans being deemed appropriate, the Department's performance had declined to 51.9% in the third quarter 2009 and is now 47.2% for the fourth quarter 2009.
- The transition to the new case plan format has been impacted by technical and training/utilization issues. These issues in combination with the long standing deficits involving proper identification of objectives and action steps, social worker's appropriate engagement of parents and significant stakeholders in developing case plans, and appropriate utilization of Structured Decision Making (SDM) led to the fourth quarter findings.
- The Department has developed a plan to correct many identified technical issues in a release scheduled for April 16, 2010. A revised training guide is under development to address issues related to correctly utilizing the revised case plan format.
- Engagement with family and active providers to develop the case plan and attendance of these key stakeholders at the Administrative Case Review (ACR) continues to be problematic. While participation of mothers and foster parents improved slightly this past quarter, involvement by fathers and the children's attorneys declined.
- To assist in identifying opportunities to improve the quality of case plans, a joint decision between the Court Monitor and DCF was made to reinstitute "team" reviews of Outcome Measure 3 & 15. Court Monitor staff will pair with Department Quality Improvement and/or Quality Assurance staff to review a portion of the sampled cases. These joint reviews will commence in the second quarter 2010. Ten cases will be reviewed using this joint process. The remainder of the sample will be reviewed individually by a Court Monitor reviewer.

The complete analysis of Outcome Measure 3 begins on page 34.

- Outcome Measure 15 (Meeting Children's Needs) was achieved in 45.3% or 29 of the 53 cases reviewed during this quarter. This is the lowest recorded percentage since the first quarter of 2007.

Key findings this past quarter include:

- 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).
- The 2009 average of compliance was 56.5%. This is identical with the annual rate established during the year of 2008.
- Safety plans as a result of the SDM Safety Assessment were documented in only 57.7% or 15 of the cases in which they were required. Of the 15 cases with safety plans, 14 cases had subsequent narrative which reflected appropriate services implemented to mitigate the safety factors.
- Within the sample, 42.5% of the cases requiring the 90-day SDM risk reassessment had documented timely follow through at the point of the development of the case plan.
- Reviewers noted issues regarding the inconsistency of the documentation in the record versus the SDM information and scoring.
- There are 185 discrete unmet service needs and barriers identified by the review team involving 47 of the 53 cases. These are unmet needs that were not fully addressed during the 6-month period prior to the development of a new case plan. In some instances the needs were partially addressed, in others the needs were not addressed in a timely manner, or remained unmet at the time of the review. Client referral and delays in referrals are the most reported barriers of service provision.
- Additionally, there are 95 service needs identified by the reviewers, throughout the record review, attendance at the ACR and review of the summary documents (DCF-553) that were not appropriately incorporated into the newly developed case plans.

The complete analysis of Outcome Measure 15 begins on page 34.

- Outcome Measure 11 (Re-Entry) was not achieved for the fifth consecutive quarter but did improve from a 9.9% re-entry rate in the third quarter of 2009 to 7.8% in the fourth quarter of 2009.
- Outcome Measure 7 (Reunification) was the highest recorded level for this measure under the Exit Plan. Reunification occurred within a 12-month period for 74.4% of the children who reunified during the fourth quarter of 2009.
- Outcome Measure 18 (Caseload Standards) was not met for the third consecutive quarter. However, this was due to one occurrence where a worker exceeded the caseload standard for a very brief duration, and this social worker exceeded the standard by one case.
- On November 24, 2009, Governor Rell issued a Deficit Mitigation Plan for fiscal year 2010 that called for suspension of all new intakes to both the DCF Voluntary Services

Program (VSP) and the DDS Voluntary Services Program (VSP). On December 8, 2009, the plaintiffs filed a VSP Motion and Memo of Law seeking a temporary restraining order and preliminary and permanent injunction to prevent implementation of the budget rescissions.

A hearing was held before the Honorable Christopher F. Droney regarding this matter on December 16, 2009. During the course of the hearing, the defendants indicated that the planned rescission to the DCF-VSP had been rescinded and that the DDS-VSP would continue to conduct intake and processing of applications. It was also agreed that the Court Monitor would be provided with notice of any change in the DDS intake process.

Supplemental briefs were submitted and on January 28, 2010, a hearing was held and oral arguments were presented.

At the time of this report, a decision has not been rendered by the Court.

- The Division of Foster Care monthly report for January 2010 indicates that there are 2,545 licensed DCF foster homes. The number of available private foster care homes is 988. The baseline set in June 2008 was a total of 3,388. The Department's current status is a net gain of 145 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.
- During the past quarter and continuing into the first quarter 2010, the Department has transitioned the former Service Needs Review (SNR) process into their core work function by utilizing the Administrative Case Review process to provide immediate feedback to the Area Offices regarding noted deficiencies that involve safety, permanency, well-being and/or the eight established cohort groups (these include four separate discharge delay cohorts and four separate permanency cohorts).

While the automation of the ACR summary document (DCF-553) continues to be developed, the Department will begin utilizing a temporary data collection method beginning in April 2010. This effort will include 48-hour notification to Area Office staff regarding the deficiency situations described above and will also include a determination of whether a formal Collaborative Team Meeting (CTM) involving all significant stakeholders in the case should be held. Similar to the SNR process, this approach brings the promise of creating a holistic process to the work whereby identification of issues, resulting corrective action and follow-up to ensure positive outcomes are accomplished in a collaborative manner. Increased opportunities to utilize available technology first used with the original SNR effort will result in efficiencies and data analysis opportunities.

In preparation for the transition from a SNR approach to an enhanced ACR/Area Office focus, a great deal of collaborative work has been accomplished by many segments of the Department (i.e. Quality Assurance, Child Welfare, Information Systems). The Court Monitor's office has also taken part in the planning and training activities conducted over the last few months.

- As of February 2010, there were 496 children placed in residential facilities. This is a decrease of two children in comparison to the 498 reported last quarter. The number of children residing and receiving treatment in out-of-state residential facilities increased by six to 272 compared to 266 reported last quarter. The number of children residing in residential care for greater than 12 months increased to 136 compared with 133 in November 2009.
- The number of children utilizing SAFE Home temporary placements decreased to 123 as of February 2010 compared with the 132 reported as of November 2009. The number of children in SAFE Home in overstay status (>60 days), decreased by one child to 57 children compared with the 58 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 increased significantly to 52 from the 37 reported for the previous quarter. The lack of sufficient foster home resources, therapeutic group homes, and specialized residential services along with the loss of available resources due to program closings, hampers the efforts to 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 928 in November 2009 to 922 in February 2010. The Department's continued effort to appropriately pursue APPLA goals for youth and the continued age-out of older youth is contributing to the ongoing reduction. There has been a reduction of more than 200 children with APPLA goals since November 2008.
- The number of children age 12 years old or younger in congregate care decreased from 248 in November 2009 to 230 in February 2010. The decrease is primarily tied to the reduced number of children placed in SAFE Home settings.

The Monitor's quarterly review of the Department for the period of October 1, 2009 through December 31, 2009 indicates that the Department did not achieve compliance with seven (6) measures:

- Treatment Plans (47.2%)
- Re-Entry (7.8%)
- Sibling Placements (83.4%)
- Children's Needs Met (45.3%)
- Caseload Standards (99.9%)
- Discharge to DMHAS and DMR (97.6%)

The Monitor's quarterly review of the Department for the period of October 1, 2009 through December 31, 2009 indicates the Department has achieved compliance with the following 16 Outcome Measures:

- Commencement of Investigations (97.8%)
- Completion of Investigations (94.3%)
- Search for Relatives (90.0%)
- Repeat Maltreatment (6.0%)

- Maltreatment of Children in Out-of-Home Care (0.3%)
- Reunification (74.4%)
- Adoption (35.2%)
- Transfer of Guardianship (76.3%)
- Multiple Placements (95.4%)
- Foster Parent Training (100.0%)
- Placement within Licensed Capacity (96.9%)
- Worker-Child Visitation Out-of-Home Cases (95.8% Monthly/99.7% Quarterly)
- Worker-Child Visitation In-Home Cases (88.5%)
- Residential Reduction (9.9%)
- Discharge Measures (86.9%)
- Multi-disciplinary Exams (95.7%)

The Department has maintained compliance for at least two (2) consecutive quarters¹ 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 (twenty-first consecutive quarter)
- Completion of Investigations (twenty-first consecutive quarter)
- Search for Relatives (seventeenth consecutive quarter)
- Repeat Maltreatment (eleventh consecutive quarter)
- Maltreatment of Children in Out-of-Home Care (twenty-fourth consecutive quarter)
- Adoption (fourth consecutive quarter)
- Transfer of Guardianship (fourth consecutive quarter)
- Multiple Placements (twenty-third consecutive quarter)
- Foster Parent Training (twenty-third consecutive quarter)
- Placement within Licensed Capacity (fourteenth consecutive quarter)
- Visitation Out-of-Home (seventeenth consecutive quarter)
- Visitation In-Home (seventeenth consecutive quarter)
- Residential Reduction (fifteenth consecutive quarter)
- Multi-disciplinary Exams (sixteenth 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 14 respectively.

A full copy of the Department's fourth quarter 2009 submission including the Commissioner's highlights may be found on page 71.

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

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

Juan F. Exit Plan Report Outcome Measure Overview																										
		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	4Q	
1:	Investigation Commencement	>=90%	X	X	X	91.2	92.5	95.1	96.2	96.1	96.2	96.4	98.7	95.5	96.5	97.1	97.0	97.4	97.8	97.5	97.4	97.9	97.6	97.7	97.6	97.8
2:	Investigation Completion	>=85%	64.2	68.8	83.5	91.7	92.6	92.3	93.1	94.2	94.2	93.1	94.2	93.7	93.0	93.7	94.2	92.9	91.5	93.7	89.9	91.4	91.3	91.8	94.0	94.3
3:	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	65.4	73.1	51.9	47.2
4:	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	94.3	91.2	91.0	90.0
5:	Repeat Maltreatment	<=7%	9.4	8.9	9.4	8.9	8.2	8.5	9.1	7.4	6.3	7.0	7.9	7.9	7.4	6.3	6.1	5.4	5.7	5.9	5.7	6.1	5.8	4.8	5.4	6.0
6:	Maltreatment OOH Care	<=2%	0.5	0.8	0.9	0.6	0.8	0.7	0.8	0.6	0.4	0.7	0.7	0.2	0.2	0.0	0.3	0.2	0.2	0.3	0.3	0.2	0.3	0.1	0.4	0.3
7:	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	68.1	71.9	56.0	74.4
8:	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	44.7	33.2	36.7	35.2
9:	Transfer of Guardianship	>=70%	62.8	52.4	64.6	63.3	64.0	72.8	64.3	72.4	60.7	63.1	70.2	76.4	78.0	88.0	76.8	80.8	70.4	70.0	71.7	64.9	75.3	75.7	81.8	76.3
10:	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	83.4	83.1	84.7	83.4
11:	Re-Entry	<=7%	X	X	X	X	X	X	7.2	7.6	6.7	7.5	4.3	8.2	7.5	8.5	9.0	7.8	11.0	6.7	6.7	7.4	8.2	8.8	9.9	7.8
12:	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	96.0	95.8	95.7	95.4
13:	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	100
14:	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	96.6	96.6	96.3	96.9
15:	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	61.5	61.5	55.8	45.3
16:	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	95.7 99.2	95.7 99.3	95.1 99.0	95.8 99.7
17:	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	90.5	89.6	88.8	88.5
18:	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	99.9
19:	Residential Reduction	<=11%	13.9	14.3	14.7	13.9	13.7	12.6	11.8	11.6	11.3	10.8	10.9	11.0	10.9	11.0	10.8	10.9	10.5	10.4	10.0	10.1	10.0	9.7	9.6	9.9
20:	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	85.3	92.2	80.0	86.9
21:	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	96.7	97.2	100	97.6
22:	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	95.7

Stipulation Regarding Outcome Measures 3 and 15**Stipulation §I.A - §I.B Foster Care Recruitment and Retention Plans****A. Recruitment and Retention Plan**

During the fourth quarter, the Monitor attended a series of meetings with the DCF Foster and Adoptive Services (OFAS) managers and Foster and Adoptive Service Unit (FASU) staff and met separately with individual OFAS managers.

These meetings covered a wide range of topics including; current recruitment and retention activities, oversight and progress regarding timely placements and discharge to and from congregate settings (SAFE Homes and STAR, etc.) and foster care settings (public and private), reprocurement and restructuring of the SAFE Home system, implementation of the new therapeutic foster care model and analysis of data and reports.

The Department will submit a summary update to the Monitor at the end of the second quarter regarding their progress with the Foster Care Recruitment and Retention Plan.

The Director of Foster and Adoptive Services, Tom Dwyer, has submitted his resignation effective March 12, 2010. His resignation was prompted by an ongoing medical condition.

The Department will post for a replacement once approval is granted by the Office of Policy Management (OPM) and the Department of Administrative Services (DAS).

B. Recruitment and Retention Goals

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

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

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

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

DCF Licensed Foster Homes	2,545
Private Foster Care Homes	<u>988</u>
	3,533

The Department has achieved a net gain of 145 homes since June 2008.

² During the course of preparation for the implementation of the revised therapeutic foster care model, the Monitor has confirmed that the baseline for Private Foster Care Homes was overstated due to some homes being counted twice. Example: therapeutic home and medically fragile home. The variance is determined to be 10-15 homes.

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

On February 16, 2010, the Department forwarded their final revised copy of the Review of the Utilization of Congregate Care to the Court Monitor and the Technical Advisory Committee (TAC).

The Stipulation identifies that "If DCF and the TAC are unable to agree on any aspect of this report, including recommendations for improvement or modification; the TAC shall provide an Addendum setting the TAC's recommendations and any areas of disagreement with DCF.

On March 1, 2010, the TAC forwarded an addendum to the report, Utilization of Congregate Care which outlined strengths and concerns with report and two recommendations that would lead to an articulation of priorities, targets and timelines within the next six months. The two recommended additions include:

- DCF to continue to work with the Annie E. Casey Foundation Child Welfare Strategy Group to set reasonable and achievable targets and timelines for reducing congregate care and prioritizing and making actionable a core set of recommendations for moving forward, and
- DCF to work with the Monitor to have him track the reductions in congregate care and report regularly on the progress being made through the implementation of the strategies mentioned above.

At the time of this report, discussions continue to resolve the disagreement between the Department and the TAC.

Stipulation §IV. Practice Model

The timelines for the implementation of the Practice Model and the state's federal Program Improvement Plan (PIP) are aligned with an official start date of January 2010. Beginning January 2010, the Practice Model development effort began a six-month planning phase which will include curriculum development and the production of practice guides. The practice guides are the precursor of planned policy revisions. The following phase during the summer of 2010 will include preparation work in collaboration with the DCF Area Offices in Bridgeport, Norwalk/Stamford; and Danbury. This effort will involve staff at all levels and service providers including foster parents.

Beginning October 2010, implementation in the Area Offices identified above will begin. Training for all staff will occur and "coaching" services will be provided by the Northeast and Caribbean Improvement Center (NCIC) which is part of the National Resource Center.

The current plan is for a three-month period in the beginning of March 2010 to assess the implementation efforts in the first set of offices. Revisions as necessary will be made and implementation will begin with the next set of Area Offices, Hartford and Manchester.

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

During the past quarter and continuing into the 1st Quarter 2010, the Department has transitioned the former Service Needs Review (SNR) process into their core work function by utilizing the Administrative Case Review (ACR) process to provide immediate feedback to the Area Offices regarding noted deficiencies that involve safety, permanency, well-being and/or the eight established cohort groups (these include four separate discharge delay cohorts and four separate permanency cohorts).

While the fully automated DCF-553 (ACR Summary) process continues to be developed, the Department will begin utilizing a temporary data collection method beginning in April 2010. This effort will include 48-hour notification to Area Office staff regarding the deficiency situations described above and will also include a determination of whether a formal Collaborative Team Meeting (CTM) involving all significant stakeholders in the case should be held. Similar to the SNR process this approach brings the promise of creating a holistic process to the work whereby identification of issues, resulting corrective action and follow-up to ensure positive outcomes are accomplished in a collaborative manner. Increased opportunities to utilize available technology will result in efficiencies and data analysis opportunities.

In preparation for the transition from a SNR approach to an enhanced ACR/Area Office focus, a great deal of collaborative work has been accomplished by many segments of the Department (i.e. Quality Assurance, Child Welfare, Information Systems). The Court Monitor's office has also taken part in the planning and training activities conducted over the last few months.

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 fourth quarter, Mental Health and Substance Abuse Treatment Needs unmet for children in the sample or were present in 17 cases or 32.7% 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 10 cases or 18.9% of the sample. Medical needs were not timely or adequately addressed in five cases or 9.4% of the sample.

Stipulation §VIII. Treatment Planning

The fourth quarter review was the first quarter to fully utilize the new case plan format. A number of technical and training issues have been identified that impacted the Department's performance. A LINK release is scheduled for April 16, 2010 to address many of the technical issues, and the

development of a revised training guide is proceeding. The technical and training issues combined with long standing deficits involving social workers' proper identification of objectives and action steps, appropriate engagement of parents and significant stakeholders in developing case plans and the appropriate utilization of Structured Decision Making (SDM) resulted in a precipitous drop in the percentage of case plans deemed appropriate by the Court Monitor out of a 53-case quarterly sample.

Stipulation §IX. Interim Performance

B. Health Care

1. Dental Service Needs

As of December 31, 2009, Section III.2 Dental Service Needs within Outcome Measure 15 Methodology was determined appropriately met in 81.1% of the cases reviewed. (Target goal 85.0%).

2. Mental Health Service Needs

As of December 31, 2009 Section III.3 Mental Health Service Needs within Outcome Measure 15 Methodology was determined to be appropriately met within 67.3% of the cases reviewed. (Target goal 85.0%).

C. Contracting or Providing Services to Meet the Permanency Goal

As of December 31, 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 60.4% of the cases reviewed. (Target goal was 73%).

D. Goals for Increasing Family Based Placements

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

1. Action Steps to Achieving Goals Identified

As of December 31, 2009 the "Action Steps to Achieving Goals Identified" case planning component of the Outcome Measure 3 Methodology was determined to be met in 54.7% of the cases reviewed. (Target Goal 85.0%)

2. Determining Goals and Objectives

As of December 31, 2009 the "Determining Goals/Objectives" case planning component of the Outcome Measure 3 Methodology was determined to be met in 64.1% of the cases reviewed. (Target Goal is 85.0%)

3. Planning for Permanency

As of December 31, 2009 the "Planning for Permanency" case planning component of the Outcome Measure 3 Methodology was determined to be met in 86.8% of the cases reviewed. (Target Goal is 85.0%)

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

As of December 31, 2009 the "Strengths /Need/Other Issues" case planning component of the Outcome Measure 3 Methodology was determined to be met in 56.6% of the cases reviewed. (Target Goal is 85.0%)

5. Progress

As of December 31, 2009 the "Progress" case planning component of the Outcome Measure 3 Methodology was determined to be met in 88.7% of the cases reviewed. (Target Goal is 85.0%)

Juan F. Action Plan-Fourth 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 November 2009 there were 68 children.

As of February 2010 there are 27 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 November 2009 there were 57 cases with no reason for not filing TPR (blank).

As of February 2010 there are 65 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 November 2009 there were 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 had "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.

As of February 2010 there are 35 children where the permanency barrier titled "no resource" is identified, 44 children with the permanency barrier of "no barrier identified", and 261 that are blank. In addition, 12 have "ICPC" as a barrier, 23 cite a "pending appeal", 1 has "pending investigations", 60 indicate a "special needs barrier", 19 are "subsidy negotiation", 91 indicate that "support is needed" and 13 have "foster parent indecision" indicated.

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

As of November 2009 there were 190 children in this cohort.

In February 2010 there are 211 children.

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

As of November 2009 there were 239 children in this cohort.

In February 2010 there are 220 children in the cohort.

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

As of November 2009 there were 11 children in this cohort.

In February 2010 there are 9 children in this cohort.

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

As of November 2009 there were 453 children in this population.

In February 2010 there are 408 children in this population.

8. Child pre-TPR + goal other than adoption or reunification + in care > 12 months transfer of guardianship cases (N=133) as of November 2006.

As of November 2009 there were 116 children in this population.

In February 2010 there are 110 children in this population.

9. Child pre-TPR + goal other than adoption or reunification + in care > 12 months -other than transfer of guardianship cases (N=939) as of November 2006.

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

In February 2010 there are 636 children in this population (72 were placed with a relative in a long term foster home arrangement).

JUAN F. ACTION PLAN MONITORING REPORT

FEBRUARY 2010

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

A. PERMANENCY ISSUES

Progress Towards Permanency:

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

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

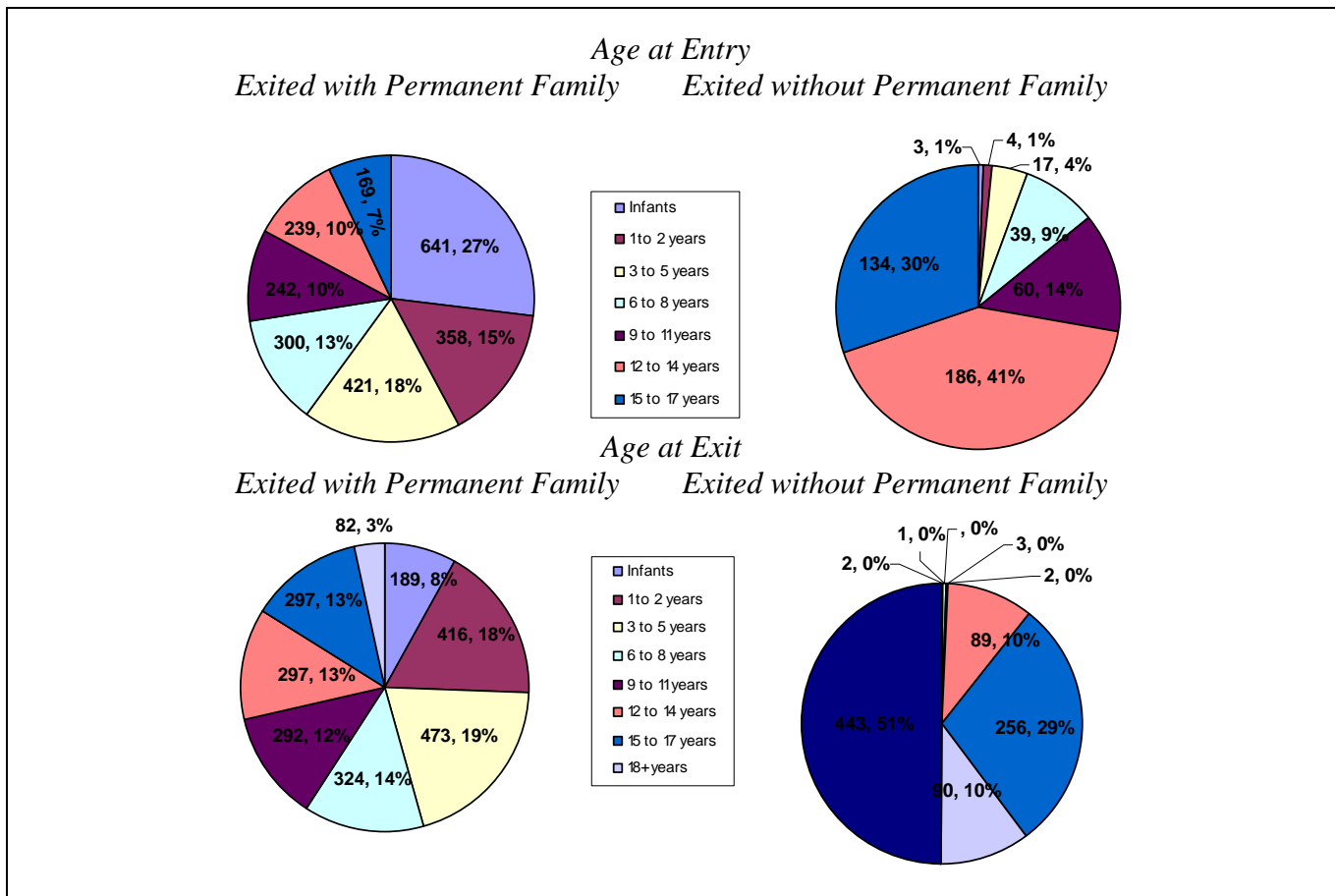
	Period of Entry to Care							
	2002	2003	2004	2005	2006	2007	2008	2009
Total Entries	3106	3548	3206	3093	3409	2855	2827	2606
Permanent Exits								
In 1 yr	1183 38.1%	1404 39.6%	1230 38.4%	1131 36.6%	1264 37.1%	1094 38.3%	1070 37.8%	
In 2 yrs	1643 52.9%	2076 58.5%	1806 56.3%	1743 56.4%	1972 57.8%	1669 58.5%		
In 3 yrs	1970 63.4%	2383 67.2%	2093 65.3%	2016 65.2%	2318 68.0%			
In 4 yrs	2141 68.9%	2538 71.5%	2263 70.6%	2160 69.8%				
To Date	2292 73.8%	2678 75.5%	2336 72.9%	2191 70.8%	2441 71.6%	1854 64.9%	1378 48.7%	715 27.4%
Non-Permanent Exits								
In 1 yr	274 8.8%	250 7.0%	231 7.2%	289 9.3%	259 7.6%	263 9.2%	249 8.8%	
In 2 yrs	332 10.7%	321 9.0%	301 9.4%	372 12.0%	345 10.1%	318 11.1%		
In 3 yrs	365 11.8%	367 10.3%	366 11.4%	432 14.0%	399 11.7%			
In 4 yrs	406 13.1%	393 11.1%	403 12.6%	462 14.9%				
To Date	470 15.1%	443 12.5%	443 13.8%	475 15.4%	421 12.3%	339 11.9%	287 10.2%	144 5.5%

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	Period of Entry to Care							
	2002	2003	2004	2005	2006	2007	2008	2009
<i>Unknown Exits</i>								
<i>In 1 yr</i>	106 3.4%	155 4.4%	129 4.0%	84 2.7%	77 2.3%	63 2.2%	85 3.0%	
<i>In 2 yrs</i>	136 4.4%	195 5.5%	172 5.4%	125 4.0%	121 3.5%	103 3.6%		
<i>In 3 yrs</i>	161 5.2%	222 6.3%	209 6.5%	165 5.3%	146 4.3%			
<i>In 4 yrs</i>	179 5.8%	246 6.9%	236 7.4%	182 5.9%				
<i>To Date</i>	224 7.2%	287 8.1%	254 7.9%	186 6.0%	149 4.4%	110 3.9%	104 3.7%	39 1.5%
<i>Remain In Care</i>								
<i>In 1 yr</i>	1543 49.7%	1739 49.0%	1616 50.4%	1589 51.4%	1809 53.1%	1435 50.3%	1423 50.3%	
<i>In 2 yrs</i>	995 32.0%	956 26.9%	927 28.9%	853 27.6%	971 28.5%	765 26.8%		
<i>In 3 yrs</i>	610 19.6%	576 16.2%	538 16.8%	480 15.5%	546 16.0%			
<i>In 4 yrs</i>	380 12.2%	371 10.5%	304 9.5%	289 9.3%				
<i>To Date</i>	120 3.9%	140 3.9%	173 5.4%	241 7.8%	398 11.7%	552 19.3%	1058 37.4%	1708 65.5%

The following graphs show how the ages of children upon their entry to care, as well as at the time of exit, differ depending on the overall type of exit (permanent or non-permanent).

FIGURE 2: CHARACTERISTICS OF CHILDREN EXITING WITH AND WITHOUT PERMANENCY (2009 EXIT COHORT)



Permanency Goals:

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

FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON JANUARY 31, 2010³)

Is the child legally free (his or her parents' rights have been terminated)?				
Yes 792	No ↓ 3,290			
<i>Goals of:</i>	Has the child been in care more than 15 months?			
572 (72%) Adoption	No 1,766	Yes ↓ 1,524		
208 (26%) APPLA	Has a TPR proceeding been filed?			
9 (1%) Relatives	Yes 447	No ↓ 1,077		
2 (0%) Blank	Is a reason documented not to file TPR?			
1 (0%) Reunify	<i>Goals of:</i> 301 (79%) Adoption	Yes 844	<i>Documented Reasons:</i> 77% Compelling Reason 12% Child is with relative 8% Petition in process 4% Service not provided	No 233 <i>Goals of:</i> 105 (45%) Reunify 58 (25%) APPLA 32 (14%) Adoption 28 (12%) Trans. of Guardian: Sub/Unsub 6 (3%) Relatives 3 (1%) Blank 1 (0%) Not Applicable
	97 (10%) APPLA	<i>Goals of:</i> 471 (56%) APPLA		
	26 (6%) Reunify	184 (22%) Reunify		
	17 (4%) Trans. of Guardian: Sub/Unsub	65 (8%) Relatives		
	6 (1%) Relatives	65 (8%) Adoption		
		59 (7%) Trans. of Guardian: Sub/Unsub		

³ Children over age 18 are included in these figures.

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Preferred Permanency Goals:

Reunification	Nov 2008	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010
Total number of children with Reunification goal, pre-TPR and post-TPR	1710	1661	1627	1620	1545	1534
Number of children with Reunification goal pre-TPR	1709	1658	1622	1612	1538	1533
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 15 months in care 	367	368	386	380	359	315
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 36 months in care 	54	51	55	61	48	39
Number of children with Reunification goal, post-TPR	1	3	5	8	7	1

Transfer of Guardianship (Subsidized and Non-Subsidized)	Nov 2008	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	208	195	206	198	212	178
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	208	193	203	196	212	178
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, >= 22 months 	78	63	58	54	59	63
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, >= 36 months 	24	26	21	23	26	27
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	0	2	3	2	0	0

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Adoption	Nov 2008	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010
Total number of children with Adoption goal, pre-TPR and post-TPR	1340	1341	1324	1239	1177	1162
Number of children with Adoption goal, pre-TPR	711	664	631	603	583	590
Number of children with Adoption goal, TPR not filed, >= 15 months in care	89	109	111	93	91	97
<ul style="list-style-type: none"> Reason TPR not filed, Compelling Reason 	28	27	24	24	20	14
<ul style="list-style-type: none"> Reason TPR not filed, petitions in progress 	40	33	31	20	27	41
<ul style="list-style-type: none"> Reason TPR not filed, child is in placement with relative 	11	10	5	6	7	7
<ul style="list-style-type: none"> Reason TPR not filed, services needed not provided 	4	7	6	9	4	3
<ul style="list-style-type: none"> Reason TPR not filed, blank 	6	32	45	34	33	32
Number of cases with Adoption goal post-TPR	629	677	693	636	594	572
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care >= 15 months 	593	636	656	602	563	547
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care >= 22 months 	523	552	571	525	475	481
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	72	64	74	69	44	33
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	351	355	356	304	266	243
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	99	113	146	154	176	187

Progress Towards Permanency:	Nov 2008	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	195	253	290	296	257	233

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Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	Nov 2008	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010
Total number of children with Long Term Foster Care Relative goal	133	129	125	113	102	94
Number of children with Long Term Foster Care Relative goal, pre-TPR	119	118	114	103	92	85
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR 	10	12	13	8	4	5
Long Term Foster Care Rel. goal, post-TPR	14	11	11	10	10	9
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR 	4	3	3	3	2	2

APPLA*	Nov 2008	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010
Total number of children with APPLA goal	1126	1039	1010	966	928	922
Number of children with APPLA goal, pre-TPR	874	798	774	729	712	714
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, pre-TPR 	57	51	51	42	40	36
Number of children with APPLA goal, post-TPR	252	241	236	237	216	208
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, post-TPR 	24	20	17	18	16	14

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

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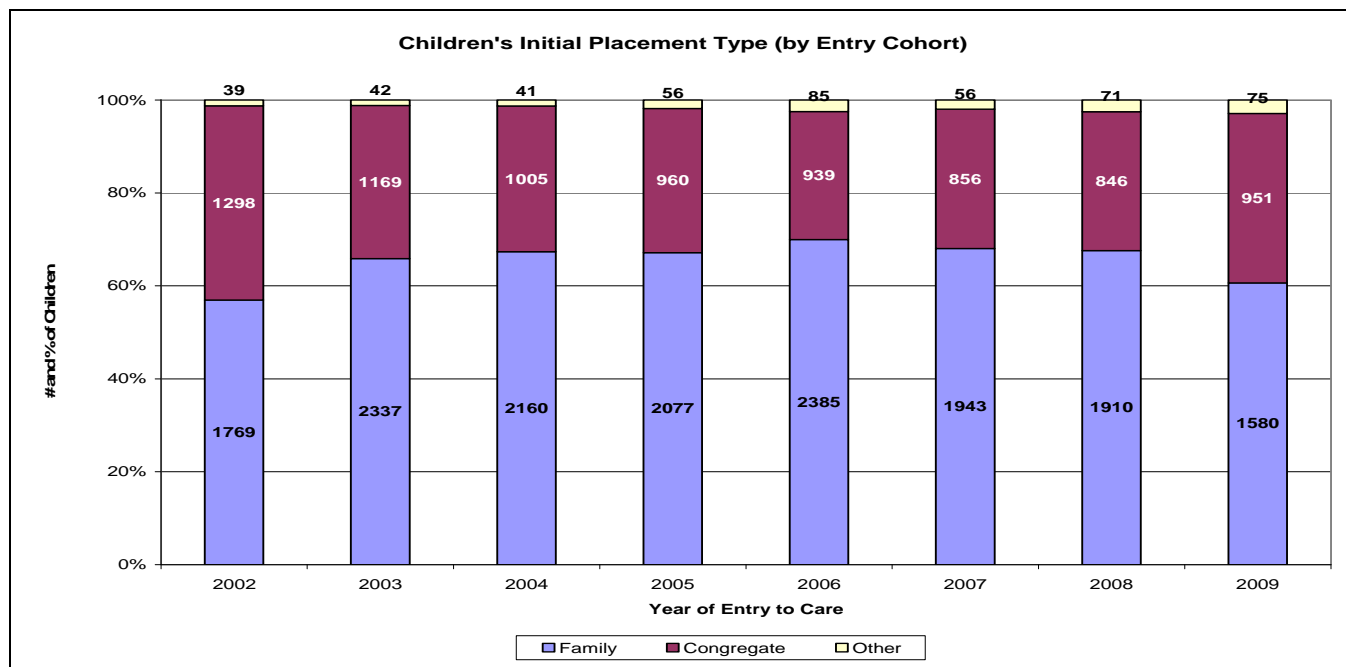
Missing Permanency Goals:

	Nov 2008	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	66	78	59	74	83	33
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	10	19	14	26	24	21
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	3	5	3	8	4	3
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	0	2	2	7	1	3

B. PLACEMENT ISSUES

Placement Experiences of Children

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

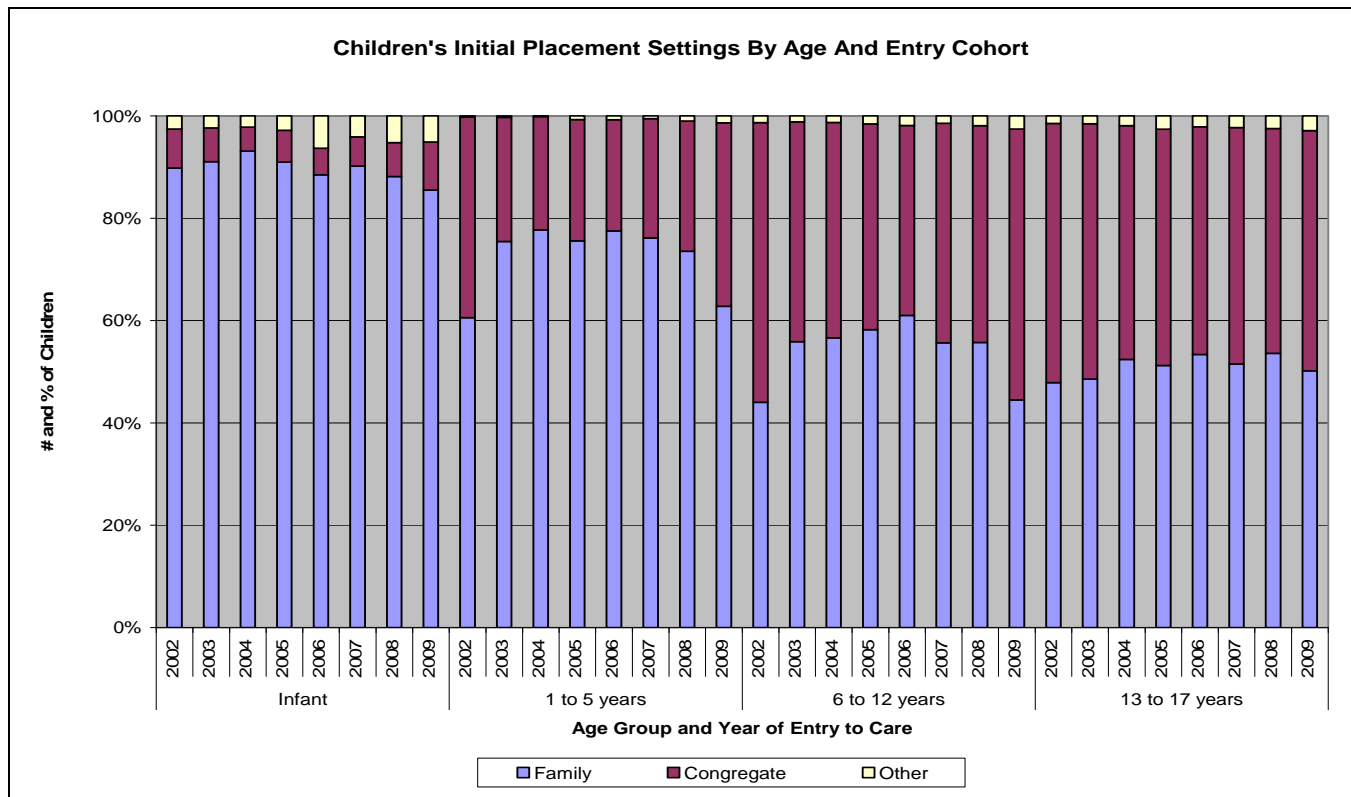


The next table shows specific care types used month-by-month for entries between January 2009 and December 2009.

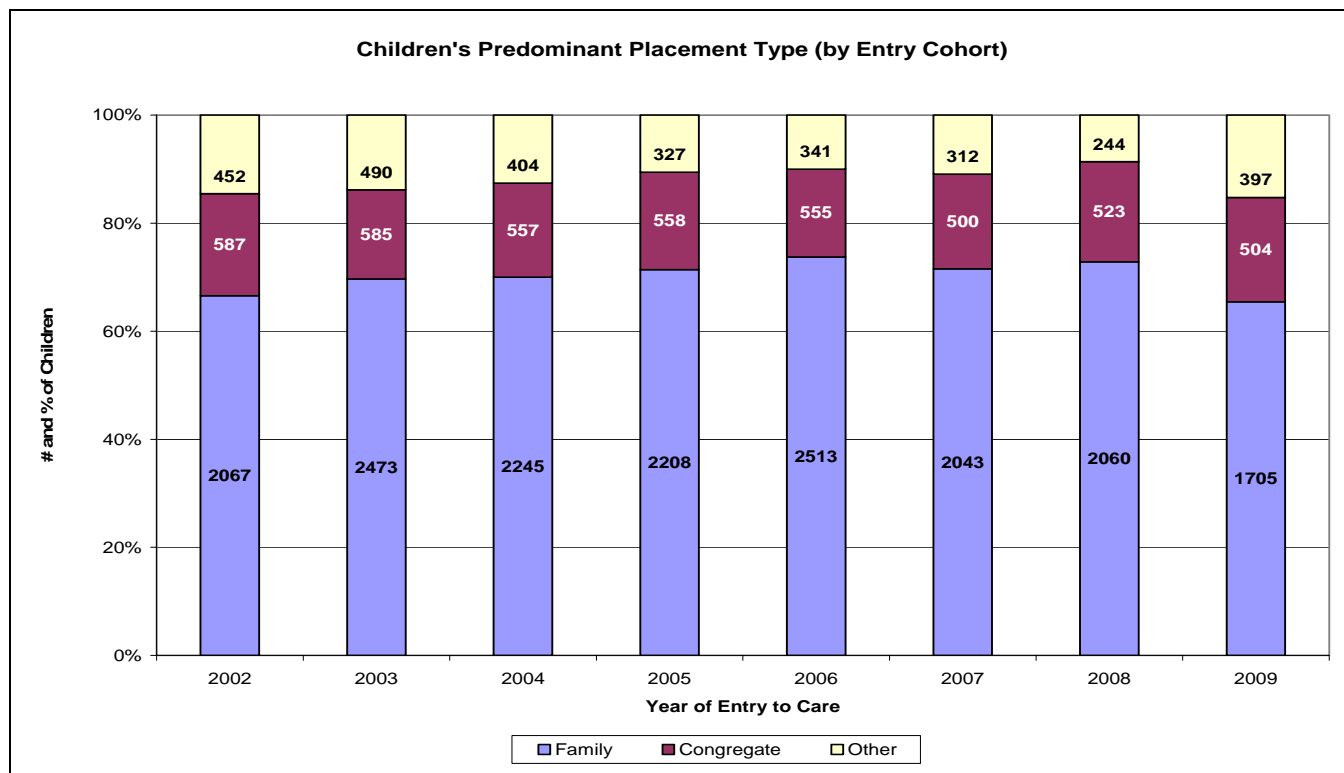
Case Summaries

First placement type		enter Jan09	enter Feb09	enter Mar09	enter Apr09	enter May09	enter Jun09	enter Jul09	enter Aug09	enter Sep09	enter Oct09	enter Nov09	enter Dec09
Residential	N	12	19	22	9	19	17	20	21	20	10	13	16
	%	5.7%	9.1%	8.8%	3.6%	7.7%	7.0%	9.9%	10.1%	9.8%	4.7%	7.1%	8.3%
DCF Facilities	N	3	5	9	7	7	5	6	6	1	4	3	
	%	1.4%	2.4%	3.6%	2.8%	2.8%	2.0%	3.0%	2.9%	.5%	1.9%	1.6%	
Foster Care	N	97	104	95	122	122	131	85	89	102	108	94	83
	%	45.8%	49.8%	38.2%	49.4%	49.4%	53.7%	41.9%	42.8%	49.8%	50.5%	51.6%	43.0%
Group Home	N	3	3	1	3	6	4	9	7	2		3	
	%	1.4%	1.4%	.4%	1.2%	2.4%	1.6%	4.4%	3.4%	1.0%		1.6%	
Relative Care	N	27	22	28	25	14	19	27	17	30	29	23	31
	%	12.7%	10.5%	11.2%	10.1%	5.7%	7.8%	13.3%	8.2%	14.6%	13.6%	12.6%	16.1%
Medical	N	6	6	9	4	8	2	7	4	4	9	7	9
	%	2.8%	2.9%	3.6%	1.6%	3.2%	.8%	3.4%	1.9%	2.0%	4.2%	3.8%	4.7%
Safe Home	N	48	31	69	42	38	43	25	41	30	40	25	42
	%	22.6%	14.8%	27.7%	17.0%	15.4%	17.6%	12.3%	19.7%	14.6%	18.7%	13.7%	21.8%
Shelter	N	11	10	15	26	27	19	18	18	13	9	13	6
	%	5.2%	4.8%	6.0%	10.5%	10.9%	7.8%	8.9%	8.7%	6.3%	4.2%	7.1%	3.1%
Special Study	N	5	9	1	9	6	4	6	5	3	5	1	6
	%	2.4%	4.3%	.4%	3.6%	2.4%	1.6%	3.0%	2.4%	1.5%	2.3%	.5%	3.1%
Total	N	212	209	249	247	247	244	203	208	205	214	182	193
	%	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 January 2009 and December 2009, and the portion of those exits within each placement type from which they exited.

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Case Summaries

Last placement type in spell (as of censor date)		exit Jan09	exit Feb09	exit Mar09	exit Apr09	exit May09	exit Jun09	exit Jul09	exit Aug09	exit Sep09	exit Oct09	exit Nov09	exit Dec09
Residential	N	15	22	23	22	16	40	23	24	15	14	16	15
	%	6.4%	9.6%	9.2%	8.4%	6.6%	11.4%	8.1%	8.0%	7.1%	6.5%	6.7%	6.1%
DCF Facilities	N	5	3	5	4	2	8	1	3	4	2	4	2
	%	2.1%	1.3%	2.0%	1.5%	.8%	2.3%	.4%	1.0%	1.9%	.9%	1.7%	.8%
Foster Care	N	105	111	117	120	121	169	139	159	85	108	112	108
	%	44.9%	48.5%	46.6%	45.6%	49.6%	48.3%	48.9%	53.2%	40.1%	50.0%	47.1%	44.1%
Group Home	N	11	11	9	12	7	22	16	21	17	9	10	15
	%	4.7%	4.8%	3.6%	4.6%	2.9%	6.3%	5.6%	7.0%	8.0%	4.2%	4.2%	6.1%
Independent Living	N	8	6	7	3	2	4	2	5	3	4	4	3
	%	3.4%	2.6%	2.8%	1.1%	.8%	1.1%	.7%	1.7%	1.4%	1.9%	1.7%	1.2%
Relative Care	N	51	55	52	53	59	63	65	51	59	49	54	60
	%	21.8%	24.0%	20.7%	20.2%	24.2%	18.0%	22.9%	17.1%	27.8%	22.7%	22.7%	24.5%
Medical	N	2	1		1	4	5	3	3	2	1	1	1
	%	.9%	.4%		.4%	1.6%	1.4%	1.1%	1.0%	.9%	.5%	.4%	.4%
Safe Home	N	14	11	16	24	5	15	14	13	10	7	20	17
	%	6.0%	4.8%	6.4%	9.1%	2.0%	4.3%	4.9%	4.3%	4.7%	3.2%	8.4%	6.9%
Shelter	N	13	4	12	13	14	9	8	4	10	12	5	13
	%	5.6%	1.7%	4.8%	4.9%	5.7%	2.6%	2.8%	1.3%	4.7%	5.6%	2.1%	5.3%
Special Study	N	10	5	7	10	13	15	12	14	6	9	11	9
	%	4.3%	2.2%	2.8%	3.8%	5.3%	4.3%	4.2%	4.7%	2.8%	4.2%	4.6%	3.7%
Unknown	N			3	1	1		1	2	1	1	1	2
	%			1.2%	.4%	.4%		.4%	.7%	.5%	.5%	.4%	.8%
Total	N	234	229	251	263	244	350	284	299	212	216	238	245
	%	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.

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

			Duration Category						Total	
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095		more than 1095
Primary type of spell (>50%)	Residential	Count	16	22	57	90	65	113	128	491
		% of Row	3.3%	4.5%	11.6%	18.3%	13.2%	23.0%	26.1%	100.0%
	DCF Facilities	Count	0	4	8	27	12	12	10	73
		% of Row	.0%	5.5%	11.0%	37.0%	16.4%	16.4%	13.7%	100.0%
	Foster Care	Count	68	132	186	362	286	553	831	2418
		% of Row	2.8%	5.5%	7.7%	15.0%	11.8%	22.9%	34.4%	100.0%
	Group Home	Count	0	3	18	24	18	38	84	185
		% of Row	.0%	1.6%	9.7%	13.0%	9.7%	20.5%	45.4%	100.0%
	Independent Living	Count	0	0	0	2	1	7	3	13
		% of Row	.0%	.0%	.0%	15.4%	7.7%	53.8%	23.1%	100.0%
	Relative Care	Count	37	58	86	150	113	162	103	709
		% of Row	5.2%	8.2%	12.1%	21.2%	15.9%	22.8%	14.5%	100.0%
	Medical	Count	6	6	4	6	3	2	2	29
		% of Row	20.7%	20.7%	13.8%	20.7%	10.3%	6.9%	6.9%	100.0%
	Mixed (none >50%)	Count	1	3	10	21	24	73	235	367
		% of Row	.3%	.8%	2.7%	5.7%	6.5%	19.9%	64.0%	100.0%
	Safe Home	Count	29	39	43	29	9	16	3	168
		% of Row	17.3%	23.2%	25.6%	17.3%	5.4%	9.5%	1.8%	100.0%
	Shelter	Count	6	20	25	26	3	4	2	86
		% of Row	7.0%	23.3%	29.1%	30.2%	3.5%	4.7%	2.3%	100.0%
Special Study	Count	6	3	15	39	25	67	60	215	
	% of Row	2.8%	1.4%	7.0%	18.1%	11.6%	31.2%	27.9%	100.0%	
Unknown	Count	1	6	5	9	1	2	11	35	
	% of Row	2.9%	17.1%	14.3%	25.7%	2.9%	5.7%	31.4%	100.0%	
Total	Count	170	296	457	785	560	1049	1472	4789	
	% of Row	3.5%	6.2%	9.5%	16.4%	11.7%	21.9%	30.7%	100.0%	
	% of Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

Congregate Care Settings

Placement Issues	Nov 2008	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010
Total number of children 12 years old and under, in Congregate Care	248	222	238	243	248	230
• Number of children 12 years old and under, in DCF Facilities	14	16	9	15	13	13
• Number of children 12 years old and under, in Group Homes	56	44	47	53	49	46
• Number of children 12 years old and under, in Residential	60	45	45	30	34	33
• Number of children 12 years old and under, in SAFE Home	96	97	115	113	125	116
• Number of children 12 years old and under, in Permanency Diagnostic Center	15	12	13	14	13	12
• Number of children 12 years old and under in MH Shelter	4	4	9	7	11	10
Total number of children ages 13-17 in Congregate Placements	843	853	878	859	830	803

Use of SAFE Homes, Shelters and PDCs

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

	Period of Entry to Care							
	2002	2003	2004	2005	2006	2007	2008	2009
Total Entries	3106	3548	3206	3093	3409	2855	2827	2606
SAFE Homes & PDCs	728 23%	629 18%	453 14%	395 13%	395 12%	382 13%	335 12%	471 18%
Shelters	166 5%	135 4%	147 5%	178 6%	114 3%	136 5%	144 5%	185 7%
Total	894 29%	764 22%	600 19%	573 19%	509 15%	518 18%	479 17%	656 25%

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	Period of Entry to Care							
	2002	2003	2004	2005	2006	2007	2008	2009
<i>Total Initial Plcmnts</i>	894	764	600	573	509	518	479	656
<= 30 days	351 39%	308 40%	249 42%	242 42%	186 37%	162 31%	150 31%	253 39%
31 - 60	285 32%	180 24%	102 17%	114 20%	73 14%	73 14%	102 21%	119 18%
61 - 91	106 12%	121 16%	81 14%	76 13%	87 17%	79 15%	85 18%	156 24%
92 - 183	101 11%	107 14%	124 21%	100 17%	118 23%	131 25%	110 23%	106 16%
184+	51 6%	48 6%	44 7%	41 7%	45 9%	73 14%	32 7%	22 3%

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

Placement Issues	Oct 2008	Nov 2008	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010
Total number of children in SAFE Home	132	102	115	125	120	132	123
• Number of children in SAFE Home, > 60 days	84	50	44	43	54	58	57
• Number of children in SAFE Home, >= 6 months	14	9	14	9	9	14	8
Total number of children in STAR/Shelter Placement	72	73	77	91	85	80	89
• Number of children in STAR/Shelter Placement, > 60 days	32	30	36	33	40	37	52
• Number of children in STAR/Shelter Placement, >= 6 months	6	4	8	8	4	7	6
Total number of children in Permanency Planning Diagnostic Center	17	18	14	17	18	18	17
• Total number of children in Permanency Planning Diagnostic Center, > 60 days	14	13	8	11	12	11	14
• Total number of children in Permanency Planning Diagnostic Center, >= 6 months	7	8	6	6	1	5	3
Total number of children in MH Shelter	7	5	4	3	7	12	8
• Total number of children in MH Shelter, > 60 days	6	5	4	1	3	8	7
• Total number of children in MH Shelter, >= 6 months	2	0	2	1	0	1	1

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Time in Residential Care

Placement Issues	Oct 2008	Nov 2008	Feb 2009	May 2009	Aug 2009	Nov 2009	Feb 2010
Total number of children in Residential care	542	529	534	530	509	498	496
<ul style="list-style-type: none"> Number of children in Residential care, \geq 12 months in Residential placement 	133	125	119	144	131	133	136
<ul style="list-style-type: none"> Number of children in Residential care, \geq 60 months in Residential placement 	5	4	4	5	5	4	3

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

Summary Findings

The Department's performance in relation to the Outcome Measure 3 and Outcome Measure 15 standards declined as measured during the fourth quarter 2009.

- The fourth quarter 2009 Monitor's Office Case Review of Outcome Measure 3 and Outcome Measure 15 included a total of 53 cases. The Monitor finds **a total of 47.2% of the 53 case plans sampled were deemed appropriate for Outcome Measure 3.**
- **For Outcome Measure 15** during the fourth quarter 2009, a total of twenty-four cases or **45.3% of the sample had evidence that DCF was meeting children and families' needs during the last six month period.**
- Eighteen cases (34.0%) achieved both the Outcome Measure standards during the quarter. Twenty-two cases (41.5%) failed to achieve both the Outcome Measure 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	Case Plan Count	18	7	25
	% within Overall Score for OM3	72.0%	28.0%	100.0%
	% within Overall Score for OM 15	75.0%	24.1%	47.2%
	% of Total	34.0%	13.2%	47.2%
Not an Appropriate Case Plan	Case Plan Count	6	22	28
	% within Overall Score for OM3	21.4%	78.6%	100.0%
	% within Overall Score for OM 15	25.0%	75.9%	52.8%
	% of Total	11.3%	41.5%	52.8%
Total	Count	24	29	53
	% within Overall Score for OM3	45.3%	54.7%	100.0%
	% within Overall Score for OM 15	100.0%	100.0%	100.0%
	% of Total	45.3%	54.7%	100.0%

Findings Related to Outcome Measure 3

The DCF Outcome Measure 3 requires 90% compliance. During the fourth quarter 2009, only one office met or surpassed this benchmark. The Middletown Area Office achieved 100.0% on Outcome Measure 3. The nearest high performance is reported out of the Hartford Area Office with five of its six case plans achieving a passing status, or 83.3% for the measure.

As first noted last quarter, the decline in the quality of case plans continued into the fourth quarter. Issues within the sections related to objectives, action steps and the progress section were noted. Potential technical elements were raised by the area office staff and are currently being assessed by the information technology staff to determine the genesis and possible remedy that might be necessary. One example: our reviews as well as feedback from the Administrative Case Review (ACR) identified the incorrect selection of narrative type or multiple entries within the family feedback narrative was resulting in plans lacking the parents' feedback or the wrong entry pre-filling into the case plans.

Court Monitor reviewers have been lenient in their review of Objectives, and Action Steps as well as Family Engagement during this transition to allow for the noted technical problems and continued need for additional training regarding the revised case plan format. Allowances were made so that information mis-located but still identifiable within the documented was considered acceptable given the technical glitches. Even with this allowance, identified action steps consistent with the SDM and other case documented needs continue to pose the greatest challenge to the staff, as 45.3% of the plans reviewed were identified as marginal (23) or poor (1).

One concern noted with the new format is a lack of assessment in the child-in-placement case plan documents. The child-in-placement plan contains eight domains and should end with a summary that brings these elements together and expresses an overall assessment as to the current state or situation that the child is in "all domains considered". The majority of plans provide only facts for each domain but minimal or no assessment. Some compensated by putting assessment information into the progress sections. We believe this is a training issue that can be rectified with the release of the Case Plan Directional Guide and refresher training scheduled for this spring.

Table 1: Historical Findings on OM3 Compliance -Third Quarter 2006 to Fourth Quarter 2009

Quarter	Sample (n)	Percent "Appropriate Case Plan"
3 rd Quarter 2006	35	54.3%
4 th Quarter 2006	73	41.1%
1 st Quarter 2007	75	41.3%
2 nd Quarter 2007	76	30.3%
3 rd Quarter 2007	50	32.0%
4 th Quarter 2007	51	51.0%
1 st Quarter 2008	51	58.8%
2 nd Quarter 2008	52	55.8%
3 rd Quarter 2008	53	62.3%
4 th Quarter 2008	53	81.1% ⁴
1 st Quarter 2009	52	67.3%
2 nd Quarter 2009	52	73.1%
3 rd Quarter 2009	52	53.8%
4 th Quarter 2009	53	47.2%
Total to Date	778	52.2%

⁴ This total reflects a correction over the prior reported percentage of 79.2% for the quarter reported in the last several quarterly reports. A data entry error was uncovered and corrected during the current data analysis resulting in New Haven acquiring one additional appropriate treatment plan that had not been designated properly during the 4th quarter 2008.

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

What is the social worker's area office assignment?		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
Bridgeport	Count	0	4	4
	% within Area Office	.0%	100.0%	100.0%
Danbury	Count	0	2	2
	% within Area Office	.0%	100.0%	100.0%
Milford	Count	0	3	3
	% within Area Office	.0%	100.0%	100.0%
Hartford	Count	5	1	6
	% within Area Office	83.3%	16.7%	100.0%
Manchester	Count	4	1	5
	% within Area Office	80.0%	20.0%	100.0%
Meriden	Count	2	1	3
	% within Area Office	66.7%	33.3%	100.0%
Middletown	Count	2	0	2
	% within Area Office	100.0%	.0%	100.0%
New Britain	Count	1	4	5
	% within Area Office	20.0%	80.0%	100.0%
New Haven Metro	Count	2	3	5
	% within Area Office	40.0%	60.0%	100.0%
Norwalk	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Norwich	Count	1	3	4
	% within Area Office	25.0%	75.0%	100.0%
Stamford	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Torrington	Count	1	1	2
	% within Area Office	50.0%	50.0%	100.0%
Waterbury	Count	2	2	4
	% within Area Office	50.0%	50.0%	100.0%
Willimantic	Count	3	1	4
	% within Area Office	75.0%	25.0%	100.0%
Total	Count	25	28	53
	% within Area Office	47.2%	52.8%	100.0%

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

What is the type of case assignment noted in LINK at point of review?		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
CPS In-Home Family Case	Count	9	9	18
	% within case type	50.0%	50.0%	100.0%
CPS Child in Placement Case	Count	15	19	34
	% within case type	44.1%	55.9%	100.0%
Voluntary Services Program Child in Placement Case	Count	1	0	1
	% within case type	100.0%	.0%	100.0%
Total	Count	25	28	53
	% within case type	47.2%	52.8%	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	10	3	13
	% within Race	76.9%	23.1%	100.0%
White	Count	12	21	33
	% within Race	36.4%	63.6%	100.0%
UTD	Count	1	1	2
	% within Race	50.0%	50.0%	100.0%
Multiracial (more than one selected)	Count	2	3	5
	% within Race	40.0%	60.0%	100.0%
Total	Count	25	28	53
	% within Race	47.2%	52.8%	100.0%

Crosstabulation 5: Sex of Child *Overall Score for OM3

Sex of Child in Placement		Overall Score for OM3		
		Appropriate Case Plan	Not an Appropriate Case Plan	Total
Male	Count	11	12	23
	% within males	47.8%	52.2%	100.0%
Female	Count	6	8	14
	% within females	42.9%	57.1%	100.0%

The Monitor received multiple requests for override this quarter. Included in these were 9 requests for Outcome Measure 3 and four requests for Outcome Measure 15. In all ten requests were granted. Examples of these are provided for reference below:

- The Area Office requested the Court Monitor's override on OM3 based upon assessment information that was clearly demonstrated at time of ACR and throughout DCF-553 (Administrative Case Review of a Treatment Plan Summary Document). The Court Monitor granted the override based on the discussion with key staff, and a better understanding of the issues that were discussed at the ACR, as well as the additional available documentation that established the participants' awareness of the key issues, the needs of the child presented at the time of the ACR, as well as the services currently in place.
- The Area Office rebuttal resulted in reconsideration of OM3 at sections I.3 and II.3. The score of II.3 was upgraded to Very Good with the additional information provided. An override of Section I.3 was granted as information available from other sources documented the engagement in case planning that was lacking within the case plan document.
- The case plan has some weakness as it does not document family feedback that occurred (however it is documented elsewhere) and fails to identify the action step to initiate an in-home reunification service. A referral was made shortly after the ACR. Given the immediacy of the referral, and the discussion at the ACR regarding the issue, the reviewer indicated that an override was warranted and the Court Monitor concurred.
- Mother's mental health needs were not met due to a provider failure to meet/accommodate mother's work schedule. The provider had indicated that they would accommodate the work schedule earlier in the period. However, the provider then stopped communicating with the mother and did not return her phone calls or the calls of the DCF SW. The SW contacted the Area Resource Group (ARG) for assistance in identifying alternate resources. In this process there was an additional delay. While the score of 3-Marginal remains given the unmet need, the efforts of the SW to secure alternate service provider through use of the ARG, after assistance through phone calls to the provider on mother's behalf, indicates appropriate action and advocacy to meet the mental health need identified. An override was appropriate and approved for OM15 section III.3.
- Several requests for overrides were granted based on the Family Feedback narrative not being incorporated into the case plan document. There was evidence throughout the narrative, from attendance at the ACR, and within the DCF-553 that engagement occurred.

Engagement with case participants was captured through the review and was noted through documentation within the narratives and/or attendance at the ACR or Family Conference. Rates were highest amongst 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. As shown the engagement of mothers did improve. However, fathers continue to be engaged less than 50% of the time and attended the ACR or family conferences at a rate of 28.6% within the cases sampled. This attendance rate is a decline from the prior quarter's performance related to engagement of father's. The rate of engagement of children at their ACRs also continues to decline. This quarter showed a decline to 29.4% attendance from the prior quarter's performance of 50.0%. Court Monitor Reviewers continued to comment that reviews are scheduled during school hours and there appears to be little emphasis on including teens at the meetings by the Area Office staff. Alternately, ACR staff do show initiative by reaching out through teleconference when possible to include the teens and other key participants in the process when they are not present in person for the meeting but have been actively engaged during the period.

Table 2: Fourth Quarter 2009 Participation and Attendance Rates for Active Case Participants

Identified Case Participant	Percentage with documented Participation/ Engagement in Case Planning Discussion	<i>Prior Quarter's Documented Engagement of Participation in Case Planning</i>	Percentage Attending the TPC/ACR or Family Conference (when held)	<i>Rate Of Attendance Prior Quarter</i>
Foster Parent	85.2%	81.0%	76.0%	66.7%
Mother	82.2%	73.3%	71.4%	66.6%
Other DCF Staff	60.9%	57.1%	52.2%	52.0%
Child	60.0%	59.1%	29.4%	50.0%
Active Service Providers	56.6%	56.6%	37.8%	40.0%
Other Participants	46.2%	68.0%	46.2%	68.0%
Father	44.4%	44.2%	28.6%	42.1%
Attorney/GAL (Child)	27.5%	33.3%	18.9%	21.9%
Parents' Attorney	23.5%	14.3%	16.1%	14.3%

Permanency planning that includes 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 Department policy but were not identified in the case plan. In each of the reunification cases there was the required concurrent plan identified. In the seven APPLA cases two did not identify concurrent plans. The extent to which the identified concurrent plan was being pursued is questionable, and at best marginal, in several of the cases reviewed.

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 a permanency goal outside of reunification were made prior to the 12 month mark for four children. Two cases were identified for Transfer of Guardianship, and two were identified with adoption goals.

- In one case a subsidized Transfer of Guardianship was likely to occur within the upcoming planning period. While appropriate, oddly, the developed treatment plan did not reflect the need for DCF to prepare, file and achieve the goal to obtain the permanency for the identified child.

- The goal change from reunification to adoption in another case is supported at the twelve month mark by SDM, based on the failure of the parents to rehabilitate and the grandparents' inability to comply with licensing requirements. Working toward an open adoption is the best possible outcome for the child and the sibling who are in the guardianship of the maternal grandparents. The concurrent goal is reunification until appropriate court filings can be made.
- In one case the goal is adoption. At the time of the ACR the child was placed in a pre-adoptive home, but the family recently stated that they will not be an adoptive resource for her. The child is currently in care less than 12 months but had prior episodes in care. The father is contesting termination of parental rights (TPR) however he has not been able to function effectively as a full-time parent due to a drug addiction.

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- Of the four situations, this last case with a goal of Transfer of Guardianship and concurrent goal of Long Term Foster Care (LTFC) with a Relative, found the permanency goal to be marginal, as there was confusion related to the goal. Transfer of Guardianship was newly identified as the primary permanency goal on the day of the ACR with a concurrent goal of LTFC with a relative. However, reunification is the SCJM⁵ approved goal and DCF continues offering services to the parents given there has been no ruling that reunification efforts are no longer appropriate. The ACR documentation gave a 12/09 target for filing revocation petitions in SCJM but this was not incorporated into the Family Case Plan/ Child in Placement Plan. The DCF-553 documented a target date for TOG but had no concurrent goal listed.

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 treatment plan in place during the period?		What is the stated concurrent plan?								
		Reunification	Adoption	Transfer of Guardianship	LTFC with a licensed relative	In-Home Goals - Safety/Well Being Issues	None	UTD - plan incomplete, unapproved	APPLA	Total
Reunification	Count	0	7	3	0	0	0	0	4	14
	% within goal?	.0%	50.0%	21.4%	.0%	.0%	.0%	.0%	28.6%	100.0%
Adoption	Count	2	0	2	0	0	4	0	2	10
	% within goal?	20.0%	.0%	20.0%	.0%	.0%	40.0%	.0%	20.0%	100.0%
Transfer of Guardianship	Count	1	0	0	1	0	1	0	1	4
	% within goal?	25.0%	.0%	.0%	25.0%	.0%	25.0%	.0%	25.0%	100.0%
In-Home Goals - Safety/Well Being Issues	Count	0	0	0	0	5	12	0	0	17
	% within goal?	.0%	.0%	.0%	.0%	29.4%	70.6%	.0%	.0%	100.0%
UTD - plan incomplete, unapproved	Count	0	0	0	0	0	0	1	0	1
	% within goal?	.0%	.0%	.0%	.0%	.0%	.0%	100.0%	.0%	100.0%
APPLA	Count	3	1	0	0	0	2	0	1	7
	% within goal?	42.9%	14.3%	.0%	.0%	.0%	28.6%	.0%	14.3%	100.0%
Total	Count	6	8	5	1	5	19	1	8	53
	% within goal?	11.3%	15.1%	9.4%	1.9%	9.4%	35.8%	1.9%	15.1%	100.0%

⁵ Superior Court for Juvenile Matters

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Five children with goals other than APPLA continued to remain in care greater than 24 months. This includes one case with a goal of reunification, three cases of adoption and one case with a goal of transfer of guardianship.

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?

What is the child or family's stated goal on the most recent approved treatment plan in place 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?						Total
		1-6 months	7-12 months	13-18 months	19-24 months	Greater than 24 months	N/A - no child in placement (in-home case)	
Reunification	Count	2	4	4	3	1	0	14
	% case goal	14.3%	28.6%	28.6%	21.4%	7.1%	.0%	100.0%
Adoption	Count	0	2	2	3	3	0	10
	% case goal	.0%	20.0%	20.0%	30.0%	30.0%	.0%	100.0%
Transfer of Guardianship	Count	0	2	0	1	1	0	4
	% case goal	.0%	50.0%	.0%	25.0%	25.0%	.0%	100.0%
In-Home Goals - Safety/Well Being Issues	Count	0	0	0	0	0	17	17
	% case goal	.0%	.0%	.0%	.0%	.0%	100.0%	100.0%
UTD - plan incomplete, unapproved this period	Count	0	0	0	0	0	1	1
	% case goal	.0%	.0%	.0%	.0%	.0%	100.0%	100.0%
APPLA	Count	0	0	1	0	6	0	7
	% case goal	.0%	.0%	14.3%	.0%	85.7%	.0%	100.0%
Total	Count	2	8	7	7	11	18	53
	% case goal	3.8%	15.1%	13.2%	13.2%	20.8%	34.0%	100.0%

The domain "Strengths, Needs and Other" had the most dramatic decline of all sections, when compared with the prior quarter's performance. Last quarter, 85.5% of all plans reviewed were deemed either "Very Good" or "Optimal". Within the current quarter's sample, 30 of the cases, or 56.6% of the cases achieved these designated levels. Negative trends are also noted in the sections of: Determining Goals/Objectives and Action Steps to Achieving Goals Identified. The first went from a rate of 78.9% to 64.2% passing scores (optimal/very good) and the latter measured in the third quarter as 63.4% to a score of 54.8% in the fourth quarter. As with the prior quarter, 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. Identifying Information showed improvement in the rate of passing plans, with scores of very good or optimal in 98.1% of the cases during the fourth quarter versus 96.2% in the third quarter reviews.

Table 3: Case Plan OM 3 – Number and Percent of Rank Scores for All Cases Across All Categories of OM3 - 4th Quarter 2009					
Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	32 60.4%	18 34.0%	3 5.7%	0 0.0%	0 0.0%
I.2. Identifying Information	20 37.7%	32 60.4%	1 1.9%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	7 13.2%	23 43.4%	20 37.7%	3 5.7%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	16 30.2%	22 41.5%	13 24.5%	2 3.8%	0 0.0%
II.1 Determining the Goals/Objectives	8 15.1%	26 49.1%	17 32.1%	2 3.8%	0 0.0%
II.2. Progress	16 30.2%	31 58.5%	5 9.4%	1 1.9%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	3 5.7%	26 49.1%	23 43.4%	1 1.9%	0 0.0%
II.4 Planning for Permanency	14 26.4%	32 60.4%	7 13.2%	0 0.0%	0 0.0%

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Table 4: Case Plan OM 3 – Number and Percent of Rank Scores for Out of Home (CIP) Cases Across All Categories of OM3					
Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	22 64.7%	10 29.4%	2 5.9%	0 0.0%	0 0.0%
I.2. Identifying Information	13 38.2%	21 61.8%	0 0.0%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	4 11.8%	14 41.2%	14 41.2%	2 5.9%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	11 32.4%	16 47.1%	6 17.6%	1 2.9%	0 0.0%
II.1 Determining the Goals/Objectives	3 8.8%	17 50.0%	13 38.2%	1 2.9%	0 0.0%
II.2. Progress	12 35.3%	20 58.8%	2 5.9%	0 0.0%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	1 2.9%	16 47.1%	16 47.1%	1 2.9%	0 0.0%
II.4 Planning for Permanency	9 26.5%	21 61.8%	4 11.8%	0 0.0%	0 0.0%

Table 5: Case Plan OM 3 – Number and Percent of Rank Scores for In-Home Family Cases Across All Categories of OM3					
Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	10 52.6%	8 42.1%	1 5.3%	0 0.0%	0 0.0%
I.2. Identifying Information	7 36.8%	11 57.9%	1 5.3%	0 0.0%	0 0.0%
I.3. Strengths/Needs/Other Issues	3 15.8%	9 47.4%	6 31.6%	1 5.3%	0 0.0%
I.4. Present Situation and Assessment to Date of Review	5 26.3%	6 31.6%	7 36.8%	1 5.3%	0 0.0%
II.1 Determining the Goals/Objectives	5 26.3%	9 47.4%	4 21.1%	1 5.3%	0 0.0%
II.2. Progress	4 21.1%	11 57.9%	3 15.8%	1 5.3%	0 0.0%
II.3 Action Steps to Achieving Goals Identified	2 10.5%	10 52.6%	7 36.8%	0 0.0%	0 0.0%
II.4 Planning for Permanency	5 26.3%	11 57.9%	3 15.8%	0 0.0%	0 0.0%

The categorical means for Outcome Measure 3 for the fourth quarter have declined in the majority of categories. The only exception being identifying information which is now largely pre-filled from LINK data fields.

Categories within Case Plan	3Q2006	4Q2006	1Q2007	2Q2007	3Q2007	4Q2007	1Q2008	2Q2008	3Q2008	4Q2008	1Q2009	2Q2009	3Q2009	4Q2009
Reason For Involvement	4.46	4.27	4.63	4.50	4.66	4.71	4.82	4.73	4.81	4.70	4.83	4.85	4.63	4.55
Identifying Information	3.94	3.89	3.96	3.82	3.92	4.16	4.18	4.15	4.26	4.21	4.12	4.31	4.27	4.36
Strengths, Needs, Other Issues	4.09	4.04	4.07	3.93	4.16	4.25	4.41	4.04	4.13	4.28	4.25	4.29	4.15	3.64
Present Situation And Assessment to Date of Review	4.14	3.97	3.96	3.93	4.02	4.29	4.45	3.98	4.25	4.30	4.23	4.29	4.17	3.98
Determining Goals/Objectives	3.80	3.48	3.68	3.66	3.70	3.82	4.00	3.91	3.92	3.98	4.00	3.92	3.92	3.75
Progress	4.00	3.91	3.87	3.86	3.82	4.31	4.35	4.27	4.26	4.28	4.37	4.37	4.25	4.17
Action Steps for Upcoming 6 Months	3.71	3.44	3.19	3.30	3.40	3.55	3.61	3.52	3.68	3.96	3.79	3.85	3.63	3.58
Planning for Permanency	4.03	4.04	4.13	4.01	4.08	4.24	4.43	4.31	4.32	4.43	4.40	4.44	4.38	4.13

Findings Related to Outcome Measure 15 - Needs Met

As shown, the only area office to achieve the 80% benchmark this quarter is the Middletown Office, with 100% achievement for the two cases reviewed. The next highest rated area office is Hartford, with 66.7% of its sample attaining needs met. A crosstabulation of Outcome Measure 15 by Area Office is provided below.

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

What is the social worker's area office assignment?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Bridgeport	Count	0	4	4
	% within area office	.0%	100.0%	100.0%
Danbury	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Milford	Count	1	2	3
	% within area office	33.3%	66.7%	100.0%
Hartford	Count	4	2	6
	% within area office	66.7%	33.3%	100.0%
Manchester	Count	3	2	5
	% within area office	60.0%	40.0%	100.0%
Meriden	Count	1	2	3
	% within area office	33.3%	66.7%	100.0%
Middletown	Count	2	0	2
	% within area office	100.0%	.0%	100.0%
New Britain	Count	2	3	5
	% within area office	40.0%	60.0%	100.0%
New Haven Metro	Count	3	2	5
	% within area office	60.0%	40.0%	100.0%
Norwalk	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Norwich	Count	1	3	4
	% within area office	25.0%	75.0%	100.0%
Stamford	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Torrington	Count	1	1	2
	% within area office	50.0%	50.0%	100.0%
Waterbury	Count	1	3	4
	% within area office	25.0%	75.0%	100.0%
Willimantic	Count	2	2	4
	% within area office	50.0%	50.0%	100.0%
Total	Count	24	29	53
	% within area office	45.3%	54.7%	100.0%

Individually the eleven categories of needs were met at varying rates for medical, dental, mental health and other services needs, etc. as specified in the prior case plan during the last six month period as

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captured through the DCF Court Monitor's Protocol for Outcome Measures 3 and 15. Statewide these categories were achieved as follows:

Table 7: Measurements of Case Plan OM 15 – Number and Percent of Rank Scores Across All Categories of OM15						
Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/ Absent “1”	N/A to Case
Safety In Home	1 5.6%	10 55.6%	7 38.9%	0 0.0%	0 0.0%	35
Safety - Child In Placement	18 48.6%	19 51.4%	0 0.0%	0 0.0%	0 0.0%	16
Permanency Securing the Permanent Placement Action Plan for the Next Six Months	16 44.4%	20 37.7%	0 0.0%	0 0.0%	0 0.0%	17
Permanency: DCF Case Management - Legal Action to Achieve Permanency Goal during the Prior Six Months	36 67.9%	14 26.4%	3 5.7%	0 0.0%	0 0.0%	0
Permanency: DCF Case Management - Recruitment for Placement Providers to Achieve the Permanency Goal During the Prior Six Months	24 57.1%	15 28.3%	2 4.8%	1 2.4%	0 0.0%	11
DCF Case Management - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	10 18.9%	22 41.5%	19 35.8%	2 3.8%	0 0.0%	0
Well Being - Medical	36 67.9%	12 22.6%	1 1.9%	4 7.5%	0 0.0%	0
Well Being - Dental	34 64.2%	9 17.0%	5 9.4%	3 5.7%	2 3.8%	0
Well Being - Mental Health, Behavioral Health, Substance Abuse Services	8 15.4%	27 51.9%	15 28.8%	2 3.8%	0 0.0%	1
Well Being - Child's Placement	20 55.6%	14 38.9%	2 5.6%	0 0.0%	0 0.0%	17
Well Being - Education	22 48.9%	19 42.2%	2 4.4%	2 4.4%	0 0.0%	8

The quarterly scores for Outcome Measure 15 have been in the range of 45.3% to 64.0%. Performance has fluctuated. This quarter marks the lowest score since first quarter 2007. To date, 425 or 54.6% of the 778 cases reviewed have achieved the measure. The 2009 average of compliance is 56.5%. This is identical with the annual rate established during the year of 2008.

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

Quarter of Review		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
3 Q 2006	Count	22	13	35
	%	62.9%	37.1%	100.0%
4 Q 2006	Count	38	35	73
	%	52.1%	47.9%	100.0%
1 Q 2007	Count	34	41	75
	%	45.3%	54.7%	100.0%
2 Q 2007	Count	39	37	76
	%	51.3%	48.7%	100.0%
3 Q 2007	Count	32	18	50
	%	64.0%	36.0%	100.0%
4 Q 2007	Count	24	27	51
	%	47.1%	52.9%	100.0%
1 Q 2008	Count	30	21	51
	%	58.8%	41.2%	100.0%
2 Q 2008	Count	29	23	52
	%	55.8%	44.2%	100.0%
3 Q 2008	Count	28	25	53
	%	52.8%	47.2%	100.0%
4 Q 2008	Count	31	22	53
	%	58.5%	41.5%	100.0%
1 Q 2009	Count	32	20	52
	%	61.5%	38.5%	100.0%
2 Q 2009	Count	33	19	52
	%	63.5%	36.5%	100.0%
3 Q 2009	Count	29	23	52
	%	55.8%	44.2%	100.0%
4 Q 2009	Count	24	29	53
	%	45.3%	54.7%	100.0%
Total	Count	425	353	778
	%	54.6%	45.4%	100.0%

The use of SDM during the investigations to transition to Ongoing Services establishes needs and identifies risk and safety issues for children and families. As part the OM 15 review the Court Monitor

reviews the Department's use of its assessment tools - specifically SDM. This quarter results were mixed. Documented safety plans were only located in the LINK record for 57.7% of the cases reviewed. These were cases where investigations occurred and in which a plan would be applicable since the onset of SDM in May 2007.

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

	Frequency	Percent	Valid Percent
Yes	15	28.3%	57.7%
No	11	20.8	42.3%
N/A	27	50.9	
Total	53	100.0	

On a positive note, of these 15 cases with documented safety plans, 14 cases (93.3%) had follow up documentation that indicated the services implemented had mitigated the safety factors within the home.

The 90 day time table for SDM Risk Reassessment or Reunification Assessment/Reassessment appeared problematic, as only 42.5% of the cases requiring the 90 day reassessment showed timely documented follow through at the point of case plan development.

Table 9: Has there been ongoing SDM Risk Reassessment at 90 day intervals from the date of case opening in Ongoing Services?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	17	32.1%	42.5%	42.5%
No	23	43.4%	57.5%	100.0%
N/A	13	24.5%		
Total	53	100.0%		

The need remains for consistency in supervision to focus social workers on the adherence to the directional guide and the use of current information from involved providers to avoid incorrect SDM scoring. Reviewers continue to note issues with the inconsistency in documentation versus SDM scoring.

Table 10: For Applicable Cases, what was the most current SDM Risk Reassessment level at the time of preparation for the development of the Case Plan under review?

	Frequency	Percent	Valid Percent	Cumulative Percent
Very Low	5	9.4%	13.9%	13.9%
Low	14	26.4%	38.9%	52.8%
Moderate	8	15.1%	22.2%	75.0%
High	9	17.0%	25.0%	100.0%
N/A	17	32.1%		
Total	30	57.7%		

Needs were met at a higher rate within the CPS Child in Placement cases than in the CPS in-home family cases during the quarter, with 47.1% of the children in placement having the designation of needs met versus 38.9% of the children within in-home family cases.

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

What is the type of case assignment noted in LINK?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Voluntary Services Child in Placement Case	Count	1	0	1
	% Case Assignment	100.0%	.0%	100.0%
CPS Child in Placement Case	Count	16	18	34
	% Case Assignment	47.1%	52.9%	100.0%
CPS In-Home Family Case	Count	7	11	18
	% Case Assignment	38.9%	61.1%	100.0%
Total	Count	24	29	53
	% Case Assignment	45.3%	54.7%	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
Black/African American	Count	9	4	13
	%	69.2%	30.8%	100.0%
Multiracial (more than one race)	Count	3	2	5
	%	60.0%	40.0%	100.0%
UTD	Count	1	1	2
	%	50.0%	50.0%	100.0%
White	Count	11	22	33
	%	33.3%	66.7%	100.0%
Total	Count	24	29	53
	%	45.3%	54.7%	100.0%

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

Sex of Child		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
Male	Count	13	10	23
	%	56.5%	43.5%	100.0%
Female	Count	5	9	14
	%	35.7%	64.3%	100.0%
Total Child in Placement	Count	18	19	37
	%	48.6%	51.4%	100.0%

There are 185 discrete unmet needs identified by the review team across 47 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.

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

Service Need	Barrier	Frequency
Alateen	Client Refused	1
Anger Management for Parent(s)	Client Refusing	1
Anger Management for Parent(s)	Delay in Referral	2
Case Management/Support/Advocacy	Delays in referrals throughout period not addressed adequately through supervision	7
Case Management/Support/Advocacy	Poor Documentation not addressed	2
Case Management/Support/Advocacy	Lack of Supervision	2
Case Management/Support/Advocacy	ARG Consult recommended by supervisor but not pursued	1
Dental Screening/Evaluation	Child Refusing	2
Dental Screening/Evaluation	Placed on Wait List	1
Dental Screening/Evaluation	Delay in Referral	1
Dental Screening/Evaluation	No Service Identified to Meet this Need	2
Dental Screening/Evaluation	Parent is Barrier	1
Dental/Orthodontic Services	Delay in Referral	3
Dental/Orthodontic Services	No Service Identified to Meet this Need	1
Dental/Orthodontic Services	Parent is Barrier	1
Domestic Violence Services for Perpetrators	Client Refusing	1
Domestic Violence Services for Victims	Client Refusing	3
Domestic Violence Services for Victims	Delay in Referral	1
Domestic Violence Services Prevention Programs	No Service Identified to Meet this Need	1
Domestic Violence Shelter	Client Refusing	1
Drug and Alcohol Education - Parent	Client Refusing	1
Drug/Alcohol Testing - Parent	Client Refusing	2
Educational Screening or Evaluation	Provider Issues - Staffing, lack of follow through	1
Educational Screening or Evaluation	Lack of Communication between DCF and School	1
Family Reunification Services	Client Refusing	2
Family Reunification Services	Delay in Referral	1
Family Reunification Services	UTD	1
Family Reunification Services	Client Refusing	2
Family Reunification Services	Delay in Referral	1
Family Reunification Services	UTD	1
Family/Marital Counseling	Client Refused	5
Family/Marital Counseling	Service Deferred Pending Completion of Another	1
Flex Funds	No Service Identified to Meet Need	1
Foster Care Support	No Service Identified to Meet the need. Disruption occurred as result of poor support to FH	1

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Service Need	Barrier	Frequency
Foster Parent Child Specific Training	No Service Identified for Education on Child's Therapeutic/Behavioral Needs	1
Group Home	Delay in Referral	1
Group Home	Service Deferred Pending Completion of Another	1
Group Home	No Service Identified to Meet this Need	1
Health/Medical Screening or Evaluation	Client Refused	2
Health/Medical Screening or Evaluation	Delay in Referral	1
Health/Medical Screening or Evaluation	Lack of Communication between DCF and Provider	1
Housing Assistance - Section 8	Approval Process	1
IEP Programming	Client Refusing	1
Individual Counseling - Child	UTD	2
Individual Counseling - Child	Delay in Referral	3
Individual Counseling - Child	Client Refusing	4
Individual Counseling - Child	Provider Issue - Staffing	1
Individual Counseling - Parents	Client Refusing	10
Individual Counseling - Parents	Delay in Referral	1
Individual Counseling - Parents	Hours of Operation	1
Individual Counseling - Parents	Provider Issues - Staffing	1
Individual Counseling - Parents	Parent is Barrier	1
Individual Counseling - Parents	Service Deferred Pending Completion of Another	1
In-Home Parent Education	Service Deferred Pending Completion of Another	1
In-Home Parent Education and Support	UTD	1
Job Coaching	UTD	1
Legal Consultation	Provider Issue - No Follow Through on assisting mother to find Legal Aide for INS issue	1
Life Skills	Delay in Referral by SW	1
Life Skills	No Service Identified to Meet this Need	1
Maintaining Family Ties	Delay in Referral by SW	1
Maintaining Family Ties	No Service Identified to Meet Need	1
Maintaining Family Ties	UTD	1
Matching Placing Processing	Approval Process	1
Medication Management - Child	Lack of Communication between DCF and Provider	2
Medication Management - Child	No Service Identified to Meet this Need	1
Mental Health Screening/Evaluation - Child	Delay in Referral	1
Mental Health Screening/Evaluation - Parent	Client Refusing	1
Mental Health Screening/Evaluation - Parent	Delay in Referral	1
Mentoring	Delay in Referral	4
Mentoring	Client Refused	2
Mentoring	Service Deferred Pending Completion of Another	1
Mentoring	UTD	1
Other In Home Service - Parenting	Other - Incorrect Service Identified/referred to Group Training (PMT) when in-home service was needed	1
Other Medical - Gardasil Shots	Delay in Referral	1
Other Medical - Neurologist: Seizure Monitoring (Parent)	Insurance Issue	1
Outpatient Substance Abuse Treatment - Parent	Client Refused	6
Parenting Classes	Client Refusing	3
Parenting Classes	Delay in Referral	2
Parenting Classes	UTD	1
Parenting Classes	Provider Issues - Staffing, Lack of Follow Through	1
Parenting Classes	Service Deferred Pending Completion of Another	1
Parenting Classes	Other - Class deemed inappropriate for mother given age group of focus -new referral necessary	1
Parenting Group	Delay in Referral by SW	1
Parenting Group	Client Refusing	1
Parenting Group	Service Deferred Pending Completion of Another	1
Physical Therapy	Client Refused	1
Preparation for Adult Living (PALS)	Client Refusing	1
Problem Sexual Behavior Therapy	No Service Identified to Meet This Need	1

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Service Need	Barrier	Frequency
Provider Contacts	Reciprocal Lack of Communication	8
Provider Contacts	Case Management	2
Provider Contacts	UTD	1
Psychiatric Evaluation - Child	Delay in Referral	2
Psychiatric Evaluation - Parent	Client Refusing	2
Psychological or Psychosocial Evaluation - Parent	Client Refusing	1
Relapse Prevention Program - Child	Client Refusing	1
Relapse Prevention Program - Parent	Client Refusing	4
Respite	Wait List	1
SAFE Home	Delay in Referral	1
Substance Abuse Prevention Program - Parent	Client Refused	1
Substance Abuse Screening - Parent	Delay in Referral by SW	1
Substance Abuse Screening - Parent	Client Refusing	3
Supervised Visitation	Client Refused	1
Supervised Visitation	No Service Identified to Meet Need	2
Supervised Visitation	Other - Visitation Plan with mother was delayed (not implemented timely per SWS multiple directives)	1
Supportive Housing for Recovering Families	Wait List	1
SW/Child Visitation	Case Management	6
SW/Child Visitation	Family Moved	1
SW/Parent Visitation	Case Management	3
SW/Parent Visitation	Family Moved	1
Trauma Centered Therapy - Parent	Client Refusing	1
Trauma Group - Parent	Client Refusing	1
		185

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

Unmet Needs Indicated?	Frequency	Percent
Yes	21	39.6%
No	11	20.8%
N/A - No SDM completed	10	18.9%
N/A - there are no unmet needs	11	20.8%
Total	53	100.0%

Looking forward, reviewers examined the newly drafted and approved Case Plan to determine if the plan incorporated existing needs and addressed the barriers to service provision that were identified, incorporating SDM, and all key stakeholder input. The following tables provide input related to that effort.

Table 13: Were all needs and services unmet during the prior six months discussed at the ACR and as appropriate, incorporated as action steps on the current case plan?

Unmet Needs Incorporated into Action Steps?	Frequency	Percent
Yes - All	13	24.5%
Yes - Partially	31	58.5%
No - None	3	5.7%
N/A - There were no unmet needs identified	6	11.3%
Total	53	100.0%

Table 14: 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?

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

Ninety-five service unmet needs were identified during the reviews as needs for the upcoming six month period for the child or family but were subsequently not incorporated into the case plans. These included the following:

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

Service Need	Barrier	Frequency
After School Program	Delay in Referral	1
Anger Management - Parent	No Service Identified to Meet this Need	1
Behavior Management	No Service Identified to Meet this Need	1
Case Management/Support/Advocacy	Delays in referrals, services not identified throughout period not addressed adequately through supervision - yet no plan to refer going forward	6
Case Management/Support/Advocacy	Increased visitation plan with mother has been delayed without justification	1
Case Management/Support/Advocacy	Need for DCF to explore Pre-Adoptive Parents commitment to adopt is identified. This is a barrier to permanency	1
Case Management/Support/Advocacy	TPR filing is not addressed in the case plan document. There is no indication of timeline for filing.	2
Case Management/Support/Advocacy	Other -Mother's negative urine screens and testing do not appear to be factored in to case plan with appropriate weight in the action steps going forward	1
Case Management/Support/Advocacy	Other - Delays in finalization have had detrimental impact on achievement of goal that now need to be addressed and are not so in the plan document.	1
Dental Screening/Evaluation	Child Refusing	1
Dental Screening/Evaluation	No Service Identified to Meet the Need	3
Dental/Orthodontic Services	No Service Identified to Meet the Need	1
Dental/Orthodontic Services	UTD	1
Developmental Screening or Evaluation	Delay in Referral	1
Domestic Violence Services - Victim	No Service Identified to Meet the Need	1
Drug & Alcohol Education: Al Anon	UTD	1
Drug & Alcohol Testing - Parent	Delay in Referral	1
Family Reunification Services	Delay in Referral	1

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Service Need	Barrier	Frequency
Family Reunification Services	No Service Identified to Meet this Need	2
Family/Marital Counseling	UTD	1
Family/Marital Counseling	Service Deferred Pending Completion of Another	1
Family/Marital Counseling	No Service Identified to Meet this Need	2
Flex Funds	Not Identified	1
Flex Funds	Youth requires flex fund approval to remain in Dana Program - unclear reasons for delays in securing funds	1
Flex Funds	Approval Process - Concerns raised regarding financial stability and continued need for funding assistance	1
Foster Care Support	No Service Identified to Meet this Need	1
Health/Medical Screening or Evaluation	Delay in Referral	1
Health/Medical Screening or Evaluation	Client Refused	1
Housing Assistance (Section 8)	Mother receiving benefits, but needs adjustment. At risk of eviction.	1
Housing Assistance (Section 8)	Lack of Communication with Provider	1
Housing Assistance (Section 8)	No Service Identified to Meet the Need	1
IEP Programming	Delays in Referrals	1
IEP Programming	No Service Identified to Meet the Need	2
Individual Counseling - Child	Client Refusing	1
Individual Counseling - Child	UTD	2
Individual Counseling - Child	Service Deferred Pending Completion of Another	1
Individual Counseling - Parents	Delay in Referral by SW	1
Individual Counseling -Parents	Service Deferred Pending Completion of Another	2
In-home Parent Education and Supports	No Service Identified to Meet this Need	1
Inpatient Substance Abuse Treatment - Parent	No Service Identified to Meet this Need	1
Job Coaching/Placement	UTD	1
Life Skills	Recent Decision to Change Goal to APPLA	1
Life Skills	Delay in Referral by SW	2
Life Skills	No Service Identified to Meet this Need	1
Maintaining Family Ties	Delay in Referral	1
Maintaining Family Ties	UTD	1
Maintaining Family Ties	No Service Identified to Meet this Need	1
Mental Health Screening/Evaluation - Child	Service Deferred Pending Completion of Another	1
Mental Health Screening/Evaluation - Parent	No Service Identified to Meet this Need	2
Mental Health Screening/Evaluation - Parent	Service Deferred Pending Completion of Another	1
Mentoring	Delay in Referral by SW	2
Mentoring	Client Refusing	1
Mentoring	No Service Identified to Meet this Need	1
Mentoring	UTD	1
Other In-Home Service	Mother needs more individualized educational in-home parenting program than is currently available through PMT - New referral needed	1
Other Mental Health: Sexual Risk Assessment	No Service Identified to Meet this Need	1
Outpatient Substance Abuse Treatment - Child	Delay in Referral	1
Parenting Groups	No Service Identified to Meet this Need	1
Preparation for Adult Living (PALS)	Recent Goal Change is not reflected in plan document	1
Problem Sexual Behavior Therapy	No Service Identified to Meet this Need	1
Provider Contacts	Case Management	2
Provider Contacts	Reciprocal Communication Issues	2
Provider Contacts	UTD	2
Psychological Evaluation - Parent	Delay in Referral	1
Relapse Prevention Program - Child	Client Refusing	1
Relapse Prevention Program - Parent	Client Refusing	2
Social Recreational Program	No Service Identified to Meet this Need	2
Substance Abuse Screening - Parent	No Service Identified to Meet this Need	1
Substance Abuse Screening - Parent	Delay in Referral	2
Supervised Visitation	Delay in Referral	1
Supervised Visitation	No Service Identified to Meet this Need	3
		95

Appendix 1
Stipulation Regarding Outcome Measure 3 and 15
Target Cohorts

Stipulation Regarding Outcome Measure 3 and 15-Target Cohorts*

The Target Cohorts shall include the following:

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

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

Appendix 2
Outcome Measure 3 & Outcome Measure 15
4th Quarter 2009

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

Outcome Measure 3 Case Summaries 4th Quarter 2009

What is the social worker's area office assignment?		Has the treatment 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
Bridgeport	1	yes	Very Good	Very Good	Poor	Poor	Poor	Very Good	Poor	Marginal
	2	yes	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good
	3	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good
	4	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good
	Total	N	4	4	4	4	4	4	4	4
Danbury	1	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Marginal
	2	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good
	Total	N	2	2	2	2	2	2	2	2
Milford	1	yes	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good
	2	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Marginal
	3	yes	Optimal	Optimal	Marginal	Very Good	Marginal	Optimal	Very Good	Marginal
	Total	N	3	3	3	3	3	3	3	3

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What is the social worker's area office assignment?		Has the treatment 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
Hartford	1	yes	Optimal	Very Good	Marginal	Optimal	Very Good	Optimal	Marginal	Very Good
	2	yes	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good
	3	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good
	4	yes	Optimal	Optimal	Marginal	Very Good	Very Good	Optimal	Very Good	Very Good
	5	yes	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal
	6	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Marginal	Optimal
	Total	N	6	6	6	6	6	6	6	6
Manchester	1	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good
	2	yes	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good
	3	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good
	4	yes	Optimal	Very Good	Optimal	Very Good	Very Good	Marginal	Marginal	Very Good
	5	yes	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good
	Total	N	5	5	5	5	5	5	5	5
Meriden	1	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal
	2	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good
	3	yes	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good
	Total	N	3	3	3	3	3	3	3	3

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What is the social worker's area office assignment?		Has the treatment 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
Middletown	1	yes	Optimal	Very Good	Marginal	Optimal	Optimal	Optimal	Very Good	Optimal
	2	yes	Optimal	Optimal	Marginal	Very Good	Very Good	Very Good	Very Good	Optimal
	Total N	2	2	2	2	2	2	2	2	2
New Britain	1	yes	Optimal	Optimal	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good
	2	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Marginal
	3	yes	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good
	4	yes	Optimal	Optimal	Very Good	Marginal	Marginal	Optimal	Marginal	Very Good
	5	yes	Optimal	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal
	Total N	5	5	5	5	5	5	5	5	5
New Haven Metro	1	yes	Optimal	Very Good	Marginal	Optimal	Very Good	Optimal	Very Good	Optimal
	2	yes	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal
	3	yes	Marginal	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal
	4	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal
	5	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Optimal	Marginal	Very Good
	Total N	5	5	5	5	5	5	5	5	5
Norwalk	1	yes	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good
	2	yes	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal
	Total N	2	2	2	2	2	2	2	2	2

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What is the social worker's area office assignment?		Has the treatment 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
Norwich	1	yes	Marginal	Very Good	Poor	Marginal	Marginal	Very Good	Very Good	Very Good
	2	yes	Optimal	Optimal	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good
	3	yes	Marginal	Very Good	Very Good	Marginal	Optimal	Marginal	Very Good	Optimal
	4	yes	Optimal	Optimal	Marginal	Very Good	Very Good	Optimal	Very Good	Optimal
	Total	N	4	4	4	4	4	4	4	4
Stamford	1	yes	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal
	2	no	Very Good	Very Good	Poor	Poor	Poor	Poor	Marginal	Very Good
	Total	N	2	2	2	2	2	2	2	2
Torrington	1	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal
	2	yes	Very Good	Very Good	Optimal	Marginal	Very Good	Very Good	Marginal	Very Good
	Total	N	2	2	2	2	2	2	2	2

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What is the social worker's area office assignment?		Has the treatment 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
Waterbury	1	yes	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good
	2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good
	3	yes	Optimal	Optimal	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good
	4	yes	Optimal	Very Good	Very Good	Optimal	Marginal	Very Good	Marginal	Very Good
	Total	N	4	4	4	4	4	4	4	4
Willimantic	1	yes	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good
	2	yes	Optimal	Optimal	Very Good	Optimal	Marginal	Very Good	Marginal	Very Good
	3	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal
	4	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Optimal	Very Good
	Total	N	4	4	4	4	4	4	4	4
Total	N	53	53	53	53	53	53	53	53	53

Outcome Measure 15 Case Summaries 4th Quarter 2009

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
Bridgeport	1	N/A to Case Type	Optimal	Very Good	Optimal	Optimal	Marginal	Optimal	Optimal	Very Good	Very Good	N/A to Case Type
	2	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Marginal	Marginal	Very Good	Poor
	3	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Marginal	Optimal	Optimal	Very Good	Optimal	N/A to Case Type
	4	Marginal	N/A to Case Type	N/A to Case Type	Optimal	Very Good	Marginal	Very Good	Absent/Averse	Marginal	N/A to Case Type	Very Good
Danbury	1	Marginal	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Very Good	Very Good	Absent/Averse	Marginal	N/A to Case Type	Very Good
	2	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good

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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
Milford	1	N/A to Case Type	Optimal	Very Good	Very Good	Optimal	Marginal	Optimal	Optimal	Marginal	Very Good	Optimal
	2	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Optimal	Marginal	Very Good	N/A to Case Type	Very Good
	3	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal
Hartford	1	N/A to Case Type	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good
	2	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Marginal	Optimal	Optimal	Marginal	Optimal	Very Good
	3	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal
	4	N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Marginal	Poor	Optimal	Very Good	Very Good	Very Good
	5	Very Good	N/A to Case Type	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Marginal	N/A to Case Type	Optimal
	6	Marginal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal

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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
Manchester	1	N/A to Case Type	Very Good	Very Good	Optimal	Marginal	Very Good	Optimal	Optimal	Very Good	Marginal	Optimal
	2	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good
	3	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	N/A to Case Type	Optimal
	4	N/A to Case Type	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	N/A to Case Type
	5	Very Good	N/A to Case Type	N/A to Case Type	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	N/A to Case Type	Optimal
Meriden	1	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal
	2	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Optimal	Very Good	Very Good	N/A to Case Type
	3	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Very Good	Very Good	Poor	Very Good	N/A to Case Type	Very Good

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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
Middletown	1	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	N/A to Case Type
	2	Optimal	Optimal	N/A to Case Type	Optimal	N/A to Case Type	Optimal	Optimal	Optimal	Very Good	N/A to Case Type	N/A to Case Type
New Britain	1	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Very Good
	2	N/A to Case Type	Optimal	Very Good	Very Good	Poor	Poor	Very Good	Marginal	Poor	Very Good	Optimal
	3	N/A to Case Type	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal
	4	Marginal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Poor	Very Good	Marginal	N/A to Case Type	Very Good
	5	Very Good	N/A to Case Type	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Optimal	Marginal	N/A to Case Type	Very Good

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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
New Haven Metro	1	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Marginal	Very Good	Very Good
	2	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	N/A to Case Type	Optimal	N/A to Case Type
	3	N/A to Case Type	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Optimal	Marginal	Optimal	Optimal
	4	Very Good	N/A to Case Type	N/A to Case Type	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	N/A to Case Type	Optimal
	5	N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good
Norwalk	1	Marginal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Optimal	Optimal	Very Good	N/A to Case Type	Optimal
	2	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good

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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
Norwich	1	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Poor	Optimal	Optimal	Very Good	Optimal	Optimal
	2	N/A to Case Type	Very Good	Optimal	Marginal	Optimal	Marginal	Very Good	Very Good	Optimal	Optimal	Very Good
	3	Very Good	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Very Good	Very Good	Very Good	N/A to Case Type	Marginal
	4	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Marginal	Optimal	Optimal
Stamford	1	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal
	2	Marginal	N/A to Case Type	N/A to Case Type	Marginal	Very Good	Marginal	Poor	Poor	Marginal	N/A to Case Type	Poor
Torrington	1	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal
	2	Marginal	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Marginal	Optimal	Very Good	Very Good	N/A to Case Type	Very Good

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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
Waterbury	1	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Marginal	Marginal	N/A to Case Type	Marginal
	2	N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal
	3	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Poor	Very Good	Optimal
	4	N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Marginal	Marginal	Optimal	Marginal	Very Good	Optimal
Willimantic	1	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Poor	Optimal	Optimal	Very Good
	2	N/A to Case Type	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	N/A to Case Type
	3	N/A to Case Type	Very Good	Very Good	Very Good	Marginal	Marginal	Poor	Marginal	Marginal	Marginal	Optimal
	4	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	N/A to Case Type	Very Good
Total	N	18	37	36	53	42	53	53	53	52	36	45

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

Commissioner's Highlights
Fourth Quarter 2009 Exit Plan Report
February 2010

In this extraordinary fiscal climate, which is challenging all Connecticut families, providers and communities, I am proud of the Department's success at continuing to provide quality services that are fueling very positive trends and outcomes for the children and families we serve. During the fourth quarter of 2009, Department staff met 16 of the 22 Exit Plan goals outright, and another four came within 11.6 percentage points of the goal. Two of the outcome measures (completion of investigations and timeliness of reunification) reached their best levels under the Exit Plan. All three permanency measures met the goal, which is the third quarter this was achieved in 2009.

More than simply meeting particular measures, major trends reflecting the quality of our work have made important forward progress in just the last few years. For example, as the result of the Department making more in-home services available, 80 percent of the children served by the Department on December 1, 2009 were living at home compared to 62 percent on the same date in 2000 and 73 percent in 2007. Due to the Department's improved capacity to assist families care safely for their children, approximately 20 percent fewer children are in out of home care for abuse or neglect compared to two years ago. Due to investments in community-based diversion programs, delinquency commitments and commitments have been reduced from 449 in calendar year 2004 to 299 in calendar year 2009. Supported by the substantial increases in in-home and community based clinical services, there has been a 21 percent reduction in the number of children in residential care in just the last two years.

Data regarding average length of stay in inpatient psychiatric facilities and the length of discharge delay for those children experiencing delays demonstrates an improved behavioral health service system overall. The average length of stay in these facilities declined to 14.8 days in the third quarter of 2009 from 19.1 days one year earlier. The average time spent in a delayed discharge was cut nearly in half during the period to 17.5 days in the third quarter of 2009 from 33.6 days a year earlier. This reflects a spectrum of system improvements, including utilization oversight, enhanced coordination of care between hospitals, DCF and the CT Behavioral Health Partnership and greater access to treatment resources, particularly in-home and community based services that support children in the least restrictive setting consistent with their clinical needs.

As reflected in this Quarterly Report for the 4th quarter of 2009, the Department maintained important advances in nearly all areas covered under the Exit Plan.

ACCOMPLISHMENTS

The following 16 outcomes were met:

- **Commencement of Investigations**: The goal of 90 percent was exceeded for the 21st quarter in a row with performance of 97.8 percent.
- **Completion of Investigations**: Workers completed investigations in a timely manner in 94.3 percent of cases, which is the best mark under the Exit Plan and exceeded the 85 percent goal for the 21st consecutive quarter.

- Search for Relatives: For the 17th consecutive quarter, staff achieved the 85 percent goal for relative searches and met this requirement for 90 percent of children.
- Repeat Maltreatment: For the 11th consecutive quarter, the goal of 7 percent or less was exceeded by achieving 6 percent.
- Maltreatment of Children in Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the 24th consecutive quarter with an actual measure of 0.3 percent.
- Reunification: Department staff attained the highest mark under the Exit Plan for timely reunification this quarter -- with 74.4 percent of children reunified meeting the 12 month timeline. The goal for this measure has been met in four of the last five quarters.
- Adoption: For the fourth consecutive quarter, and 16 quarters of the last 17, Department staff exceeded the 32 percent goal for completing adoptions within two years with an actual achievement of 35.2 percent.
- Transfer of Guardianship: For the fourth consecutive quarter, and 13 of the last 14 quarters, the Department exceeded the 70 percent goal for timely transfers of guardianship with an actual rate of 76.3 percent.
- Multiple Placements: For the 23rd consecutive quarter, the Department exceeded the 85 percent goal with a rate of 95.4 percent.
- Foster Parent Training: For the 23rd consecutive quarter, the Department met the 100 percent goal.
- Placement within Licensed Capacity: For the 14th consecutive quarter, staff met the 96 percent goal with an actual rate of 96.9 percent.
- Worker-To-Child Visitation In Out Of Home Cases: For the 17th consecutive quarter, staff exceeded the 85 percent goal for monthly visitation of children in out-of-home cases by hitting the mark in 95.8 percent of applicable cases.
- Worker to Child Visitation in In-Home Cases: For the 17th consecutive quarter, workers met required visitation frequency in 88.8 percent of cases, thereby exceeding the 88.5 percent standard.
- Reduction in Residential Care: For the 15th consecutive quarter, staff met the requirement that no more than 11 percent of children in DCF care are in a residential placement. For the quarter, the measure stood at 9.9 percent. There has been a 21 percent reduction in the number of children in residential care since February 2008.
- Discharge Measures: For 17 of the last 18 quarters, Department staff met the 85 percent goal for this measure with an actual performance of 86.9 percent
- Multi-disciplinary Exams: For the 16th consecutive quarter, staff met the 85 percent goal by ensuring that 95.7 percent of children entering care received a timely multi-disciplinary exam.

CHALLENGES

While important progress has been made, the Department is committed to looking closely at our own work to identify areas that need improvement. One of the important ways we are doing this is through the Connecticut Comprehensive Outcome Review (CCOR). This case review process is modeled on the federal Child and Family Services Review (CFSR), which assesses the agency's performance across seven outcomes in the areas of safety, permanency and well-being. The purpose of the CCOR is to

develop a better understanding of case practice using qualitative data to identify strengths and areas needing improvement. A review of case records provides basic information relating to documentation and progress toward achieving case goals. Interviews with social workers, families, providers, and youth (when appropriate) provide additional information revealing a full view of what occurred and how decisions are made within a particular case. The result is a deeper and more focused understanding of outcomes and practice within the child welfare system. From February to November of 2009, six CCOR reviews occurred in the following area offices: Hartford, Stamford/Norwalk, New Haven, Torrington, Meriden and Milford. The review teams consisted of staff from the Department's Central Office and volunteer reviewers from several of the area offices. A total of 72 cases were selected for review, all of which were open cases at some point during the first eight months of the respective office's period under review.

Several overall trends in case practice were revealed through the CCOR process. The area offices demonstrated particularly strong performance in meeting children's identified educational, medical and mental health needs. This was the case across all case types, including both in-home and out-of-home cases. In addition to strong performance in these areas of child well-being, the CCOR also saw promising evidence of effective engagement of age-appropriate children and custodial parents in case planning. Conversely, non-custodial parents were not as effectively engaged in case planning activities. This is consistent with the federal CFSR finding that our practice needs improvement in the area of engagement of fathers.

The Exit Plan Outcome Measures certainly offer an additional means for identifying areas in need of improvement, and two of our most important challenges relate to Outcome Measures 3 and 15 as measured by the existing case review methodology. While I am disappointed that improvements have not been greater or faster in these two measures, I believe that we have and will continue to take actions that will result in important progress. One of the significant changes we have made to address Outcome Measure 3 (treatment plans) was only in its first full quarter of implementation during this period, and we believe it will pay dividends going forward. In addition, the recent transition of the Administrative Case Review (ACR) from the Bureau of Continuous Quality Improvement to the Bureau of Child Welfare will make this review process more effective and meaningful to the staff responsible for the direct work with families.

One of the early outgrowths of this change is a new "48-hour notification/Collaborative Team Meeting" process. Beginning in March, this initiative will require that within 48 hours of the ACR, a notification will go from the ACR reviewer to the supervisor responsible for signing off on the treatment plan. The notification will:

- Identify any element of the case plan that fails to meet the Outcome Measure 3 compliance standards;
- Identify any safety, permanency or well being concerns that require significant attention and consideration;
- Identify whether the child is part of any of the cohorts connected to the previous Service Needs Reviews, how long the child has been in the cohort, and whether the child was previously in the cohort; and
- Identify whether the child's needs require that a Collaborative Team Meeting take place 90 days after the ACR to ensure that the child's needs are being met and that the case is properly addressing those needs. The reviewer identifies who should be invited to the Collaborative Team

Meeting, including family members, service providers and others. (For children who do not require a Collaborative Team Meeting, a standard review will occur 90 days after the ACR.)

In addition to this new process to improve treatment planning, an ongoing initiative known as "Better Together" that is focused on increasing and enhancing family involvement in case planning continues to make progress. A kick off event was held in December 2009 for Area Office staff to inform them of this new initiative. Each Area Office has assigned a designee to organize and coordinate the scheduling of this workshop, which includes identifying a site and participants, which will include local birth parents, DCF staff and community providers. In 2010, each Area Office is required to have at least one two-day workshop. Many Area Offices have already identified dates for the workshop. The first workshop is scheduled in March in the Middletown office. Following implementation, the Department will collect feedback from the facilitators and workshop participants to assess the program's effectiveness in fostering relationships and developing partnerships between birth parents, DCF staff and local community providers.

In relation to Outcome Measure 15, the Department believes that the Collaborative Team Meetings also will improve how the needs of children are met as measured by the current methodology. In addition, resource development remains an area of focus. The Department continues to engage in discussions with several in-state private providers to develop a variety of services to mitigate the 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.

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, 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.

Finally, the Department is continuing its work to expand the pool of available foster homes and is far along in the process of developing a new recruitment campaign with the Durham Group, a Connecticut marketing/communications firm. The campaign will be targeted to an audience derived from a market analysis conducted in consultation with AdoptUsKids (funded by the Children's Bureau within the federal Administration for Children and Families). In order to maximize the efficient use of funds and staff resources, the campaign will target populations that resemble our current pool of successful foster/adoptive families. Foster and adoptive parents have participated in the campaign development to ensure that its message is effective in motivating prospective foster/adoptive families. The Department is

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reviewing campaign materials and will be seeking additional input from foster families and private recruitment collaboratives.

Our current child welfare system clearly evidences major and sustained systemic improvements since this Consent Decree was entered. I am proud of the strides we have already made and remain confident that further advances will continue to improve our performance on the outstanding measures.