

**Juan F. v. Malloy Exit Plan  
Quarterly Report  
January 1, 2013 - March 31, 2013  
Civil Action No. 2:89 CV 859 (SRU)**

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**January 1, 2013 - March 31, 2013**

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## **Juan F. v Malloy Exit Plan Quarterly Report January 1, 2013 - March 31, 2013**

### **Highlights**

- The Court Monitor's quarterly review of the Department's efforts to meet the Exit Plan Outcome Measures during the period of January 1, 2013 through March 31, 2013 indicates the Department achieved 13 of the 22 Outcome Measures. The nine measures not met include: Outcome Measure 3 (Case Planning), Outcome Measure 7 (Reunification), Outcome Measure 8 (Adoption), Outcome Measure 10 (Sibling Placements), Outcome Measure 11 (Re-Entry into DCF Custody), Outcome Measure 15 (Children's Needs Met), Outcome Measure 17 (Worker-Child Visitation In-Home)<sup>1</sup>, Outcome Measure 18 (Caseload Standards), and Outcome Measure 21 (Discharge to Adult Services).
- During the First Quarter 2013, a Pre-Certification Review of Outcome Measure 7 (Reunification) was completed and the Pre-Certification review of Outcome Measure 4 (Search for Relatives) is nearly complete. Outcome Measure 7 cannot be pre-certified at this time due to the Department's performance in comparison with the standard over the last two quarters. The Court Monitor and the *Juan F.* Parties are currently analyzing factors that may be impacting the Department's performance regarding the permanency Outcome Measures 7, 8, and 9. The table of Pre-Certification results can be found beginning on page 10. The report on Outcome Measure 7 is included in this report (see page 12).
- During the First Quarter 2013, the Department continued the implementation of the Differential Response System (DRS). Nearly 40.0% of the Department's low-risk cases continue to be diverted from the formal Investigation track to a community-based intervention. At the time of this report the Department is beginning a review of the DRS progress to identify strengths and areas that may need improvement. A number of the Court Monitor's staff will be part of that process.
- The Department has implemented a Considered Removal Team Meetings (CRTM) process. This promising practice began in February 2013 and entails conducting meetings that include parents and other stakeholders whenever a child is assessed for removal or has been removed due to an emergency situation (meetings are held within two days of the emergency removal). The initial results are very encouraging in that placement has been avoided in many cases or placement with relatives or kin have been facilitated as the result of this process.
- The Department is set to undertake a "Permanency Roundtable" initiative next month. In collaboration with the Child Welfare Strategy Group, five professional teams will hold facilitated round table reviews of nearly 150 older youth. Most of these youth have "Another Planned Permanency Living Arrangement"(APPLA) goal. The round table discussion will seek to identify and advance alternate permanency options and improvements to the existing plans for these youth.

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<sup>1</sup> Outcome Measure 17 Worker-Child Visitation In-Home - Current automated reporting indicates the measure as statistically achieved, however this does not accurately reflect performance findings. The Outcome Measure 17 Pre-Certification Review indicated that compliance is not achieved. While DCF reports are numerically accurate based upon the algorithms utilized, user error in selection of narrative entry types, and a failure to demonstrate that workers are meeting the specific steps called for with the definition of 'visit' calls into question the automated report findings. As such, the Monitor will not indicate achievement of the measure based solely on the current reporting.

- The recently approved state budget addressed some of the pressing needs of the Department. Additional resources to address the mental health needs of children and the support needs of an ever increasing pool of relative foster parents were included in the budget. The need to leverage any additional savings gleaned from the reduction in use of congregate care services to increase community services is of paramount importance. The large number of children being diverted from restrictive levels of residential care must have timely access to a range of effective services to allow them to safely remain in family settings.

In addition, the State's reduction in DCF front-line staffing as a response to the overall reduction in cases due to the diversion of cases to Differential Response System (DRS) track has negatively impacted the quality of service by regional staff. Utilizing a standard caseload weighting formula to determine the reductions has resulted in a significant increase in workload for Regional Office staff. The impact of removing low-risk DRS cases results in staff maintaining caseloads that consist of very complicated higher risk cases. Caseload standards were adopted with the assumption of a mixed risk caseload. The impact on staff to meet case management expectations is severely hampered by this change and impacts their ability to achieve the best possible outcomes for the children and families with whom they work

- Statewide, the First Quarter 2013 result for Outcome Measure 3 (OM 3) - Case Plans, is 56.4%. This is relatively consistent with the prior quarter's result of 53.7% and represents 31 of the 54 case plans achieving the score of "Appropriate Case Plan". Region II achieved the highest regional performance with 77.8%. Middletown, Milford and Norwalk all achieved the measure during the quarter at 100.0%. Torrington was the lowest performing area office with neither of the two cases reviewed passing, resulting in 0.0% compliance. All case plans and case planning efforts were clearly accommodating of the family's primary language. While 92.7% of case plans were approved at the point that the Court Monitor's reviewers sent out letters notifying of our review process, 15 case plans (27.3%) were not approved within 25 days of the ACR. We note that in none of the four unapproved cases was the lack of approval the only reason that a case plan was deemed "not appropriate"; additional concerns were noted regarding the quality of case planning. This issue regarding approvals was most noted in the Hartford Area Office and was once again called to the attention of the Department.

This quarter, individual regions and individual offices fluctuated in areas of strength within various elements of case planning. As in the prior two quarters, only two individual domain areas (Reason for Involvement and Identifying Information) were above the ninety percentile range for compliance. Regional performance continues to be variable. However the lowest domain areas continue to be: 1) Present Assessment, 2) Engagement with Families, and 3) Identifying Action Steps for the Coming Six Month Period. Sixteen case plans achieved very good or optimal ratings across all domains (29.1%). Fifteen additional case plans were assessed as "Appropriate" upon designation of an override by the Court Monitor. This designation allows for deficits within the case plan document that were remedied by actions or facts documented elsewhere in the case record.

Our Office continues to see evidence of growth in case planning efforts, but the document itself still lags behind in several areas. Critical areas of concern are the need to stay current with major events in the lives of the clients prior to the time of the case plan approval and the need to include the feedback of the families and children. The assessment needs to reflect real time issues, if it is to be meaningful to the client. In many instances, the assessments did not incorporate up-to-date information. Family Feedback was often missing for one or both parents or guardians who were active case participants.

- Outcome Measure 15 was achieved at a rate of 61.8%. This is a slightly higher than that in the Fourth Quarter's 2012 (53.7%). This translates to 34 of the 55 cases reviewed being assessed as having all of the priority needs of the children and families identified during the period under review met timely and adequately. Thirteen of these designations were granted via Court Monitor override. Several offices met or exceeded this mark during the quarter: Middletown, Milford and Norwalk/Stamford surpassed the 80.0% requirement. All achieved 100.0%. New Britain and Waterbury attained the required 80.0% standard. The highest performing region was Region II with 77.8%.

As outlined in every Quarterly Report, addressing the priority needs of the *Juan F.* class is essential to concluding the Consent Decree. Wait-lists and lack of service availability combined with ongoing case management deficits contribute to families and children not receiving the services they require. While the additional funding provided in the recently approved state budget will assist with some mental health and relative foster care support needs, the Department will be hard pressed to address these and other core needs adequately. While Connecticut's child welfare system continues to shift from an over-reliance on congregate care, the need for sufficient community-based resources is paramount. The tables on pages 59 and 64 indicate a total of 308 instances of unmet needs in the 55 reviewed cases. As with all previous quarterly reporting, these include both internal and external issues such as: delays in making the referral, improperly assessing the need, lack of available service, service providers unable to meet a child or families individualized need(s), lack of communication between providers and DCF and the refusal by clients to utilize services.

- As of May 2013, there were 190 *Juan F.* children placed in residential facilities. This is a decrease of 54 children compared to the 244 children reported last quarter. Compared to May 2012 there has been a decrease of 2126 children in residential care. The number of children residing in residential care for greater than 12 months was 54, which is a decrease of 10 children in comparison to the 64 reported last quarter and 59 less children than May 2012 (113).
- The Department continues to reduce the number of *Juan F.* children residing and receiving treatment in out-of-state residential facilities. As of May 2013, the number of children decreased by 8 for a total of 48 children compared to the 56 children reported for March 2012. One year ago the May 2012 total was 138 children.
- The number of children age 12 years old or younger in congregate care was reduced to 42 children as of May 2013. Twenty of these children reside in SAFE Homes while 14 are placed in group homes.
- As of May 2013, there were 5 children aged 1 to 5 years of age residing in Congregate Care placements. Two of these children were placed due to complex medical conditions. Two were in SAFE Homes and one child was placed with her mother in a group home.
- The number of children utilizing SAFE Home temporary placements increased to 40 as of May 2013 compared with the 31 reported as of February 2013. The number of children in SAFE Home overstay status (>60 days), was 35 children. The First Quarter data indicates that 87.5% (35 of 40) of the children are in overstay status. There were 12 children with lengths of stay in excess of six months as of May 2013. The lack of sufficient foster/adoptive resources, the need for ongoing reunification efforts and the need for commonly based services remain the significant barriers to timely discharge for these children.

- There were 64 youth in STAR programs as of May 2013, 9 less than the 73 reported in February 2013. The number of youth in overstay status (>60 days) in STAR placements was 30 youth, compared with the 42 youth noted last quarter. Almost half (46.8%) of the youth (30 of 64) in STAR programs were in overstay status as of May 2013. There were 8 children with lengths of stay longer than six months as of May 2013. The lack of sufficient and appropriate treatment/placement services especially family-based settings for older youth hamper efforts to reduce the utilization of STAR services and manage short lengths of stay.
- The Division of Foster Care's monthly report for December 2012 indicates that there are 2,142 licensed DCF foster homes. This is a decrease of 24 homes when compared with the Fourth Quarter 2012 report. As reported previously, the percentage of children utilizing relative/kin resources has increased substantially since 2011. The number of approved private provider foster care homes is 857. The number of private provider foster homes currently available for placement is 63. The Department's goal as outlined in the Stipulation Regarding Outcome Measures 3 and 15 required (1) a statewide gain of 350 foster homes by June 30, 2009; and (2) an additional statewide gain of 500 foster homes by June 30, 2010. The baseline set in June 2008 and revised during the Second Quarter 2011 is 3,287 foster homes. The Department's status as of March 2013 is 2,999 homes, a net loss of 288 homes compared with the baseline set in June 2008. Additional foster care and adoptive resources remain an essential component required to address the needs of children, reduce discharge delays, avoid overcapacity placements, and ensure placement in the most appropriate and least restrictive setting.
- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) increased by 30 from the 613 to 643 this quarter. This is the first increase in several years. In conjunction with the Child Welfare Group, the Department will begin conducting "Permanency Roundtables" for approximately 150 older youth. This entails an individualized teaming of APPLA children conducted in an effort to identify visiting resources and supports within their kin and social networks, as well as the best permanency options available for these youth.
- The Monitor's quarterly review of the Department for the period of January 1, 2013 through March 31, 2013 indicates that the Department did not achieve compliance with nine (9) measures:
  - Treatment Planning (47.2%)
  - Reunification (56.3%)
  - Adoption (29.5%)
  - Sibling Placements (89.5%)
  - Re-Entry into DCF Care (7.4%)
  - Children's Needs Met (60.0%)
  - Worker-Child Visitation In-Home (N/A)<sup>2</sup>
  - Caseload Standards (99.9%)
  - Discharge of Youth to Adult Services (90.0%)

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<sup>2</sup> Outcome Measure 17 Worker-Child Visitation In-Home - Current automated reporting indicates the measure as statistically achieved, however this does not accurately reflect performance findings. The Outcome Measure 17 Pre-Certification Review indicated that compliance is not achieved. While DCF reports are numerically accurate based upon the algorithms utilized, user error in selection of narrative entry types, and a failure to demonstrate that workers are meeting the specific steps called for with the definition of 'visit' calls into question the automated report findings. As such, the Monitor will not indicate achievement of the measure based solely on the current reporting.

The Monitor's quarterly review of the Department for the period of January 1, 2013 through March 31, 2013 indicates the Department has achieved compliance with the following 13 Outcome Measures:

- Commencement of Investigations (95.5%)
  - Completion of Investigations (89.1%)
  - Search for Relatives (92.2%)
  - Repeat Maltreatment (4.4%)
  - Maltreatment of Children in Out-of Home Cases (0.2%)
  - Transfer of Guardianship (77.6%)
  - Multiple Placements (96.5%)
  - Foster Parent Training (100.0%)
  - Placement within Licensed Capacity (97.1%)
  - Worker-Child Visitation Out-of Home Cases (95.9% Monthly/99.2% Quarterly)
  - Residential Reduction (5.1%)
  - Discharge Measures regarding Education, Work, and Military Status (86.5%)
  - Multi-disciplinary Exams (95.0%)
- The Department has maintained compliance for at least two (2) consecutive quarters<sup>3</sup> with 13 of the Outcome Measures reported as achieved this quarter. (Measures are shown designating the number of consecutive quarters for which the measure was achieved):
    - Commencement of Investigations (thirty-fourth consecutive quarter)
    - Completion of Investigations (thirty-fourth consecutive quarter)
    - Search for Relatives (twenty-ninth consecutive quarter)
    - Repeat Maltreatment (twenty-fourth consecutive quarter)
    - Maltreatment of Children in Out-of-Home Care (thirty-seventh consecutive quarter)
    - Transfer of Guardianship (seventeenth consecutive quarter)
    - Multiple Placements (nineteenth consecutive quarter)
    - Foster Parent Training (thirty-sixth consecutive quarter)
    - Placement Within Licensed Capacity (second consecutive quarter)
    - Visitation Out-of-Home (thirtieth consecutive quarter)
    - Residential Reduction (twenty-eighth consecutive quarter)
    - Discharge of Youth with High School diplomas, work or military service (fifth consecutive quarter)
    - Multi-disciplinary Exams (twenty-eighth consecutive quarter)

A full copy of the Department's First Quarter 2013 submission including the Commissioner's Highlights may be found on page 80.

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<sup>3</sup> The Defendants must be in compliance with all of the outcome measures, and in sustained compliance with all of the outcome measures for at least two consecutive quarters (six-months) prior to asserting compliance and shall maintain compliance through any decision to terminate jurisdiction.

Statewide		Juan F. Exit Plan Report Outcome Measure Overview																												
Measure	Measure	Base-line	1Q 2013	4Q 2012	3Q 2012	2Q 2012	1Q 2012	4Q 2011	3Q 2011	2Q 2011	1Q 2011	4Q 2010	3Q 2010	2Q 2010	1Q 2010	4Q 2009	3Q 2009	2Q 2009	1Q 2009	4Q 2008	3Q 2008	2Q 2008	1Q 2008	4Q 2007	3Q 2007	2Q 2007	1Q 2007	4Q 2006	3Q 2006	
<a href="#">1: Commencement of Investigation</a>	>=90%	X	95.5%	94.9%	95.7%	96.1%	96.6%	97.1%	97.3%	97.2%	97.2%	96.8%	97.4%	97.6%	97.4%	97.8%	97.6%	97.7%	97.6%	97.9%	97.4%	97.5%	97.8%	97.4%	97.0%	97.1%	96.5%	95.5%	98.7%	
<a href="#">2: Completion of the Investigation</a>	>=85%	73.7%	89.1%	90.2%	92.5%	92.4%	91.9%	93.3%	94.0%	94.4%	92.7%	90.0%	91.5%	92.9%	93.7%	94.3%	94.0%	91.8%	91.3%	91.4%	89.9%	93.7%	91.5%	92.9%	94.2%	93.7%	93.0%	93.7%	94.2%	
<a href="#">3: Treatment Plans</a>	>=90%	X	56.4%	53.7%	47.8%	63.0%	39.6%	44.4%	50.9%	N/A	81.1%	67.9%	66.0%	75.5%	86.5%	47.2%	53.8%	73.1%	65.4%	81.1%	62.3%	55.8%	58.8%	51.0%	30.0%	30.3%	41.3%	41.1%	54.3%	
<a href="#">4: Search for Relatives</a>	>=85%	58%	92.2%	87.3%	87.5%	89.5%	89.3%	92.8%	94.5%	94.5%	90.1%	88.8%	90.9%	91.2%	92.0%	90.0%	91.0%	91.2%	94.3%	94.3%	96.3%	95.8%	95.3%	93.6%	91.4%	93.8%	92.0%	91.4%	93.1%	
<a href="#">5: Repeat Maltreatment of In-Home Children</a>	<=7%	9.3%	4.4%	4.9%	4.3%	4.1%	4.3%	6.0%	6.1%	5.4%	5.7%	6.2%	6.5%	6.5%	5.8%	6.0%	5.4%	4.8%	5.8%	6.1%	5.7%	5.9%	5.7%	5.4%	6.1%	6.3%	7.4%	7.9%	7.9%	
<a href="#">6: Maltreatment of Children in Out-of-Home Care</a>	<=2%	1.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.2%	0.1%	0.1%	0.4%	0.2%	0.1%	0.2%	0.3%	0.4%	0.1%	0.3%	0.2%	0.3%	0.3%	0.2%	0.2%	0.3%	0.0%	0.2%	0.2%	0.7%	
<a href="#">7: Reunification</a>	>=60%	57.8%	56.3%	57.6%	52.0%	61.1%	58.9%	65.8%	65.3%	73.1%	61.7%	64.9%	68.3%	67.1%	61.2%	71.4%	56.0%	71.9%	68.1%	69.6%	62.5%	64.4%	66.4%	61.0%	64.2%	67.9%	70.5%	61.3%	62.5%	
<a href="#">8: Adoption</a>	>=32%	12.5%	29.5%	25.9%	39.0%	34.3%	23.7%	33.6%	40.0%	32.7%	35.6%	38.5%	25.8%	36.0%	34.7%	35.2%	36.7%	33.2%	44.7%	27.2%	32.3%	33.0%	41.5%	35.5%	36.2%	40.6%	34.5%	33.6%	27.0%	
<a href="#">9: Transfer of Guardianship</a>	>=70%	60.5%	77.6%	76.5%	84.0%	76.7%	81.4%	83.1%	83.6%	78.4%	86.2%	87.3%	78.6%	74.6%	82.3%	76.3%	81.8%	75.7%	75.3%	64.9%	71.7%	70.0%	70.4%	80.8%	76.8%	88.0%	78.0%	76.4%	70.2%	
<a href="#">10: Sibling Placement</a>	>=95%	57%	89.5%	87.5%	87.5%	89.2%	88.5%	91.8%	89.3%	85.8%	86.7%	83.3%	81.9%	84.8%	85.6%	83.4%	84.7%	83.1%	83.4%	82.1%	82.6%	86.8%	86.7%	85.2%	83.3%	79.1%	84.9%	85.5%	84.8%	
<a href="#">11: Re-Entry into DCF Custody</a>	<=7%	6.9%	7.4%	7.0%	9.1%	6.8%	5.8%	6.4%	7.2%	4.4%	7.7%	6.3%	7.3%	6.7%	8.4%	7.8%	9.9%	8.8%	8.2%	8.2%	4.3%	7.5%	6.7%	7.6%	7.2%	8.5%	7.5%	8.2%	4.3%	
<a href="#">12: Multiple Placements</a>	>=85%	X	96.4%	96.5%	96.4%	96.6%	96.6%	96.4%	96.4%	96.1%	96.1%	96.1%	95.7%	95.8%	95.9%	95.4%	95.7%	95.8%	96.0%	95.8%	95.9%	96.3%	91.2%	92.7%	94.4%	96.0%	96.3%	95.0%	95.6%	
<a href="#">13: Foster Parent Training</a>	100%	X	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<a href="#">14: Placement Within Licensed Capacity</a>	>=96%	94.9%	97.1%	96.7%	95.8%	95.3%	97.7%	96.1%	95.2%	95.6%	96.8%	96.8%	95.4%	95.1%	96.9%	96.9%	96.3%	96.6%	96.6%	96.6%	97.0%	96.8%	96.4%	96.8%	96.9%	97.1%	96.8%	96.5%	96.7%	
<a href="#">15: Children's Needs Met</a>	>=80%	X	61.8%	53.7%	53.6%	61.1%	60.4%	55.6%	60.4%	N/A	58.5%	56.6%	58.5%	52.8%	67.3%	45.3%	55.8%	63.5%	61.5%	58.5%	62.0%	55.8%	58.8%	47.1%	64.0%	51.3%	45.3%	52.1%	62.0%	
<a href="#">16: Worker-Child Visitation (Out-of-Home)</a>	>=85%(M)	X	95.9%	94.2%	93.6%	92.7%	95.1%	92.3%	95.0%	95.1%	95.8%	95.3%	95.3%	95.7%	96.2%	95.8%	95.1%	95.7%	95.7%	95.0%	95.4%	94.9%	95.9%	94.6%	94.8%	94.6%	95.1%	94.7%	92.5%	
	=100%(Q)	X	99.2%	99.1%	98.7%	98.7%	99.2%	98.6%	99.0%	99.2%	99.2%	98.9%	98.9%	99.3%	99.6%	99.7%	99.0%	99.3%	99.2%	98.9%	91.5%	90.9%	93.1%	93.1%	92.8%	95.7%	93.3%	91.0%	91.5%	
<a href="#">17: Worker-Child Visitation (In-Home)</a>	>=85%	X	88.1%	84.1%	87.0%	85.8%	84.8%	85.9%	86.3%	89.7%	88.5%	89.7%	89.4%	89.7%	89.6%	88.5%	88.8%	89.6%	90.5%	89.7%	90.3%	91.4%	90.8%	89.9%	89.4%	90.9%	89.0%	89.2%	85.7%	
<a href="#">18: Caseload Standards</a>	100%	69.2%	99.8%	99.9%	100.0%	99.7%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	99.9%	99.6%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
<a href="#">19: Reduction in the Number of Children Placed in Residential</a>	<=11%	13.5%	5.1%	5.8%	6.3%	6.9%	7.5%	8.5%	8.8%	9.8%	10.0%	9.9%	9.4%	10.1%	10.0%	9.9%	9.6%	9.7%	10.0%	10.0%	10.0%	10.4%	10.5%	10.9%	10.8%	11.0%	10.9%	11.0%	10.9%	
<a href="#">20: Discharge Measures</a>	>=85%	61%	86.5%	95.9%	89.2%	85.7%	86.9%	76.5%	88.0%	79.4%	82.9%	87.2%	88.5%	87.9%	86.0%	86.9%	80.0%	92.2%	85.3%	92.2%	93.0%	92.0%	92.0%	96.0%	95.0%	X	X	100.0%	100.0%	
<a href="#">21: Discharge of Mentally Ill or Mentally Retarded Children</a>	100%	X	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	92.0%	97.0%	96.1%	97.3%	98.1%	100.0%	97.6%	100.0%	97.2%	96.7%	95.0%	95.0%	98.0%	97.0%	96.0%	95.0%	X	X	97.0%	100.0%	
<a href="#">22: Multi-disciplinary Exams (MDE)</a>	>=85%	5.6%	95.0%	89.7%	95.5%	93.8%	90.0%	93.4%	93.3%	96.3%	91.9%	97.5%	96.1%	96.4%	95.7%	95.7%	91.4%	94.5%	93.6%	90.1%	94.0%	93.6%	98.7%	96.4%	95.2%	96.8%	91.1%	94.2%	86.0%	



### **Juan F. Pre-Certification Review-Status Update First Quarter 2013**

Under the Revised Exit Plan (¶5), the Court Monitor is required to conduct what the parties and the Court Monitor refer to as a “Certification” review as follows:

*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 quarters (six months) prior to asserting compliance and shall maintain compliance through any decision to terminate jurisdiction. The Court Monitor shall then conduct a review of a statistically significant valid sample of case files at a 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance. The Court Monitor shall then present findings and recommendations to the District Court. The parties shall have a meaningful opportunity to be heard by the Court Monitor before rendering his findings and recommendations.*

In recognition of the progress made and sustained by the Department with respect to a number of Outcome Measures, and the fact that the well-being of the *Juan F.* class members will be promoted by the earliest possible identification and resolution of the any quantitative or qualitative problems affecting class members that may be identified by the review required by Revised Exit Plan ¶5, the parties and the Court Monitor agree that it is in the best-interests of the *Juan F.* class members to create a “Pre-Certification” review process. It is expected that this “pre-certification” process may, in certain instances, obviate the need to implement the full certification review for certain outcome measures after sustained compliance is achieved for all Outcome Measures.

The “Pre-Certification” process that parties and the Court Monitor have created, and to which they have agreed, is as follows:

If DCF has sustained compliance as required by the Revised Exit Plan for at least two consecutive quarters (6 months) for any Outcome Measure (“OM”), the Court Monitor may, in his discretion, conduct a “pre-certification review” of that OM (“Pre-Certification Review”). The purpose of the Pre-Certification Review is to recognize DCF’s sustained improved performance, to identify and provide a prompt and timely opportunity to remedy any problem areas that are affecting the well-being of *Juan F.* class members, and to increase the efficiency of DCF’s eventual complete compliance and exit from the Consent Decree.

Other than conducting the Pre-Certification Review earlier than the review mandated by Revised Exit Plan ¶5, the Pre-Certification Review will be conducted in accordance with the provision for review as described in the Revised Exit Plan ¶5 unless otherwise agreed upon by the parties and the Court Monitor.

If the Pre-Certification Review does not identify any material issues requiring remediation, and no assertions of noncompliance with the specific Outcome Measures(s) at issue are pending at the time Defendants assert sustained compliance with all Outcome Measures, the Parties agree that the full review as

per paragraph 5 of the Revised Exit Plan will not be required after the Defendants assert sustained compliance with all Outcome Measures. Upon Defendants' assertion of sustained compliance with all Outcome Measures, the parties, with the involvement and consent of the Court Monitor, agree to present for the Court's review, any agreement to conduct less than the full review process required by Revised Exit Plan (§5) for any specific Outcome Measures, as a proposed modification of the Revised Exit Plan.

During the Fourth Quarter 2012, the analysis of OM 7 (Reunification) was conducted. The report on OM 7 (Reunification) will be included in the First Quarter 2013 Report. In addition, Pre-Certification of OM 4 (Search for Relatives) was begun. This report will also be included in the next report.

The *Juan F.* parties and the Court Monitor have determined that the results from eight of the nine completed pre-certification reviews have met the quantitative and qualitative standards set forth for each of them and are thus pre-certified while one Pre-Certification Review was determined to not meet either the quantitative or qualitative standard. While pre-certified, these reviews have identified systemic issues that undermine DCF's successful path to achieving timely outcomes for children. These issues are more prominent in some of the reviewed measures than others. Consistency in supervision, documentation of casework efforts and communication and collaboration with families and external stakeholders all were identified as issues that impede the quality of the Department's casework and require improvement. In brief, the results of pre-certification determinations to date are reported below.

<b>Outcome Measure</b>	<b>Statement of Outcome</b>	<b>Status</b>
<b>OM 4: Search for Relatives</b>	If a child(ren) must be removed from his or her home, DCF shall conduct and document a search for maternal and paternal relatives, extended formal or informal networks, friends of the child or family, former foster parents, or other persons known to the child. The search period shall extend through the first six (6) months following removal from home. The search shall be conducted and documented in at least 85.0% of the cases.	In Progress
<b>OM 7: Reunification</b>	At least 60% of the children, who are reunified with their parents or guardians, shall be reunified within 12 months of their most recent removal from home.	Not Pre-Certified
<b>OM 8: Adoption</b>	At least 32% of the children who are adopted shall have their adoptions finalized within 24 months of the child's most recent removal from his/her home.	Pre-Certified
<b>OM 9: Transfer of Guardianship</b>	At least 70% of all children whose custody is legally transferred shall have their guardianship transferred within 24 months of the child's most recent removal from his/her home.	Pre-Certified
<b>OM 12: Multiple Placements</b>	Beginning on January 1, 2004, at least 85% of the children in DCF custody shall experience no more than three (3) placements during any twelve month period.	Pre-Certified
<b>OM 14: Placement within Licensed Capacity</b>	At least 96% of all children placed in foster homes shall be in foster homes operating within their licensed capacity, except when necessary to accommodate sibling groups.	Pre-Certified

<b>OM 16: Worker/ Child Visitation (Child in Placement)</b>	DCF shall visit at least 85% of all out-of-home children at least once a month, except for probate, interstate, or voluntary cases. All children must be seen by their DCF Social Worker at least quarterly.	Pre-Certified
<b>Outcome Measure</b>	<b>Statement of Outcome</b>	<b>Status</b>
<b>OM 17: Worker-Child Visitation (In-Home)</b>	DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases. Definitions and Clarifications: 1. Twice monthly visitation must be documented with each active child participant in the case. Visitation occurring in the home, school or other community setting will be considered for Outcome Measure 17.	Not Pre-Certified
<b>OM 20: Discharge Measures</b>	At least 85.0% of all children age 18 or older shall have achieved one or more of the following prior to discharge from DCF custody: (a) Graduation from High School; (b) Acquisition of GED; (c) Enrollment in or completion of college or other post secondary training program full-time; (d) Enrollment in college or other post secondary training program part-time with part-time employment; (e) Full-time employment; (f) Enlistment full-time member of the military.	Pre-Certified
<b>OM 21: Discharge of Mentally Ill or Developmentally Disabled Youth</b>	DCF shall submit a written discharge plan to either/or DMHAS or DDS for all children who are mentally ill or developmentally delayed and require adult services."	Pre-Certified
<b>OM22: Multi-disciplinary Exams</b>	At least 85% of the children entering the custody of DCF for the first time shall have an MDE conducted within 30 days of placement."	Pre-Certified

### Pre-Certification Next Steps

In discussion with the parties it was determined that prior to proceeding with additional statistically valid methodologies outlined in the Revised Exit Plan for the remaining outcome measures, the Court Monitor would establish the need for such intensive and resource heavy focused review efforts/evaluation, with proposals for conducting reviews of the remaining outcome measures to be shared with the parties for consideration and approval.

This work has been completed and the Court Monitor is conducting additional reviews. Future reports will update both completed reviews and reviews in progress.

## Court Monitor's Office Outcome Measure 7 Pre-Certification Review

**Purpose:**

The DCF Court Monitor’s Office has determined it feasible at this time with the agreement of the *Juan F.* parties to conduct a series of reviews on the 22 Outcome Measures to identify areas of strengths and challenges that may be necessary to focus on prior to assertion of compliance and exit. This review, Outcome Measure 7 Pre-Certification Case Review, is a qualitative review to provide qualitative and quantitative data supplemental to the LINK data provided by DCF and verified by the Court Monitor on a quarterly basis, regarding the DCF reporting on the timeliness of reunification of children to their parent or guardian.

The measure requires that DCF comply and sustain the following level of practice:

*“At least 60% of the children, who are reunified with their parents or guardians, shall be reunified within 12 months of their most recent removal from home.”*

The Department reports the following performance for Outcome Measure 7:

- Third Quarter 2011 Statewide Results of 64.6%
- Fourth Quarter 2011 Statewide Results of 67.0%

**Findings:**

The Court Monitor's Pre-Certification Sample Review Finds Outcome Measure 7 results in compliance with the quantitative requirement for both quarters reviewed and are consistent with the Department's reporting, at:

- Third Quarter 2011 Performance 64.5%
- Fourth Quarter 2011 Performance 65.0%

As a result of these finding we can validate the automated reporting and note the achievement of the statewide quantitative element of Outcome Measure 7 for these quarters, however it is clear in reviewing the automated data from 2012 that the Department has been unable to sustain compliance with the 60% standard. As a result the Monitor's Office cannot extend pre-certification of the measure at this time.

**Outcome Measure 7 Reunification Trend Data**

Report Period	11 Q3		11 Q4		12 Q1		12 Q2		12 Q3		12 Q4		13 Q1	
	July-September, 2011		October-December, 2011		January-March, 2012		April-June, 2012		July-September, 2012		October-December, 2012		January-March, 2013	
<b>Met</b>	<a href="#">153</a>	64.6%	<a href="#">148</a>	67.0%	<a href="#">102</a>	59.3%	<a href="#">115</a>	60.8%	<a href="#">109</a>	51.7%	<a href="#">100</a>	56.8%	<a href="#">84</a>	57.5%
<b>Not Met</b>	<a href="#">84</a>	35.4%	<a href="#">73</a>	33.0%	<a href="#">70</a>	40.7%	<a href="#">74</a>	39.2%	<a href="#">102</a>	48.3%	<a href="#">76</a>	43.2%	<a href="#">62</a>	42.5%
<b>Total</b>	<a href="#">237</a>	100%	<a href="#">221</a>	100%	<a href="#">172</a>	100%	<a href="#">189</a>	100%	<a href="#">211</a>	100%	<a href="#">176</a>	100%	<a href="#">146</a>	100%

The quality of practice, as within the previous permanency pre-certification measures, was a bit uneven statewide and reflective of case practice that at times has struggled to

meet the needs of the families it serves (OM15). In the first quarter, the quality of case practice documented toward achievement of the reunification goal was ranked in the Very Good or Optimal range in 78.2% of the sample cases. In Cohort 2 the rankings dipped slightly to 65.8% in those upper ranges.

### Overview

The Monitor’s Office requested the DCF provide the universe of all children that were discharged from DCF custody during the two consecutive quarters: Third Quarter 2011 and 4<sup>th</sup> Quarter 2011 (excluding Voluntary Service cases). This universe was provided from ROM data and included a total of 441 children comprised of 226 discharged during the quarter of July 1, 2011 to September 30, 2011 and 215 children discharged during the quarter of October 1, 2011 - December 31, 2011. Sampling methodology required a sample at a 95% confidence level (+/-6%). This resulted in the need to identify a minimum of 123 and 120 children per quarter for the two quarters sampling respectively. The samples were sorted by area office resulting in the following sample populations:

**Table 1: Initial Universe (N=441) and Sample Set (n =243) Designation by Area Office**

Assigned Area Office	Number of Children in 3rd Quarter Universe		Number of Children in 3rd Quarter Sample Set		Number of Children in 4th Quarter Universe		Number of Children in 4th Quarter Sample	
<b>Bridgeport</b>	12	5.3%	7	5.7%	9	4.2%	5	4.2%
<b>Danbury</b>	9	4.0%	5	4.1%	1	0.5%	1	0.8%
<b>Hartford Office</b>	30	13.3%	16	13.0%	46	21.4%	25	20.8%
<b>Manchester Office</b>	25	11.1%	14	11.4%	20	9.3%	11	9.2%
<b>Meriden Office</b>	10	4.4%	5	4.1%	8	3.7%	4	3.3%
<b>Middletown Office</b>	9	4.0%	5	4.1%	1	0.5%	1	0.8%
<b>Milford</b>	7	3.1%	4	3.3%	13	6.1%	7	5.8%
<b>New Britain Office</b>	17	7.5%	9	7.3%	27	12.6%	15	12.5%
<b>New Haven</b>	22	9.7%	12	9.8%	14	6.5%	8	6.7%
<b>Norwalk/Stamford Office</b>	8	3.5%	4	3.3%	9	4.2%	5	4.2%
<b>Norwich Office</b>	26	11.5%	14	11.4%	26	12.1%	15	12.5%
<b>General Admin/Unassigned/Hotline</b>	8	3.5%	4	3.3%	5	2.3%	3	2.5%
<b>Torrington Office</b>	3	1.3%	2	1.6%	7	3.3%	4	3.3%
<b>Waterbury Office</b>	32	14.2%	18	14.6%	18	8.4%	10	8.3%
<b>Willimantic Office</b>	8	3.5%	4	3.3%	11	5.1%	6	5.0%
<b>Grand Total</b>	226	100.0%	123	100.0%	215	100.0%	120	100.0%

A pilot test was conducted among the reviewers to ensure issues of reliability and validity prior to initiating the full review.

The final sample reviewed resembled a slightly different configuration than the initially pulled sample of cases, due to some clarification of cases identified as unassigned or replacements for those which had legal entry or legal reunification transpiring outside of the identified timeframe. In all, 244 cases were reviewed: 124 children from a first cohort of July, August, and September 2011 entries, and 120 from October, November and December 2011 entries. The results within the samples reviewed are broken out by area office, then by discharge cohort as shown below:

**Crosstabulation 1: Reunification within 12 Months? \* SW's Area Office Assignment? \* What cohort is child in (July, August, September = Cohort 1/October, November, December = Cohort 2)?**

What cohort is child in (July, August, September = Cohort 1/October, November, December = Cohort 2)?			SW's Area Office Assignment?															
			Bridgeport	Danbury	Hartford	Manchester	Meriden	Middletown	Milford	New Britain	New Haven	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Statewide
<b>Cohort 1</b> 3rd Quarter Discharge	Reunification Within 12 Months?	Yes	7	3	7	9	3	5	4	7	7	2	11	1	2	9	3	80
		No	2	2	9	5	2	0	0	3	5	0	5	1	0	9	1	44
	<b>Total</b>		<b>9</b>	<b>5</b>	<b>16</b>	<b>14</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>10</b>	<b>12</b>	<b>2</b>	<b>16</b>	<b>2</b>	<b>2</b>	<b>18</b>	<b>4</b>	<b>124</b>
	<b>%</b>		77.8%	60.0%	43.8%	64.3%	60.0%	100%	100%	70.0%	58.3%	100%	68.8%	50.0%	100%	50.0%	75.0%	64.5%
<b>Cohort 2</b> 4th Quarter Discharge	Reunification Within 12 Months?	Yes	3	1	16	7	0	1	5	9	5	2	12	1	1	10	5	78
		No	2	0	11	3	4	0	3	7	3	1	2	1	3	1	1	42
	<b>Total</b>		<b>5</b>	<b>1</b>	<b>27</b>	<b>10</b>	<b>4</b>	<b>1</b>	<b>8</b>	<b>16</b>	<b>8</b>	<b>3</b>	<b>14</b>	<b>2</b>	<b>4</b>	<b>11</b>	<b>6</b>	<b>120</b>
	<b>%</b>		60.0%	100%	59.3%	70.0%	0%	100%	62.5%	56.3%	62.5%	66.7%	85.7%	50.0%	25.0%	90.9%	83.3%	65.0%

For both periods of time, the Department statistics reflected that they met the statewide measure. Cohort 1 and Cohort 2 had reported scores of 65.3% and 65.8% respectively. As shown in the Crosstabulation above, our results reflect results consistent with those findings, at 64.5% for Cohort 1 and 65.0% for Cohort 2. Given the rate of consistency between the sample set and the full population reported, the Court Monitor can validate and pre-certify the accuracy and efficacy of the statistical reporting mechanism for Outcome Measure 7. The breakout of the performance by Area Office above, and at the regional catchment area is below is provided for a critical look at where performance strengths and areas needing improvement may be noted.

While the statewide performance for the Outcome Measure was attained at above the required 60% standard, there is some fluctuation in Area Office performance and therefore, regional performance. Region 3 reported the highest performance in Cohort 2 achieving a rate of compliance of 85.7% reunification within 12 months. On the opposite end of the spectrum, seven of the 15 offices had at least one of the two quarters review see a drop in the rate of success below the 60% rate, some more significantly than others (see Crosstabulation 1 for details).

Area office struggles were most evident in Regions 4, 5 and 6. Each experienced a quarter in which performances dropped below the standard of compliance. For both Regions 4 and 6, as a result of this drop, the combined six month total failed to be maintained at the standard, with findings of 58.2% for Region 4, and slightly lower at 54.3% for Region 6.

**Crosstabulation 2: OM.11. Reunification within 12 Months? \* What cohort does OM5b place child into (July, August, September = 1/October, November, December =2)? \* DCF Regional Office**

DCF Regional Office			What cohort is child in: Cohort 1(July, August, or September) or Cohort 2 (October, November, or December)?		
			Cohort 1	Cohort 2	Total
Region 1	Reunification Within 12 Months?	Yes	10	6	16
		No	3	4	7
	Total		13	10	23
	%		76.9%	60.0%	69.6%
Region 2	Reunification Within 12 Months?	Yes	11	10	21
		No	5	6	11
	Total		16	16	32
	%		68.8%	62.5%	65.6%
Region 3	Reunification Within 12 Months?	Yes	19	18	37
		No	6	3	9
	Total		25	21	46
	%		76.0%	85.7%	80.4%
Region 4	Reunification Within 12 Months?	Yes	16	23	39
		No	14	14	28
	Total		30	37	67
	%		53.3%	62.2%	58.2%
Region 5	Reunification Within 12 Months?	Yes	14	12	26
		No	11	4	15
	Total		25	16	41
	%		56.0%	75.0%	63.4%
Region 6	Reunification Within 12 Months?	Yes	10	9	19
		No	5	11	16
	Total		15	20	35
	%		66.7%	45.0%	54.3%
Statewide	Reunification Within 12 Months?	Yes	80	78	158
		No	44	42	86
	Total		124	120	244
	%		64.5%	65.0%	64.8%

As the caseload demographics changed given the introduction of FAR and shifts in the practice philosophy, the challenges of reunification will become even more demanding of both the social worker and provider resources. This is an area that the offices may need to focus on more closely if they are to maintain Outcome Measure 7 standards for two consecutive quarters as outlined in the Exit Plan Outcome Measure.

When we undertook a similar review in 2006 that review found the following trends that may be worthwhile to follow within the context of the Outcome Measure 7 Pre-Certification Review findings. The 2006 findings included (*parenthesis added for ease of 2006 reference/clarification*):

- Not surprisingly, legal status had an impact upon the length of stay - with temporary status (96 hour hold, OTC) resulting in achievement of the goal at higher rates than then committed youth. (94.8%+ vs. 25.8%)
- Cases with fewer placements resulted in significantly higher rate of reunification within 12 months. (*One placement attained reunification at rate of 77.3%, 2 placements, 62.5%....etc.*)
- Situations including parental substance abuse as a factor of removal were significantly less likely to reunify within 12 months than any other combination of removal factors. (21.4%)
- Cases that did not require intensive in-home services met the measure significantly more than those that did not require this type of service.
- Females reunified within 12 months at a significantly higher rate than males. (76.5% vs. 54.1%)
- Cases with active concurrent planning did not meet the measure as often as those in which concurrent planning was not being actively pursued. (*It was proposed that this was due to the complexities of pursuing the dual tracks of concurrent plans effectively and moving along a continuum of planful and increasing visitation to re-integrate a child back to family while alternately seeking relative or other options.*)
- Cases that did not have documented discussions of risk factors related to reunification met the measure for timely reunification more frequently than those that did. (*This was felt to reflect cases with shorter episodes in care (less than three months failed to identify risks in supervisory notes even prior to the child coming into care.)*)

Within the data analysis to follow the Court Monitor will look at these issues and others to identify any current qualitative practice issues of import to the regions in regard to attaining sustained compliance with Outcome Measure 7.

### **Population Description**

The population was closely matched between the sexes in both quarters, with the Cohort 1 sample containing 48.4% males, 51.6% females, and Cohort 2 comprised of 50.8% males, 49.2% females. While the girls did appear to reunify within the 12 month period with greater frequency, the rate at which this occurred was shy of the statistical level of significance reported in the 2006 findings.



**Crosstabulation 3: Reunification within 12 Months? \* What cohort is this child in (July, August, September = Cohort 1/October, November, December = Cohort 2)?\* Sex of Child**

Child's Cohort (July, August, September = Cohort 1/ October, November, December =Cohort 2)			Reunification Within 12 Months?			
			Yes	No	Total	
<b>3rd Quarter Discharge</b>	Child's Sex	Male	Count	34	26	60
			% within Child's Sex	56.7%	43.3%	100.0%
	Female	Count	46	18	64	
		% within Child's Sex	71.9%	28.1%	100.0%	
	Total		Count	80	44	124
			% within Child's Sex	64.5%	35.5%	100.0%
<b>4th Quarter Discharge</b>	Child's Sex	Male	Count	36	25	61
			% within Child's Sex	59.0%	41.0%	100.0%
	Female	Count	42	17	59	
		% within Child's Sex	71.2%	28.8%	100.0%	
	Total		Count	78	42	120
			% within Child's Sex	65.0%	35.0%	100.0%

The racial mix was quite diverse in both cohorts, with all collected categories represented. The largest majority within this sample was White, which made up 54% of the Cohort 1 sample population and 58.3% of the Cohort 2 populations respectively. While accounting for the largest segment of the populations, these children did not have the best outcomes statistically, which were recorded for the Asian and Native Hawaiian children in care within both cohorts (100%), followed by Black/African American children in Cohort 1 (75.6%). While there were fluctuations within the groupings, the statistical significance of race as it relates to reunification within 12 months did not approach the rate in either quarter to require further analysis.

**Crosstabulation 4: Reunification within 12 Months? \* What cohort is child in (July, August, September = Cohort 1/October, November, December = Cohort 2)?\* Child's Race**

Child's Cohort (July, August, September = Cohort 1/ October, November, December = Cohort 2)			Reunification Within 12 Months?				
			Yes	No	Total		
<b>Cohort 1</b>	Child's Race	American Indian or Alaskan Native	Count	0	1	1	
			% within Child's Race	.0%	100.0%	100.0%	
		Asian	Count	1	0	1	
			% within Child's Race	100.0%	.0%	100.0%	
		Black/African American	Count	31	10	41	
			% within Child's Race	75.6%	24.4%	100.0%	
		Native Hawaiian	Count	1	0	1	
			% within Child's Race	100.0%	.0%	100.0%	
		White	Count	38	29	67	
			% within Child's Race	56.7%	43.3%	100.0%	
		UTD	Count	1	0	1	
			% within Child's Race	100.0%	.0%	100.0%	
		Multiracial	Count	8	4	12	
			% within Child's Race	66.7%	33.3%	100.0%	
Total		Count	80	44	124		
		% within Child's Race	64.5%	35.5%	100.0%		
<b>Cohort 2</b>	D.7 Child's Race	American Indian or Alaskan Native	Count	2	1	3	
			% within Child's Race	66.7%	33.3%	100.0%	
		Asian	Count	1	0	1	
			% within Child's Race	100.0%	.0%	100.0%	
		Black/African American	Count	23	14	37	
			% within Child's Race	62.2%	37.8%	100.0%	
		White	Count	46	24	70	
			% within Child's Race	65.7%	34.3%	100.0%	
		UTD	Count	1	1	2	
			% within Child's Race	50.0%	50.0%	100.0%	
		Multiracial	Count	5	2	7	
			% within Child's Race	71.4%	28.6%	100.0%	
		Total		Count	78	42	120
				% within Child's Race	65.0%	35.0%	100.0%

There did not appear to be statistical significance when analyzing whether children were identified as having Hispanic ethnicity and the rate at which they reunified within 12 months for Cohort 1. There was, however, a decline in rate of timeliness for reunification within the Cohort 2 population identified as Hispanic as we noted 50% achievement versus compliance percentages in the low seventy range for the non-Hispanic and unknown groupings, this reached a value of  $p = 0.051$ , just above the point of statistical significance.

**Crosstabulation 5: Reunification within 12 Months? \* What cohort is child in (July, August, September = Cohort 1/October, November, December = Cohort 2)?\* Child's Ethnicity**

Child's Cohort (July, August, September = Cohort 1/ October, November, December =Cohort 2)			Reunification Within 12 Months?			
			Yes	No	Total	
Cohort 1	Child's Ethnicity	Hispanic	Count	25	15	40
			% within Child's Ethnicity	62.5%	37.5%	100.0%
		Non-Hispanic	Count	52	28	80
			% within Child's Ethnicity	65.0%	35.0%	100.0%
		Unknown	Count	3	1	4
			% within Child's Ethnicity	75.0%	25.0%	100.0%
Total	Count	80	44	124		
	% within Child's Ethnicity	64.5%	35.5%	100.0%		
Cohort 2	Child's Ethnicity	Hispanic	Count	20	20	40
			% within Child's Ethnicity	50.0%	50.0%	100.0%
		Non-Hispanic	Count	53	20	73
			% within Child's Ethnicity	72.6%	27.4%	100.0%
		Unknown	Count	5	2	7
			% within Child's Ethnicity	71.4%	28.6%	100.0%
Total	Count	78	42	120		
	% within Child's Ethnicity	65.0%	35.0%	100.0%		

The age at which a child entered care seemed to have some impact on whether the child exited to reunification timely, but did not rise to the level of significance for any specific age birth to 17. When isolating the individual Cohort groupings, those children aged nine fared least favorably in Cohort 1; while the child at aged eight in Cohort 2 produced the lowest success rate in that quarter. When looking across the six months encompassing both samples, the least favorable age appears to be 12. For this age, only 40% of the ten children who entered as twelve year olds reunified within the 12 month period set forth as the mandate (this was closely followed by the 13 year old entrants with a success rate of 41.7%).

**Crosstabulation 6: Age at Most Recent Entry into Care during Episode preceding the identified Discharge \* Reunification within 12 Months? \* What cohort is child in (July, August, September = Cohort 1)**

Child's Cohort (July, August, September = Cohort 1/ October, November, December = Cohort 2)		Reunification Within 12 Months?				
		Age	Yes	No	Total	
Cohort 1	Age (years) at Most Recent Entry Into Care during Episode preceding the identified Discharge	< 1	Count	23	6	29
			% within Age	79.3%	20.7%	100.0%
		1	Count	6	3	9
			% within Age	66.7%	33.3%	100.0%
		2	Count	8	2	10
			% within Age	80.0%	20.0%	100.0%
		3	Count	2	4	6
			% within Age	33.3%	66.7%	100.0%
		4	Count	2	3	5
			% within Age	40.0%	60.0%	100.0%
		5	Count	3	1	4
			% within Age	75.0%	25.0%	100.0%
		6	Count	1	0	1
			% within Age	100.0%	.0%	100.0%
		7	Count	4	4	8
			% within Age	50.0%	50.0%	100.0%
		8	Count	6	0	6
			% within Age	100.0%	.0%	100.0%
		9	Count	1	3	4
			% within Age	25.0%	75.0%	100.0%
		10	Count	3	2	5
			% within Age	60.0%	40.0%	100.0%
		11	Count	4	1	5
			% within Age	80.0%	20.0%	100.0%
		12	Count	2	5	7
			% within Age	28.6%	71.4%	100.0%
		13	Count	2	2	4
			% within Age	50.0%	50.0%	100.0%
		14	Count	5	6	11
			% within Age	45.5%	54.5%	100.0%
		15	Count	5	1	6
			% within Age	83.3%	16.7%	100.0%
		16	Count	2	1	3
			% within Age	66.7%	33.3%	100.0%
		17	Count	1	0	1
			% within Age	100.0%	.0%	100.0%
<b>Total</b>		Count	80	44	124	
		% within Age	64.5%	35.5%	100.0%	

**Crosstabulation 7: Age at Most Recent Entry into Care during Episode preceding the identified Discharge \* OM.11. Reunification within 12 Months? \* What Cohort is Child in?(October, November, December = Cohort 2)?**

Child's Cohort (July, August, September = Cohort 1/ October, November, December =Cohort 2)		Reunification Within 12 Months?				
	Age		Yes	No	Total	
Cohort 2	Age (years) at Most Recent Entry Into Care during Episode preceding the identified Discharge	< 1	Count	18	9	27
			% within Age	66.7%	33.3%	100.0%
		1	Count	5	4	9
			% within Age	55.6%	44.4%	100.0%
		2	Count	6	3	9
			% within Age	66.7%	33.3%	100.0%
		3	Count	5	2	7
			% within Age	71.4%	28.6%	100.0%
		4	Count	5	1	6
			% within Age	83.3%	16.7%	100.0%
		5	Count	4	3	7
			% within Age	57.1%	42.9%	100.0%
		6	Count	2	2	4
			% within Age	50.0%	50.0%	100.0%
		7	Count	1	0	1
			% within Age	100.0%	.0%	100.0%
		8	Count	1	2	3
			% within Age	33.3%	66.7%	100.0%
		9	Count	4	2	6
			% within Age	66.7%	33.3%	100.0%
		10	Count	2	1	3
			% within Age	66.7%	33.3%	100.0%
		11	Count	3	4	7
			% within Age	42.9%	57.1%	100.0%
		12	Count	2	1	3
			% within Age	66.7%	33.3%	100.0%
		13	Count	3	5	8
			% within Age	37.5%	62.5%	100.0%
		14	Count	4	3	7
			% within Age	57.1%	42.9%	100.0%
		15	Count	6	0	6
			% within Age	100.0%	.0%	100.0%
		16	Count	6	0	6
	% within Age	100.0%	.0%	100.0%		
17	Count	1	0	1		
	% within Age	100.0%	.0%	100.0%		
<b>Total</b>		Count	78	42	120	
		% within Age	65.0%	35.0%	100.0%	

**Crosstabulation 8: Child's Legal Status immediately prior to legal discharge \*  
Reunification within 12 Months? \* What cohort is child in (July, August, September =  
Cohort 1/October, November, December =Cohort 2)?**

Cohort	Child's Legal Status immediately prior to legal discharge		Reunification Within 12 Months?		
			Yes	No	Total
<b>3rd Quarter Discharge</b>	Committed (Abuse/Neglect/Uncared for)	Count	42	44	86
		%	48.8%	51.2%	100.0%
	Order of Temporary Custody (OTC)	Count	26	0	26
		%	100.0%	.0%	100.0%
	96 Hour Hold	Count	12	0	12
		%	100.0%	.0%	100.0%
Total	Count	80	44	124	
	%	64.5%	35.5%	100.0%	
<b>4th Quarter Discharge</b>	Committed (Abuse/Neglect/Uncared for)	Count	29	41	70
		%	41.4%	58.6%	100.0%
	Dually Committed	Count	0	1	1
		%	.0%	100.0%	100.0%
	Order of Temporary Custody (OTC)	Count	40	0	40
		%	100.0%	.0%	100.0%
	96 Hour Hold	Count	7	0	7
		%	100.0%	.0%	100.0%
	Commitment/FWSN	Count	1	0	1
		%	100.0%	.0%	100.0%
	DCF Custody Voluntary Services	Count	1	0	1
		%	100.0%	.0%	100.0%
Total	Count	78	42	120	
	%	65.0%	35.0%	100.0%	

In addition to descriptive demographics, the review looked at the reasons the child came into care. The reviewer was asked to capture all reasons for why the child entered the custody of the Department on the most recent entry into care for the episode we were reviewing. This was a multiple response question which allowed the inclusion of a combination of factors including, abuse, neglect, mental health of the parent or children, substance abuse of the parent or child, etc.

For Cohort 1, the highest rate of success (100%) occurred in the two cases reunifying children with a parent or guardian within the 12 month window cited as a case of "abandonment". In these two case scenarios, it was not a clear situation of abandonment as one would ordinarily define it. In the first case, the parent's own mental health issues were contributing to an inability to address her child's mental health needs and she reached a point at which she could no longer cope with her child's presenting issues. The family has had multiple episodes with the Department and the youth has since come back into care. Mother has always communicated with the youth and reunification is still being considered as a concurrent plan with even a keener eye now, as this child is approaching her eighteenth birthday and wishes to transition home. In the second scenario, the mother left her children with an inappropriate caretaker for four days. The step-parent, who had a protective order, issued in relation to the youth we reviewed as well as his siblings was involved in an act of family violence which brought police intervention which led to entry into care for substantiated neglect. This second episode in care was relatively brief and the case closed shortly thereafter.

In 2006, the rate of reunification in 12 months, when a child's primary source for reunification was involved with a substance abusing parent was 18.8%. Unlike the 2006 findings, the identification of parental substance abuse was not indicated the strongest likelihood of increased time in care. In the Cohort 1 - the Third Quarter 2011 Discharge Cohort, the rate of timely reunification for the children entering with a reason including parental substance abuse was drastically improved, to a rate of 70.4%. Unfortunately, the rate of timely reunification when the issue is the child's mental health, behavioral health or substance abuse had declined, to 36.4% for this cohort. A second causal factor for removal that proved less easily resolved to the point of timely reunification were instances including a substantiated physical abuse allegation.

**Table 2: Reasons for Child Entering Care - Cohort 1 (Third Quarter Discharge)**

Reasons for Child's Removal from Home (Multiple Response)	Reunification within 12 Months				
	Yes		No		Total
	Count	%	Count	%	Count
Abandonment/Parent's Whereabouts Unknown	2	100.0%	0	0%	2
Parent Incarceration	6	85.7%	1	14.3%	7
Domestic Violence	6	85.7%	1	14.3%	7
Other	9	75.0%	3	25.0%	12
Parent/Guardian's Substance Abuse	38	70.4%	16	29.6%	54
Substantiated Physical Neglect	45	64.3%	25	35.7%	70
Parent/Guardian's Mental Health	13	61.9%	8	38.1%	21
Sexual Abuse Allegation (Includes Substantiated/Unsubstantiated)	3	60.0%	2	40.0%	5
Substantiated Physical Abuse	7	58.3%	5	41.6%	12
Child's Mental Health, Behavioral Health or Substance Abuse Beyond Caretaker Ability	8	36.4%	14	63.6%	22

**Table 3: Cohort 1 "Other Reasons": (specific "Other Reason" cited for removal)**

Other Reason(s) Identified by Reviewer	Reunification within 12 Months		
	Yes	No	Total
Inadequate Housing	1	1	2
96 Hour hold invoked due to suspected abuse- later unsubstantiated	1	0	1
Conditions of home injurious to child's well-being.	0	1	1
Inconsistent story on "injury" to child	1	0	1
Infant's spiral fracture being investigated	1	0	1
To allow for licensing of relative caregiver	1	0	1
Mother ROI, left 4 children alone	1	0	1
Parents refused to cooperate - risk assessed removal necessary	1	0	1
Removal of guardian resulted in child on run away, delinquency	0	1	1
Runaway from Colorado	1	0	1
Suspected Neglect (risk designated removal appropriate)	1	0	1
All "Other"	9	3	12

On a positive note, in Cohort 2 - the Fourth Quarter 2011 Discharge sample, the rate of timely reunification for the children entering with a reason including parental substance abuse was 65.0%. The rate of reunification for children with mental health, behavioral health and substance abuse issues was accomplished with twelve months at a rate of 68.0% - this was much improved over the Third Quarter, Cohort 1 sample. In the Cohort 2 group, the children cited with a cause of abandonment, however, were more likely to still be in care after the 12-

month mark. This sample included abandonment cases which clear situations of parents being physically absent; situations in which the parent determined they no longer wished to participate in the care or active planning efforts to reunify with their child. Parent's incarceration also seemed to be more problematic in the planning efforts of this cohort. In the earlier Cohort 1 sample, factors such as the length of time served, the identification of relative resources, or the ability of non-custodial parents to step into the primary role, offered the child more timely reunification options that this Cohort 2 grouping did not appear to have. As a result, the success rates were documented at 50.0% timeliness for Cohort 2 vs. 85.7% in the earlier Cohort 1 sample in relation to the issue of incarcerated parents and 37.5% in regard to Abandonment vs. 100% in Cohort 1.

**Table 4: Reasons for Child Entering Care - Cohort 2 (Fourth Quarter Discharge)**

Reasons for Child's Removal from Home (Multiple Response)	Reunification within 12 Months				
	Yes		No		Total
	Count	%	Count	%	Count
Parent/Guardian's Death	1	100.0%	0	0.0%	0
Domestic Violence	7	87.5%	1	12.8%	8
Other	17	85.0%	3	15.0%	20
Substantiated Physical Abuse	12	70.5%	5	29.4%	17
Child's Mental Health, Behavioral Health or Substance Abuse Beyond Caretaker Ability	17	68.0%	8	32.0%	25
Parent/Guardian's Substance Abuse	26	65.0%	14	35.0%	40
Substantiated Physical Neglect	42	60.9%	27	39.1%	69
Parent/Guardian's Mental Health	15	55.6%	12	44.4%	27
Parent Incarceration	4	50.0%	4	50.0%	8
Abandonment/Parent's Whereabouts Unknown	3	37.5%	5	62.5%	8

**Table 5: Cohort 2 "Other Reasons" (specific "Other Reason" cited for removal)**

Other Reason(s) Identified by Reviewer	Reunification within 12 Months		
	Yes	No	Total
High Risk Newborn	4	0	4
Homeless/Inadequate Housing	2	1	3
Police Raid/Drug Bust	1	0	1
Abuse Allegations Required Removal/SDM Safety Assessment - Unsafe	3	0	3
Abuse allegation by relative in adoption process	1	0	1
Bench OTC	1	0	1
Child's Medical Needs	1	0	1
Requesting removal	3	1	4
Mother kidnapped child/Father failed to follow restraining order	0	1	1
Suspected Neglect (risk designated removal appropriate)	1	0	1
All "Other"	17	3	20

The length of the placement episode for a child in the Cohort 1 sample ranged from one day to 1,891 days, with a mean length of stay of 341 days; and a median length of stay of 285 days. The length of placement episode for a child in the Cohort 2 sample ranged from one day to 1,497 days, with a mean length of stay of 339 days; and a median length of stay of 257 days.

The majority of children within both cohort samples had two or less placements (with the mean for each being 2.02 and 2.03 respectively). Cohort 1 children had a range of one placement to eight placements during their episode in care. Cohort 2 had a range of one



placement to 11 placements. It was not surprising that children experiencing only one placement were more likely to reunify within the 12 month period than those having more placements.

Surprisingly, in Cohort 1, those children with three placements fared less well in achieving a successful timely reunification within the 12 month timeframe (7.7%) than those with 6 placements (40.0%). Clearly each quarter's results show that as the number of placement settings increased, the overall likelihood of successful reunification in 12 month window of the measure decreases.

**Crosstabulation 9: How many placement settings did child in Cohort 1 (Third Quarter 2011 Discharge) have during the episode ending in reunification for Children during the Third Quarter? \* Reunification within 12 Months?**

How many placement settings did child have during the episode ending in reunification during this quarter?		Reunification Occurring Within 12 Months?		
		Yes	No	Total
<b>1</b>	Count	51	8	59
	%	86.4%	13.6%	100.0%
<b>2</b>	Count	22	15	37
	%	59.5%	40.5%	100.0%
<b>3</b>	Count	1	12	13
	%	7.7%	92.3%	100.0%
<b>4</b>	Count	4	3	7
	%	57.1%	42.9%	100.0%
<b>5</b>	Count	0	1	1
	%	.0%	100.0%	100.0%
<b>6</b>	Count	2	3	5
	%	40.0%	60.0%	100.0%
<b>7</b>	Count	0	1	1
	%	.0%	100.0%	100.0%
<b>8</b>	Count	0	1	1
	%	.0%	100.0%	100.0%
<b>Total</b>	Count	80	44	124
	%	64.5%	35.5%	100.0%

**Crosstabulation 10: How many placement settings did child in Cohort 2 have during the episode ending in reunification during the Fourth Quarter? \* Reunification within 12 Months?**

How many placement settings did child have during the episode ending in reunification during this quarter?		Reunification Within 12 Months?		
		Yes	No	Total
<b>1</b>	Count	53	10	63
	%	84.1%	15.9%	100.0%
<b>2</b>	Count	16	13	29
	%	55.2%	44.8%	100.0%
<b>3</b>	Count	5	6	11
	%	45.5%	54.5%	100.0%
<b>4</b>	Count	4	4	8
	%	50.0%	50.0%	100.0%
<b>5</b>	Count	0	5	5
	%	.0%	100.0%	100.0%
<b>6</b>	Count	0	1	1
	%	.0%	100.0%	100.0%
<b>7</b>	Count	0	1	1
	%	.0%	100.0%	100.0%
<b>9</b>	Count	0	1	1
	%	.0%	100.0%	100.0%
<b>11</b>	Count	0	1	1
	%	.0%	100.0%	100.0%
<b>Total</b>	Count	78	42	120
	%	65.0%	35.0%	100.0%

While the number of placements may be a factor in the timeliness of reunification, the type or treatment level of those placements experienced also may be of impact toward timely reunification. This review looked at both the primary placement experience (that the child experienced for greater than 50% of his or her placement episode) as well as the last placement prior to reunification. The resulting tables show that data for each cohort.

It is noted that the Private Provider foster home subsample shows a markedly less successful achievement rate than those in both regularly licensed foster homes and those in congregate care settings. Children that experienced the most multiple moves of those reviewed were identified with the primary placement being private foster care over the episode. These may have taken place within the same provider level as well as along the spectrum of service array to reach the therapeutic level. As we have often commented in the past, documentation within the LINK record needs to be improved regarding placement contacts with this provider group, as there is often too little information as to what specific contracted services and supports are being implemented in the homes. Our Outcome Measure 15 reports have noted these issues related to consistency in the level of supports and services within the private foster care array: access to community supports, adolescent life skills planning, recreational afterschool planning, etc....seemingly abrupt moves or disruptions in foster homes, or lengthy respites or moves to congregate temporary settings.

**Crosstabulation 11: Primary Placement Type (>50% of Episode) for Child in Cohort 1 \*  
 Reunification within 12 Months?**

Primary Placement Type (>50% of Episode)		Reunification Within 12 Months?		
		Yes	No	Total
<b>In-state DCF Relative Foster Care</b>	Count	26	9	35
	%	74.3%	25.7%	100.0%
<b>In-state DCF Non-Relative Foster Care</b>	Count	37	16	53
	%	69.8%	30.2%	100.0%
<b>In-state Private Provider Foster Care</b>	Count	1	5	6
	%	16.7%	83.3%	100.0%
<b>In-state Residential</b>	Count	3	7	10
	%	30.0%	70.0%	100.0%
<b>In State Hospital</b>	Count	1	0	1
	%	100.0%	.0%	100.0%
<b>Out-of-State Relative Foster Care</b>	Count	1	0	1
	%	100.0%	.0%	100.0%
<b>Out-of-State Residential</b>	Count	1	1	2
	%	50.0%	50.0%	100.0%
<b>Shelter</b>	Count	1	0	1
	%	100.0%	.0%	100.0%
<b>SAFE Home</b>	Count	3	2	5
	%	60.0%	40.0%	100.0%
<b>Group Home</b>	Count	1	1	2
	%	50.0%	50.0%	100.0%
<b>STAR Home</b>	Count	2	1	3
	%	66.7%	33.3%	100.0%
<b>Other Placement</b>	Count	3	2	5
	%	60.0%	40.0%	100.0%
<b>Total</b>	Count	80	44	124
	%	64.5%	35.5%	100.0%

**Crosstabulation 12: Primary Placement Type (>50% of Episode) for Child in Cohort 2 \*  
Reunification within 12 Months?**

Primary Placement Type (>50% of Episode)		Reunification Within 12 Months?		
		Yes	No	Total
In-state DCF Relative Foster Care	Count	16	5	21
	%	76.2%	23.8%	100.0%
In-state DCF Non-Relative Foster Care	Count	42	20	62
	%	67.7%	32.3%	100.0%
In-state Private Provider Foster Care	Count	3	7	10
	%	30.0%	70.0%	100.0%
In-state Residential	Count	4	4	8
	%	50.0%	50.0%	100.0%
Out-of-State Relative Foster Care	Count	0	1	1
	%	0%	100.0%	100.0%
Out-of-State Residential	Count	0	1	1
	%	0%	100.0%	100.0%
Home of Biological Parent, Adoptive Parent or Guardian on Trial Home Visit	Count	1	0	1
	%	100.0%	0.0%	100.0%
Shelter	Count	1	0	1
	%	100.0%	.0%	100.0%
SAFE Home	Count	5	0	5
	%	100.0%	0.0%	100.0%
Group Home	Count	0	1	1
	%	0.0%	100.0%	100.0%
STAR Home	Count	2	0	2
	%	100.0%	0.0%	100.0%
Other Placement	Count	4	3	7
	%	57.1%	42.9%	100.0%
Total	Count	78	42	120
	%	65.0%	35.0%	100.0%

The role of the courts was also considered, as a potential factor in the timeliness of reunification. In all 11 cases in which the court decided to return the child to the parent or relative contrary to DCF recommendations, this occurred prior to the 12 month mark in care. This happened most frequently in Region III.

**Crosstabulation 13: Did the court decide to reunify the child in Cohort 1 contrary to  
DCF recommendations? \* DCF Regional Office \* Reunification within 12 Months?**

Reunification Within 12 Months?	Did the court decide to return the child contrary to DCF recommendations?	DCF Regional Office						Total
		Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	
Yes	Yes	1	2	5	1	2	0	11
	No	9	9	14	15	12	10	69
	<b>Total</b>	10	11	19	16	14	10	80
No	No	3	5	6	14	11	5	44
	<b>Total</b>	3	5	6	14	11	5	44

In the Cohort 2 cases, there appeared to be more equity in the extent to which the court decided to return the child to the parent or relative contrary to DCF recommendations across the state. All but one of the 11 instances included a reunification within the 12 month requirement. The one case outside of the 12 month window occurred in Region 3. During this quarter, Region 4 had the most decisions made contrary to DCF recommendations, with three children reunified against DCF recommendations.

**Crosstabulation 14: Did the court decide to return the child in Cohort 2 contrary to DCF recommendations? \* DCF Regional Office \* OM.11. Reunification within 12 Months?**

Reunification Within 12 Months?	Did the court decide to return the child contrary to DCF recommendations?	DCF Regional Office						Total
		Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	
Yes	Yes	1	1	1	3	2	2	10
	No	5	9	17	20	10	7	68
	<b>Total</b>	6	10	18	23	12	9	78
No	Yes	0	0	1	0	0	0	1
	No	4	6	2	14	4	11	41
	<b>Total</b>	4	6	3	14	4	11	42

**Case Planning**

In each quarter, there was evidence that the regions were implementing increased efforts to engage families in active case planning for the reunification of their children as well as concurrently planning for alternate options where this was necessary. This more intensive engagement effort in case planning and pursuit of concurrent efforts often is the result of assessment that has determined that the level of progress has not been significant enough to only pursue reunification given the timelines for permanency that ASFA requires for children in the Department's custody. As evidenced in the crosstabulation below, it can be seen that in addition to cases that reflected no engagement activities in the Cohort 1 group, both cohorts had the lowest rate of success in those cases with the more intensive family conferencing efforts to engage (53.7% and 44.7% respectively). Both cohorts failed to achieve reunification at a 60% rate for within their cohort for those with a stated concurrent goal (Cohort 1 = 53.8% and Cohort 2 = 54.0%).

**Crosstabulation 15: Is there evidence that case planning engagement activities were attempted by DCF in working with the parent/guardian to successfully discharge child from care/reunify child? \* Reunification within 12 Months? \* What cohort does OM5b place child into (July, August, September = Cohort 1/October, November, December = Cohort 2)?**

Cohort	Is there evidence that case planning engagement activities were attempted by DCF in working with the parent/guardian to successfully discharge child from care/reunify child?	Reunification Within 12 Months?			
		Yes	No	Total	
<b>Cohort 1 - 3rd Quarter Discharge</b>	Both Family Conferencing and Other Engagement Activities Attempted	Count	36	31	67
		%	53.7%	46.3%	100.0%
	Family Conferences not attempted, other engagement activities were recorded in LINK	Count	18	11	29
		%	62.1%	37.9%	100.0%
	No Family Conference/Other Engagement Activities Attempted per documentation in LINK	Count	1	2	3
		%	33.3%	66.7%	100.0%
	N/A - Child was discharged and reunified prior to requirement to approve case plan	Count	25	0	25
		%	100.0%	.0%	100.0%
	Total	Count	80	44	124
		%	64.5%	35.5%	100.0%
<b>Cohort 2 - 4th Quarter Discharge</b>	Both Family Conferencing and Other Engagement Activities Attempted	Count	21	26	47
		%	44.7%	55.3%	100.0%
	Only Family Conferencing Attempted	Count	3	1	4
		%	75.0%	25.0%	100.0%
	Family Conferences not attempted, other engagement activities were recorded in LINK	Count	32	13	45
		%	71.1%	28.9%	100.0%
	No Family Conference/Other Engagement Activities Attempted per documentation in LINK	Count	3	2	5
		%	60.0%	40.0%	100.0%
	N/A - Child was discharged and reunified prior to requirement to approve case plan	Count	19	0	19
		%	100.0%	.0%	100.0%
Total	Count	78	42	120	
	%	65.0%	35.0%	100.0%	

**Crosstabulation 16: Did SW manage case so that Reunification and a Concurrent goal were both actively being pursued? \* Reunification within 12 Months? \* What cohort is child in (July, August, September = Cohort 1/October, November, December = Cohort 2)?**

Cohort	Did SW manage case so that Reunification and a Concurrent goal were both actively being pursued?	OM.11. Reunification Within 12 Months?			
			Yes	No	Total
3rd Quarter Discharge	Yes - stated concurrent plan and both plans were being pursued	Count	19	17	36
		%	52.8%	47.2%	100.0%
	No- a Concurrent Plan existed but it was not pursued	Count	30	24	54
		%	55.6%	44.4%	100.0%
	UTD - There was no approved case plan in place for the period under review	Count	0	1	1
		%	.0%	100.0%	100.0%
	<i>Total Applicable Cases</i>	Count	49	42	91
		%	53.8%	46.2%	100.0%
	N/A - There was no Concurrent Plan Required per Policy	Count	6	2	8
		%	75.0%	25.0%	100.0%
N/A - Child Discharge Prior to Requirement for Case Plan Approval	Count	25	0	25	
	%	100.0%	0%	100%	
4th Quarter Discharge	Yes - stated concurrent plan and both plans were being pursued	Count	25	20	45
		%	55.6%	44.4%	100.0%
	No- a Concurrent Plan existed but it was not pursued	Count	21	20	41
		%	51.2%	48.8%	100.0%
	UTD - There was no approved case plan in place for the period under review	Count	1	0	1
		%	100.0%	0.0%	100.0%
	<i>Total Applicable Cases</i>	Count	47	40	87
		%	54.0%	46.0%	100.0%
	N/A - There was no Concurrent Plan Required per Policy	Count	5	2	7
		%	71.4%	28.6%	100.0%
N/A - Child Discharge Prior to Requirement for Case Plan Approval	Count	26	0	26	
	%	100.0%	0.0%	100.0%	

The review looked at services and visitation offered to families in preparation for successful and timely reunification. The documentation shows that visitation was increased in frequency and duration in preparation for reunification in 97 (89.0%) of the Cohort 1 cases and 91 (83.5%) of the Cohort 2 cases (Percentages reflect applicable cases). The cases that implemented such scheduling with planful visitation and increasing frequency (supervised to unsupervised), were often among those that did not meet the measure within the 12 month time frame (approximately 56-58% of those that did not meet the measure demonstrated planful, increased visits with the parent or guardian to whom the child reunified.) The reviewers also looked at whether the Department conducted overnight visitation prior to reunification and whether this impacted the timeliness of reunification. This was documented in only 77 cases in Cohort 1 and 71 cases in Cohort 2. The rate of timely reunification within these cases was 51.9% and 45.1% respectively.

In addition to such services as substance abuse treatment and mental health service from community providers for both parents and children, the Department referred out families to intensive in-home services to assist with reunification. The fourth quarter cohort receiving the services did achieve timely reunification at a rate of 70.5% while those in the third quarter were just shy of the measure at 58.8%.

**Crosstabulation 17: OM.11. Reunification within 12 Months? \* Indicate if any intensive in-home service was implemented upon the child's physical return to the home \* What cohort is child in (July, August, September = Cohort1/October, November, December =Cohort 2)?**

Cohort	Reunification within 12 Months?	Intensive in-home service was implemented upon the child's physical return to the home?				
		No		Yes		Total
3rd Quarter Discharge	Yes	33	41.3%	47	58.8%	80
	No	12	27.3%	32	72.7%	44
	<b>Total</b>	45	33.3%	79	63.7%	124
4th Quarter Discharge	Yes	23	29.5%	55	70.5%	78
	No	8	19.1%	34	80.9%	42
	<b>Total</b>	31	25.8%	89	74.2%	120

These services, and a corresponding indication as to whether the child reunified timely are provided for each quarter's cohort below (please note more than one service could have been involved in an individual case - this was a multiple response question):



**Crosstabulation 18: Reunification within 12 Months for Cohort 1 (July/August/September) \* What Intensive Services were Provided following the child's reintroduction to the parent or guardian's home to Assist with Reunification**

<b>Referred Intensive Service</b>	<b>Yes</b>		<b>No</b>		<b>Total</b>	
Casey PPSP - Reunification Services	1	100.0%	0	0.0%	1	100.0%
MDFI	1	100.0%	0	0.0%	1	100.0%
Mental Health - Adult	1	100.0%	0	0.0%	1	100.0%
Substance Abuse Treatment - Adult Inpatient	3	100.0%	0	0.0%	3	100.0%
DMHAS for Adolescent Mental Health transition	1	100.0%	0	0.0%	1	100.0%
Mother & son Substance Abuse Treatment program	1	100.0%	0	0.0%	1	100.0%
DV Shelter	1	100.0%	0	0.0%	1	100.0%
Recovery Case Management	1	100.0%	0	0.0%	1	100.0%
In Home Services to Parents while ongoing work to TOG to PGM (latter achieved)	1	100.0%	0	0.0%	1	100.0%
Visiting Nurse Services	1	100.0%	0	0.0%	1	100.0%
Intensive Family Preservation	8	72.7%	3	27.4%	11	100.0%
Family Enrichment Services	4	66.7%	2	33.3%	6	100.0%
Reconnecting Families	22	52.4%	20	47.6%	42	100.0%
FST	1	50.0%	1	50.0%	2	100.0%
IICAPS	2	40.0%	3	60.0%	5	100.0%
Connect to Kids (Family Educator)	1	33.3%	2	66.7%	3	100.0%
Multi-Systemic Therapy (MST)	0	0.0%	1	100.0%	1	100.0%
In-Home Parent Educator	0	0.0%	1	100.0%	1	100.0%
Collaboration with Special Education regarding mental health, behavioral health	0	0.0%	1	100.0%	1	100.0%
My People's Clinical Reunification Program	0	0.0%	1	100.0%	1	100.0%
Parenting Coach	0	0.0%	1	100.0%	1	100.0%
In Home Services/DV Counseling	0	0.0%	1	100.0%	1	100.0%

**Crosstabulation 19: Reunification within 12 Months for Cohort 2 (October/November/December)\* What Intensive Services were Provided following the child's reintroduction to the parent or guardian's home to Assist with Reunification**

Referred Intensive Service	Yes		No		Total	
Building Stronger Families (BSF)	2	100.0%	0	0.0%	2	100.0%
FBRP (St. Raphael's)	2	100.0%	0	0.0%	2	100.0%
Creative Interventions	1	100.0%	0	0.0%	1	100.0%
Parent Educator	1	100.0%	0	0.0%	1	100.0%
Mother & child in Substance Abuse Treatment program	1	100.0%	0	0.0%	1	100.0%
In Home Counseling - Family	2	100.0%	0	0.0%	2	100.0%
Supportive Housing	1	100.0%	0	0.0%	2	100.0%
Parenting Coach	1	100.0%	0	0.0%	1	100.0%
Multi-Systemic Therapy (MST)	2	100.0%	0	0.0%	2	100.0%
FES	2	100.0%	0	0.0%	2	100.0%
In-Home Family Services (not IFP)	4	66.7%	2	33.3%	6	100.0%
My People's Clinical Reunification Services	2	66.7%	1	33.3%	3	100.0%
Intensive Family Preservation (IFP)	12	66.7%	6	33.3%	18	100.0%
IICAPS	3	60.0%	2	40.0%	5	100.0%
Reconnecting Families	19	52.8%	17	47.2%	36	100.0%
MDFT	1	33.3%	2	66.7%	3	100.0%
"R Kids" - Reunification Services	0	0.0%	2	100.0%	2	100.0%
Abundant Family Reunification Services	0	0.0%	1	100.0%	1	100.0%
Alternative Services, Inc. (ASI)	0	0.0%	1	100.0%	1	100.0%
Jewish Family Services PPSP Reunification Services	0	0.0%	2	100.0%	2	100.0%
Parent Aide	0	0.0%	1	100.0%	1	100.0%
All Pointe Supervised Visitation	0	0.0%	1	100.0%	1	100.0%

The quality of supervision, in relation to the achievement of the reunification, was also explored. Our review asked the following data collection questions:

- Do supervisory conference notes indicate that the SWS discussed risk factors relevant to ensuring a safe and stable reunification during the last ACR cycle planning period (maximum of six months) leading up to the child's Reunification (legal discharge)?
- Did the Social Work Supervisor document directives on how to proceed with the cast to minimize the risks identified during the six month period leading up to the child's reunification (legal discharge)?
- In the reviewer's opinion were there risk factors identifiable through the reading of the documentation for the case that were not addressed within the SWS conferences entered during the planning cycle in which this child achieved reunification? Explain.
- Reading all of the narratives related to the case events during the case planning cycle leading up to the child's reunification, does the reviewer feel that the supervision provided was: Excellent, Good, Poor, Negligible?

This is how the Department fared in relation to the questions posited.

**Crosstabulation 20: Do SC notes indicate that SWS/SW discussed risk factors relevant to ensuring safe/stable Reunification during the last ACR planning cycle period (max 6 months) leading to Reunification (legal discharge)? \* Did the SWS document clear directives on how to proceed with the case to minimize identified risks during 6 month period leading to reunification (legal discharge)? \* Reunification within 12 Months for Cohort 1?**

Reunification Within 12 Months with Cohort 1?	Do SWS notes indicate that SWS/SW discussed risk factors relevant to ensuring safe/stable Reunification during the last ACR planning cycle period (max 6 months) leading to Reunification (legal discharge)?		Did the SWS document clear directives on how to proceed with the case to minimize identified risks during 6 month period leading to reunification (legal discharge)?		
			Yes	No	Total
Yes	Yes	Count	57	7	64
		%	89.1%	10.9%	100.0%
	No	Count	0	7	7
		%	.0%	100.0%	100.0%
	Total	Count	57	14	71
		%	80.3%	19.7%	100.0%
No	Yes	Count	34	5	39
		%	87.2%	12.8%	100.0%
	No	Count	0	2	2
		%	.0%	100.0%	100.0%
	Total	Count	34	7	41
		%	82.9%	17.1%	100.0%

*Cohort 1 total includes 124 children while the Crosstabulation above speaks to 112. Three cases had no SWS conferences documented within the case record in the period of review prior to reunification. Nine cases were identified as have "no risk" therefore required no additional directives or safety planning intervention/directives by SWS.*

The reviewers opinion in regard to the risk through the filtered lens provided by LINK documentation found that in 24.7% of the Cohort 1 cases that reunified timely our reviewers thought there were risks that had not been addressed prior to that reunification. The rate was 20.5% in those cases that reunified outside of the 12 month period. Norwalk had the most concerning rate at which reviewers expressed disagreement with the level of attention to risk within the documentation. On the opposite end of the spectrum, Danbury appeared to document their Social Work Supervisory SDM and directives in these matters with clarity and purpose for the social worker to address the risks they identified within their work with the children and families in the sample.

**Crosstabulation 21: Do SC notes indicate that SWS/SW discussed risk factors relevant to ensuring safe/stable Reunification during the last ACR planning cycle period (max 6 months) leading to Reunification (legal discharge)? \* Did the SWS document clear directives on how to proceed with the case to minimize identified risks during 6 month period leading to reunification (legal discharge)? \* Reunification within 12 Months for Cohort 2?**

Reunification Within 12 Months with Cohort 2?	Do SC notes indicate that SWS/SW discussed risk factors relevant to ensuring safe/stable Reunification during the last ACR planning cycle period (max 6 months) leading to Reunification (legal discharge)?		Did the SWS document clear directives on how to proceed with the case to minimize identified risks during 6 month period leading to reunification (legal discharge)?		
			Yes	No	Total
Yes	Yes	Count	47	7	54
		%	87.0%	13.0%	100.0%
	No	Count	0	10	10
		%	.0%	100.0%	100.0%
	Total	Count	47	17	64
		%	73.4%	26.6%	100.0%
No	Yes	Count	24	7	31
		%	77.4%	22.6%	100.0%
	No	Count	1	2	3
		%	33.3%	66.7%	100.0%
	Total	Count	25	9	34
		%	73.5%	26.5%	100.0%

*Cohort 2 total includes 120 children while the Crosstabulation above speaks to 98. One cases had no SWS conferences documented within the case record in the period of review prior to reunification. Twenty-one cases were identified as have "no risk" therefore required no additional directives or safety planning intervention/directives by SWS.*

When looking at those in the 4<sup>th</sup> quarter discharge cohort, or Cohort 2, the rate at which reviewers identified additional unaddressed risk was 20.8% for those that were timely reunifications and 28.6% for those that were not timely, or achieved outside of the 12 month timeline. Norwalk again had the most concerning rate at which reviewers expressed disagreement with the level of attention to risk within the documentation.

Some of the positive examples of supervisory oversight cited are:

- Supervision narratives cited appropriate facts/assessment and gave directives to contact collateral providers and to assess all family members.
- Good assessments and appropriate directives. Conferences contained updates that might not have been known as the social worker documentation was somewhat sparse.
- Good directives, held monthly. Problem was lack of Social Worker follow through.
- Excellent case consult and letter from consultant Dr. Levethal, YNHH that verified that the parent's explanation was plausible.
- The Social Work Supervisor did a good job of making sure it was put on the court record that paternal grandmother and paternal uncle could not have unsupervised contact with child during unsupervised visits with parents in New York.
- Monthly supervision was documented. A youth was residing at a residential treatment in MA. Mother moved to RI. ICPC became involved and had to approve mother as a placement. Social Work Supervisor kept involved.

- Monthly supervision was documented with appropriate directives cited. Follow up on social work supervisor directives were addressed in narrative.
- Child was in placement a very short period of time, yet there was much discussion of risks and reasons for filing. Social Work Supervisor advised Social Worker to get legal consult and an Area Resource Group consult occurred as well.
- The Social Work Supervisor was involved during investigations. The protocol outlined his presence during a home visit with father and paternal aunt outlining DCF procedures and policies. Supervisory conferences were documented per policy in LINK narrative.
- Case conferences with the baby's hospital doctor and the risk of mom and baby both withdrawing, and that stress on mom was discussed. Dr. did not feel safe with infant being with mom during that period. An OTC sought and granted.
- Social Worker and Social Work Supervisor did a good job of assessing this case situation. The father had complied with all services and was doing great with visitation, and service completion.
- Risk factors were appropriately addressed as child's sibling exhibited some red flags for possible sexual abuse and CAIT team was recommended.
- Supervision was very aware of all aspects of this case and met regularly with Social Worker to ensure all services were being provided as needed and all risks addressed. Social Work Supervisor and Social Worker contact increased as reunification approached. Supervision was pointed in directing Social Worker to support mother through referrals to substance abuse treatment, mental health services and supportive housing. Family support was gained to allow mother to live with maternal great grandmother during the reunification process and Intensive Family Preservation was also put in place. However, mother was clearly stating she was unsure at her stability/ability. She mentioned more than once her lack of insurance was causing delays in medication management. Though instructed to contact DSS, this critical issue was not focused on again until it became critical.

**Some of the examples which showed practice needing improvement are:**

- Supervisory conferences were boilerplate in nature; citing the same directives over time and not presenting a reunification plan with father although this was the direction the case was heading as reunification with mother had failed. Father's history was not addressed regarding his substance abuse and the need to assess the level to which he is involved in services. No collateral contacts had been documented and this was not raised by the Social Work Supervisor.
- Only two Social Work Supervisor conferences were included in the entire six months. Child returned home during this period with very little documented discussion of any risks.
- The youth visited with mother and refused to return to foster home. There were no Social Work Supervisor directives around visiting the mother's home or trying to engage this youth to return to the foster home so a planful transition to mother's home could be done or to allow time for in-home services to be put in. Child reunified by default.
- Child was only placed briefly and went home before Intensive Family Preservation services or any parenting program was in place. There was no discussion of home's

appropriateness for a baby, although worker was asked to conduct a visit. There was no follow up and it was not documented.

- Given that child came into care on 96 hour hold due to mother's incarceration, and given her vast history of criminal activity and CPS involvement in other states including children's placement in CPS care, the Social Work Supervisor documentation does not adequately address all risk factors prior to moving forward on reunification.
- Child has had suicidal ideations within past six months while in residential care (requiring hospitalization once). It was not adequately documented that the Social Work Supervisor addressed with Social Worker that a conversation was directly had with mother regarding these issues and how she can utilize community resources to manage her child's mental health and how she can handle these behaviors should they surface after child's return home.
- Investigation protocol outlined the necessary services, and parents weren't cooperating with DCF prior to domestic violence incident that led to the 96 hour hold. It is unclear what has changed or why the level of risk is felt to be less.
- The child returned home following the 96 hour hold then there was no documented contact for over one month. There were no directives as to what SWS expectations are of SW in the upcoming period in regard to the infant and older sibling given parents domestic violence history and substance use. This seems a lack of risk assessment and poor case management altogether.
- Supervision did not adequately address Mother's extreme anxiety disorder which led to DCF's initial involvement and eventual removal of child. Mother has a history of self medication with illegal substances to alleviate her anxiety, mother further has a lack of resources and social support. Also not addressed are the child's mental health diagnosis of PDD and the mother's lack of understanding of that diagnosis and the necessary treatment.
- Supervisory conference notes are very superficial. The only directive during the period was to file TPR which became moot after the court ordered psychological recommended reunification. There was no discussion of the reunification process in Social Work Supervisor conference notes.
- There were many reviewer concerns noted regarding visits, sleeping arrangements during visits and father's lack of consistency after reading the Social Worker entries. The Social Worker did address these issues, but there is no evidence of Social Work Supervisor oversight or awareness of the risks and safety.
- Mother appeared to be arrested for drugs yet no discussion, resolution or evaluation noted. Many other issues regarding child's behavior and safety were addressed but not all of them. Child's return home seemed to be not well thought out rather convenient because of issue in foster family.
- Ongoing concerns of Domestic Violence in the home, marital discord, concerns with parent's resource management and possible eviction appear to be taking a toll on mother's mental health and possible Substance Abuse. The history of father's physical abuse of sibling (which led to children's removal in 4/11) did not appear to be given appropriate weight.

Reviewers' assessment of the overall quality of the case practice, taking into account the work of both the Social Worker and Social Work Supervisor as documented in LINK and his or her assessment of whether it appeared from all data reviewed that the reunification was in the best interest of the child at the time it was instituted, were collected. In both categories Cohort 1 sample children fared slightly better than their counterparts in Cohort 2. In regard to whether the reunification was in the best interest of the child, our reviewers stated, in fact that 91.1% (113) of the Cohort 1 children and 83.3% of the Cohort 2 children had reunifications in which it appeared that all factors related to well being, and relevant risk and safety were considered and the timing and decisions were appropriate.

**Crosstabulation 22: Considering all of the factors above and your review of the relevant risk/safety factors, in your opinion was reunification in the best interest of this Cohort 1 child? \* Reunification within 12 Months?**

Considering all of the factors above and your review of the relevant risk/safety factors, in your opinion was reunification in the best interest of this child?		Reunification Within 12 Months?		
		Yes	No	Total
<b>Yes</b>	Count	72	41	113
	%	90.0%	93.2%	91.1%
<b>No</b>	Count	8	3	11
	%	10.0%	6.8%	8.9%
<b>Total</b>	Count	80	44	124
	%	100.0%	100.0%	100.0%

**Crosstabulation 23: Considering all of the factors above and your review of the relevant risk/safety factors, in your opinion was reunification in the best interest of this Cohort 2 child? \* Reunification within 12 Months?**

Considering all of the factors above and your review of the relevant risk/safety factors, in your opinion was reunification in the best interest of this child?		Reunification Within 12 Months?		
		Yes	No	Total
<b>Yes</b>	Count	64	36	100
	%	82.1%	85.7%	83.3%
<b>No</b>	Count	14	6	20
	%	17.9%	14.3%	16.7%
<b>Total</b>	Count	78	42	120
	%	100.0%	100.0%	100.0%

The quality of the case practice was also reviewed, and in both quarters greater than 65% had a either very good or optimal ranking in relation to case practice. However, the case practice within the Cohort 1 sample was ranked slightly higher, with 12.1% Optimal and 66.1% Very Good, for a total of 78.2% in the upper scoring ranges, while Cohort 2 had Optimal scores in 15.0% of the cases and Very Good in 50.8% of the cases for a total of 65.8% of the cases in the upper scoring ranges. There were more poor rankings in the Cohort 2 group, with 9.2% of the sample scoring in the poor range versus 1.6% of the sample in the Cohort 2 group.

**Crosstabulation 24: Overall quality of Case Practice within this Cohort 1 during placement episode ending in reunification? \* Reunification within 12 Months?**

Overall quality of Case Practice during placement episode ending in reunification?		Reunification Within 12 Months?		
		Yes	No	Total
<b>Optimal</b>	Count	11	4	15
	%	13.8%	9.1%	12.1%
<b>Very Good</b>	Count	53	29	82
	%	66.3%	65.9%	66.1%
<b>Marginal</b>	Count	15	10	25
	%	18.8%	22.7%	20.2%
<b>Poor</b>	Count	1	1	2
	%	1.3%	2.3%	1.6%
<b>Total</b>	Count	80	44	124
	%	100.0%	100.0%	100.0%

**Crosstabulation 25: Overall quality of Case Practice within this Cohort 2 Case Sample during placement episode ending in reunification? \* Reunification within 12 Months?**

Overall quality of Case Practice during placement episode ending in reunification?		Reunification Within 12 Months?		
		Yes	No	Total
<b>Optimal</b>	Count	11	7	18
	%	14.1%	16.7%	15.0%
<b>Very Good</b>	Count	43	18	61
	%	55.1%	42.9%	50.8%
<b>Marginal</b>	Count	18	12	30
	%	23.1%	28.6%	25.0%
<b>Poor</b>	Count	6	5	11
	%	7.7%	11.9%	9.2%
<b>Total</b>	Count	78	42	120
	%	100.0%	100.0%	100.0%

**Some Optimal Score Scenarios are:**

- A 96 Hour Hold was invoked by Investigations. Investigations Social Worker made several narrative entries and reviewer noted one well narrated entry by Investigations Program Manager as well. As case transferred there were more meetings between DCF staff documented. Two supervisory conferences and a managerial case review for direction. Mother cleaned the unsanitary conditions within the home, agreed to services (IFP) and upon verification of her compliance with these actions, children were reunified. There has been one unsubstantiated report since the time of closing.
- Reports received from the in-home service provider were pulled into Social Worker's assessment to determine that mother was able to meet babies' needs prior to discharge from her own hospitalization. Social Worker Supervisor documented excellent case conferences on risks and services needed. Appropriate services were then put in place. SCJM and Area Resource Group utilized. Case closed in June 2012. One year later case is open with children in relative care as mother has had mental health relapse, and a call came into the Careline to report her behaviors. However, it is important to note that case was not substantiated as she made appropriate family plans prior to spiraling into depressive state. Goal is reunification.
- Outstanding documentation was noted by the reviewer. Specifically, the narrative was clear in regard to risks, identifies services, gives direction and supervision appears to be informative with follow up noted afterward. Casework is perceptive and assessment appears accurate given information entered.



- This case was opened in September 2011. Good collaboration. Each parent was assessed and provided access to services which they were not willing to engage. Paternal Grandmother was identified as a resource for transfer of guardianship which was granted with agreement from all parties. Case closed in December 2011.
- Very well documented and managed case involving child with severe mental health issues. Department addressed safety issues that were present in the mother's home and moved swiftly to reunify with father once mother was deemed inappropriate. Department worked closely with father to ensure successful reunification and re-entry of child in community with services post-residential treatment. Case has remained closed.
- This was a very complex case, very well handled and reflecting good case management. The Social Work Supervisor did an excellent job keeping involved with case: including contact with family and providers and direction to Social Worker. Excellent work was done by Social Worker. Many providers and family members were involved. The services involved were appropriate and Social Worker maintained close contact with all prior to and throughout the reunification process. Case remains closed.
- Timely and quality visits with parents, child, maternal grandmother and providers. Excellent planning on all levels. Case remains closed.
- DCF provided the family with Intensive In-Home Services, Supportive Housing and In-home parent educator. Social Worker kept in regular contact with these service providers and family. Domestic Violence consultant was also involved and assisted with safety planning. Case has remained open to monitor compliance with mental health treatment and parenting. Sibling group of two came back into care when mother's mental health cycled downward in July 2012 where they remain to date. Reunification unlikely with mother, father being considered upon release from prison. Visitation ongoing with parents and grandparents.
- Twice a month if not more child in placement and parental visits. School was contacted regarding transitional planning. Collaboration with providers documented. Excellent supervision. Case remains closed.
- Social Worker provided all essential case practice requirements to move case timely. In addition, LINK documentation indicates Social Work Supervisor full knowledge and involvement with case, giving clear and appropriate directives with follow up as necessary. Case remains closed.
- Accurate and complete SDM, great supervisory conference notes. Appropriate use of service providers, great follow-up between Social Worker and those service providers. Excellent job all around. Case remains closed.
- Mom's refusal to end domestically violent relationship extended the time her children spent in care. Outside providers, probation, Program Manager, Social Work Supervisor, Social Worker, and Area Resource Group Specialist all worked with mom to make reunification happen. Child was in care 18 months with DCF continuing to assess and address. Though not meeting the measure, a success. Case remains closed.
- Some of the best case management this reviewer has ever seen. All contacts were made in accordance with practice expectations or more, and well documented. (Need dictated the contact with family and children.) All follow up was done in a timely fashion. Case remains closed.

- A 96 hour hold was invoked due to child's behavioral issues. The mother was unwilling to have child remain home due to her violent and threatening behaviors. The hold was revoked within 24 hours due to DCF Social Worker and mother collaboratively admitting her child to short term therapeutic program via the mother's insurance. Case remains closed.

**Some of the Poor Score Scenarios were:**

- A case involved a child who was placed due to mother's mental health issues as well as a history of self medicating with illegal substances. Mother's mental health was not adequately assessed or addressed during time of child's placement. The child was diagnosed with Pervasive Developmental Disorder while in care. The mother refused to accept that diagnosis and continually minimized child's issues as well as her own dual diagnosis. There was no ongoing effort to engage father in case planning. There is documentation that father requested visits with child early in the placement but this was never pursued by DCF. DCF told mother on 6/2/11 that she needed to successfully complete a substance abuse treatment program (intensive IOP recommended) prior to a reunification program being put in place. However, a reunification program began 6/20/11. Mother never attended the recommended Intensive Outpatient program and in fact did not begin substance abuse treatment of any kind until 6/23/11 and then it was to start weekly group sessions. Reunification occurred 7/31/11 with no documentation in LINK to support that this plan was in the best interest of this child. Case has remained closed.
- The child was in therapy and there was no documented contact with engaged professionals before DCF reunified. Also no school contact. Child had some behavioral issues and there was an Area Resource Group consult on 10/12/11 with recommendations, but no documented follow up. Children returned home 10/14/11 with no plan in place. Case remained open as an in-home case for one year following the reunification.
- The reunification occurred with some service provider intervention, but there was a lack of collateral contacts with these providers and no clear directives cited in supervision. There were no SDM Reunification Assessments completed from the time this child entered DCF care. This case remains open to date. Child is once again in placement.
- The reunification was not completed in a planful manner. Almost all narrative is entered by SWCA who conducted visits. There was no reunification plan. Father was compliant with services but reunification service was not put in place until 10 days prior to actual reunification as father's attorney filed motion to revoke which the Court granted. However, case has remained closed since.
- Child's placement was ended 11/9/11 but child did not go home with mother as planned. Child remained with relative under "family arrangement" as mother tested positive for cocaine that day. Court revoked OTC and sent child home with the relative under Protective Supervision. Supervisory conference notes are sketchy and did not truly address the issues. Siblings came "back into care" two months later as relative became licensed. Case remains open with children in placement with a goal of Subsidized Transfer of Guardianship.

- Documentation is very poor - one can get no sense of what occurred. However, outcome appears to have been positive as child was able to go live with father within 10 days. Child has not come back into care or the attention of the Department via a new report.
- This child's reunification seemed rushed given DCF's ongoing concerns of possible domestic violence, as well as mother's ongoing mental health and substance abuse treatment needs. Mother had been non-compliant with her mental health intake for several months prior to reunification. Given this young child's previous failed trial home visit, parents' history of substance abuse, father's extensive legal history and the past domestic violence history this reviewer believes case practice was poor. Compounding this was the lack of ARG consult regarding mother's treatment needs and non compliance with therapy and medication management. Child was sent home in April but remained committed, while in the home, for seven more months until November 2011 when DCF revoked commitment and requested 3 months Protective Supervision. (This case has had two reports come in to the Careline since the case closed in February 2012 due to reported physical neglect due to suspected drug use/mental health of mother. Neglect petitions are being filed. Child was removed from mother via family arrangement and is living with father and PGM at this time.)

As it can be seen, many of the quality related scores may relate to a failure to document or utilize the assessment tools available within the automated system or agency disposal (ARG, legal) or to supervisory oversight. Communication with family and providers remains a core issue. In some instances the outcomes achieved were still positive in spite of a lack of documented action by DCF.

## Review of Outcome Measure 3 and Outcome Measure 15 for the Fourth Quarter 2012

Statewide, the First Quarter 2013 result for Outcome Measure 3 (OM3) - Case Plans, is 56.4%. This is relatively consistent with the prior quarter's result of 53.7% and represents 31 of the 54 case plans achieving the score of "Appropriate Case Plan". Region II achieved the highest regional performance with 77.8%. Middletown, Milford and Norwalk all achieved the measure during the quarter at 100.0%. Torrington was the lowest performing area office with neither of the two cases reviewed passing, resulting in 0.0% compliance.

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

What is the social worker's area office assignment?			Overall Score for OM3		
			Appropriate Case Plan	Not an Appropriate Case Plan	Total
I	Bridgeport	Count	1	4	5
		%	20.0%	80.0%	100.0%
	Norwalk	Count	1	0	1
		%	100.0%	0.0%	100.0%
	Stamford	Count	1	1	2
		%	50.0%	50.0%	100.0%
<b>Region I</b>			<b>37.5%</b>	<b>87.5%</b>	<b>100.0%</b>
II	Milford	Count	4	0	4
		%	100.0%	.0%	100.0%
	New Haven	Count	3	2	5
		%	60.0%	40.0%	100.0%
<b>Region II</b>			<b>77.8%</b>	<b>22.2%</b>	<b>100.0%</b>
III	Middletown	Count	2	0	2
		%	100.0%	.0%	100.0%
	Norwich	Count	2	3	5
		%	40.0%	60.0%	100.0%
	Willimantic	Count	2	1	3
		%	66.7%	33.3%	100.0%
<b>Region III</b>			<b>60.0%</b>	<b>40.0%</b>	<b>100.0%</b>
IV	Hartford	Count	3	5	8
		%	37.5%	62.5%	100.0%
	Manchester	Count	2	2	4
		%	50.0%	50.0%	100.0%
<b>Region IV</b>			<b>41.7%</b>	<b>58.3%</b>	<b>100.0%</b>
V	Danbury	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Torrington	Count	0	2	2
		%	.0%	100.0%	100.0%
	Waterbury	Count	4	1	5
		%	60.0%	40.0%	100.0%
<b>Region V</b>			<b>55.6%</b>	<b>44.4%</b>	<b>100.0%</b>
VI	Meriden	Count	1	1	2
		%	50.0%	50.0%	100.0%
	New Britain	Count	4	1	5
		%	80.0%	20.0%	100.0%
<b>Region VI</b>			<b>71.4%</b>	<b>28.5%</b>	<b>100.0%</b>
<b>Total State</b>		<b>Count</b>	<b>31</b>	<b>24</b>	<b>55</b>
			<b>56.4%</b>	<b>43.6%</b>	<b>100.0%</b>

All case plans and case planning efforts were clearly accommodating of the family's primary language. While 92.7% of case plans (4) were approved at the point our reviewers sent our letters notifying of our review process, 15 case plans (27.3%) were not approved within 25 days of the ACR. We note that in no case was the lack of approval the only reason that a case plan was deemed "not appropriate"; additional concerns were noted regarding the quality of case planning in all that did not achieve the measure. This issue regarding approvals was most noted in the Hartford Area Office. This issue was again called to the attention of the Department.

Statewide scores are reflected at the end of the table for ease of reference. This quarter, individual regions and individual offices fluctuated in areas of strength within various elements of case planning. As in the prior two quarters, only two individual domain areas (Reason for Involvement and Identifying Information) were above the ninety percentile range for compliance. Regional performance continues to be variable. However the lowest domain areas do continue to be: 1) Present Assessment, 2) Engagement with Families, and 3) Identifying Action Steps for the Coming Six Month Period. Sixteen case plans achieved very good or optimal ratings across all domains (29.1%). Fifteen additional case plans were assessed as "Appropriate" upon designation of an override by the Court Monitor. This designation allowed for deficits within the case plan document that were remedied by actions or facts documented elsewhere in the case record.

Our Office continues to see evidence of growth in case planning efforts, but the document itself still lags behind in several areas. Critical areas are the need to stay current with major events in the lives of the clients prior to the time of the case plan approval and include the feedback of the clients. The assessment needs to reflect real time issues if it is to be meaningful to the client. In many instances, the assessments did not incorporate up to date information. Family Feedback was often missing for one or both parents or guardians who were active case participants.

**Outcome Measure 3 First Quarter 2013 Domain Case Summaries by Area Office with Percent Totals Displayed by Area Office and Region**

What is the social worker's area office assignment?		Case Type	Language needs accommodated?	Has the case plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Priority Goals/ Objectives	Progress	Action Steps to Achieving Goals in the Upcoming Six Month Period	Planning for Permanency	Overall Score for OMB
Bridgeport	1	CIP	yes	yes	Very Good	Very Good	Poor	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	2	In-Home	yes	yes	Very Good	Optimal	Marginal	Marginal	Marginal	Very Good	Very Good	Optimal	Not an Appropriate Case Plan
	3	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	4	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Appropriate Case Plan
	5	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	<b>Bridgeport %</b>			100.0%	100.0%	100.0%	100.0%	60.0%	0.0%	40.0%	100.0%	60.0%	100.0%
Norwalk	1	CIP	yes	yes	Optimal	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	<b>Norwalk %</b>			100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
Stamford	1	CIP	yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	CPS In-Home	yes	yes	Very Good	Very Good	Marginal	Marginal	Poor	Marginal	Poor	Marginal	Not an Appropriate Case Plan
	<b>Stamford %</b>			100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
<b>Region I</b>			100.0%	100.0%	100.0%	100.0%	50.0%	12.5%	50.0%	87.5%	62.5%	87.5%	37.5%

What is the social worker's area office assignment?		Case Type	Language needs accommodated?	Has the case plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Priority Goals/ Objectives	Progress	Action Steps to Achieving Goals in the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Milford	1	CIP	yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	CIP	yes	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	4	CIP	yes	yes	Very Good	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Very Good	Appropriate Case Plan
<b>Milford Domain % Totals</b>			100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	75.0%	100.0%	100.0%	100.0%
New Haven	1	CIP	yes	yes	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Appropriate Case Plan
	2	CIP	yes	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	3	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal	Not an Appropriate Case Plan
	4	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	5	CIP	yes	yes	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Appropriate Case Plan
<b>New Haven Domain % Totals</b>			100.0%	100.0%	100.0%	100.0%	80.0%	40.0%	80.0%	100.0%	80.0%	80.0%	60.0%
<b>Region II Domain % Totals</b>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>88.9%</b>	<b>55.6%</b>	<b>88.9%</b>	<b>88.9%</b>	<b>88.9%</b>	<b>88.9%</b>	<b>66.7%</b>

What is the social worker's area office assignment?	Case Type		Language needs accommodated?	Has the case plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Priority Goals/ Objectives	Progress	Action Steps to Achieving Goals in the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3	
Middletown	1	CIP	yes	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan	
	2	CIP	yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	Middletown %		100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Norwich	1	CIP	yes	yes	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan	
	2	CIP	yes	yes	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan	
	3	CIP	yes	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Not an Appropriate Case Plan	
	4	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Not an Appropriate Case Plan	
	5	CIP	yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan	
	Norwich %		100.0%	100.0%	100.0%	100.0%	80.0%	60.0%	60.0%	80.0%	80.0%	80.0%	80.0%	100.0%
Willimantic	1	CIP	yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Not an Appropriate Case Plan	
	2	CIP	yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Appropriate Case Plan	
	3	CIP	yes	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan	
	Willimantic %		100.0%	100.0%	100.0%	100.0%	66.7%	66.7%	66.7%	100.0%	66.7%	100.0%	66.7%	
Region III Domain % Totals			100.0%	100.0%	100.0%	100.0%	70.0%	60.0%	70.0%	90.0%	80.0%	90.0%	60.0%	



What is the social worker's area office assignment?	Case Type	Language needs accommodated?	Has the case plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Priority Goals/ Objectives	Progress	Action Steps to Achieving Goals in the Upcoming Six Month Period	Planning for Permanency	Overall Score for OMS	
Hartford	1	CIP	yes	yes	Marginal	Marginal	Poor	Marginal	Marginal	Marginal	Poor	Poor	Not an Appropriate Case Plan
	2	CIP	yes	yes	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	3	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Not an Appropriate Case Plan
	4	CIP	yes	no	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Marginal	Not an Appropriate Case Plan
	5	CIP	yes	no	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	6	CIP	yes	no	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	7	CIP	yes	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	8	CIP	yes	yes	Marginal	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Marginal	Not an Appropriate Case Plan
	<b>Hartford %</b>		100.0%	62.5%	75.0%	75.0%	25.0%	37.5%	62.5%	37.5%	62.5%	37.5%	37.5%
Manchester	1	CIP	yes	yes	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Marginal	Optimal	Appropriate Case Plan
	2	CIP	yes	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Marginal	Not an Appropriate Case Plan
	3	CIP	yes	yes	Optimal	Optimal	Marginal	Very Good	Very Good	Optimal	Very Good	Optimal	Appropriate Case Plan
	4	CIP	yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	<b>Manchester %</b>		100.0%	100.0%	100.0%	100.0%	25.0%	50.0%	75.0%	100.0%	25.0%	75.0%	50.0%
<b>Region IV Domain % Total</b>		<b>100.0%</b>	<b>75.0%</b>	<b>83.3%</b>	<b>83.3%</b>	<b>25.0%</b>	<b>41.7%</b>	<b>66.7%</b>	<b>58.3%</b>	<b>50.0%</b>	<b>50.0%</b>	<b>41.7%</b>	

What is the social worker's area office assignment?	Case Type	Language needs accommodated?	Has the case plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Priority Goals/ Objectives	Progress	Action Steps to Achieving Goals in the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3	
Danbury	1	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Not an Appropriate Case Plan
	<b>Danbury %</b>		100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	50.0%	100.0%	50.0%
Torrington	1	CIP	yes	yes	Marginal	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Marginal	Not an Appropriate Case Plan
	2	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Not an Appropriate Case Plan
	<b>Torrington %</b>		100.0%	100.0%	50.0%	100.0%	50.0%	0.0%	50.0%	50.0%	50.0%	0.0%	0.0%
Waterbury	1	CIP	yes	yes	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	CIP	yes	no	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	3	CIP	yes	yes	Very Good	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Appropriate Case Plan
	4	VSR In-Home	yes	yes	Very Good	Marginal	Marginal	Poor	Marginal	Marginal	Marginal	Very Good	Not an Appropriate Case Plan
	5	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Appropriate Case Plan
	<b>Waterbury %</b>		100.0%	80.0%	100.0%	100.0%	80.0%	60.0%	60.0%	80.0%	60.0%	100.0%	80.0%
<b>Region V Domain Total %</b>		<b>100.0%</b>	<b>88.9%</b>	<b>88.9%</b>	<b>88.9%</b>	<b>77.8%</b>	<b>33.3%</b>	<b>66.7%</b>	<b>77.8%</b>	<b>55.6%</b>	<b>77.8%</b>	<b>55.6%</b>	

What is the social worker's area office assignment?		Case Type	Language needs accommodated?	Has the case plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Engagement of Child and Family (formerly Strengths, Needs and Other Issues)	Present Situation and Assessment to Date of Review	Priority Goals/ Objectives	Progress	Action Steps to Achieving Goals in the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Meriden	1	CIP	yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate Case Plan
	2	CIP	yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Too early to note progress	Marginal	Marginal	Not an Appropriate Case Plan
	<b>Meriden %</b>		100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	50.0%	100.0%	50.0%	50.0%	50.0%
New Britain	1	CIP	yes	yes	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	2	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Not an Appropriate Case Plan
	3	VSR CIP	yes	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate Case Plan
	4	CIP	yes	yes	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Appropriate Case Plan
	5	CIP	yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	<b>Appropriate Case Plan</b>
	<b>New Britain %</b>		100.0%	100.0%	100.0%	100.0%	100.0%	60.0%	80.0%	100.0%	80.0%	100.0%	80.0%
<i>Region VI Domain Total %</i>			<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>85.7%</b>	<b>57.1%</b>	<b>71.4%</b>	<b>100.0%</b>	<b>71.4%</b>	<b>85.7%</b>	<b>71.4%</b>
<b>Statewide Domain Total %</b>			<b>100%</b>	<b>92.7%</b>	<b>94.5%</b>	<b>94.5%</b>	<b>63.6%</b>	<b>43.6%</b>	<b>69.1%</b>	<b>81.8%</b>	<b>67.3%</b>	<b>80.0%</b>	<b>56.4%</b>

**Overrides are designated by highlighted, *italics font*.** . A Court Monitor's Override allows for overall appropriate score due to information presented in the case documentation or in conversation with the area office related to case planning that may be marginal within the identified area of the case plan document, but can be demonstrated to have been achieved via other avenues.

## Outcome Measure 15

Outcome Measure 15 was achieved at a rate of 61.8%. This is a slightly higher than that in the Fourth Quarter's 2012 (53.7%). This translates to 34 of the 55 cases reviewed being assessed as having all of the priority needs of the children and families identified during the period under review met timely and adequately. Thirteen of these designations were granted via Court Monitor override. Several offices met or exceeded this mark during the quarter: Middletown, Milford and Norwalk/Stamford surpassed the 80.0% requirement. All achieved 100.0%. New Britain and Waterbury attained the required 80.0% standard. The highest performing region was Region II with 77.8%.

### Crosstabulation 2: What is the social worker's area office assignment? \* Overall Score for Outcome Measure 15

What is the social worker's area office assignment?			Overall Score for Outcome Measure 15		
			Needs Met	Needs Not Met	Total
I	Bridgeport	Count	2	3	5
		%	40.0%	60.0%	100.0%
	Norwalk	Count	1	0	1
		%	100.0%	.0%	100.0%
	Stamford	Count	2	0	2
		%	100.0%	.0%	100.0%
<b>Region I</b>			<b>62.5%</b>	<b>37.5%</b>	<b>100%</b>
II	Milford	Count	4	0	4
		%	100.0%	0.0%	100.0%
	New Haven	Count	3	2	5
		%	60.0%	40.0%	100.0%
<b>Region II</b>			<b>77.8%</b>	<b>22.2%</b>	<b>100.0%</b>
III	Middletown	Count	2	0	2
		%	100.0%	0.0%	100.0%
	Norwich	Count	2	3	5
		%	40.0%	60.0%	100.0%
	Willimantic	Count	2	1	3
		%	66.7%	33.3%	100.0%
<b>Region III</b>			<b>60.0%</b>	<b>40.0%</b>	<b>100.0%</b>
IV	Hartford	Count	3	5	8
		%	37.5%	62.5%	100.0%
	Manchester	Count	2	2	4
		%	50.0%	50.0%	100.0%
<b>Region IV</b>			<b>41.7%</b>	<b>58.3%</b>	<b>100.0%</b>
V	Danbury	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Torrington	Count	1	1	2
		%	50.0%	50.0%	100.0%
	Waterbury	Count	4	1	5
		%	80.0%	20.0%	100.0%
<b>Region VI</b>			<b>66.7%</b>	<b>33.3%</b>	<b>100.0%</b>
VI	New Britain	Count	4	1	5
		%	80.0%	20.0%	100.0%
	Meriden	Count	1	1	2
		%	50.0%	50.0%	100.0%
<b>Region V</b>			<b>71.4%</b>	<b>28.5%</b>	<b>100.0%</b>
<b>Total</b>		<b>Count</b>	<b>34</b>	<b>21</b>	<b>55</b>
		<b>%</b>	<b>61.8%</b>	<b>38.2%</b>	<b>100.0%</b>

**Outcome Measure 15 First Quarter 2013 Domain Case Summaries by Area Office with Percent Totals Displayed by Area Office and Region**

What is the social worker's area office assignment?		Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Bridgeport	1	N/A to Case	Optimal	Very Good	Optimal	Optimal	Marginal	Very Good	Very Good	Very Good	Optimal	Very Good	Needs Not Met
	2	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	N/A to Case	Very Good	Needs Met
	3	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good	Needs Not Met
	4	N/A to Case	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Needs Met
	5	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Marginal	Optimal	Marginal	Very Good	Very Good	Needs Not Met
	AO	100.0%	100.0%	100.0%	100.0%	100.0%	60.0%	80.0%	80.0%	80.0%	100.0%	100.0%	40.0%
Norwalk	1	N/A to Case	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met
	AO	-----	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stamford	1	N/A to Case	Very Good	Optimal	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Optimal	Very Good	Needs Met
	2	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Very Good	N/A to Case	N/A to Case	Needs Met
	AO	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<b>Region I Total</b>		<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>62.5%</b>	<b>75.0%</b>	<b>87.5%</b>	<b>87.5%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>62.5%</b>

What is the social worker's area office assignment?		Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
New Haven	1	N/A to Case	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	N/A to Case	Needs Met
	2	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Very Good	Marginal	N/A to Case	N/A to Case	Needs Not Met
	3	N/A to Case	Very Good	Marginal	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Needs Not Met
	4	N/A to Case Type	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Needs Met
	5	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Optimal	Very Good	N/A to Case	Very Good	Needs Met
	AO	100.0%	100.0%	66.7%	100.0%	66.7%	80.0%	100.0%	100.0%	80.0%	66.7%	100.0%	60.0%
Milford	1	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Marginal	Needs Met
	2	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Very Good	Optimal	Marginal	N/A to Case	Marginal	Needs Met
	3	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Optimal	Very Good	Needs Met
	4	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Very Good	Very Good	N/A to Case	N/A to Case	Needs Met
	AO	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	75.0%	100.0%	33.3%	100.0%
<b>Region II Total</b>		<b>100.0%</b>	<b>100.0%</b>	<b>80.0%</b>	<b>100.0%</b>	<b>80.0%</b>	<b>77.8%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>77.8%</b>	<b>80.0%</b>	<b>66.7%</b>	<b>77.8%</b>

What is the social worker's area office assignment?	Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15	
<b>Hartford</b>	1	Poor	N/A to Case	N/A to Case	Marginal	N/A to Case	Poor	Very Good	Very Good	Poor	N/A to Case	Marginal	Needs Not Met
	2	Very Good	Optimal	N/A to Case	Optimal	N/A to Case	Optimal	Very Good	Optimal	Very Good	N/A to Case	Optimal	Needs Met
	3	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Not Met
	4	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Very Good	Needs Not Met
	5	N/A to Case	Very Good	Optimal	Optimal	Optimal	Marginal	Optimal	Very Good	Optimal	Very Good	Optimal	Needs Met
	6	N/A to Case	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Optimal	Marginal	Marginal	Optimal	Needs Not Met
	7	N/A to Case	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Needs Met
	8	N/A to Case	Very Good	Very Good	Very Good	Marginal	Marginal	Optimal	Optimal	Very Good	Optimal	Very Good	Needs Not Met
	<b>AO</b>	50.0%	100.0%	100.0%	87.5%	83.3%	37.5%	100.0%	100.0%	62.5%	83.3%	87.5%	37.5%
<b>Manchester</b>	1	Optimal	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Very Good	Very Good	N/A to Case	N/A to Case	Needs Met
	2	N/A to Case	Optimal	Very Good	Marginal	Marginal	Marginal	Very Good	Optimal	Very Good	Marginal	Very Good	Needs Not Met
	3	N/A to Case	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Optimal	Needs Met
	4	N/A to Case	Very Good	Poor	Very Good	Marginal	Marginal	Optimal	Very Good	Marginal	Poor	Marginal	Needs Not Met
	<b>AO</b>	100.0%	100.0%	66.7%	75.0%	33.3%	50.0%	100.0%	100.0%	75.0%	33.3%	66.7%	50.0%
<b>Region IV Total</b>	<b>66.7%</b>	<b>100.0%</b>	<b>88.9%</b>	<b>83.3%</b>	<b>66.7%</b>	<b>41.7%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>66.7%</b>	<b>66.7%</b>	<b>81.8%</b>	<b>41.7%</b>	

What is the social worker's area office assignment?		Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Middletown	1	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
	2	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Marginal	Marginal	N/A to Case	Very Good	Needs Met
	AO	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	50.0%	100.0%	100.0%	100.0%
Norwich	1	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Optimal	Optimal	Very Good	N/A to Case	Very Good	Needs Met
	2	N/A to Case	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Met
	3	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Very Good	Needs Not Met
	4	Very Good	N/A to Case	N/A to Case	Marginal	N/A to Case	Very Good	Marginal	Very Good	Marginal	N/A to Case	Very Good	Needs Not Met
	5	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Very Good	Marginal	Very Good	Very Good	Needs Not Met
	AO	100.0%	100.0%	100.0%	80.0%	100.0%	60.0%	60.0%	100.0%	60.0%	100.0%	100.0%	40.0%
Willimantic	1	Very Good	N/A to Case	N/A to Case	Marginal	N/A to Case	Very Good	Marginal	Very Good	Marginal	N/A to Case	Very Good	Needs Not Met
	2	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met
	3	N/A to Case	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	N/A to Case	Needs Met
	AO	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	66.7%	100.0%	33.3%	100.0%	100.0%	66.7%
Region III Total		100.0%	100.0%	100.0%	80.0%	100.0%	80.0%	70.0%	90.0%	50.0%	100.0%	100.0%	60.0%



What is the social worker's area office assignment?		Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Danbury	1	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Very Good	Optimal	Marginal	Very Good	N/A to Case	Very Good	Needs Met
	2	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good	Needs Not Met
	AO	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	0.0%	100.0%	100.0%	100.0%	50.0%
Torrington	1	Very Good	Optimal	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Very Good	N/A to Case	N/A to Case	Needs Met
	2	N/A to Case	Very Good	Very Good	Optimal	Very Good	Poor	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Not Met
	AO	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%
Waterbury	1	N/A to Case	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met
	2	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Needs Met
	3	N/A to Case	Very Good	Very Good	Optimal	Optimal	Marginal	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met
	4	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Very Good	Marginal	N/A to Case	Very Good	Needs Not Met
	5	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Needs Met
	AO	100.0%	100.0%	100.0%	100.0%	100.0%	60.0%	100.0%	100.0%	80.0%	100.0%	80.0%	80.0%
<b>Region V Total</b>		<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>44.4%</b>	<b>100.0%</b>	<b>77.8%</b>	<b>88.9%</b>	<b>100.0%</b>	<b>87.5%</b>	<b>66.7%</b>

What is the social worker's area office assignment?		Risk: In-Home	Risk: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to Achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Well-Being: Medical Needs	Well-Being: Dental Needs	Well-Being: Mental Health, Behavioral and Substance Abuse Services	Well-Being: Child's Current Placement	Well-Being: Education	Overall Score for Outcome Measure 15
Meriden	1	N/A to Case	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Very Good	<i>Needs Met</i>
	2	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Marginal	Very Good	N/A to Case	N/A to Case	Needs Not Met
	AO	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	50.0%	50.0%	100.0%	100.0%	50.0%
New Britain	1	N/A to Case	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Needs Met
	2	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Very Good	Very Good	Very Good	N/A to Case	Very Good	Needs Met
	3	N/A to Case	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Needs Met
	4	Optimal	N/A to Case Type	N/A to Case	Very Good	N/A to Case	Very Good	Marginal	Marginal	Marginal	N/A to Case	Very Good	Needs Not Met
	5	N/A to Case	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	N/A to Case	Needs Met
	AO	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	80.0%	80.0%	100.0%	100.0%
Region VI Total		100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	85.7%	71.4%	71.4%	100.0%	100.0%	71.4%
Statewide Total		95.2%	100.0%	94.4%	92.7%	88.9%	63.6%	87.3%	89.1%	72.7%	88.9%	89.1%	61.8%

*Highlight italics indicates Court Monitor's application of the Override exception to achieve "met" status in one or more of the cases within the area office.*

There were a similar number of needs noted as in this quarter among the 55 cases, with 197 clearly identifiable unmet needs in the prior six month period that rose to the level of what reviewers felt impactful on the health, safety or well being of the children and families within the sample. (Last quarter we noted 188 needs within a similarly sized cohort.)

**Table 1: Unmet Needs**

<b>Unmet Need</b>	<b>Barrier</b>	<b>Frequency</b>
<b>Adoption Supports (PPSP)</b>	Delay in Referral	2
<b>Anger Management - Parent</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>ARG Consultation</b>	Delay in Referral	8
<b>Behavior Management</b>	Lack of Communication between DCF and Provider	1
<b>Dental or Orthodontic Services</b>	Delay in Referral	2
<b>Dental or Orthodontic Services</b>	No Service Identified to Meet this Need	1
<b>Dental or Orthodontic Services</b>	Provider Issue - untimely provision of services or gaps in service related to staffing, lack of follow through, etc.	1
<b>Dental Screening or Evaluation</b>	Delay in Referral	4
<b>Dental Screening or Evaluation</b>	Client Refused Service	2
<b>Dental Screening or Evaluation</b>	No Service Identified to Meet this Need	1
<b>Dental Screening or Evaluation</b>	UTD from Case Plan, narrative or Area Office Response Provided	1
<b>Developmental Screening or Evaluation</b>	No Service Identified to Meet this Need	1
<b>Domestic Violence Services - Perpetrators</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
<b>Domestic Violence Services - Perpetrators</b>	No Service Identified to Meet this Need	1
<b>Domestic Violence Services - Perpetrators</b>	Service Deferred Pending Completion of Another	1
<b>Domestic Violence Services - Perpetrators</b>	Delay in Referral	1
<b>Domestic Violence Services - Victims</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	4
<b>Domestic Violence Services - Victims</b>	Service Deferred Pending Completion of Another	1
<b>Domestic Violence Services - Victims</b>	No Service Identified to Meet this Need	1
<b>Domestic Violence Shelter</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Education: IEP Programming</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
<b>Educational Screening or Evaluation</b>	Delay in Referral	2
<b>Educational Screening or Evaluation</b>	No Service Identified to Meet this Need	2
<b>Educational Screening or Evaluation</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Extended Day Treatment</b>	Client Refused Service	1

<b>Unmet Need</b>	<b>Barrier</b>	<b>Frequency</b>
<b>Family or Marital Counseling</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
<b>Family or Marital Counseling</b>	Provider Issue - untimely provision of services or gaps in service related to staffing, lack of follow through, etc.	1
<b>Family or Marital Counseling</b>	Service Deferred Pending Completion of Another	1
<b>Family Preservation Services</b>	Service Deferred Pending Completion of Another	1
<b>Family Preservation Services</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Family Reunification Services</b>	Delay in Referral	2
<b>Family Reunification Services</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Family Reunification Services</b>	Service Deferred Pending Completion of Another	1
<b>Family Stabilization Services</b>	Service Deferred Pending Completion of Another	1
<b>Flex Funds</b>	Delay in Referral	1
<b>Flex Funds</b>	UTD from Case Plan, Narratives or Area Office Response	1
<b>Foster Care Support</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
<b>Foster Parent Training</b>	Delay in Referral	1
<b>Head Start</b>	Wait List	1
<b>Head Start</b>	No Service Identified to Meet this Need	1
<b>Health/Medical - Other Medical Intervention</b>	Delay in Referral	1
<b>Health/Medical - Other Medical Intervention: Glasses</b>	No Service Identified to Meet this Need	1
<b>Health/Medical - Other Medical Intervention: Nutritionist, ENT</b>	Other: Mother has not made necessary appointment and DCF has not followed up	1
<b>Health/Medical Screening or Evaluation</b>	Delay in Referral	3
<b>Health/Medical Screening or Evaluation</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Health/Medical Screening or Evaluation</b>	Provider Issue - untimely provision of services or gaps in service related to staffing, lack of follow through, etc. (specifically poor relationship with child/therapist)	1
<b>Health/Medical Screening or Evaluation</b>	Other: Relative Caregiver was not concerned regarding weight issues identified by pediatrician at earlier appointment and failed to bring child for weight checks as requested	1
<b>Housing Assistance (Section 8)</b>	Delay in Referral	1
<b>Housing Assistance (Section 8)</b>	No Service Identified to Meet this Need	1
<b>Housing Assistance (Section 8)</b>	Other: Approval Process - Criminal Charges pending are impacting eligibility	1
<b>Housing Assistance (Section 8)</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Individual Counseling - Child</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	4
<b>Individual Counseling - Child</b>	Delay in Referral	3
<b>Individual Counseling - Child</b>	Service Deferred Pending Completion of Another	1

<b>Unmet Need</b>	<b>Barrier</b>	<b>Frequency</b>
<b>Individual Counseling - Child</b>	Other: Alternate Service attempted	1
<b>Individual Counseling - Parent</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	10
<b>Individual Counseling - Parent</b>	Delay in Referral	1
<b>Individual Counseling - Parent</b>	Provider Issue - untimely provision of services or gaps in service related to staffing, lack of follow through, etc.	1
<b>Individual Counseling - Parent</b>	Insurance Issues	1
<b>In-Home Parent Education and Support</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
<b>In-Home Parent Education and Support</b>	Delay in Referral	2
<b>In-Home Parent Education and Support</b>	No Service Identified to Meet this Need	1
<b>In-Home Parent Education and Support</b>	Service Deferred Pending Completion of Another	1
<b>Job Coaching/Placement</b>	Delay in Referral	1
<b>Job Coaching/Placement</b>	No Service Identified to Meet this Need	1
<b>Juvenile Justice Intermediate Evaluation (JJIE)</b>	Delay in Referral	1
<b>Life Skills Training</b>	Service Deferred Pending Completion of Another	2
<b>Matching/Placement Processing (Includes ICO)</b>	Delay in Referral	1
<b>Mental Health Screening or Evaluation - Parent</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Mental Health Screening or Evaluation - Parent</b>	Delay in Referral	1
<b>Mental Health Screening or Evaluation - Parent</b>	No Service Identified to Meet this Need	1
<b>Mentoring</b>	Lack of Communication between DCF and Provider	1
<b>Mentoring</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Mentoring</b>	Provider Issues - untimely provision of services related to staffing, lack of follow through, etc	1
<b>Other Mental Health Service Child - Fire Setting Prevention</b>	Delay in Referral	1
<b>Other Mental Health Service Parent - Dual Diagnosis Program</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Other Mental Health Service Parent - Trauma Therapy</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Other OOH - Independent Living Skills, Career Inventory</b>	No Service Identified to Meet this Need	1
<b>Other State Agency</b>	Delay in Referral	2
<b>Other State Agency</b>	Referred Service is Unwilling to Engage Client	1

<b>Unmet Need</b>	<b>Barrier</b>	<b>Frequency</b>
<b>Parenting Classes</b>	Delay in Referral	2
<b>Parenting Classes</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Parenting Groups</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Preparation for Adult Living Services</b>	Delay in Referral	1
<b>Psychiatric Evaluation - Child</b>	Delay in Referral	1
<b>Psychiatric Evaluation - Parent</b>	Wait List	1
<b>Psychiatric Hospitalization - Child</b>	Delay in Referral	1
<b>Psychological or Psychosocial Evaluation - Child</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Psychological or Psychosocial Evaluation - Parent</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
<b>Relative Foster Care</b>	No Service Identified to Meet this Need (Lack of Relative Search)	1
<b>Relative Foster Care</b>	Approval Process	1
<b>Respite Services</b>	No Service Identified to Meet this Need	1
<b>Sexual Abuse Therapy - Victim</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
<b>Substance Abuse Drug/Alcohol Testing - Parent</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	4
<b>Substance Abuse Inpatient Treatment - Child</b>	No Service Identified to Meet this Need	1
<b>Substance Abuse Inpatient Treatment - Parent</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	3
<b>Substance Abuse Outpatient Treatment - Parent</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
<b>Substance Abuse Relapse Prevention Program - Parent</b>	No Service Identified to Meet this Need	1
<b>Substance Abuse Relapse Prevention Program - Parent</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Substance Abuse Screening - Child</b>	Delay in Referral	1
<b>Substance Abuse Screening - Parent</b>	No Service Identified to Meet this Need	3
<b>Substance Abuse Screening - Parent</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
<b>Substance Abuse Screening - Parent</b>	Delay in Referral	1
<b>Substance Abuse: Drug/Alcohol Education - Parent</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Supervised Visitation</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	2
<b>Supervised Visitation</b>	Delay in Referral	2
<b>Supervised Visitation</b>	Lack of Communication between DCF and Provider	1

Unmet Need	Barrier	Frequency
Supportive Housing for Recovering Families (SHRF)	No Service Identified to Meet this Need	1
SW/Child Visitation	Delays by SW such that mandated visitation standard was not met during review period	4
SW/Parent Visitation	Delays by SW such that mandated visitation standard was not met during review period	9
SW/Parent Visitation	Client Refusal	2
SW/Provider Contacts	Case Management/Supervision: Contacts below Benchmark/Policy	16
Therapeutic Foster Care	Service Does Not Exist in the Community	1
		197

This quarter, the general engagement of families in case planning as narrated within the ACR, case planning and visitation documentation was consistent with the prior quarter's findings. A total of 63.6% of the cases showed very good or optimal engagement of families in the case planning process through documented discussions with the families and the Social Worker *throughout* the period under review.

Our reviewers reading of the ACR documentation, narratives and case plan feedback reflect that 81.8% of the cases did document a discussion (or in the case of in-home family cases the family meeting or case conference) of some (54.5%) or all (27.3%) of the needs that were identified as unmet in the just completed six-month planning cycle. The reviewers identified two cases where the planning process did not seem to address any of the needs that were unmet from the last planning cycle. In six cases, the reviewers indicated that all needs identified at the prior ACR were "fully achieved" or "no longer needed" and no longer needed to be planned for. In four cases, the plan reviewed was the initial case plan.

**Table 2: Were all needs and services unmet during the prior six month discussed at the ACR and, as appropriate, incorporated as action steps on the current case plan?**

Needs " Unmet" Incorporated Into the Case Planning	Frequency	Percent
Yes - All	15	27.3
Yes - Partially	30	54.5
No - None	2	3.6
N/A - There were no Unmet Needs	6	10.9
N/A - this is the initial plan	2	3.6
<b>Total</b>	55	100.0

In 10 of 23 cases (43.3%) in which SDM was conducted, a need was identified in the current SDM identical to that which was identified on the prior case plan assessment. (This would indicate an unmet need for greater than 6 months for a family or individual.)

Many needs were appropriately planned for via the objectives and action steps developed within the 55 case plans reviewed. In 63.6% of the 55 case plans reviewed, however, it was the opinion of the Court Monitor's staff that there was at least one priority need that was evident from the review of the documentation that was not incorporated into the newly developed case plan document.

To gain a sense of those areas that continue to be under assessed or overlooked the reviewers collect the data reflecting the needs unmet that are not carried forward. These 111 priority needs and the barriers related to each unmet need were identified. The majority are cited as "no service identified to meet this need" as the office had not yet identified a service category or provider to attend to the priority need, or had not yet put a label to the behaviors that were being demonstrated and documented.

**Table 3: List of Know Priority Areas Not Incorporated as Unmet Needs in the Next Six Month's Case Plans and the identified barrier**

<b>Unmet Need</b>	<b>Barrier</b>	<b>Frequency</b>
<b>Adoption Recruitment</b>	No Service Identified to Meet this Need	1
<b>ARG Consultation</b>	No Service Identified to Meet this Need	5
<b>ARG Consultation</b>	Delay in Referral	1
<b>Basic Foster Care</b>	No Service Identified to Meet this Need	1
<b>Behavior Management</b>	No Service Identified to Meet this Need	1
<b>Case Management/Advocacy/Support: Adoption Finalization and Discharge Planning</b>	Action Steps to Achieve Goals are not clear	2
<b>Childcare/Daycare Program</b>	No Service Identified to Meet this Need	1
<b>Dental or Orthodontic Services</b>	No Service Identified to Meet this Need	2
<b>Dental Screenings or Evaluations</b>	No Service Identified to Meet this Need	4
<b>Dental Screenings or Evaluations</b>	UTD from Case Plan, Narrative or Area Office Response	1
<b>Developmental Screening or Evaluations</b>	No Service Identified to Meet this Need	1
<b>Domestic Violence Services - Perpetrators</b>	No Service Identified to Meet this Need	3
<b>Domestic Violence Services - Victims</b>	No Service Identified to Meet this Need	2
<b>Educational Screening of Evaluation</b>	No Service Identified to Meet this Need	2
<b>Family or Marital Counseling</b>	No Service Identified to Meet this Need	4
<b>Family Reunification Services</b>	No Service Identified to Meet this Need	3
<b>Family Reunification Services</b>	Delay in Referral	1
<b>Flex Funds for Basic Needs</b>	No Service Identified to Meet this Need	2
<b>Foster Parent Training</b>	No Service Identified to Meet this Need	1
<b>Foster Parent Training</b>	Lack of Communication between DCF and Provider	1
<b>Group Counseling - Parent</b>	No Service Identified to Meet this Need	1
<b>Head Start Services</b>	No Service Identified to Meet this Need	2
<b>Health/Medical Screening or Evaluations</b>	No Service Identified to Meet this Need	5
<b>Housing Assistance (Section 8)</b>	No Service Identified to Meet this Need	2
<b>IEP Programming</b>	No Service Identified to Meet this Need	2
<b>Individual Counseling - Child</b>	No Service Identified to Meet this Need	1
<b>Individual Counseling - Parent</b>	No Service Identified to Meet this Need	3
<b>Individual Counseling - Parent</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>In-Home Parent Education and Support</b>	No Service Identified to Meet this Need	4
<b>In-Home Treatment</b>	No Service Identified to Meet this Need	1



<b>Unmet Need</b>	<b>Barrier</b>	<b>Frequency</b>
<b>Job Coaching/Placement</b>	No Service Identified to Meet this Need	2
<b>Legal Consult</b>	Delay in Referral - TPR Petitions needed	1
<b>Life Skills Training</b>	No Service Identified to Meet this Need	2
<b>Maintaining Family Ties</b>	No Service Identified to Meet this Need	3
<b>Matching/Placement Processing (ICO)</b>	No Service Identified to Meet this Need	1
<b>Mental Health Screening or Evaluation - Parent</b>	No Service Identified to Meet this Need	2
<b>Mentoring</b>	No Service Identified to Meet this Need	2
<b>Other Medical Intervention: Eye Examination (3), Gynecological Examination,</b>	No Service Identified to Meet this Need	4
<b>Other Mental Health Service - Child (Fire setting Evaluation)</b>	No Service Identified to Meet this Need	1
<b>Other Mental Health Service - Child (Neuropsychological Evaluation)</b>	Delay in Referral	1
<b>Other Out of Home Services: Independent Living Skills, Career Inventory/Assessment (Adolescent), Legal Services - INS, Teaming and ARE Registration, Tutoring</b>	No Services Identified to Meet this Need	5
<b>Other State Agency Program (DDS, DMHAS, Etc)</b>	No Service Identified to Meet this Need	2
<b>Parenting Classes</b>	No Service Identified to Meet this Need	2
<b>Parenting Classes</b>	Services Deferred Pending Completion of Another	1
<b>Psychiatric Evaluation - Child</b>	No Service Identified to Meet this Need	1
<b>Relative Foster Care</b>	No Service Identified to Meet this Need	1
<b>Respite Services</b>	No Service Identified to Meet this Need	3
<b>Substance Abuse Services - Drug/Alcohol Testing</b>	No Service Identified to Meet this Need	1
<b>Substance Abuse Services - Inpatient Substance Abuse Treatment - Parent</b>	No Service Identified to Meet this Need	1
<b>Substance Abuse Services - Inpatient Substance Abuse Treatment - Parent</b>	Client Referred but was subsequently discharged for noncompliance/missed appointments/or refusal of follow-up services	1
<b>Substance Abuse Services - Prevention - Child</b>	No Service Identified to Meet this Need	1
<b>Substance Abuse Services - Relapse Prevention Program - Parent</b>	No Service Identified to Meet this Need	1
<b>Substance Abuse Services - Screening - Parent</b>	No Service Identified to Meet this Need	2
<b>Substance Abuse Services- Screening/Evaluation - Child</b>	No Service Identified to Meet this Need	2
<b>Supervised Visitation</b>	No Services Identified to Meet this Need	1
<b>Supportive Housing for Recovering Families</b>	No Service Identified to Meet this Need	1
<b>SW/Child Visitation</b>	Schedule needs to be clarified for regular contact	1
<b>SW/Parental Visitation</b>	Schedule needs to be clarified for regular contact	3
<b>SW/Provider Contact</b>	No Service Identified to Meet this Need	1
		111

As seen in this and in prior review periods, these needs and services continue to be unidentified in the case planning documentation provided to the families. Thus the objectives and action steps required by case participants in the upcoming planning period are not detailed or comprehended fully, and can lead to increased chances of unmet needs and increased timeframes to goal achievement.

## JUAN F. ACTION PLAN MONITORING REPORT

**May 2013**

This report includes data relevant to the permanency and placement issues and action steps embodied within the Action Plan. Data provided comes from the monthly point-in-time information from LINK and the Chapin Hall 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 2013.

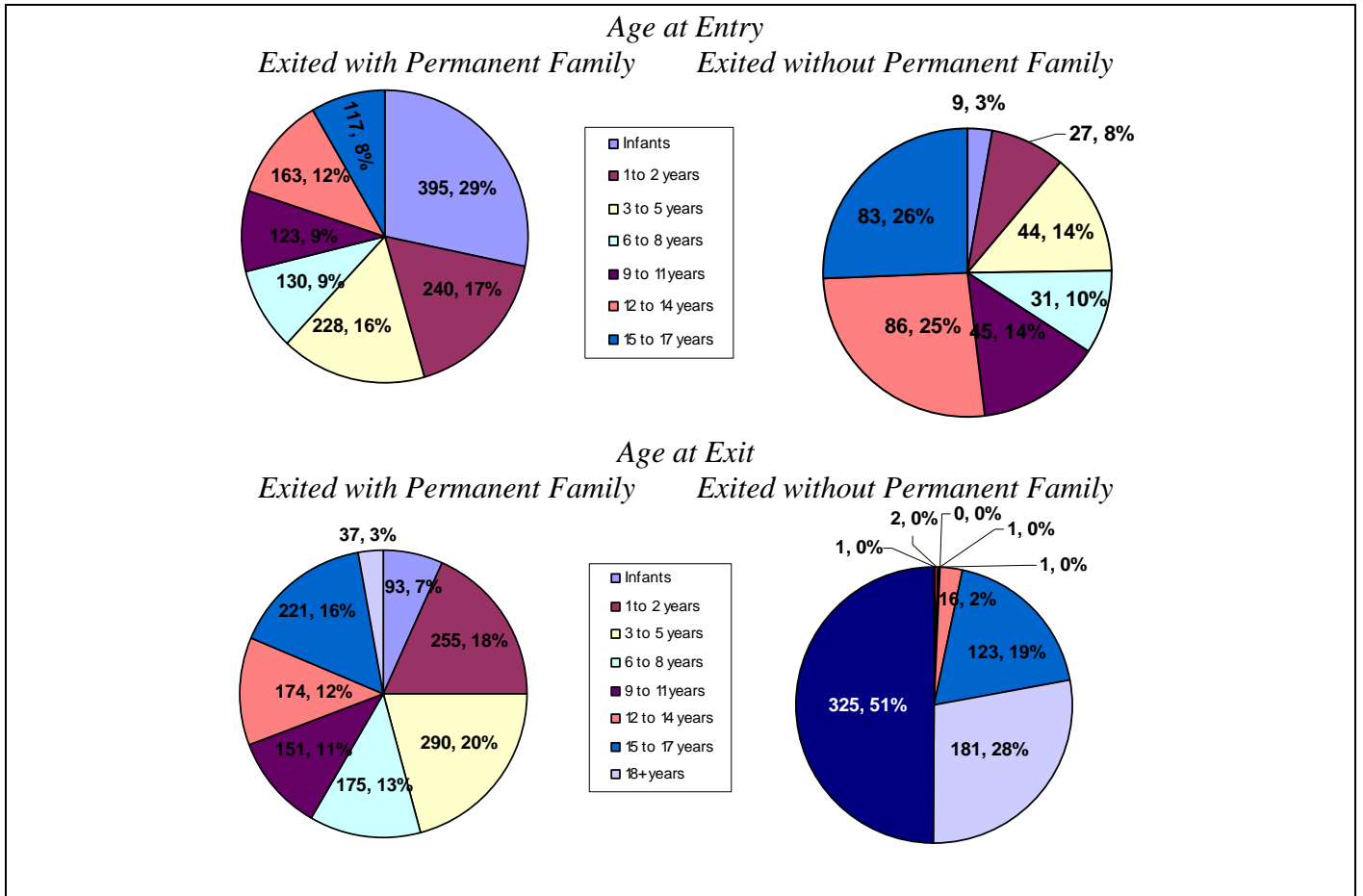
**Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)**

	Period of Entry to Care											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>Total Entries</b>	3100	3546	3203	3091	3407	2854	2829	2629	2693	2299	1858	439
<b>Permanent Exits</b>												
<b>In 1 yr</b>	1178 38.0%	1406 39.7%	1228 38.3%	1129 36.5%	1263 37.1%	1095 38.4%	1098 38.8%	1091 41.5%	1023 38.0%	702 30.5%		
<b>In 2 yrs</b>	1637 52.8%	2078 58.6%	1805 56.4%	1740 56.3%	1973 57.9%	1675 58.7%	1676 59.2%	1580 60.1%	1375 51.1%			
<b>In 3 yrs</b>	1964 63.4%	2385 67.3%	2092 65.3%	2013 65.1%	2324 68.2%	1974 69.2%	1944 68.7%	1790 68.1%				
<b>In 4 yrs</b>	2135 68.9%	2539 71.6%	2262 70.6%	2158 69.8%	2500 73.4%	2090 73.2%	2034 71.9%					
<b>To Date</b>	2304 74.3%	2703 76.2%	2364 73.8%	2250 72.8%	2604 76.4%	2143 75.1%	2069 73.1%	1865 70.9%	1614 59.9%	953 41.5%	425 22.9%	27 6.2%
<b>Non-Permanent Exits</b>												
<b>In 1 yr</b>	274 8.8%	249 7.0%	231 7.2%	289 9.3%	259 7.6%	263 9.2%	250 8.8%	208 7.9%	196 7.3%	139 6.0%		
<b>In 2 yrs</b>	332 10.7%	320 9.0%	301 9.4%	371 12.0%	345 10.1%	318 11.1%	320 11.3%	267 10.2%	242 9.0%			
<b>In 3 yrs</b>	365 11.8%	366 10.3%	366 11.4%	431 13.9%	401 11.8%	354 12.4%	363 12.8%	300 11.4%				
<b>In 4 yrs</b>	406 13.1%	392 11.1%	403 12.6%	461 14.9%	449 13.2%	392 13.7%	394 13.9%					
<b>To Date</b>	502 16.2%	483 13.6%	491 15.3%	548 17.7%	507 14.9%	425 14.9%	410 14.5%	320 12.2%	255 9.5%	179 7.8%	74 4.0%	8 1.8%

	Period of Entry to Care											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<i>Unknown Exits</i>												
<i>In 1 yr</i>	106 3.4%	153 4.3%	129 4.0%	83 2.7%	76 2.2%	62 2.2%	60 2.1%	77 2.9%	129 4.8%	213 9.3%		
<i>In 2 yrs</i>	136 4.4%	193 5.4%	171 5.3%	124 4.0%	117 3.4%	98 3.4%	91 3.2%	141 5.4%	311 11.5%			
<i>In 3 yrs</i>	161 5.2%	220 6.2%	208 6.5%	163 5.3%	140 4.1%	124 4.3%	125 4.4%	197 7.5%				
<i>In 4 yrs</i>	179 5.8%	244 6.9%	234 7.3%	182 5.9%	167 4.9%	156 5.5%	168 5.9%					
<i>To Date</i>	255 8.2%	318 9.0%	291 9.1%	227 7.3%	207 6.1%	183 6.4%	177 6.3%	211 8.0%	361 13.4%	352 15.3%	106 5.7%	5 1.1%
<i>Remain In Care</i>												
<i>In 1 yr</i>	1542 49.7%	1738 49.0%	1615 50.4%	1590 51.4%	1809 53.1%	1434 50.2%	1421 50.2%	1253 47.7%	1345 49.9%	1245 54.2%		
<i>In 2 yrs</i>	995 32.1%	955 26.9%	926 28.9%	856 27.7%	972 28.5%	763 26.7%	742 26.2%	641 24.4%	765 28.4%			
<i>In 3 yrs</i>	610 19.7%	575 16.2%	537 16.8%	484 15.7%	542 15.9%	402 14.1%	397 14.0%	342 13.0%				
<i>In 4 yrs</i>	380 12.3%	371 10.5%	304 9.5%	290 9.4%	291 8.5%	216 7.6%	233 8.2%					
<i>To Date</i>	39 1.3%	42 1.2%	57 1.8%	66 2.1%	89 2.6%	103 3.6%	173 6.1%	233 8.9%	463 17.2%	815 35.5%	1253 67.4%	399 90.9%

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 (2012 EXIT COHORT)**



**Permanency Goals:**

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

**FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON MAY 1, 2013<sup>4</sup>)**

<b>Is the child legally free (his or her parents' rights have been terminated)?</b>				
<b>Yes</b>	<b>No</b>			
<b>635</b>	↓ <b>2621</b>			
<b>Goals of:</b>				
493 (78%)	<b>No</b>	<b>Yes</b>		
Adoption	<b>1,451</b>	↓ <b>1,170</b>		
130 (20%)	<b>Has a TPR proceeding been filed?</b>			
APPLA				
6 (1%)	<b>Yes</b>	<b>No</b>		
Relatives	<b>308</b>	↓ <b>862</b>		
4 (1%)	<b>Goals of:</b>			
Trans. of Guardian:	196 (64%)	<b>Yes</b>	<b>Is a reason documented not to file TPR?</b>	
Sub/Unsub	Adoption	<b>428</b>	<b>Documented</b>	<b>No</b>
2 (<1%)	APPLA	<i>Goals of:</i>	<i>Reasons:</i>	<i>Goals of:</i>
Blank	76 (25%)	235 (55%)	70%	150 (35%)
	Reunify	71 (17%)	Compelling Reason	Reunify
	8 (3%)	Trans. of Guardian:	18%	114 (26%)
	Trans. of Guardian:	Sub/Unsub	Child is with relative	APPLA
	Sub/Unsub	59 (14%)	8%	78 (18%)
	1 (<1%)	Reunify	Petition in process 4%	Trans. of Guardian:
	Relatives	41 (10%)	Service not provided	Sub/Unsub
	1 (<1%)	Adoption		74 (17%)
	Blank	22 (5%)		Adoption
		Relatives		11 (3%)
				Relatives
				7 (2%)
				Blank

<sup>4</sup> Children over age 18 are not included in these figures.

**Preferred Permanency Goals:**

<b>Reunification</b>	<b>Feb 2012</b>	<b>May 2012</b>	<b>Aug 2012</b>	<b>Nov 2012</b>	<b>Feb 2013</b>	<b>May 2013</b>
Total number of children with Reunification goal, pre-TPR and post-TPR	1495	1382	1300	1254	1242	1200
Number of children with Reunification goal pre-TPR	1494	1381	1298	1254	1242	1200
<ul style="list-style-type: none"> <li>Number of children with Reunification goal, pre-TPR, &gt;= 15 months in care</li> </ul>	301	272	282	254	260	235
<ul style="list-style-type: none"> <li>Number of children with Reunification goal, pre-TPR, &gt;= 36 months in care</li> </ul>	43	41	40	31	30	33
Number of children with Reunification goal, post-TPR	1	1	2	0	0	0

<b>Transfer of Guardianship (Subsidized and Non-Subsidized)</b>	<b>Feb 2012</b>	<b>May 2012</b>	<b>Aug 2012</b>	<b>Nov 2012</b>	<b>Feb 2013</b>	<b>May 2013</b>
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR	229	223	272	259	258	263
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	226	220	268	254	255	259
<ul style="list-style-type: none"> <li>Number of children with Transfer of Guardianship goal (subsidized and non-subsidized , pre-TPR, &gt;= 22 months</li> </ul>	43	31	58	63	69	79
<ul style="list-style-type: none"> <li>Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR , &gt;= 36 months</li> </ul>	15	9	9	11	14	9
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	3	3	4	5	3	4

<b>Adoption</b>	<b>Feb 2012</b>	<b>May 2012</b>	<b>Aug 2012</b>	<b>Nov 2012</b>	<b>Feb 2013</b>	<b>May 2013</b>
Total number of children with Adoption goal, pre-TPR and post-TPR	1042	1106	1117	1058	974	966
Number of children with Adoption goal, pre-TPR	583	573	528	500	496	473
Number of children with Adoption goal, TPR not filed, >= 15 months in care	94	88	106	112	130	115
<ul style="list-style-type: none"> <li>Reason TPR not filed, Compelling Reason</li> </ul>	6	6	10	6	2	7
<ul style="list-style-type: none"> <li>Reason TPR not filed, petitions in progress</li> </ul>	13	14	12	26	29	31
<ul style="list-style-type: none"> <li>Reason TPR not filed, child is in placement with relative</li> </ul>	3	5	1	1	2	1
<ul style="list-style-type: none"> <li>Reason TPR not filed, services needed not provided</li> </ul>	0	0	1	2	2	2
<ul style="list-style-type: none"> <li>Reason TPR not filed, blank</li> </ul>	72	63	82	77	95	74
Number of cases with Adoption goal post-TPR	459	533	589	558	478	493
<ul style="list-style-type: none"> <li>Number of children with Adoption goal, post-TPR, in care &gt;= 15 months</li> </ul>	425	493	549	522	453	464
<ul style="list-style-type: none"> <li>Number of children with Adoption goal, post-TPR, in care &gt;= 22 months</li> </ul>	359	406	457	437	374	381
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	21	17	18	22	32	32
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	112	115	123	124	103	102
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	203	272	312	283	268	257

<b>Progress Towards Permanency:</b>	<b>Feb 2012</b>	<b>May 2012</b>	<b>Aug 2012</b>	<b>Nov 2012</b>	<b>Feb 2013</b>	<b>May 2013</b>
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	422	390	435	422	456	434

**Non-Preferred Permanency Goals:**

<b>Long Term Foster Care Relative:</b>	<b>Feb 2012</b>	<b>May 2012</b>	<b>Aug 2012</b>	<b>Nov 2012</b>	<b>Feb 2013</b>	<b>May 2013</b>
Total number of children with Long Term Foster Care Relative goal	65	70	61	61	53	55
Number of children with Long Term Foster Care Relative goal, pre-TPR	54	61	52	55	46	49
<ul style="list-style-type: none"> <li>Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR</li> </ul>	5	7	7	9	5	5
Long Term Foster Care Rel. goal, post-TPR	11	9	9	6	7	6
<ul style="list-style-type: none"> <li>Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR</li> </ul>	0	0	1	0	0	0

<b>APPLA*</b>	<b>Feb 2012</b>	<b>May 2012</b>	<b>Aug 2012</b>	<b>Nov 2012</b>	<b>Feb 2013</b>	<b>May 2013</b>
Total number of children with APPLA goal	711	671	634	629	613	643
Number of children with APPLA goal, pre-TPR	559	533	504	494	479	513
<ul style="list-style-type: none"> <li>Number of children with APPLA goal, 12 years old and under, pre-TPR</li> </ul>	28	31	21	22	19	20
Number of children with APPLA goal, post-TPR	152	138	130	135	134	130
<ul style="list-style-type: none"> <li>Number of children with APPLA goal, 12 years old and under, post-TPR</li> </ul>	8	7	7	11	11	11

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



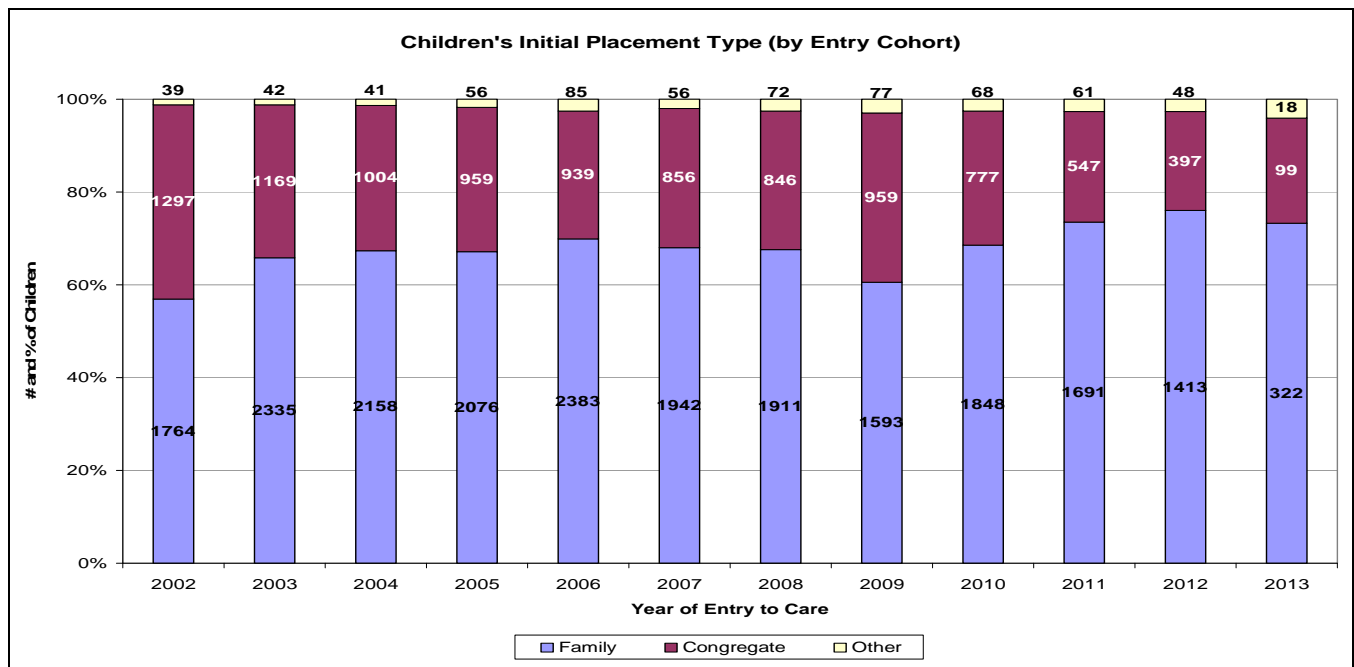
**Missing Permanency Goals:**

	<b>Feb 2012</b>	<b>May 2012</b>	<b>Aug 2012</b>	<b>Nov 2012</b>	<b>Feb 2013</b>	<b>May 2013</b>
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	25	24	21	21	22	24
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	10	11	16	13	11	17
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	6	5	9	11	9	8
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	3	2	6	9	3	7

**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 2013.

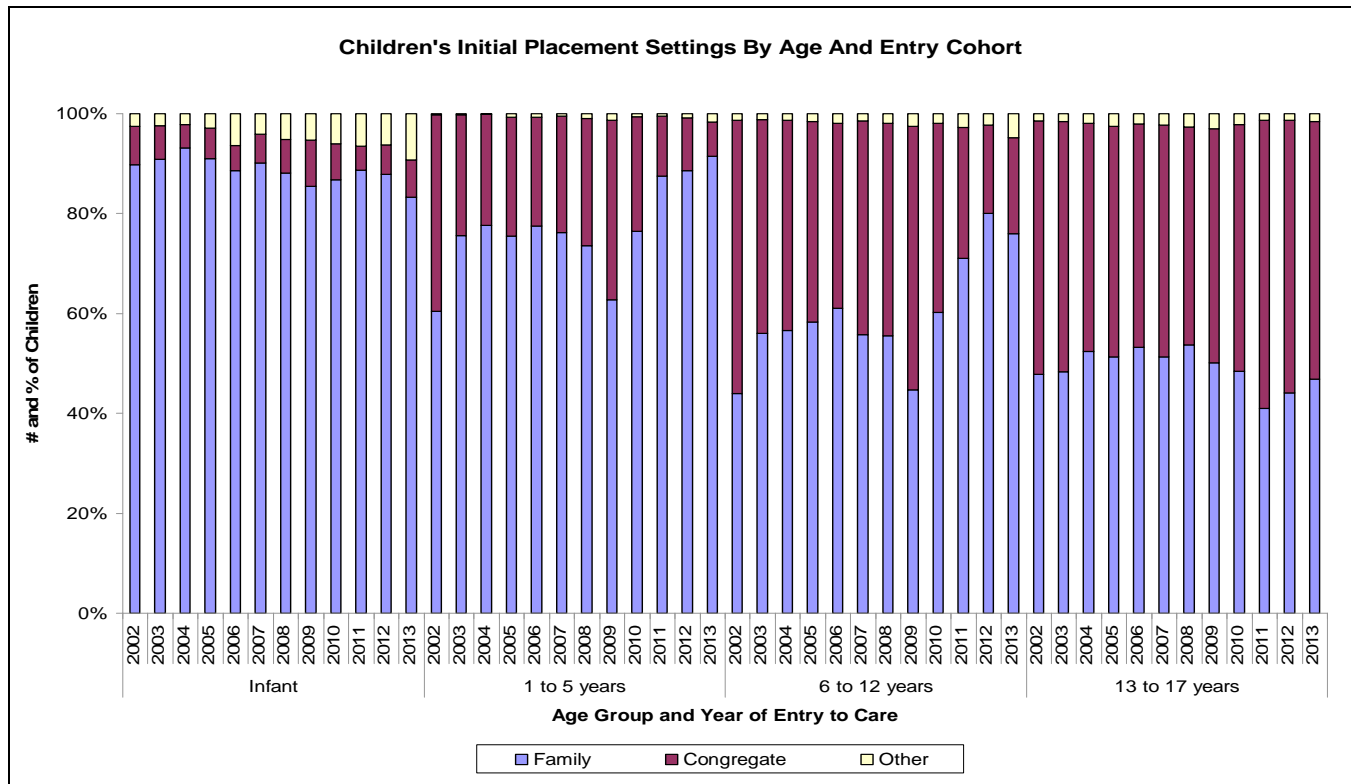


The next table shows specific care types used month-by-month for entries between April 2012 and March 2013.

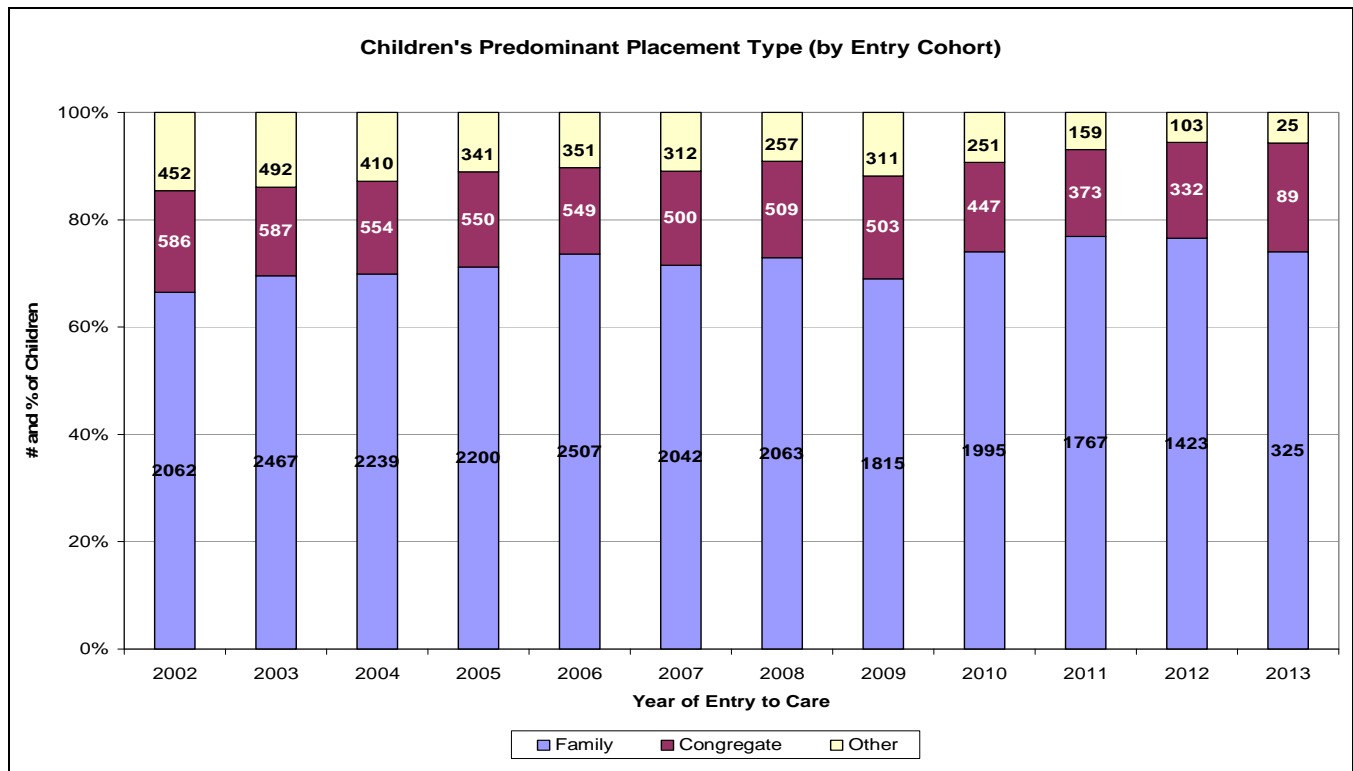
Case Summaries

First placement type		enter Apr12	enter May12	enter Jun12	enter Jul12	enter Aug12	enter Sep12	enter Oct12	enter Nov12	enter Dec12	enter Jan13	enter Feb13	enter Mar13
Residential	N	7	5	8	4	12	8	4	5	5	14	7	5
	%	5.0%	2.9%	5.4%	2.7%	6.8%	4.4%	2.3%	3.8%	4.3%	8.4%	5.0%	3.8%
DCF Facilities	N	6	2		2	7	2	2	2	5	7	1	2
	%	4.3%	1.2%		1.4%	4.0%	1.1%	1.2%	1.5%	4.3%	4.2%	.7%	1.5%
Foster Care	N	68	80	67	101	90	105	92	54	39	83	61	57
	%	48.2%	46.5%	45.3%	68.7%	50.8%	58.3%	53.5%	40.9%	33.6%	49.7%	43.6%	43.2%
Group Home	N		4	3	2	3	4	2	3	1	4	2	3
	%		2.3%	2.0%	1.4%	1.7%	2.2%	1.2%	2.3%	.9%	2.4%	1.4%	2.3%
Independent Living	N		1										
	%		.6%										
Relative Care	N	27	39	27	21	32	29	38	36	50	30	36	41
	%	19.1%	22.7%	18.2%	14.3%	18.1%	16.1%	22.1%	27.3%	43.1%	18.0%	25.7%	31.1%
Medical	N	7	8	7	2	5	8	1	1		7	5	6
	%	5.0%	4.7%	4.7%	1.4%	2.8%	4.4%	.6%	.8%		4.2%	3.6%	4.5%
Safe Home	N	7	10	8	3	4	5	4	2	1	3	6	4
	%	5.0%	5.8%	5.4%	2.0%	2.3%	2.8%	2.3%	1.5%	.9%	1.8%	4.3%	3.0%
Shelter	N	14	19	15	9	15	8	24	18	9	14	16	11
	%	9.9%	11.0%	10.1%	6.1%	8.5%	4.4%	14.0%	13.6%	7.8%	8.4%	11.4%	8.3%
Special Study	N	5	4	13	3	9	11	5	11	6	5	6	3
	%	3.5%	2.3%	8.8%	2.0%	5.1%	6.1%	2.9%	8.3%	5.2%	3.0%	4.3%	2.3%
Total	N	141	172	148	147	177	180	172	132	116	167	140	132
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The chart below shows the change in level of care usage over time for different age groups.



It is also useful to look at where children spend most of their time in DCF care. The chart below shows this for admission the 2002 through 2013 admission cohorts.



The following chart shows monthly statistics of children who exited from DCF placements between April 2012 and March 2013, and the portion of those exits within each placement type from which they exited.

		Case Summaries											
Last placement type in spell (as of censor date)		exitApr12	exitMay12	exitJun12	exitJul12	exitAug12	exitSep12	exitOct12	exitNov12	exitDec12	exitJan13	exitFeb13	exitMar13
Residential	N	14	9	22	16	18	16	11	9	6	6	10	5
	%	8.1%	4.7%	11.3%	8.0%	6.4%	8.9%	5.2%	6.3%	3.1%	4.2%	9.4%	3.5%
DCF Facilities	N	3	2	4	6	6	2	2	1	5	1	3	2
	%	1.7%	1.0%	2.1%	3.0%	2.1%	1.1%	.9%	.7%	2.6%	.7%	2.8%	1.4%
Foster Care	N	89	84	88	85	145	78	112	77	96	66	43	63
	%	51.4%	43.5%	45.1%	42.5%	51.6%	43.6%	53.1%	53.5%	49.5%	45.8%	40.6%	44.7%
Group Home	N	10	17	17	18	22	10	13	6	14	6	8	8
	%	5.8%	8.8%	8.7%	9.0%	7.8%	5.6%	6.2%	4.2%	7.2%	4.2%	7.5%	5.7%
Independent Living	N	7	4		3	1	5	1	2	4	1	1	2
	%	4.0%	2.1%		1.5%	.4%	2.8%	.5%	1.4%	2.1%	.7%	.9%	1.4%
Relative Care	N	29	53	47	48	62	43	59	30	50	46	26	45
	%	16.8%	27.5%	24.1%	24.0%	22.1%	24.0%	28.0%	20.8%	25.8%	31.9%	24.5%	31.9%
Medical	N	1		1	2	2	2	1			1		
	%	.6%		.5%	1.0%	.7%	1.1%	.5%			.7%		
Safe Home	N		6	4	2	7	2				2	1	1
	%		3.1%	2.1%	1.0%	2.5%	1.1%				1.4%	.9%	.7%
Shelter	N	9	10	7	8	9	7	6	8	7	5	5	8
	%	5.2%	5.2%	3.6%	4.0%	3.2%	3.9%	2.8%	5.6%	3.6%	3.5%	4.7%	5.7%
Special Study	N	10	8	5	8	9	13	5	9	7	8	7	5
	%	5.8%	4.1%	2.6%	4.0%	3.2%	7.3%	2.4%	6.3%	3.6%	5.6%	6.6%	3.5%
Uknown	N	1			4		1	1	2	5	2	2	2
	%	.6%			2.0%		.6%	.5%	1.4%	2.6%	1.4%	1.9%	1.4%
Total	N	173	193	195	200	281	179	211	144	194	144	106	141
	%	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 March 1, 2013 organized by length of time in care.

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

			Duration Category							Total
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095	more than 1095	
Primary type of spell (>50%)	Residential	Count	4	23	21	43	25	71	70	257
		% Row	1.6%	8.9%	8.2%	16.7%	9.7%	27.6%	27.2%	100.0%
		% Col	3.4%	8.2%	6.7%	6.4%	5.3%	7.3%	6.9%	6.7%
DCF Facilities	DCF Facilities	Count	1	9	8	9	1	3	2	33
		% Row	3.0%	27.3%	24.2%	27.3%	3.0%	9.1%	6.1%	100.0%
		% Col	.9%	3.2%	2.5%	1.3%	.2%	.3%	.2%	.9%
Foster Care	Foster Care	Count	49	120	120	300	225	488	578	1880
		% Row	2.6%	6.4%	6.4%	16.0%	12.0%	26.0%	30.7%	100.0%
		% Col	41.9%	42.6%	38.2%	44.4%	48.1%	49.9%	57.3%	48.9%
Group Home	Group Home	Count	2	8	12	17	11	51	100	201
		% Row	1.0%	4.0%	6.0%	8.5%	5.5%	25.4%	49.8%	100.0%
		% Col	1.7%	2.8%	3.8%	2.5%	2.4%	5.2%	9.9%	5.2%
Independent Living	Independent Living	Count	0	0	0	0	0	4	4	8
		% Row	.0%	.0%	.0%	.0%	.0%	50.0%	50.0%	100.0%
		% Col	.0%	.0%	.0%	.0%	.0%	.4%	.4%	.2%
Relative Care	Relative Care	Count	41	69	106	190	132	237	69	844
		% Row	4.9%	8.2%	12.6%	22.5%	15.6%	28.1%	8.2%	100.0%
		% Col	35.0%	24.5%	33.8%	28.1%	28.2%	24.3%	6.8%	22.0%
Medical	Medical	Count	2	0	1	5	1	5	3	17
		% Row	11.8%	.0%	5.9%	29.4%	5.9%	29.4%	17.6%	100.0%
		% Col	1.7%	.0%	.3%	.7%	.2%	.5%	.3%	.4%
Mixed (none >50%)	Mixed (none >50%)	Count	1	1	2	18	19	63	148	252
		% Row	.4%	.4%	.8%	7.1%	7.5%	25.0%	58.7%	100.0%
		% Col	.9%	.4%	.6%	2.7%	4.1%	6.4%	14.7%	6.6%
Safe Home	Safe Home	Count	3	12	4	19	7	4	3	52
		% Row	5.8%	23.1%	7.7%	36.5%	13.5%	7.7%	5.8%	100.0%
		% Col	2.6%	4.3%	1.3%	2.8%	1.5%	.4%	.3%	1.4%
Shelter	Shelter	Count	11	23	17	29	10	3	0	93
		% Row	11.8%	24.7%	18.3%	31.2%	10.8%	3.2%	.0%	100.0%
		% Col	9.4%	8.2%	5.4%	4.3%	2.1%	.3%	.0%	2.4%
Special Study	Special Study	Count	3	13	14	40	35	45	29	179
		% Row	1.7%	7.3%	7.8%	22.3%	19.6%	25.1%	16.2%	100.0%
		% Col	2.6%	4.6%	4.5%	5.9%	7.5%	4.6%	2.9%	4.7%
Unknown	Unknown	Count	0	4	9	6	2	3	2	26
		% Row	.0%	15.4%	34.6%	23.1%	7.7%	11.5%	7.7%	100.0%
		% Col	.0%	1.4%	2.9%	.9%	.4%	.3%	.2%	.7%
Total	Total	Count	117	282	314	676	468	977	1008	3842
		% Row	3.0%	7.3%	8.2%	17.6%	12.2%	25.4%	26.2%	100.0%
		% Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

### Congregate Care Settings

<b>Placement Issues</b>	<b>Feb 2012</b>	<b>May 2012</b>	<b>Aug 2012</b>	<b>Nov 2012</b>	<b>Feb 2013</b>	<b>May 2013</b>
Total number of children 12 years old and under, in Congregate Care	90	78	55	58	43	42
• Number of children 12 years old and under, in DCF Facilities	5	5	5	4	5	3
• Number of children 12 years old and under, in Group Homes	24	23	21	22	17	14
• Number of children 12 years old and under, in Residential	25	15	10	7	5	4
• Number of children 12 years old and under, in SAFE Home	35	34	17	24	15	20
• Number of children 12 years old and under in Shelter	1	1	2	1	1	1
Total number of children ages 13-17 in Congregate Placements	675	624	576	556	538	503

### Use of SAFE Homes, Shelters and PDCs

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

	<b>Period of Entry to Care</b>											
	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Total Entries</b>	3100	3546	3203	3091	3407	2854	2829	2629	2693	2299	1858	439
<b>SAFE Homes/PDCs</b>	728 23%	629 18%	453 14%	394 13%	395 12%	382 13%	335 12%	471 18%	331 12%	146 6%	68 4%	13 3%
<b>Shelters</b>	165 5%	135 4%	147 5%	178 6%	114 3%	136 5%	144 5%	186 7%	175 6%	193 8%	169 9%	41 9%
<b>Total</b>	893 29%	764 22%	600 19%	572 19%	509 15%	518 18%	479 17%	657 25%	506 19%	339 15%	237 13%	54 12%

	<b>Period of Entry to Care</b>											
	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Total Initial Plcmnts</b>	893	764	600	572	509	518	479	657	506	339	237	54
<b>&lt;= 30 days</b>	351 39.3%	308 40.3%	249 41.5%	241 42.1%	186 36.5%	162 31.3%	150 31.3%	229 34.9%	135 26.7%	103 30.4%	60 25.3%	24 44.4%
<b>31 - 60</b>	284	180	102	114	73	73	102	110	106	57	44	18

	Period of Entry to Care											
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>Total Initial Plcmnts</b>	893	764	600	572	509	518	479	657	506	339	237	54
	31.8 %	23.6 %	17.0 %	19.9 %	14.3 %	14.1 %	21.3 %	16.7 %	20.9 %	16.8 %	18.6 %	33.3%
61 - 91	106 11.9 %	121 15.8 %	81 13.5 %	76 13.3 %	87 17.1 %	79 15.3 %	85 17.7 %	157 23.9 %	91 18.0 %	54 15.9 %	39 16.5 %	12 22.2%
92 - 183	101 11.3 %	107 14.0 %	124 20.7 %	100 17.5 %	118 23.2 %	131 25.3 %	110 23.0 %	124 18.9 %	136 26.9 %	84 24.8 %	60 25.3 %	0 0.0%
184+	51 5.7%	48 6.3%	44 7.3%	41 7.2%	45 8.8%	73 14.1 %	32 6.7%	37 5.6%	38 7.5%	41 12.1 %	34 14.3 %	0 0.0%

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

Placement Issues	Nov 2011	Feb 2012	May 2012	Aug 2012	Nov 2012	Feb 2013	May 2013
Total number of children in SAFE Home	63	60	63	45	49	31	40
• Number of children in SAFE Home, > 60 days	35	44	40	35	31	21	35
• Number of children in SAFE Home, >= 6 months	14	9	11	7	8	7	12
Total number of children in STAR/Shelter Placement	79	75	71	84	78	73	64
• Number of children in STAR/Shelter Placement, > 60 days	43	40	37	53	40	42	30
• Number of children in STAR/Shelter Placement, >= 6 months	11	7	9	9	9	10	8
Total number of children in MH Shelter	5	2	1	2	1	1	1
• Total number of children in MH Shelter, > 60 days	4	2	1	1	1	1	1
• Total number of children in MH Shelter, >= 6 months	1	1	0	0	0	1	1

### Time in Residential Care

<b>Placement Issues</b>	<b>Nov 2011</b>	<b>Feb 2012</b>	<b>May 2012</b>	<b>Aug 2012</b>	<b>Nov 2012</b>	<b>Feb 2013</b>	<b>May 2013</b>
Total number of children in Residential care	403	372	316	273	252	244	190
• Number of children in Residential care, >= 12 months in Residential placement	119	124	113	89	76	64	54
• Number of children in Residential care, >= 60 months in Residential placement	1	1	1	1	0	2	2

**Appendix 1**  
**Commissioner's Highlights from**  
**The Department of Children & Families**  
**First Quarter 2013 Exit Plan Report**



## Commissioner Statement

I am pleased to report that the Department continues to make progress with several major reforms falling under the umbrella of the Strengthening Families Practice Model and its strengths-based, solution-focused approach to our work. The Differential Response System, the emphasis on relative and kinship care, announced visits, and the evolving continuum of child and family team meetings all are built around the principle that families have strengths and can identify and implement solutions to challenges.

We are seeing that families often provide effective answers and resources when given opportunity and help to muster and organize natural supports within the family and the community. Gaining family trust and participation is critical to this success.

The most recent demonstration of this is in the context of the Considered Removal Team Meetings (CRTMs), which began in mid-February. There have been only a few months of experience to look back on, but we have seen some extremely encouraging and exciting data in this short time. Since February 17, there have been 118 meetings involving 169 children who were being assessed for a removal or, who had been removed due to an emergency (in which case the meeting was held within two days of the removal as required under policy.)

The results of the meetings were very positive -- although not surprising when we take a strengths-based view of families. Almost exactly half of the children (84) were *not* removed because the family was able to form a plan to mitigate the risks that led to the consideration of removal. Of the remaining half (85) who were removed, nearly half of these (42) were placed with relatives. This means that of the total number of children who were the subject of a meeting, only about a quarter had to be placed in a home in which they did not have a previous relationship or bond. That is a huge development because we all know -- and the research confirms it -- that children do best when living with their parents or a relative or kin.

I am extremely pleased with the results of this work to date and want to thank our staff, who have gone to great lengths to accommodate and implement this change and all the other changes underway. There is no doubt that staff have worked tremendously hard and are responsible, along with the families, for attaining significant success. Since January 2011, there are 758 fewer children in care (-15.9 percent) and 315 fewer children in care out of state (-87 percent). The percentage of children in care living with kin has risen from 17.4 percent in January 2011 to 29.5 percent in June 2013 -- an increase of 40 percent. The percentage of children in care living in a congregate setting fell from 29.8 percent in January 2011 to 23 percent in June 2013 -- a decrease of 22.9 percent. These are impressive shifts in our system that I know we will sustain and build upon.

While these system-wide trends are deeply encouraging, the real work is happening one child and family at a time. Our staff has embraced the considered removal meetings and speak of the transforming quality of participating in the meetings in which families change the course of their future based on their own resolve and strengths. When our

interventions can have such a dramatic impact on a child and family, it is an inspiring experience. I am so pleased that staff report they have been uplifted as professionals as a result.

While the Department's agenda of reform is producing encouraging results, we also know there remains much work to be done to fulfill our promise to children and families. Achieving the outcome measures for case planning and needs met continues to challenge us and requires that we press forward on further improvements in how we engage families in our work. Finding foster homes for teens, siblings, children with complex medical needs, and infants remains a necessity as is finding more kinship homes and doing more to support those homes. We also need to do more to ensure that children receive the right service in the right setting and that children do not stay for longer than is appropriate in group settings, especially those designed for temporary stays.

These are serious challenges that we must address. However, I believe we are advancing the Department's work in fundamental ways. I want to thank all of our staff as well as all of our children and families and our community partners for possessing the commitment and exercising the courage to turn an agenda of reform into a better life and future for our children and families.