

**Juan F. v. Malloy Exit Plan
Quarterly Report
January 1, 2014 - March 31, 2014
Civil Action No. 2:89 CV 859 (SRU)**

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January 1, 2014 - March 31, 2014

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**Juan F. v Malloy Exit Plan Quarterly Report
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Highlights

- With the agreement of the parties, the Court Monitor did not report quarterly findings for the Fourth Quarter 2013. An automated reporting anomaly discovered while analyzing the Pre-Certification of Outcome Measure 5 required a review of all additional outcome measures. This topic is covered in both the complete report included in this Quarterly Report and the summary below. The findings for both the Fourth Quarter 2013 along with the findings for the First Quarter 2014 are included in the summary table on page 13.

- Over the past three years the Department of Children and Families, under the direction of Commissioner Joette Katz, has made significant progress by instituting new directives and protocols to reshape the agency's approach to child welfare practice. Substantial development has occurred addressing many core issues necessary to allow eventual exit from the *Juan F.* Consent Decree. As outlined in previous quarterly reports, these changes take many forms and include:
 - Working more collaboratively with families and stakeholders in a strength-based manner.
 - Significant decreases in the overall number of children and youth in DCF out-of-home placements.
 - Significant decreases in children receiving treatment in congregate care settings.
 - Continuing to increase the percentage of children in family-based living arrangements and those residing with relatives.
 - Utilization of a teaming approach for making decisions regarding removal, reunification, therapeutic treatment, and permanency decisions.
 - Instituting a Differential Response System (DRS) that created a variable response to new reports that now includes an assessment track that allows for referral to community-based agencies.
 - Increased training for all DCF staff in a variety of areas including trauma-informed treatment, DRS, case planning, and domestic violence.
 - Aggressively and successfully pursuing alternative funding sources to fill the sizable gaps in state funding and identified service needs that still exist.
 - Increased focus and attention to the debilitating impact of human trafficking and domestic violence and mental health access.

A more detailed list of improvements would be very long and would take up many pages in this report. Commissioner Katz and her team have challenged the notion of the "status quo" operation of Connecticut's child welfare system and have aggressively pursued a reframing of the agency's role and operation. Change

management, training, policy revisions, resource realignment and rigorous quality assurance activities all must be pursued while continuing to perform the challenging day-day activities to meet the needs of children and families. This has been no easy task, especially for a state bureaucracy during a very difficult fiscal period. As a result of the aggressive pace of the changes, the revised infrastructure has not been fully realized. While there is progress, there are still changes needed to provide services, monitor outcomes, coordinate care and manage the complexity of family issues while servicing more children in their own home or family-settings.

This type of major system change can only succeed by navigating the daunting task of overcoming considerable challenges that have emerged. The current Administration has taken this task head-on and is working to transform the DCF into an agency that utilizes restrictive levels of care on a less routine basis, but the state needs to reinvest and re-appropriate funding to better support community-based services and family-based care. While DCF decreases in the utilization of out-of-home care and overly restrictive congregate care treatment programs are notable achievements, the state has failed to reinvest appropriately to service the needs of "diverted" children who will now reside much more often in the community and depend on appropriate and timely community based services. The change in use of congregate care has allowed the state to save millions of dollars over the past three years. Unfortunately, nearly \$100 million dollars has been removed from the Department's budget over the last three years and a sizable portion of this funding is desperately needed to provide services for the "diverted" youth. Additional treatment and services for children and families, including the need to provide ample support services to family-based care providers in the community has not kept pace with the reduction in congregate care. This has resulted in thousands of children and families in need of behavioral health, substance abuse, educational, medical, domestic violence, permanency and other services, struggling to access the limited appropriate services now available. Many more foster homes, both non-relative and relative, are needed to service children with complex issues, and recent high profile cases illuminate that the state still lacks treatment options for a variety of youth with unique service needs. Consideration of tempering further reductions in congregate care should be considered until sufficient levels of community-based services are available. Numerous committees and legislative panels are reaching similar conclusions about the access, quality, and quantity of services available and needed to properly serve Connecticut's youth. I wholeheartedly concur with the conclusion by the Mental Health Task Force Panel last week that the state's overall system of providing mental health and substance abuse treatment for young people does not function well in meeting the needs of individuals and their families, although they cited some areas of excellence. Despite areas of improvement, the service system remains fragmented and the collaboration between the various state agencies serving children and families is tenuous and too often overly burdensome and unreliable.

For a number of years, staffing levels have been referred to as adequate though interviews with front-line staff or informal time studies consistently note that the daily job requirements were less than manageable. Staffing resources were removed from the agency via the misguided use of only the caseload calculation without consideration of other factors. The reduction in staff came at the critical moment of implementing the DRS and instituting system reforms via a strength-based framework for working with children and families. These reductions belied the fact that Social Workers' caseloads now included more complex cases and performing the work in a collaborative teaming model requiring much greater time and effort. As detailed on numerous occasions in these reports, these reductions have left DCF front line staff unable to meet the standards mandated by the agency and Legislature. The impact of the deficits in staffing and service resource levels is demonstrated by lowered levels of compliance, problems with the quality of investigation services and documentation in the case records as noted in the findings of ongoing pre-certification reviews such as Outcome Measure 5 (Repeat Maltreatment) included in this report, inconsistent care coordination and case planning activities and the inability to meet Outcome Measures that have been previously routinely met. Further compounding this problem is the fact that since October 2013 reports to the agency Careline have spiked significantly. Despite the advocacy of the Court Monitor, Commissioner Katz, union officials, community advocates and others there was no move to increase staffing for nearly nine months. This has resulted in hundreds of staff working with unacceptable high caseload/workload levels. At the time of the drafting of this report, over 200 Social Workers have caseloads at 100-150% of the existing caseload standards and 77 of those workers have exceeded 100% for over 30 days. As stated earlier the caseload standards are already set too high given the changes in the expectations that workers operate under each day, never mind exacerbating this impact by the current lack of sufficient staffing to an already staggering workload. The quality of the casework services has clearly been observed to regress due to the workload issues despite Social Workers' and Social Work Supervisors' admirable efforts. Thankfully, the Department has been given permission to hire 81 staff. This will eventually provide some relief once the staff are trained and can take full caseloads (4-6 months from now). Unfortunately, 81 new staff will not solve the agency's workload problem. Additional staff beyond the 81 being hired will be required in order to provide the quality case management services that staff have been trained to supply and that children and families require.

In the face of these successes and challenges the Commissioner and her staff must be credited with initiating multiple initiatives to address the staffing and community resource issues that confront Connecticut. Just recently, two very impressive efforts were noted by the Court Monitor. First, the Department utilized the LEAN program for the Department's licensing process and their investigation/assessment process. Regional staff of many levels devoted time and energetically pursued a thorough review that produced multiple recommendations to streamline and clarify service processes. This is a wonderful effort to improve service delivery and help address the workload problem from a different vantage

point. In addition, the Department's dogged pursuit of federal grants and the development of initiatives like a Social Impact Bond Program that incorporates a public/private partnership have successfully positioned the Department to potentially fill gaps in services that are not being addressed by the current budget.

It is not surprising, given the information detailed above, that the Department has strained to continue the incremental progress noted for the first two years of Commissioner Katz's tenure. Yet, there should be no confusion with the fact the Department is headed firmly in the correct direction and successful implementation is still occurring on a number of fronts thanks to the dedicated and often times heroic efforts of regional and facility staff. System reform for Connecticut's most vulnerable population is occurring and it can help families in a manner never before seen in Connecticut, but the promise of fully implementing this approach is compromised by the challenges noted. To successfully pivot service provision to a true strength-based community approach these challenges must be addressed.

- The Court Monitor's quarterly review of the Department's efforts to meet the Exit Plan Outcome Measures during the period of January 1, 2014 through March 31, 2014 indicates the Department achieved 15 of the 22 Outcome Measures. The seven measures not met include: Outcome Measure 2 (Completion of Investigation), Outcome Measure 3 (Case Planning), Outcome Measure 9 (Transfer of Guardianship), Outcome Measure 10 (Sibling Placement), Outcome Measure 15 (Children's Needs Met), Outcome Measure 17 (Worker-Child Visitation In-Home)¹, and Outcome Measure 18 (Caseload Standards).
- **According to the 54 case, blind-sample conducted for the First Quarter 2014, the Department's statewide result for Outcome Measure 3 (Case Plans), is 51.9%.** The standard is 90%. This is a decline in the rate "Appropriate Case Plan" in comparison to prior performance reported. Outcome Measure 15 requires that all needs be met within the case for 80% of the children and families served. **The Department's statewide result for OM 15 was not achieved, with the sample calculated at a rate of 57.4% for the First Quarter 2014.** As detailed earlier, insufficient staffing resources and a failure to sufficiently reinvest money saved by the reduction in utilization of congregate care are a major impediment to improving the Department's efforts on these critical measures. Staff have received considerable training and mentoring and most staff work conscientiously to attempt to meet the complex needs of the children and families on their caseloads.

¹ 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.

There is simply no way for them to compensate for the current workload demands or the lack of sufficient community-based and family-based resources.

Region III achieved the highest Outcome Measure 3 regional performance with 80.0%; Region V struggled to achieve this measure this quarter with a rate of 22.2%. Middletown, Torrington and Willimantic all achieved the measure during the quarter at 100.0%. Danbury, Norwalk/Stamford and Waterbury by contrast, failed to pass any of the randomly selected cases resulting in 0.0% compliance.

Six (11.1%) of the case plans were not approved at the time of the reviewers final review. This is up sharply from our last reporting when the percentage was 3.6% of the case plans. Including these six, there were a total of 18.5% with Supervisor approval still lacking 25 days after the ACR or family conference. 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 of delayed approvals continues to be a concern as we cannot underscore the importance of timely sharing of accurate and clear assessments and expectations with the case participants by utilizing the case plans. It is clear that the staffing and caseload is a factor in delay in case approval as responses from area office staff often cite a lack of approval as an oversight in the overwhelming demands of other case management priorities.

The offices that met or exceeded the standard for Outcome Measure 15 during the quarter were: Bridgeport, Middletown, New Britain, and Torrington which achieved 80.0% or greater. The highest performing region was Region III with 80.0%, which was the only region to meet the requirement for the measure this quarter.

There were multiple needs noted in this quarter among the 54 cases. The number did rise slightly from that reported in our last report. In all, 274 identifiable unmet needs rose to the level of what reviewers felt had a significant negative impact on the health, safety or well being of the children and families were noted within the sample. The most common barrier identified is again the client refusal, but delays in referrals and unavailable or wait-listed services were also prevalent. The ongoing challenges of meeting the unique needs of children are in part demonstrated by the high percentage of children in overstay status in Safe Homes and STAR programs. Along with sufficient community-based resources, many more well-supported non-relative and relative foster care resources are required to meet the needs of the population of children serviced in family-type settings.

- The Court Monitor has continued the work to pre-certify Outcome Measures in order to advance the exit process from federal oversight. During the Third Quarter 2013, a Pre-Certification Review of Outcome Measure 5 (Repeat Maltreatment, In-Home) was undertaken. The completed report is included in this Quarterly Report beginning on page 18. DCF has asserted compliance with Outcome Measure 5 for the last 26 quarters. It has been an area that the Department has

promoted as a strength in its overall practice. This review, similar to a review that the Court Monitor conducted in 2006-2007, verifies that the quantitative benchmark was again met and in fact sustained since our last review. However, this verification comes with a caveat as the Court Monitor did uncover issues with the Department's case practice related to Investigations practice and documentation continues to be an issue within the Ongoing Services units. These deficits were noted most frequently related to documentation of purposeful visitation, supervisory oversight, risk assessment, and collateral contacts. The Court Monitor shared this information with the Department in multiple forums months ago and while some of the concerns noted are related to the lack of sufficient staffing noted previously, this led the Department to examine and propose changes to improve the quality and consistency of Intake/Investigation and FAR practice. Further, a problem within the automated report logic within the Exit Plan reporting/data structure was identified during this review that required immediate intervention on the part of DCF. The Court Monitor did not produce a Fourth Quarter Report due to the need to ascertain the scope of the problem. The Department identified the issue and is working to resolve it.

Our analysis found deviations in the cohort statistics were present, however they did not present as statistically significant with the exception of the age. Age appears to be a factor. Children ages 2-3 and 7-8 failed the measure at a much higher rate, and children age one appeared to meet the measure at a much higher rate. Further study may be necessary to observe case management practices for these ages for causal factors.

- The number of children with the goal of Another Planned Permanent Living Arrangement (APPLA) decreased by 20 from the 583 in November 2013 to 563 this quarter. The Department has not completed a review of the individual children/youth since they were part of the "Permanency Roundtable" initiative two quarters ago. In collaboration with Casey Family Programs, five professional teams held facilitated round table reviews of over 130 older youth. Most of these youth had "Another Planned Permanency Living Arrangement"(APPLA) as a permanency goal. While this goal may be appropriate for some youth, it is not a preferred goal due to its lack of a formal permanent and stable relationships with an adult support, be it relative or kin. The round table discussions identified and advanced alternate permanency options and improvements to the many of existing plans for these youth. This work was also furthered by the release of a confidentiality memo to staff that explained appropriate ways to outreach to extended family, training of therapeutic foster care staff, FASU recruiters and Permanency Exchange Specialists regarding extreme recruitment and family search and engagement, and a review/revisiting of youth with APPLA goals. More work is required regarding this last effort as there are varying opinions with the judicial system regarding the Department's move to modify some APPLA goals.
- The last two quarters were the first time since 2005 that Outcome Measure 2 (Completion of Investigation) was not met. The standard is 85% and during the

First Quarter 2014 the finding dropped to 77.6% of accepted reports completed timely. As discussed above, this is the result of the budget considerations that prevented the hiring of additional staff, commensurate with the increase in reports and workload that occurred since October 2013. Investigation/FAR staff in many offices have been working at or over the caseload standard for many months.

- As of May 2014, there were 147 *Juan F.* children placed in residential facilities. This is the same number of children as reported in November 2013. The number of children residing in residential care for greater than 12 months was 40, which is a decrease of 2 children in comparison to the 42 reported in November 2013.
- The Department continues to reduce the number of *Juan F.* children residing and receiving treatment in out-of-state residential facilities. As of May 2014, the number of children decreased by 5 for a total of 26 children compared to the 31 children reported for December 2013.
- The number of children age 12 years old or younger in congregate care decreased by 13 to 34 children as of May 2014. Of the total, 13 are placed in Residential Care, 11 children reside in SAFE Homes, nine children are placed in group homes, and one child is in a Shelter.
- As of May 2014, there were 7 children aged 1 to 5 years of age residing in Congregate Care placements. Four of these children were placed in medical care settings due to complex medical conditions. Two were in SAFE Homes and one child was placed with legal commitment in conjunction with a teenage mother in a group home setting.
- The number of children utilizing SAFE Home temporary placements decreased to 28 as of May 2014 compared with the 33 reported as of November 2013. The number of children in SAFE Home overstay status (>60 days) during the Third Quarter, was 71.4% or 20 children. There were 10 children with lengths of stay in excess of six months as of May 2014. The lack of sufficient foster/adoptive resources, the need for ongoing reunification efforts and the need for community-based services remain the significant barriers to timely discharge for these children.
- There were 59 youth in STAR programs as of May 2014, this is 14 less than the 73 reported in November 2013. Just over half (50.8%) of the youth (30 of 59) in STAR programs were in overstay status (>60 days) as of May 2014. There were 11 children with lengths of stay longer than six months as of May 2014 which is six more than November 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.

- There have been many changes in the utilization of out-of-home care in the last three years and the recruitment and retention goals outlined in the 2008 Stipulation Regarding Outcome Measures 3 and 15 need to be reconsidered. Some of the notable changes include:
 - An overall decrease of children in placement by 13.7% (from 4784 to 4123)
 - Increased relative/kin placement from 21% to 33.3% or 379 more children now placed with relatives/kin
 - 407 fewer children placed in non-relative homes
 - 593 fewer children in congregate care settings, which is a 32.3% decrease from 1426 to 833
 - Reduced utilization of out-of state placements, most notably in residential facilities, from 364 to 26.

There are fewer children currently in need of basic level relative and non-relative foster care services due to initiatives that have focused the Department's work toward serving intact families; providing a variety of in-home services, improving care-coordination and reducing the number of children removed from their homes through utilization of new risk assessment and family engagement protocols. This is juxtaposed with the decrease in utilization of congregate care placement and the effort to place children with more complex needs in foster care and treat them with community-based services. While demand may be lower, appropriate matching requires more than a one child: one bed ratio and the Department still has significant areas of need in recruitment that must be accomplished. In order to meet the needs of the children, sufficient numbers of trained and well supported foster care resources (relative and non-relative) are required as well as a need to improve and increase the community-based resources available to treat these children. Additional foster care and adoptive resources remain an essential component required to address the needs of all entrusted children, reduce discharge delays, avoid overcapacity placements, and ensure placement in the most appropriate and least restrictive setting.

The Court Monitor and the parties will continue their discussions regarding the changing landscape of child welfare in Connecticut over the next quarter and attempt to arrive at a common understanding of the scope and number of foster care resources that now need to be available to properly match, care and treat the children. Until then I offer the following report. The Division of Foster Care's monthly report for March 2014 indicates that there are 1978 licensed DCF foster homes. This is a decrease of 29 homes when compared with the Third Quarter 2013 report. The number of approved private provider foster care homes is 817 which is a reduction of 16 homes. The number of private provider foster homes currently available for placement is 57. In July 2008 the parties entered into a stipulated agreement in order to resolve an assertion of non-compliance with respect to Outcome Measures 3 and 15. 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 2014 is 2,795 homes, a net loss of 45 homes since the last report and 447 homes compared with the baseline set in June 2008.

- The Monitor's quarterly review of the Department for the period of January 1, 2014 through March 31, 2014 indicates that the Department did not achieve compliance with seven (7) measures:
 - Completion of Investigation (77.6%)
 - Treatment Planning (51.9%)
 - Transfer of Guardianship (67.6%)
 - Sibling Placements (90.6%)
 - Children's Needs Met (57.4%)
 - Worker-Child Visitation In-Home (N/A)²
 - Caseload Standards (94.5%)

- The Monitor's quarterly review of the Department for the period of January 1, 2014 through March 31, 2014 indicates the Department has achieved compliance with the following 15 Outcome Measures:
 - Commencement of Investigations (93.6%)
 - Search for Relatives (86.6%)
 - Repeat Maltreatment (6.3%)
 - Maltreatment of Children in Out-of Home Cases (0.2%)
 - Reunification (60.2%)
 - Adoption (44.0%)
 - Re-Entry into DCF Custody (4.8%)
 - Multiple Placements (96.8%)
 - Foster Parent Training (100.0%)
 - Placement within Licensed Capacity (96.0%)
 - Worker-Child Visitation Out-of Home Cases (94.9% Monthly/98.8% Quarterly)
 - Residential Reduction (4.0%)
 - Discharge Measures regarding Education, Work, and Military Status (90.9%)
 - Discharge to Adult Services (100.0%)
 - Multi-disciplinary Exams (85.4%)

² 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 Department has maintained compliance for at least two (2) consecutive quarters³ with 14 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-eighth consecutive quarter)
 - Search for Relatives (thirty-first consecutive quarter)
 - Repeat Maltreatment (twenty-eighth consecutive quarter)
 - Maltreatment of Children in Out-of-Home Care (fortieth consecutive quarter)
 - Reunification (fourth consecutive quarter)
 - Adoption (third consecutive quarter)
 - Re-Entry into DCF Custody (third consecutive quarter)
 - Multiple Placements (twenty third consecutive quarter)
 - Foster Parent Training (fortieth consecutive quarter)
 - Visitation Out-of-Home (thirty-fourth consecutive quarter)
 - Residential Reduction (thirty-first consecutive quarter)
 - Discharge of Youth with High School diplomas, work or military service (ninth consecutive quarter)
 - Discharge of Youth to Adult Services (fourth consecutive quarter)
 - Multi-disciplinary Exams (thirty-first consecutive quarter)

A full copy of the Department's First Quarter 2014 submission including the Commissioner's Highlights may be found on page 115.

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

Juan F. v. Malloy Exit Plan Quarterly Report
July 2014

Statewide		Positive Outcomes For Children																														
Measure	Measure	Baseline	Q1 2014	Q4 2013	Q3 2013	Q2 2013	Q1 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	
1. Commencement of Investigation	>=90%	X	93.6%	94.7%	96.0%	96.2%	96.6%	94.9%	96.7%	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%	97.0%	97.4%	97.6%	97.8%	97.4%	97.0%	97.1%	96.6%	
2. Completion of the investigation	>=85%	73.7%	77.6%	83.7%	92.6%	92.2%	89.1%	90.2%	92.6%	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%	
3. Treatment Plans	>=90%	X	51.9%	48.1%	66.6%	63.0%	66.4%	63.7%	47.8%	63.0%	39.6%	44.4%	50.9%	N/A	81.1%	67.9%	66.0%	75.5%	86.6%	47.2%	63.8%	73.1%	65.4%	81.1%	62.3%	66.8%	68.8%	51.0%	30.0%	30.3%	41.3%	
4. Search for Relatives	>=85%	68%	86.6%	88.3%	90.2%	85.3%	92.2%	87.3%	87.5%	89.6%	89.3%	92.8%	94.6%	94.6%	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%	
5. Repeat Maltreatment of In-Home Children	<=7%	9.3%	6.3%	4.6%	4.9%	5.7%	4.4%	4.9%	4.3%	4.1%	4.3%	6.0%	6.1%	5.4%	5.7%	6.2%	6.6%	6.6%	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%	
6. Maltreatment of Children in Out-of-Home Care	<=2%	1.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	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%	
7. Reunification	>=60%	67.8%	60.2%	62.6%	62.4%	62.8%	66.3%	67.6%	62.0%	61.1%	68.9%	65.8%	65.3%	73.1%	61.7%	64.9%	68.3%	67.1%	61.2%	71.4%	66.0%	71.9%	68.1%	69.6%	62.6%	64.4%	66.4%	61.0%	64.2%	67.9%	70.5%	
8. Adoption	>=32%	12.6%	44.0%	33.9%	32.8%	31.6%	29.6%	26.9%	39.0%	34.3%	23.7%	33.6%	40.0%	32.7%	36.6%	38.5%	26.8%	36.0%	34.7%	35.2%	36.7%	33.2%	44.7%	27.2%	32.3%	33.0%	41.6%	36.6%	36.2%	40.6%	34.5%	
9. Transfer of Guardianship	>=70%	60.5%	67.6%	63.8%	77.3%	66.6%	77.6%	76.6%	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%	
10. Sibling Placement	>=96%	67%	90.6%	89.9%	92.6%	89.0%	89.6%	87.6%	87.6%	89.2%	88.6%	91.8%	89.3%	86.8%	86.7%	93.3%	81.9%	84.8%	86.6%	83.4%	84.7%	83.1%	83.4%	82.1%	82.6%	86.8%	86.7%	86.2%	83.3%	79.1%	84.0%	
11. Re-Entry into DCF Custody	<=7%	6.9%	4.8%	4.9%	5.5%	6.0%	7.4%	7.0%	9.1%	6.8%	6.8%	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%	7.6%	6.7%	7.6%	7.2%	8.5%	7.8%	
12. Multiple Placements	>=85%	X	96.8%	97.1%	96.6%	96.7%	96.4%	96.6%	96.4%	96.6%	96.4%	96.4%	96.1%	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%	
13. Foster Parent Training	100%	X	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
14. Placement Within Licensed Capacity	>=96%	84.9%	96.0%	95.7%	96.2%	96.4%	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%	
15. Children's Needs Met	>=80%	X	67.4%	67.4%	67.3%	74.1%	61.8%	63.7%	63.6%	61.1%	60.4%	55.6%	60.4%	N/A	58.6%	56.6%	58.6%	52.8%	67.3%	45.3%	55.6%	63.6%	61.6%	58.6%	62.0%	55.8%	58.8%	47.1%	64.0%	51.3%	45.3%	
16. Worker Child Violation (Out of Home)	>=85%(yr)	X	94.9%	95.4%	94.6%	95.8%	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%	
17. Worker Child Violation (In Home)	>=100%(cr)	X	98.8%	99.0%	98.8%	99.0%	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%	91.6%	90.9%	93.1%	93.1%	92.8%	95.7%	93.3%	
18. Caseload Standards	>=85%	X	83.0%	85.1%	86.1%	88.6%	88.1%	84.1%	87.6%	85.8%	84.8%	85.9%	86.3%	89.7%	88.5%	89.7%	89.4%	89.7%	89.6%	88.5%	88.8%	88.6%	88.6%	90.5%	89.7%	90.3%	91.4%	90.8%	89.9%	89.4%	90.9%	89.0%
19. Reduction in the Number of Children Placed in Residential Care	<=11%	13.5%	4.0%	4.2%	4.3%	4.9%	5.1%	5.8%	6.3%	6.9%	7.6%	8.5%	8.8%	9.8%	10.0%	9.9%	9.4%	10.1%	10.0%	9.9%	9.8%	9.7%	10.0%	10.0%	10.0%	10.4%	10.5%	10.9%	10.8%	11.0%	10.9%	
20. Discharge Measures	>=86%	61%	90.9%	94.6%	86.7%	86.3%	86.6%	96.9%	89.2%	86.7%	86.9%	76.6%	88.0%	79.4%	82.9%	87.2%	88.6%	87.9%	86.0%	86.9%	80.0%	92.2%	86.3%	92.2%	93.0%	92.0%	92.0%	96.0%	96.0%	X	>	
21. Discharge of Mentally Ill or Mentally Retarded Children	100%	X	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	92.0%	97.0%	96.1%	97.3%	96.1%	100.0%	97.6%	100.0%	97.2%	96.7%	95.0%	95.0%	98.0%	97.0%	96.0%	95.0%	X	>	
22. Multi-disciplinary Exams (MDE)	>=85%	6.6%	85.4%	85.1%	94.1%	93.6%	95.0%	89.7%	95.6%	93.8%	90.0%	93.4%	93.3%	96.3%	91.9%	97.6%	96.1%	96.4%	95.7%	95.7%	91.4%	94.6%	93.6%	90.1%	94.0%	93.6%	98.7%	96.4%	95.2%	96.8%	91.1%	

Juan F. Pre-Certification Review-Status Update First Quarter 2014

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 First Quarter 2014, a Pre-Certification Review of Outcome Measure 5 (Repeat Maltreatment of Children) was completed. DCF has asserted compliance with Outcome Measure 5 for the last 26 quarters. It has been an area that the Department has promoted as a strength in its overall practice. The Court Monitor did uncover qualitative issues with the Department's case practice, but these were more closely related to Investigations and will be better addressed in our review of Outcome Measure 1 and 2. Documentation also continues to be an issue within the Ongoing Services units. The deficits most frequently noted related to documentation of purposeful visitation, supervisory oversight, risk assessment, and collateral contacts. The issues noted were identified within both cohort groupings, and were rather indicative of general case management issues currently captured more appropriately in the area addressed in our findings related to assessment, risk assessment and service provision of Outcome Measure 3 and Outcome Measure 15 reporting

Minor differences between the two cohort groups' statistics were present, however did not present as statistically significant with the exception of age. Age appears to be a factor in repeat maltreatment. Children ages 2-3 and 7-8 failed the measure at a much higher rate, while children age one appeared to meet the measure at a much higher rate. Further study would be necessary to gain further insight of case management practices specific to these ages for possible gains in this area, given the limitations of a record review only methodology.

As noted in our prior report in Third Quarter 2013, preliminary data gleaned from the reviewers during this process raised concerns with the quality and consistency of Intake/Investigations and FAR efforts statewide. The Court Monitor detailed the preliminary concerns with Senior Management and also met with the Communities of Practice for Intake/FAR and the Area Directors to provide this feedback directly. Several Program Managers utilized this information to conduct quality checks and internal audits at the time of this reporting in attempt to better understand the scope of the issues within their own offices.

This review, similar to a review that the Court Monitor conducted in 2006-2007, verifies that the *quantitative benchmark* was again met and in fact sustained since our last review. However, the Court Monitor's verification comes with a caveat, as a problem within the automated report logic within the Exit Plan reporting/data structure was identified that required immediate intervention on the part of DCF.

The *Juan F.* parties and the Court Monitor have determined that the results from ten of the eleven completed pre-certification reviews have now 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.

Outcome Measure	Statement of Outcome	Status
OM 4: Search for Relatives	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.	Pre-Certified
OM 5: Repeat Maltreatment of Children	No more than 7% of the children who are victims of substantiated maltreatment during any six-month period shall be the substantiated victims of additional maltreatment during any subsequent six-month period. This outcome shall begin to be measured within the six-month period beginning January 1, 2004.	Pre-Certified*
OM6: Maltreatment of Children in Out of Home Care	No more than 2% of the children in out of home care on or after January 1, 2004 shall be the victims of substantiated maltreatment by substitute caregivers while in out of home care.	In Progress
OM 7: Reunification	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
OM 8: Adoption	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
OM 9: Transfer of Guardianship	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
OM 12: Multiple Placements	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
OM 14: Placement within Licensed Capacity	At least 96% of all children placed in foster homes shall be in foster homes operating within their licensed capacity, except when necessary to accommodate sibling groups.	Pre-Certified
OM 16: Worker/ Child Visitation (Child in Placement)	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

* Pre-Certification granted subject to verification of correction to ROM system reporting - release delayed to June 2014.

Outcome Measure	Statement of Outcome	Status
OM 17: Worker-Child Visitation (In-Home)	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
OM 20: Discharge Measures	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
OM 21: Discharge of Mentally Ill or Developmentally Disabled Youth	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
OM22: Multi-disciplinary Exams	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

Outcome Measure 6: Maltreatment of Children in Out of Home Care, is the next review in queue. The data collection has just been completed. A debriefing meeting is scheduled in late June. Data Analysis will be completed and the findings will be reported with the next quarterly report. Upon completion of Outcome Measure 6, Outcome Measure 11 will be the next measure to be reviewed.

**Juan F. Pre-Certification Review of Outcome Measure 5:
Repeat Maltreatment of Children**

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DCF Court Monitor's Pre-Certification Review of Outcome Measure 5: Repeat Maltreatment of Children

Overview

This is a review of Outcome Measure 5 Case Review: Repeat Maltreatment of Children regarding the instances of repeat maltreatment such that:

“No more than 7% of the children who are victims of substantiated maltreatment during any six month period shall be the substantiated victim of additional maltreatment during any subsequent six month period. This outcome shall begin to be measured within the six month period beginning January 1, 2004.”

This review is conducted to provide both qualitative and quantitative data supplemental to the DCF LINK data verified by the DCF Court Monitor on a quarterly basis. As with previously reported reviews, the purpose of this 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 which are affecting the well-being of *Juan F.* class members, and to increase the efficiency of DCF's eventual compliance with the Exit Plan and exit from the *Juan F.* Consent Decree.

If the pre-certification review does not identify any material issues requiring remediation and no assertions of noncompliance with the specific Outcome Measure at issue are pending at the time the Defendants assert sustained compliance with all 22 Outcome Measures, the parties agree that the full review as outlined in paragraph 5 of the *Juan F. Revised Exit Plan* will not be a requirement to exit. The extent of the full review will be decided after discussions and agreement of the parties, and will be formalized in a modification of the *Juan F. Revised Exit Plan* at the time of assertion of compliance.

DCF has asserted compliance with Outcome Measure 5 for the last 26 quarters. It has been an area that the Department has promoted as a strength in its overall practice. This review, similar to a review that the Court Monitor conducted in 2006-2007 verifies that the quantitative benchmark was again met and in fact sustained since our last review. However, this verification comes with a caveat, as a problem within the automated report logic within the Exit Plan reporting/data structure was identified that required immediate intervention on the part of DCF. Further, the Court Monitor did uncover issues with the Department's case practice related to Investigations and documentation continues to be an issue within the Ongoing Services units.

Findings

The DCF *initially* reported a rate of 5.7% compliance per their submitted Second Quarter 2013 (April 1, 2013 - June 30, 2013) ROM report as follows:

Table 1: Outcome Measure 5: Child Safety Maintained for Six Months (No Repeat Maltreatment)

	Met		Not Met		Total	
<u>None - 1</u>	<u>9</u>	100.0%	<u>0</u>	0.0%	<u>9</u>	100%
<u>Bridgeport Area</u>	<u>118</u>	96.7%	<u>4</u>	3.3%	<u>122</u>	100%
<u>Danbury Area</u>	<u>58</u>	92.1%	<u>5</u>	7.9%	<u>63</u>	100%
<u>Hartford Area</u>	<u>159</u>	94.6%	<u>9</u>	5.4%	<u>168</u>	100%
<u>Hotline Area</u>	<u>2</u>	100.0%	0	0.0%	<u>2</u>	100%
<u>Manchester Area</u>	<u>123</u>	97.6%	<u>3</u>	2.4%	<u>126</u>	100%
<u>Meriden Area</u>	<u>52</u>	89.7%	<u>6</u>	10.3%	<u>58</u>	100%
<u>Middletown Area</u>	<u>51</u>	94.4%	<u>3</u>	5.6%	<u>54</u>	100%
<u>Milford Area</u>	<u>79</u>	96.3%	<u>3</u>	3.7%	<u>82</u>	100%
<u>New Britain Area</u>	<u>139</u>	92.7%	<u>11</u>	7.3%	<u>150</u>	100%
<u>New Haven Area</u>	<u>146</u>	98.6%	<u>2</u>	1.4%	<u>148</u>	100%
<u>Norwalk/Stamford Area</u>	<u>61</u>	92.4%	<u>5</u>	7.6%	<u>66</u>	100%
<u>Norwich Area</u>	<u>139</u>	89.7%	<u>16</u>	10.3%	<u>155</u>	100%
<u>Spec Invest. Unit Area</u>	<u>4</u>	80.0%	1	20.0%	<u>5</u>	100%
<u>Torrington Area</u>	<u>69</u>	93.2%	<u>5</u>	6.8%	<u>74</u>	100%
<u>Waterbury Area</u>	<u>68</u>	94.4%	<u>4</u>	5.6%	<u>72</u>	100%
<u>Willimantic Area</u>	<u>89</u>	94.7%	<u>5</u>	5.3%	<u>94</u>	100%
Statewide	<u>1366</u>	94.3%	<u>82</u>	5.7%	<u>1448</u>	100%

Upon our review of the sample data, the Court Monitor's calculated rate of compliance was 6.5%. While the review indicates that the measure was met during the period under review, there appeared to be a significant issue with the data and we advised the DCF of a suspected underlying issue with the dataset which may be compromising the reporting for the outcome measure.

The DCF Office of Research and Evaluation (ORE) investigated our concerns and informed the Court Monitor that there was an issue (see appendix B for full details) and the corrected rate of compliance for the quarter under review was 6.8%. Throughout the review process, it was identified that the ROM indicator was correctly identifying children as being part of the subset of the OM5 cohort, the problem area was within the report logic including or excluding children intermittently *after* that identification was triggered. A new reporting structure has been developed

with a recent ROM release that will go into effect and correct this issue going forward. The ORE in conjunction with Information Services has corrected all previous quarters' data as a result of our inquiry and their investigation findings.

The Court Monitor finds this corrective process has resolved the data error and the reporting will be accurate upon application of the new algorithm. We concur with their assertion that the based upon the automated reporting **Second Quarter 2013 Outcome Measure 5 quantitative measure has been achieved with 6.8% performance - in line with the standard of no more than 7% of the children who are victims of substantiated maltreatment during any six month period shall be the substantiated victim of additional maltreatment during any subsequent six month period met.**

Sampling Methodology

Given the demands currently placed on staffing within the Department we were unable to jointly conduct this review and the DCF Court Monitor review staff completed all data collection. A test was conducted to ensure issues of reliability and validity were addressed prior to initiating the full review. Minor edits resulted within the tool as a result of this process. Each reviewer also completed one or more interrater cases comparative to the review supervisor to ensure that responses were monitored throughout the project.

A LINK report was generated by this office in August 2013 which included the universe of children with substantiation within the quarter of October 1, 2012 through December 31, 2012 and looked forward six months from the date of the incident of that substantiation to determine if he or she had been victim to repeat substantiated maltreatment. This report identified a cohort of 96 Children with Repeat Maltreatment (n=96) within a six month period of having a substantiation of abuse or neglect in the fourth quarter 2012. Our agreed upon methodology was to review all Children in Care with Repeat Maltreatment (n=96) and a like number of children with no repeat maltreatment. Upon a cursory screening one child who was not Juan F. (committed delinquent) was screened out. Three additional review rows were eliminated as they were duplicates within the sample. The final review thus incorporated 187 individuals from a universe of 1,456 children that were identified in our August sampling.⁴

The Court Monitor's reviewers' identification of "met" or "not met" designation within the reporting was consistent with the ROM identifier in 98.9% of all reviewed cases. In only one of the 187 cases reviewed did our reviewer arrive at a different response than that identified in the online report. As a result of our sample draw in August 2013, we verified within our sample that there were 95 children (6.5%) that had two or more substantiations within the period of six month review that followed from the dataset of 1456. We verified a like number who were identified as not a victim of a second substantiation within the six month reporting period ending with the quarter of April-June 2013. In one case it was a case identified as met that was not met in the period of review.

⁴ We note a limitation based on information that has come to light from the DCF ORE investigation into the data discrepancies. The universe that was identified in August was not wholly representative of all cases. There were some children left out of that grouping due to the flaws noted within the report that ultimately resulted in 1718 children being identified. The Court Monitor will leave open to the parties' discretion the need to repeat this study at a later time should it be deemed appropriate given this issue and any others given weight within the findings.

Our analysis of the ROM data at points in time, showed several children in the wrong categories (met/not met -, siblings dropping in or out of the identified categories they were in prior with no valid rationale (i.e. substantiation overturned)). (The DCF Information Technology Department and Office of Research and Evaluation conducted a review of this issue which is provided in a separate document.)

Given the reporting issue identified above the following occurred:

- The Department initially reported a universe of 1,442 with 82 children not meeting the measure. This is 5.7%.
- As a result of our sampling in August 2013, we concluded that there were 95 children (6.5%) that had two or more substantiations within the period of six month review from a universe of 1456.
- At report writing, upon correction of the data reporting glitch, the online data set, included a universe of 1843 children, of which 125 did not meet the measure (6.8%). Trend display amongst the regions shows that while the state as a whole met the measure, eight of the area offices actually failed to meet the measure.

Table 2: Outcome Measure 5: Child Safety Maintained for Six Months (No Repeat Maltreatment)

	Met	%	Not Met	%	Total	%
Bridgeport Area	<u>153</u>	96.2	<u>6</u>	3.8	<u>127</u>	100%
Danbury Area	<u>66</u>	93.0	<u>5</u>	7.0	<u>71</u>	100%
Hartford Area	<u>211</u>	93.8	<u>14</u>	6.2	<u>225</u>	100%
Hotline Area	<u>4</u>	100.0	0	0.0	<u>4</u>	100%
Manchester Area	<u>152</u>	96.2	<u>6</u>	3.8	<u>158</u>	100%
Meriden Area	<u>66</u>	90.4	<u>7</u>	9.6	<u>73</u>	100%
Middletown Area	<u>58</u>	90.6	<u>6</u>	9.4	<u>64</u>	100%
Milford Area	<u>120</u>	96.0	<u>5</u>	4.0	<u>125</u>	100%
New Britain Area	<u>174</u>	91.6	<u>16</u>	8.4	<u>190</u>	100%
New Haven Area	<u>183</u>	94.8	<u>10</u>	5.2	<u>193</u>	100%
Norwalk/Stamford Area	<u>66</u>	91.7	<u>6</u>	8.3	<u>72</u>	100%
Norwich Area	<u>169</u>	90.4	<u>18</u>	9.6	<u>187</u>	100%
Spec Invest. Unit Area	<u>16</u>	100.0	0	0.0	<u>16</u>	100%
Torrington Area	<u>81</u>	90.0	<u>9</u>	10.0	<u>90</u>	100%
Waterbury Area	<u>85</u>	90.4	<u>9</u>	9.6	<u>94</u>	100%
Willimantic Area	<u>114</u>	93.4	<u>8</u>	6.6	<u>122</u>	100%
Statewide	<u>1718</u>	93.2	<u>125</u>	6.8	<u>1843</u>	100%

Sample Demographics

Our sample was determined by the inclusion of all repeat victims, and a random selection of the remaining universe. Our resulting statewide distribution is provided below:

Table 3: Sample Distribution Area Office Assignment

	Met	Not Met	Frequency	Percent
Bridgeport	5	4	9	4.8%
Danbury	11*	5	16	8.6%
Hartford	9	9	18	9.6%
Manchester	5	5	10	5.3%
Meriden	5	5	10	5.3%
Middletown	3	4	7	3.7%
Milford	4	4	8	4.3%
New Britain	9	12	21	11.2%
New Haven	8	8	16	8.6%
Norwalk/Stamford	5	7	12	6.4%
Norwich	13	14	27	14.4%
Torrington	4	5	9	4.8%
Waterbury	6	7	13	7.0%
Willimantic	5	6	11	5.9%
Total	92	95	187	100.0%

* A few cases initially designated as Careline or are included in this office.

Forty-nine of the cases were closed at the point of our review in October 2013. This sample represents the case management of 103 Ongoing Treatment Social Workers reporting to 76 Social Work Supervisors.

After the initial screen outs from a total of 192 children, the review included 187 children participant to 158 cases (21 sibling sets). Ages at the date of the fourth quarter 2012 incident that started the cohort 'clock' ranged from newborn to 17 years old with a median age of 7 years old. The most frequently identified age was birth to age one (n=22). Age may to be a factor in cases with repeat maltreatment, or at least merits some consideration or weight in planning. Children at ages two and three, and again at seven and eight appear to have a much higher rate of repeat maltreatment than children of other ages within the sample.

Crosstabulation 1: Age at Incident first substantiated within the quarter* Does LINK report indicate that this case met the measure?

Age on date of first incident substantiated in 4 th Quarter	Does LINK report indicate that this case met the measure?		
	Yes - met the measure	No - Failed to meet the measure	Total
birth >1	14	8	22
1	11	1	12
2	2	11	13
3	3	11	14
4	3	5	8
5	3	3	6
6	5	2	7
7	3	10	13
8	3	9	12
9	3	2	5
10	3	3	6
11	5	6	11
12	3	6	9
13	6	4	10
14	5	4	9
15	8	4	12
16	6	3	9
17	6	3	9
Total	92	95	187

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	34.423(a)	17	.007
Likelihood Ratio	37.253	17	.003
Linear-by-Linear Association	.732	1	.392
N of Valid Cases	187		

a 19 cells (52.8%) have expected count less than 5. The minimum expected count is 2.46.

Crosstabulation 2: Child's Ethnicity * Child's Race * Does LINK report indicate that this case met the measure?

Does LINK report indicate that this case met the measure?			Child's Race					
			Asian	Black/ African American	White	Unknown	Multiracial	Total
Yes - met the measure	Child's Ethnicity	Hispanic	0	2	27	1	3	33
		Non-Hispanic	0	18	34	1	4	57
		Unknown	0	0	0	1	1	2
	Total Met		0	20	61	3	8	92
No - Failed to meet the measure	Child's Ethnicity	Hispanic	1	4	24	0	8	37
		Non-Hispanic	0	16	33	1	8	58
	Total Not Met		1	20	57	1	16	95

Race and ethnicity showed slight disparity within both subsample sets; however the trends do not appear significant enough to warrant further investigation.

Following the fourth quarter 2012 incident date, 22 children were placed out of home. Eight of these children were the subject of repeat maltreatment, and 14 were not the subject of repeat maltreatment during the period of review. Comparisons on the total number of children experiencing out of home placement cannot be undertaken given the sampling methodology.

When looking at the case open date to the date of the placement episode resulting from the fourth quarter 2012 investigation, the range of time was from same day to 13 months. The mean timeframe between case open date and the placement episode (where applicable) was 3 months.

Our review attempted to determine if cases open in treatment at the time of coming into our cohort (already the subject of repeat maltreatment) fared differently than those with no history in the months leading into the cohort engagement. As of the June 30, 2013 which was the cut off for our review, 33.2% of the cases had closed and there was no further contact with the DCF. An additional 52.4% of the cases were open with children either in their family home of origin or with a relative via an informal family arrangement. Eleven cases involved protective supervision. Twenty seven cases were identified as having some other status at that juncture: either a child in placement, AWOL or 'other'. The rate of those living with their parent/guardian within the repeat maltreatment group is 65.7%.

Of the 187 cases that we reviewed, one hundred twenty three remained open or re-opened as of the cut off date of June 30, 2013. As expected the rate of cases with open status were identified as having repeat maltreatment more frequently than those with closed status. As shown in the table below the rate of cases still open as of June 30, 2013 are 78.9% of cases with repeat maltreatment versus 52.2% of the children within the non-repeat cohort sample. It is interesting to note, however that the range of the gap between the two in comparison to the last case review of this measure is shrinking. In that review, children with repeat maltreatment was higher with 92.5% of cases remaining open/reopened (at the end of the review period in February 2007) versus 59.7% of the non-repeat sample.

Crosstabulation 3: On June 30, 2013 what is status of this case? * Does LINK report indicate that this case met the measure?

On June 30, 2013 what is status of this case?	Does LINK report indicate that this case met the measure?		
	Yes - met the measure	No - Failed to meet the measure	Total
Open	48	75	123
Closed	44	20	64
Total	92	95	187

The overall reduction and the change in statistics may be in part due to changes in statute and case practice since that review. These changes included such shifts as: the gradual impact of Lovan C. in December 2004 now realized; (Differential Response System) impacting the case at the point of intake and investigations; and the Structured Decision Making (SDM) assessment during ongoing services. The result of all of these factors: cases which may have been open prior are now referred to community service providers rather than transferring to treatment with the same frequency as was the case in 2006-2007.

We did see multiple accepts at the Careline designated as Family Assessment Review (FAR) during the period, and many went on to be closed with no further service or referred to the community.

Table 4: Current residence of child on June 30, 2013

Residence	Frequency	Percent	Cumulative Percent
Home of intact in-home family case open with no legal	80	42.8	42.8
Home of intact in-home family case open with protective supervision	11	5.9	48.7
In-home family case open with children living outside home via "family arrangement"	7	3.7	52.4
In-state DCF foster care setting	7	3.7	56.1
In-state private provider foster care setting	4	2.1	58.3
In State Hospital Setting	1	.5	58.8
STAR	1	.5	59.4
AWOL	1	.5	59.9
Other (six cases had children in-home but with petitions pending, one case was just opened again in investigations awaiting disposition, one child was in a special study home, three were vested OTC with relatives per court, one child was in a Medically Complex Foster Home and one child was in CJTS)	13	7.0	66.8
Case is closed as of June 30, 2013	62	33.2	100.0
Total	187	100.0	

Forty eight children were noted as having a diagnosed mental health or behavioral condition. Twenty-one of these children were within the set of children with repeat maltreatment and 27 were not. Reviewers additionally noted identified six children with documented mental health, behavioral, developmental or substance abuse issues which appeared to be assessed diagnosis, but which were not officially noted.

The most frequently appearing diagnosis is Attention Deficit Hyperactivity Disorder (ADHD) with 29 of the full cohort having this disorder as part of their diagnosis. This number is based upon a methodology which did not include interview, and as such is limited. Our reviewers replied upon what information they could find within the medical icon, treatment plan and narratives reviewed. The identified diagnosis included:

Table 5: Diagnosed Conditions Identified by Reviewers

Diagnosed Conditions	Frequency	Percent
No Known Conditions	133	71.1
ADD	1	.5
ADHD	13	7.0
ADHD, Adjustment Disorder	1	.5
ADHD, Autism	1	.5
ADHD, combined type; Adjustment Disorder, Substance Abuse	1	.5
ADHD, Depression, Anxiety	1	.5
ADHD, General Anxiety, ODD	1	.5
ADHD, ODD	1	.5
ADHD, ODD, Depression, Anxiety	1	.5
ADHD, ODD, Depression, PTSD	1	.5
ADHD, PTSD, Depression	1	.5
ADHD, RAD	1	.5
Adjustment Disorder	2	1.1
Anxiety Disorder	1	.5
Autism	4	2.1
Bi-Polar, ADHD	1	.5
Bi-Polar, ADHD, Impulse Control Disorder, Aggressive Behaviors	1	.5
Bipolar Disorder, ODD, Cannabis Abuse, Polysubstance Dependence	1	.5
Depression	1	.5
Depression, ADHD, PTSD, Mood Disorder, Disruptive Disorder	1	.5
Depression, Anxiety, Adjustment Disorder	1	.5
Depression, Substance Abuse	1	.5
Depressive Disorder NOS, Conduct Disorder	1	.5
Generalized Anxiety Disorder, PTSD	1	.5
Mental Retardation, Developmental Behavioral Disorder	1	.5
ODD, ADHD, Major Depressive Disorder, Bi-Polar, Sibling Relational	1	.5
Oppositional Defiant Disorder	1	.5
Oppositional Defiant Disorder, PTSD	1	.5
PDD, ADHD, Anxiety Disorder	1	.5
PTSD	1	.5
PTSD, Depressive Disorder, Insomnia	1	.5
PTSD, Major Depression	1	.5

ADHD by history but currently not displaying symptoms or in treatment for	1	.5
TBD - Infant having multiple seizures as a result of severe abuse and head	1	.5
TBD - Newborn-High Risk	1	.5
TBD - shaken baby, possible cognitive delays too early to know.	1	.5
TBD - Too young to determine if mental health or behavioral issues are	1	.5
TBD-MDE found several significant areas to be evaluated further.	1	.5
Total	187	100.0

Supervision was cited as an area of strength in 59.8% of the cases for children in the subsample of children not subject to repeat maltreatment; and 53.7% of the cases in which there was documented repeat maltreatment. Visitation was identified as an area needing improvement in both sets as well with only 47.8% of the cases identified as meeting or exceeding the expected visitation standard in the cases of those meeting the standard, and 48.4% of the cases where the children were subject to repeat maltreatment. All DCF SW contacts were included: investigation, FASU and ongoing service SW or SWS contacts were counted as contacts for this review process. These two areas clearly follow closely with issues of case practice noted in our Outcome Measure 15 Review Findings.

The LINK record reflects an ongoing risk assessment for the majority of the 153 cases remaining open beyond the investigation phase. As one would expect, the rate of those with ongoing risk assessment present was slightly higher within the cases with no repeat maltreatment. In that subsample, 89.7% of the cases reflected ongoing and responsive risk assessment. In the subset of children with repeat maltreatment, the rate with ongoing risk assessment was 81.9%.

Case Management Prior to Fourth Quarter Incident Resulting in Substantiation

Of the 187 children within the combined sample there were 41 cases that were open in Ongoing Services at the point of the incident. Thirteen of the cases were within the non-repeat maltreatment universe, and 28 were in the repeat sample.

The social worker had documented concerns for the safety of 32 children within the sample during the three month period preceding the substantiated incident date. There was a disparity in the rate at which concerns or risk factors were assessed within the three month period prior to the incident between the subsample sets which were represented in this category. Children within the repeat maltreatment group were noted to be the subject of concern in 24.2%; concerns were also noted for a group of 14.1% of the non-repeat sample set in the three months prior.

The risk factors or safety concerns assessed did not differ significantly within the two groups. These factors or concerns assessed included (note: multiple reasons could exist within the same case):

- 11 community provider indicating concerns for child's safety.
- 9 cases with direct DCF observations of abuse/neglect by the caretaker.
- 9 cases in which the child mental health was beyond the control of the caretaker's discipline or overwhelming the parent.
- 7 cases of parental substance abuse/mental health.
- 6 cases open in FAR assessment process at time of the Fourth Quarter incident.
- 6 Case open in regard to family - but with no direct concerns to this child noted at time of this incident.
- 4 cases with significant CPS history.
- 4 cases of inadequate supervision posing a threat to child safety or well being.
- 3 cases with identified domestic violence.
- 2 cases in which the child was physically aggressive with peers.
- 2 case open in investigations for similar concerns in three month period prior to December incident
- 2 cases in which the caretaker/parent requesting removal of child.
- 1 case in which the parent had a prior history of TPR.
- 1 situation in which the parent was whereabouts unknown.
- 1 case in which the child was sexually active/reactive.
- 1 case with housing issue/eviction.

As the following table shows, as one might expect, case practice appears to vary related to assessment of risk; with more documented within the repeat maltreatment cases than within the non-repeat cohort cases (83.3% v 61.5%). Surprisingly the trend continued with the documentation of contacts to parent/guardian and providers - which one would not expect to be impacted given the mandated contact requirements. Lastly, reviewers noted more concerns with the appropriateness of actions taken to ameliorate risk/safety concerns within the repeat maltreatment cohort (79.2%) versus the non-repeat cohort (84.6%).

Documentation in cases of open cases for Children in the three month period leading up to the Fourth Quarter 2012 Substantiated Incident	Non-Repeat Cohort (n=13)	Repeat Maltreatment Cohort (n=24)
Supervisory Discussion of Risks and Concerns Documented	61.5%	83.3%
Discussion of Risks and Concerns with Parent/Guardian	61.5%	87.5%
Discussion of Risks Concerns with Active Providers (where applicable⁵)	50.0%	59.0%
No Concerns or Risks Identified	11.1%	21.4%
Action Documented in Relation to Risks or Concerns	69.2%	62.5%
Reviewers' Opinion: % of cases with appropriate level of action given information /assessments found within the LINK documentation?	84.6%	79.2%

There were seven instances in which the review did not feel that the assessment and level of action that followed was appropriate to the level of risk as documented in three month period prior to the first incident date. Five of these cases were within the repeat maltreatment cohort group and two were with the cohort of children who met the measure for the period of review.

Several of the reviewer comments related to the early assessment included:

- There were a lot of supervisory conferences documented in this case, however there was no real discussion documented related to the safety, risk of the child. No real safety planning up front - a parentified 12 year old youth caretaking a younger sibling. Mother was very manipulative and evasive. There was a lack of follow up evident - many previous reports and no substantive services offered until later in the six month period. There was a lack of relative engagement with a relative that had indicated a willingness to asses earlier in the process.
- The investigation was poorly done, and the adolescent SWS documentation was ineffectual. It kept repeating the same directives and indicating a need to issue an 800 for the adolescent mother in a CHAPS placement if the domestic violence situation continued. Child protective service concerns seemed to take a back seat. The lack of assessment of the domestic violence issue was a lost opportunity to provide a much needed service. On a positive note later in the period: an internal transfer in March improved the situation - a Considered Removal Team Meeting held, and the child of the adolescent moved to the paternal grandmother's home just as the adolescent was arrested.
- The Social Worker knew that the mother, 17, was pregnant (older child in care) and had only had 5 prenatal visits. The mother delayed going to hospital for 2 days after her water broke. DCF SW asked the MGM once in August if she knew where mother was and made one call to her Godmother. A Moderate risk was assigned. The SW did not document concerted efforts to locate mother who was in the area during the period leading to the substantiated incident. Supervisory narratives did not address these areas of need.
- At best the mother's poor judgment reflected a serious lack of regard for the safety of her 3 year old son. At the core it reflected a seriously ill woman attempting to self medicate, compounded by a chronic, life-threatening medical condition. The earlier August referral should have been transferred to Ongoing Services for earlier intervention. The father should have been

⁵ Providers were active in 17 of the Repeat Maltreatment Cohort and 10 Non-Repeat Maltreatment Cohort)

approached earlier to take a more active role in caring for the children as mother's situation was deteriorating. Critical assessment was not conducted properly early on. This was improved upon as the case moved forward.

The 187 cases included 202 perpetrators. The majority were identified as parent/adoptive parent or guardian. There were also 47 "other" perpetrators identified. These included 26 paramours, two grandparents, 13 step-parents. There did not seem to be any statistical difference in the rate measure achievement related to the identified perpetrator.

Crosstabulation 4: Relationship of Perpetrator to Child * Does LINK report indicate that this case met the measure?			
Relationship of Perpetrator to child victim?	Does LINK report indicate that this case met the measure?		
	Yes - met the measure	No - Failed to meet the measure	Total
Biological Parent, Adoptive parent or Legal Guardian	74	81	155
Mother's Paramour	13	12	25
Stepfather	7	5	12
Entrusted Caretaker	1	0	1
Maternal Grandmother	1	1	2
Stepmother	1	0	1
School staff	1	1	2
Non-Relative Foster Parent	0	1	1
Adult "Girlfriend" (Statutory Rapist)	0	1	1
Father's Paramour	0	1	1
Other Adult (Non Relative	0	1	1
	98	104	202

Substantiations for the July incident spanned the identifiable categories. In total 378 allegations of abuse or neglected were substantiated within the 187 cases. Most frequently cited is physical neglect, often as a result of parents' substance abuse or domestic violence episodes. The frequency for each type of substantiation is shown within each of the cohorts in the table below.

Table 6: Substantiations for the First Incident/Episode Reported

Category of Abuse/Neglect	Substantiations Within Non-Repeat Maltreatment Cohort (n=92) Count/% of Cases		Substantiations Within Repeat Cohort (n=95) Count/% of Cases	
	Count	%	Count	%
Physical Neglect	76	82.6%	72	75.8%
Emotional Neglect	32	34.8%	26	27.4%
Parent's Substance/Mental Health Abuse	31	33.7%	34	35.8%
Domestic Violence	27	29.3%	20	21.1%
Educational Neglect	6	6.5%	9	9.5%
Physical Abuse	6	6.5%	6	6.3%
Medical Neglect	6	6.5%	6	6.3%
Sexual Abuse	4	4.3%	3	3.2%
Emotional Abuse/Maltreatment	3	3.3%	5	5.3%
Abandonment	2	2.2%	0	0.0%
Other: Violation of current Order, child's mental health needs	2	2.2%	0	0.0%
Moral Neglect	1	1.1%	1	1.1%
	196		182	

During the investigation, there was evidence of collaboration (albeit sometimes minimal) between the Investigation Worker and Ongoing Services Social Worker in 92.3% of those cases in which there was an open case at the time of the incident in the non-repeat cohort and 81.8% of the cases in which there was measure was not met (repeat maltreatment). This is a slight decline in communication between the units, as in our past review in 2006-2007; the only cases without collaboration documented were within the repeat maltreatment sample.

Reviewers indicated that in the majority of cases DCF offered services or already had begun to implement services to ameliorate the stressors or risks that were identified by the investigation and maintain the children in the home or remove children when required. The following provides the reader with a sense of the progress within the cohort groupings of how often a referral resulted in a child/family receiving the service within the Investigation phase of the case. While there are variations within the level of progress, in its simplest form:

Met Sample:

- 52 cases had services offered: 30 cases documented referrals made: 27 cases included all family members participated in referred services
- 16 cases in which there was no documentation of an offer for services assessed as needed.

Not Met Sample:

- 72 cases had services offered: 54 cases documented referrals made: 22 cases included all family members participated in referred services
- 15 cases in which there was no documentation of an offer for services assessed as needed.

In the cases where the referrals were made, the most frequently cited barriers were client refusal, parents' incarceration or whereabouts unknown, or need for removal for child safety. The reviewers most frequently noted wait list for MST and family therapy. Also noted were several delays in referrals resulting in service onset delay, if achieved at all during the investigative phase.

During the period of investigation or upon substantiation of this Fourth Quarter incident, were services offered to the family to ameliorate the stressors or issues contributing to the episode of abuse/neglect?		Cohort of Children for whom DCF Met the Measure (n = 92)	Cohort of Children in which DCF Failed to meet the measure (n = 95)
Yes - DCF Offered Services	Count	52	72
	% within does this case meet the measure?	56.5%	75.8%
No - No documentation of Services offered by DCF Investigation Social Worker or Ongoing Services Social Worker at point of transfer.	Count	16	15
	% within does this case meet the measure?	17.6%	16.0%
N/A - Services not required at that time, Child's removal was required for safety reasons	Count	10	1
	% within does this case meet the measure?	11.0%	1.1%
N/A - Appropriate services were already in place	Count	14	7
	% within does this case meet the measure?	15.4%	7.4%
Total	Count	92	95
	% within does this case meet the measure?	100.0%	100.0%

Did DCF make the referrals for services offered?		Cohort of Children for whom DCF Met the Measure (n = 92)	Cohort of Children in which DCF Failed to meet the measure (n = 95)
Yes - referrals were documented by SW during Investigations	Count	30	54
	% within does this case meet the measure?	32.6%	58.9%
No - No referrals were documented prior to disposition of investigation case.	Count	21	21
	% within does this case meet the measure?	23.1%	22.3%
N/A - No Services were offered by DCF SW (but were needed by review of LINK record)	Count	11	11
	% within does this case meet the measure?	12.1%	11.7%
N/A - Case was open as Intake/FAR or Ongoing Services and Appropriate Services were already in place	Count	11	5
	% within does this case meet the measure?	12.1%	5.3%
N/A - Identified services were self-referred or referred by provider involved with the family	Count	10	3
	% within does this case meet the measure?	11.0%	3.2%
N/A - child was removed for safety reasons	Count	9	1
	% within does this case meet the measure?	9.9%	1.1%
Total	Count	92	95
	% within does this case meet the measure?	100.0%	100.0%

Did the client(s) participate in the referred services?		Cohort of Children for whom DCF Met the Measure (n = 92)	Cohort of Children in which DCF Failed to meet the measure (n = 95)
Yes - All members participated in all of the referred services	Count	27	22
	% within does this case meet the measure?	29.3%	23.2%
Yes - All members participated in at least one of the referred svc	Count	6	14
	% within does this case meet the measure?	6.6%	14.9%
Yes - Some members participated in at least one of the services	Count	19	21
	% within does this case meet the measure?	20.9%	22.3%
No - No members participated in referred services	Count	11	15
	% within does this case meet the measure?	12.1%	16.0%
N/A - No Services were referred by the SW following decline of multiple offers to the parent(s)	Count	4	5
	% within does this case meet the measure?	4.4%	5.3%
N/A - No services were offered by the SW so referrals were not made (but LINK documentation reflects service needs)	Count	8	8
	% within does this case meet the measure?	8.8%	8.5%
N/A - Assessment documented no services required	Count	17	10
	% within does this case meet the measure?	18.7%	10.6%
Total	Count	92	95
	% within does this case meet the measure?	100.0%	100.0%

Similar to that noted in our 2006-2007 review, the impact of service provision as a factor in repeat maltreatment presents unique challenges. Engagement opens families up to additional scrutiny by mandated reporters at the same time as it offers opportunity for growth or rehabilitation. There are also factors beyond attendance of programs related to clients' ability to apply or comprehend the intent and lessons provided which are not captured within this review process. The Department's ACR is an opportunity to gather data from each case's key stakeholders that may serve the Department well in obtaining data related to this Outcome Measure 5.

Subsequent Episode of Substantiated Maltreatment

Ninety six children were the subject or another report to the Careline within the next six month period following the incident which brought them into the review cohort. Of those, 95 children had additional substantiations. Thirteen (13) children had a total of three substantiations during the review period (2 additional substantiations) and 83 children had two substantiations during the period (one additional substantiation) during the six month period. In the cohort of cases not meeting the measure, 72.6% of the subsequent incidents were similar in nature to that identified in the initial incident in the fourth quarter which brought the child into our cohort group. 80.0% of the subsequent substantiations were at the hands of the same caretaker identified in the initial incident. For the 95 cases with repeat maltreatment, the range in the timeframe to repeat substantiation was 37 days to 287 days, with a mean timeframe of 122.95 to repeat maltreatment at 123 days, and a median of 123 days. There were five cases in which there was an initial finding for substantiation that would have placed the child into the subsequent maltreatment group; however this was subsequently overturned.

27.3% of the identified perpetrators of the 187 children in the combined cohorts had had three or more substantiations in the last twelve month period. There were 17 cases in which a child required placement as a result of the initial incident or as a result of the investigation assessment shortly thereafter. Reviewers felt that reunification was premature in only one of those instances (5.9%). In this instance the child was returned over the protest of DCF due to court order. This case came back to the attention of DCF with a second substantiated incident of a similar nature within a very short period of time.

On the other hand, reviewers looked at instances where DCF social work staff had to make the determination regarding the safety within the home setting related to removal or maintaining the child(ren) in the family home. Reviewers opined that the area office social work staff conducted adequate risk assessment within the six-month period for the sub-cohort group of 92 children that met the measure (n=92) in that no child was allowed to remain in their home when the risk factors warranted removal. However, in reviewing the 95 cases of those who did not meet the measure, reviewers identified 11 cases of children who it was felt were allowed to remain in their home settings despite knowledge of known high risk factors that should have been addressed via request for removal. (11.6%).

Crosstabulation 5: Does LINK report indicate that this case met the measure? * Did DCF allow the child to remain in the home setting despite knowledge of known high risk factors that should have been addressed via request for removal?					
Does LINK report indicate that this case met the measure?	Did DCF allow the child to remain in the home setting despite knowledge of known high risk factors that should have been addressed via request for removal?				Total
	yes	no	N/A - no subsequent substantiation occurred	N/A Though there were risk factors identified they were not sufficient to warrant grounds for removal	
Yes - met the measure	0	2	85	5	92
No - Failed to meet the measure	11	28	0	56	95
Total	11	30	85	61	187

Reviewers rated the level of risk assessment activity within the cases opened in Ongoing Services during the period following the initial fourth quarter 2012 substantiation as “Adequate” in 69.5% of the full 187 sample we reviewed. The rate of adequate cases was 76.1% for those that Met OM5 (n=92) vs. 63.1% for those that did not meet OM5 (n=95). The rate of cases designated "inadequate" was higher in the Not Met category, than those that were "inconclusive". Reviewers noted there were some documented concerns that were left unaddressed, or risk assessment activities which were not documented during the period *more* frequently within the Not Met cohort than in the Met cohort. In 13 cases, there was just not enough information in LINK for reviewers to determine what the level of risk assessment actually incorporated.

As shown below 53.9% of cases with adequate risk assessment documented still resulted in repeat maltreatment – this may be suggesting that in some instances, the quality of services, or capability of caretakers to address chronic issues may be an area of need as much as the risk assessment activity of the social work staff. Focus in these circumstances needs to be on engagement and communication with both parents and providers, the latter which our reviewers with some few exceptions, found lacking within much of the documentation reviewed.

Crosstabulation 6: Were there any subsequent substantiations involving this child during the six month period following the date of the incident substantiated in the Fourth Quarter 2012? *
Based on the review of the record, the risk assessment activity during this six month period was...

Were there any subsequent substantiations involving this child during the six month period following the date of the incident substantiated in the Fourth Quarter 2012?		Based on the review of the record, the risk assessment activity during this six month period was...			
		Adequate	Inadequate	Inconclusive	Total
Yes - Did not Meet OM5	Count	60	30	5	95
	%	63.1%	31.6%	5.2%	100.0%
No - Met OM 5	Count	70	14	8	92
	%	76.1%	15.2%	8.7%	100.0%
Total	Count	130	44	13	187
	%	69.5%	23.5%	6.9%	100.0%

Of those cases identified with inadequate risk assessment, 68.2% resulted in repeat maltreatment. This increased rate of repeat maltreatment reflects an area of opportunity for training. Supervision can provide guidance on the need for more comprehensive follow through by social worker on the red flags that often are documented within narratives but not raised in supervision or done so with no ongoing monitoring once directives are generated.

This review found many concerns with the Intake and Investigations/FAR process outside the scope of this review but of impact to Outcome Measures 3, 5,6, 15 such that our reviewers felt compelled to provide their comments. These were gathered after our debriefing and forwarded to the Department so that they may make use of them in their Quality Improvement Process. These comments are provided below:

Court Monitor Reviewer Comments: Intake/FAR Issues Raised During the Pre-Certification Review of OM 5 (Repeat Maltreatment In-Home) 10/30/13

1. This case was closed after investigation. I thought the investigation was lacking.
 - a. No clear SWS conferences, although I gave them credit for one at assignment.
 - b. No face to face contact with the perpetrator/father, who was incarcerated.
 - c. No face to face contact with the step-mother/DV victim.
 - d. No contact with adult siblings, one of whom lives in home.
 - e. No follow-up on child's need for counseling once aunt/temporary guardian changed her mind on it.
 - f. No documentation of legal consult or discussion with aunt on how to protect if father gets out of jail and/or revokes voluntary temporary TOG. (He has a concerning criminal history related to DV).

2. I have come across the following issues after a review of 40 OM 5 reviews:
 - a. Cases being sent to the regions as FAR reports when clearly they shouldn't be.
 - b. Cases that should be changed to investigations by the regions being delayed, and extending the time for assessment, then new reports coming in and extending the investigation for yet another 45 days.
 - c. Investigations where the family is seen once and not all members, and then closed with a phone call.
 - d. I had one where a high risk newborn, mother tested positive at delivery, and she was seen once 12/26, offered nothing but a drug screen, and then not again until 2/5/ by accident as the investigator was seeing another client and bumped into mother at court. New report came in on 2/7
 - e. Fathers not being seen in many investigations
 - f. Lots of time delay between when investigations social worker sees family and when treatment staff get assigned and pick up. There should be a standard for investigations visitation before transfer.

I have seen some very good work as well, but overall I think that the quality of investigations has noticeably slipped in the past two years.

3. The investigation caused me some confusion. I didn't agree with their not substantiating, but that's their call and not the issue I'm raising. What concerns me is that I don't see the assessment process documented. Much of the disposition is basically pasting in a lot of the contacts. There is some discussion of family members indicating that things have improved over what they used to be like and involvement of services with the family. There is a notation that the family

members sometimes exaggerate. There is not a clear indication as to why they feel the facts they have documented support the decision not to substantiate.

4. Case was open to provide service to child in care when CPS issues arose in the home. I note the following issues: no documentation of interview with child, B. prior to his removal on the first report. The second report - Mother was never seen. Child was removed from unidentified caretaker with police and ISW. According to the documentation, there was very little communication during the period under review between Investigations and Ongoing Treatment. The child in the investigation had been visiting his sibling in care for months. The ongoing SW had these visits supervised. No one apparently thought to talk with the sibling in care if he had any concerns.
5. There were two accepted reports, 12-26-2012 and 01-15-2013. There were two substantiations, separately approved on 03-04-2013. However, on reading the protocol, the exact same interviews, with the exact same dates, were used for both incidents. Very concerning was the interview with the seven year old girl, who, when interviewed, stated that she had seen nothing, because she was in school. The incident happened on Christmas Day. No one apparently questioned her statement.
6. In this case the child was not seen until after the investigation was completed. The perpetrator (legal guardian) was never seen during the investigation as she was hospitalized.

As a side note - I was looking to see if S. resurfaced. She just did under mother's case. In the interim, since June, MGM was to seek custody of the guardian's children in probate court but this apparently has still not occurred and now the legal guardian is on life support. She was having difficulty getting together the \$ to pay for the \$900 probate fees. (I am surprised that DCF could not help or intervene regarding this fee given all the money they spend on so many other things or at minimum follow through and assist her with the process to make her life easier if she is deemed the appropriate caretaker. Perhaps she should have been counseled to not pursue it and spend the time with her dying daughter?)

7. Mother had a car accident drunk, and one of the children had minor injuries. That child was seen at the hospital, and the other child was seen at the friend's home. Mother was seen in lock-up when she was still intoxicated, and there was one telephone call after that. The father was interviewed when he got home from Las Vegas. The mother went inpatient out-of-state and then went to another residential facility after that. There was a discharge summary from the first inpatient. That was the extent of the contact with the family or providers.

There was no further face-to-face contact with the mother to assess her commitment to treatment and sobriety or to get further treatment recommendations. The mother was probably getting superior care compared to most clients (this family is in a much better financial situation than most families DCF serves), but DCF apparently did not feel the need to make sure that she would continue to follow through. It was different than how we deal with most cases of this type. This is a situation in which the social and economic standing of the client appears to have influenced how much we feel the need to check on likely motivation to address the problem. Perhaps this was an issue of documentation. The family may have indicated that

they did not want additional services from DCF, and the ept. did not think that they were needed. There is simply not a clear assessment as to why the Department felt that this was the case.

8. In this case there was no contact with the perpetrator. It was a case of two DV situations in which the absent father of one of the children was the perpetrator. At the second report the caller stated that the mother was as much involved in the DV as the father was, and indicated that he had been stabbed. Although he had been incarcerated and was available, he was never interviewed. There was a DV consult which recommended that he be interviewed. He had not been sentenced. The mother stated that she planned to move elsewhere, but it appears that the risk assessment was weak.
9. This one made a significant impression on me. It involved a DV incident in which the father was arrested for several charges including ROI. After he assaulted the mother, she locked him out of the room. He got a knife to force the door and then sat with the child while holding the knife. There was one brief telephone contact with the mother to arrange an appointment, which did not take place. There were a couple of attempted unannounced home visits and phone calls. There was contact with the court to determine that there was a PO preventing father from going to the home. It was said that he was living elsewhere. No one was seen. Physical neglect was substantiated and the case closed. Hopefully, this was a lapse in documentation.
10. The initial report came in on 10/18 from the school. Case was accepted as a FAR in spite of some convincing evidence that there was more to the story than hygiene issues. One announced visit to the home occurred on 10/22. On 11/6 a second accepted report came in from the police. Also on that date a call came in from the Navy FAP with concerns about substance abuse from mother's dentist. (The Navy throughout the investigation process seemed to feel the situation was graver than DCF and was quicker to act. Father was put on leave to address immediate issues and later pulled father from sea duty.) 11/27 - another call from school. Child sent to school by Maternal Aunt. Child's hygiene was noted to be very bad, unkempt appearance, 15 days absent and 4 tardy since start of school year. **(NO report made in regard to educational neglect - not added to investigation.)** Second call advises mother attempted suicide last night after leaving children with sister - father away for training. **(NO subsequent report made)** Mother will be admitted inpatient. FLIPPED to Investigations on 11/30. The Navy and school continued to have eyes on the family and appeared to give greater weight to the issues as they were occurring than DCF.

Both the 10/18 and 11/6 reports were consolidated into one investigation protocol so that for anyone reviewing the case, it will look like the family had only one substantiation - they would have to search underneath to see the two report id's - This is at odds with the 7 day rule. As this case was opened as a FAR initially, this led to an even greater lag time in ultimate transfer to ongoing service and active casework. Further, the investigation's conclusions are generic and fail to address the serious nature of all areas of well being and issues within this home as identified within the narratives during the period of time from 10/18 through 1/14. Throughout the period under review there were facts identified to the agency and non-accepts via calls to the agency that should have been given more weight and inclusion in an investigation

process. Information in regard to the children's education, medical, and developmental, mother's substance and mental health treatment, both adult's parenting, and tense relationships within the home were not fully addressed - there was a clear need for ARG but it was identified as not necessary. The DV and cultural considerations did not contain any assessment so one is unable to determine what conclusions were drawn from the tools completed. There were signals throughout of father's "harsh" attitudes toward children and mother and issues identified by the school and visits that were not assessed as possible coercion. In the two months from 10/18 to 1/14 this family continued to deteriorate due to the lack of involvement. The investigation quality and case management were marginal at best.

11. This OM5 Review highlights what I believe is an erroneous understanding of what the Department's responsibilities are in regards to case management for a CIP when "closing the family case" of children in care with APPLA.

In this case which came in due to an investigation of a mother, the protocol indicates that the case was closed in August 2012. This is erroneous. The case has been open in treatment from 2005 ongoing. It was disingenuous of the Department to tell mother there was not open case. She was under the impression that there was no CPS case open under her name at the time of the investigator contact in October. There is a committed child in out-of-home care out-of-state with an APPLA goal who is 17 and who requires a high level of supervision. She has visited her mother for three one hour visits due to her inability to be managed in the community for longer periods of time. Her mother and siblings are her family ties. Yet, there is no assessment or case planning discussion with the mother regarding her role as a support for her daughter, or an assessment of her parental capacity and home environment for visitation purposes as child, E. sought to increase the length of those visits and have them occur in her mother's home. There was no documented planning from August forward until after the investigation was completed and the case "re-opened".

This appears to go against the stated policy of the Department - and flies in the face of everything one would expect for the difficult planning that is ahead for adult transition work and return to CT for E... Mother's home environment could have been assessed during contacts with mother and siblings and the issues, especially those resurfacing for C., the topic of our review (an autistic youth age 6) may have come to light much earlier. This family has a lengthy history. Just days after the "closing" mother called to indicate her utilities were turned off. There was no reference to the issue again. This is what is documented:

MO called the office asking to speak with the SW. This SWS reminded MO her in-home case was closed. MO stated her lights were shut off as she owes over \$800. SWS asked how C. was doing. MO stated he is on a new med and that it is helping a lot. SWS encouraged MO to stay in individual therapy for C. otherwise he does not get his prescribed meds. MO stated she understood. MO was referred to MH SW who has the open OOH lead part of the case regarding E. MO gave her new #.

Mother's issues are chronic and it appears that she has not been educated sufficiently or she does not have the capacity to navigate the systems effectively. How would one reasonably expect that mother would continue to get medications and therapy if she cannot afford or manage to keep the lights or the phone operating consistently? The OOH worker never assessed or questioned during visits how the family was functioning or if C. and his siblings were having their needs met.

12. The initial Careline report came in on 11/15/12 due to infant having a positive toxicology screen at birth. It was also mentioned in the referral that mother and father engaged in a verbal altercation while in the hospital. Parents denied their argument was an issue. Physical neglect was substantiated on mother on 11/29/12 due to the toxicology screen. Both mother and father were expected to attend Substance Abuse Evaluations and follow recommendations. In addition to the newborn, mother's four year old daughter also lives in the home. The infant was seen by the ISW on 11/15, 11/20, 12/6. The case was transferred to Ongoing Services on 12/11/12. The Ongoing SW next saw the newborn on 12/27/13.

Another referral was called into the Careline on 1/18/13 by the police after a DV incident between mother and father in which the father was arrested. It was brought to the Department's attention during this investigation that there had been another DV incident between parents on 1/1/13 in which police were called and both parents were arrested. There was an active protective order in place between parents at the time of the subsequent DV incident on 1/18/13. Physical neglect was substantiated against father on 3/5/13.

A third referral was called into the Careline on 4/9/13 by the police after another DV incident between mother and father in which father was arrested for Violating a Protective Order, two counts of Risk of Injury, Criminal Mischief and Breach of Peace. Emotional Neglect and Physical Neglect were substantiated against both mother and father.

Mother has been clear with the Department that she has not limited father's access to the home or the children throughout the life of the case. Father was on the run from the police for periods of time and mother was honest that he was still visiting the home, even though there was an active protective order in place at the time. Upon father's eventual release from incarceration in 6/13, he has been staying with mother and children.

The only Ongoing SWS conference notes documented during the entirety of this case were on 12/11/12, 7/22/13 and 10/21/13 (by three different SWS).

Mother did not complete a substance abuse evaluation until 9/13, although this was the expectation identified in the initial investigation in 11/12. The results of the evaluation indicated that mother met the criteria for marijuana abuse and was recommended for outpatient services. Mother refused to participate in SA services. Mother was not referred for and did not participate in any DV services during the life of this case. A DV consult or Legal consult has never been sought. The most recent SDM Risk Reevaluation shows the Final Risk Level to be High (even given the fact that the domains were not completed correctly, actual scored risk

level should be higher) The most recent SWS note (10/21/13) indicates that case is being assessed for closure in 11/13.

13. This case was on the FAR track in both 7/12 and 10/12 after referrals were made to Careline on both occasions concerning mother's inability to properly care for her young children as well as the family's inappropriate living environment. Both reports continued on the FAR track and were closed by the Dept. even given mother's extensive history with the Dept. as a child and again as a mother, history of DV relationships, unresolved MH issues and mother's habitual lying about her circumstances to the Dept. Most concerning was that mother's boyfriend (whom she lived with and was financially dependent upon) has a previous DCF substantiation for child sexual abuse and was arrested for this sexual assault against a 3 year old boy and was on 10 years probation. He has also served four years in jail for Assault 1.

Physical neglect was subsequently substantiated due to a DV incident that prompted an additional report in 12/12. Children are currently under an Order of Protective Supervision. It would appear that this case may not have been appropriate for FAR given the circumstances.

14. This case had a total of 4 referrals with the concerns of serious DV and SA by both parents between 10/25/11 and 5/18/12 (all unsubstantiated). Another referral alleging DV and SA was received on 10/16/12 and was accepted as a FAR. This FAR switched tracks on 11/30/12 and Emotional Neglect was subsequently substantiated on 12/24/12 on both parents. There were then two additional referrals (both substantiated) with the same concerns within a month of the 12/24/12 substantiation. (Mother ended up stabbing father and was incarcerated; two children went to live with their bio-father, father and his child moved out of state)

My concern - the use of FAR given frequency of referrals with serious DV and SA issues as well as the limited DV assessment, safety planning and service provision. The timeliness from initial FAR to substantiation and transfer was too long. The DV and timeliness concern is a trend seen throughout several of the cases I've reviewed.

15. This case was never opened in On-Going Services during the PUR. However, the investigation left me with a question around a decision regarding not placing perpetrator on the registry. Father with a TBI who came at his sons with a machete while drunk was not put on registry citing his "capacity", yet indicating in the write up that he understands the need to stay away from mother and children and abide by court order. I don't believe you can have it both ways.

This individual has episodic issues with "black out" violence when he drinks due to the combination of his medications and the alcohol. Medications are required to keep him stable from a 2010 brain injury. Most recently, he got drunk and attacked his family with a machete and then was threatening to kill his brother-in-law. The Case was inexplicably open as a FAR then correctly switched and substantiated, but the substantiation was determined not to warrant inclusion on registry as they felt he did not have the capacity? He is not MR or so limited that he did not know that he was wrong. He had remorse and acknowledged his children were traumatized as a result of his behaviors and that his drinking caused the black outs. I do not understand how one can give him a "free pass" yet DCF puts so many other clients of limited intelligence or cognitive ability on the registry that truly do not have the capacity to know that

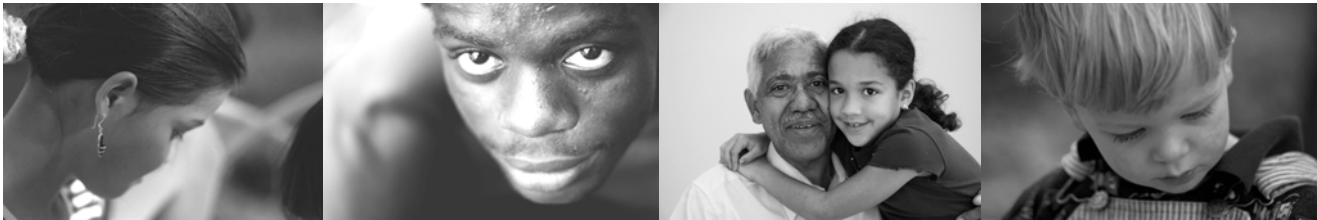
their actions were causing neglect or harm to occur. The case was closed at investigation as the worker felt mother was appropriate and getting her sons into counseling. They had not yet confirmed the children were in fact engaged in therapy. One of the children was behind grade level in all subjects. Medical had not yet been received back. Father had already broken his promise and come by the house. The closing was a bit rushed if you ask me. DCF is getting so engaging they sometimes seem to forget what the "P" in CPS is.

16. This case had a lengthy history. In the investigation we reviewed as the subsequent or repeat maltreatment investigation, the report was regarding the pregnant mother of a three year old asleep in her home. Her 18 year old was allowed to have a party in which she allowed and participated in drinking. Mother and her 18 year old got into a fight in which mother cut her 18 year old with a bottle and her 18 year old required stitches. When the police arrived the three year old was awake. Mother does not remember anything. She indicated that she blacked out. Mother was not placed on the Central Registry! This woman served alcohol to minors, put her unborn child at risk, and exposed her sleeping three year old to conditions injurious to a minor with alcohol and marijuana being on site at the house. In addition, there was a DV incident between the mother and her 18 year old which is a pattern. Though child slept through much of the commotion she was awake when police arrived. I don't understand what it takes to be put on the registry!
17. In this case it is fortunate that father has gone to court and has successfully been given full custody at this juncture. This case had 3 reports in the PUR. All reports were related to mother's substance use. In one mother was reported by father of becoming physically assaultive to her son, shoving him to the ground, sitting on him, and injuring his leg. Two included DUI charges with the child in car. Case has long history all relating to mother's substance use and its impact on parenting. All substantiated, but Mother not placed on registry.



Repeat Maltreatment Reporting Problem & Resolution

Exit Plan Outcome Measure #5



March 2014

CT Department of Children and Families (DCF)
Office for Research and Evaluation (ORE)

And

DCF Court Monitor's Office

And

DCF Information Systems

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Repeat Maltreatment Reporting Problem & Resolution

Exit Plan Outcome Measure #5

Introduction:

The DCF Court Monitor's Office has been doing a series of reviews designed to certify the methodologies that have been used for several years to report on each Exit Plan measure. As part of that process, during the latter half of Calendar Year (CY) '13, they began a review of second quarter (April - June 2013) data for Outcome Measure #5: Repeat Maltreatment. In the course of that review, Joni-Beth Roderick pulled the universe of data from that quarter on multiple occasions, and noticed that there were differences in the data that could not be explained by actual edits made in LINK between the times of each extract. The Court Monitor brought this issue to the attention of the Office for Research & Evaluation (ORE) in February 2014, to confirm the issue and to explore ways to remediate the problem should it be confirmed.

How is this outcome measured?

The basic reporting logic for this outcome measure⁶ is as follows: Percent of children who are victims of substantiated maltreatment, who were not victims of additional maltreatment within the following six-month observation period. Therefore, the unit of analysis for this measure is children with at least one substantiated allegation of maltreatment occurring during a given time period. The system checks for at least one further substantiated allegation between eight and 183 days from the original date of maltreatment.

It is important to understand the structure of the underlying data in order to appreciate the nature of the problem that was uncovered. The unit of analysis for this measure's raw source data is unique allegations not unique children with substantiated allegation(s). Consequently, the reporting system needs to aggregate potentially many allegations to a unique child and maltreatment date. There is a single maltreatment date calculated for each CPS Report, either the date the report was received or the incident date. The incident date is tied to the report and not individual allegations; therefore, all allegations connected to a single report will have the same maltreatment date. Further, within a CPS Report, each allegation has its own disposition; hence, there is often a combination of substantiated and unsubstantiated allegations documented for a unique child victim.

What is the problem with the current system?

The method utilized in the current code⁷ to accomplish the aggregation of allegations to a single child/report is called a "join". In this method, two tables are connected together by a combination of matching variables, and data are combined from both tables resulting in rows of records containing the desired variables. In this specific join, a unique dataset of child/report records was first built independently, and then joined to the allegations on the matching identifier variables. Unfortunately, the allegations first were not sorted in a meaningful manner, and second coding was not included that indicated only matching of any substantiated allegation. Instead, the code ultimately used the disposition value (regardless of whether it was substantiated or unsubstantiated) for the last matching allegation in the list of allegations for

⁶ See [Appendix A](#) for the complete definition page for this measure

⁷ See [Appendix B](#) for a copy of relevant code

each unique child/report. Daily changes in the order of these allegations based on additional data entry and corrections or deletion of existing data could yield different results from one day to the next in cases where there were multiple allegations with a mix of disposition decisions (substantiated and unsubstantiated), even when no edits/deletions had been made to those specific records. Consequently, changes could result in both denominators and numerators for any given time period leading to definite and incorrect differences in outcome performance.

A hypothetical example below illustrates what happens during the current process. Three tables show the movement of raw source data from a staging table, Table 1 "Stage Investigations," the results of code that aggregates the raw data to Table 2 "Report-Child Working Table," unique child and maltreatment date records (CPS_Reports_Children), and finally into the outcome table, Table 3 "Repeat Maltreatment Outcome Table," from which the web application computes and displays the resulting report. The first set of tables, Figure 1, shows the data and results on March 5th, and the second set, Figure 2, shows the same tables on the next day, March 6th. In this example, the error in the current code results in the inclusion of the child (highlighted in yellow) in the group of children with substantiations on the first day in November 2012, but does not do so the next day, solely because the order of the allegation records changed.

Figure 1: March 5th, Flow of Data from Source to Working and Outcome Tables

Table 1: March 5th, Stage Investigation*

CPS_Report_ID	Victim_ID	Allegation_ID	CPS_Received_Date	Is_Substantiated
[REDACTED]	[REDACTED]	[REDACTED]	2012-07-16	S
[REDACTED]	[REDACTED]	[REDACTED]	2012-07-16	U
[REDACTED]	[REDACTED]	[REDACTED]	2012-11-16	U
[REDACTED]	[REDACTED]	[REDACTED]	2012-07-16	S
[REDACTED]	[REDACTED]	[REDACTED]	2012-07-16	S
[REDACTED]	[REDACTED]	[REDACTED]	2012-11-16	S

(Un-sorted as in original; no Incident_Date recorded for either report so Received is the Maltreatment Date)

Table 2: March 5th, Report-Child Working Table

CPS_Report_ID	Victim_ID	Maltreatment_Date	Any Substantiated
[REDACTED]	[REDACTED]	2012-11-16	S
[REDACTED]	[REDACTED]	2012-07-16	S

Table 3: March 5th, Repeat Maltreatment Outcome Table

Outcome	Cohort Month	Victim_ID	Maltreatment_Date	Days to Next Sub
Not Met	July, 2012	[REDACTED]	2012-07-16	123
Met	November, 2012	[REDACTED]	2012-11-16	N/A

When the Results Oriented Management (ROM) system tables are refreshed and rebuilt each evening, the order of the allegation records always changes somewhat. The current code does not correctly determine whether any of the allegations were substantiated, instead it simply selects the result in the last record of the list for that child/report.

The following series of tables shows how this works for our example child on the next day when the only change in the data was the order of allegations for the relevant report:

Figure 2: March 6th, Flow of Data from Source to Working and Outcome Tables

Table 4: March 6th, Stage Investigation*

CPS_Report_ID	Victim_ID	Allegation_ID	CPS_Received_Date	Is_Substantiated
			2012-07-16	S
			2012-07-16	U
			2012-11-16	S
			2012-07-16	S
			2012-07-16	S
			2012-11-16	U

Table 5: March 6th, Report-Child Working Table

CPS_Report_ID	Victim_ID	Maltreatment_Date	Any Substantiated
		2012-11-16	U
		2012-07-16	S

Table 6: March 6th, Repeat Maltreatment Outcome Table

Outcome	Cohort Month	Victim_ID	Maltreatment_Date	Days to Next Sub
Met	July, 2012		2012-07-16	N/A

The current method provides a different result because the selection is based on the latter of the two allegation records and the order changed from one day to the next day. Instead of showing records for this child in two observation cohorts, "Not Met" and "Met," there is only a single record from the earlier cohort coded as "Met." As a result, the earlier cohort has a larger numerator of Met cases and the second cohort has a smaller denominator, both of which are incorrect.

The same source table (Stage_Investigations) is also utilized by the queries that produce Exit Plan #6: Maltreatment in Foster Care. Fortunately, a different set of queries⁸ are used to produce the outcome tables for that measure; and it was confirmed that those queries do not have the same error as the queries used for Outcome Measure #5. The code in these queries utilizes "Where" statements that only return information from records in Stage_Investigation that are substantiated, which are always valid occasions of maltreatment.

What is the resolution?

The following steps were taken to understand and determine a resolution for this problem

- Compared outcome tables for 2Q13, saved at multiple points in time and reviewed a sample of records included in:

⁸ See Appendix D for the relevant code used to produce Outcome Measure #6: Maltreatment in Foster Care.

- the denominator for earlier copies, but not later
- the denominator for later copies, but not earlier
- multiple (or all) copies, but which had different Outcome results across the copies
- Examined specific stored procedures that are used to build the relevant staging, working and outcome tables, to identify where erroneous code is causing incorrect results
- Tested relevant stored procedures on specific test case, changing only the order of allegation records with differing dispositions, to examine results and confirm hypothesis of problem
- Consulted with KU Lead Developer to review and examine stored procedures utilized in the upgraded system to produce the same results, and ensure same/similar problems do not exist
- Tested relevant stored procedures on specific test case, changing only the order of allegation records with differing dispositions, to examine results and confirm resolution of problem
- Consulted with IS Systems Engineer familiar with ROM for confirmation of testing strategy and accuracy of our interpretation of current and new stored procedures

A critical step was to determine whether this issue persisted in the upgraded release of the ROM Reports system scheduled for implementation on March 21, 2014. Consultation with developer Lynda Heimbach of the University of Kansas occurred during the week of March 10th, and the specific code⁹ used to build this report in the new system was reviewed at that time. The method employed in the code to aggregate from the allegation to child/report level is entirely different in the upgraded system. Instead of using a simple join method, the newer code generates a pivot table that does the aggregation automatically across all records, no matter what their order in the source table. This method results in consistent results from day to day, subject to change only when there are actual edits or corrections in the underlying data rather than simply where they appear in the source table. She also confirmed that it is a standard method used across the reporting system to avoid such problems that we identified with our current system.

A consultation was then held with DCF IS Systems Engineer Mohammed Naseem-Hafeez. He reviewed our testing strategy, procedures and relevant stored procedures in both the current and new ROM systems. He confirmed that our approach, testing and results were valid.

The new version of ROM displays the following results table for calendar year 2013 (from data as of 1/15/14), which includes the quarter that the Court Monitor's Office had been reviewing (2Q13). In each quarter, there are several hundred additional records compared to our current version of this report, though the quarterly performance percentages vary only by .5% - 1.2% from the current version. It should also be noted that in both systems, the department has met the measure in every quarter but one since 1/1/07, though the quarter where it was not met is different in each (1Q07 from archived ROM data, and 2Q10 from upgraded ROM reports system).

Figure 3: CY13 Performance on OM#5 as shown on the upgraded ROM Reports System

Report Period	Jan - Mar 2013		Apr - Jun 2013		Jul - Sep 2013		Oct - Dec 2013		Total: Jan - Dec 2013	
[-] Total	1895	100.0%	1849	100.0%	1929	100.0%	2033	100.0%	7706	100.0%
[+] Met (Safe)	1794	94.7%	1724	93.2%	1821	94.4%	1913	94.1%	7252	94.1%
[+] Total Not Met (Recurrence)	101	5.3%	125	6.8%	108	5.6%	120	5.9%	454	5.9%
Dates of Maltreatment	Jul - Sep 2012		Oct - Dec 2012		Jan - Mar 2013		Apr - Jun 2013		Jul 2012 - Jun 2013	

⁹ See [Appendix C](#) for a copy of relevant code

Conclusion

The Court Monitor's Office correctly identified a significant flaw in the ROM reporting methodology for Outcome Measure #5: Repeat Maltreatment. ORE has been working on upgrades to the ROM system; the system due to be released on March 21, 2014, without the error that exists in the current system.

All mission-critical reports should be thoroughly tested by well-informed staff knowledgeable in their intention, definition and coding. This requires a team approach including quality improvement staff skilled in defining measurable outcomes, as well as technical staff skilled in whatever software is utilized to build and display such reports. However, issues can be missed even when such a strategy is employed, so we recommend that such reviews be done intentionally and regularly, starting when reports are developed, and ongoing throughout the lifetime of their usage. The Court Monitor's Office has been engaged in one round of such reviews through the certification process, but it is recommended that DCF commit internal resources to conduct our own series of such reviews on a regular schedule going forward.

APPENDIX A: Operational Definition for Outcome Measure #5

Child Safety Maintained 6 Months (no recurrence)

Operational Definition: Percent of children who are victims of substantiated maltreatment who were not victims of additional maltreatment within the following six-month observation period.

- Children are included whether or not they receive in-home services
- The child is recorded in the ROM report in the month or quarter in which the 6 month observation period ends (they had a substantiated maltreatment report 6 months ago)
- "Safety" is defined as no substantiated report of maltreatment
- Incident dates associated with substantiated reports are used to compute this measure. Where no incident date exists, the report received date is used.
- Any subsequent substantiated report that occurs in 7 days or less is not considered a recurrence (presumed to be the same incident)

Standard: 93%

Calculation:

Numerator: (Of children counted in the denominator) Number of children with a substantiated report of maltreatment during the six-month observation period

Divided By

Denominator: Number of children with a substantiated report of maltreatment for whom the six-month observation period ended

LINK Data Location and Logic: The date of maltreatment for each child is the incident date (where one exists) or the date the report was received (when an incident date does not exist) on a substantiated report. Recurrence within 6 months is determined when the time between dates of maltreatment is between 8 days and 183 days.

Report Views In Addition to Trend and Unit

Count – The number of children who were victims of maltreatment during each month who were also victims one or more times in the prior six months (recurrence).

Dates Data Available: After 1/1/2000

Corresponding Exit Plan Measure: As of the CY 4th Quarter 2006, the ROM measure for recurrence (EPOM #5) is the Exit Plan measure. For Exit Plan report purposes, two quarters are reported, the reporting period quarter and the one before, to maintain consistency with the former reporting of 6-month cohorts.

NOTE: The measure formerly used in the Exit Plan considered unique victims within a 6-month period and aggregated the data based on the first substantiation date.

Example:

Date of substantiated maltreatment incident: - July 5, 2004

Date of substantiated maltreatment incident – August 9, 2004

End of observation period – January 3, 2005

Date that ROM reports whether outcome is achieved - January 2005

Other report views where the child is counted in the ROM report system:

Count View - August 2004 as a substantiated report recurrence

APPENDIX B: Outcome Measure #5, Relevant Stored Procedures: Current System

Please note that a number of separate procedures are included here, and are indicated by their name using the convention --[r_CPS_nnnn], where nnnn is a four-digit unique number.

```
--[r_CPS_1250]
-- put records of unique children in accompanying CPS reports child table;
then add recurrencecalcdte

INSERT INTO CPS_reports_children ( Report_id, CL_ID )
  SELECT DISTINCT CPS.Report_id, SI.Victim_ID
  FROM Stage_Investigation SI
  INNER JOIN CPS_reports CPS
    ON SI.CPS_Report_ID = CPS.Report_id
  -- update CPS_reports_children on recurrencecalcdte
UPDATE CPSC
  SET CPSC.RecurrenceCalcDate = CPS.RecurrenceCalcDate
  FROM CPS_reports CPS
  INNER JOIN CPS_reports_children CPSC
    ON CPS.Report_id = CPSC.Report_id

--[r_CPS_1260]
-- get substantiation info for each child in CPS reports children table

UPDATE CPSC
  SET CPSC.Substantiated = SI.Is_Substantiated
  FROM CPS_reports_children CPSC
  INNER JOIN Stage_Investigation SI
    ON CPSC.CL_ID = SI.Victim_ID
    AND CPSC.Report_id = SI.CPS_Report_ID
  WHERE CPSC.Substantiated Is Null AND SI.Is_Substantiated IN
('S', 'P', 'U')

--[r_CPS_1270]
-- CHANGE/ADD 11/10/2005 - date that corresponds to day variable below;
CPS Child - Update all # days from last substantiation; based on
RecurrenceCalcDate date and > 7 days; based on child id rather than Else
If id

CREATE TABLE #tmp_CPS_1270 (ID INT, ID1 INT, Datel Datetime)
INSERT INTO #tmp_CPS_1270 ( ID, id1, datel )
  SELECT CPSC.CL_ID, CPSC.Report_id, Max(CPSC_1.RecurrenceCalcDate)
  FROM CPS_reports_children CPSC
  INNER JOIN CPS_reports_children CPSC_1
    ON CPSC.CL_ID = CPSC_1.CL_ID
  WHERE CPSC.Substantiated='S' AND CPSC_1.Substantiated='S'
    AND (CPSC_1.RecurrenceCalcDate < CPSC.RecurrenceCalcDate-7 )
  GROUP BY CPSC.CL_ID, CPSC.Report_id

UPDATE CPSC
  SET CPSC.DaysFromLastSubstantiation =
DateDiff(d,tmp.datel,CPSC.RecurrenceCalcDate)
,CPSC.DateofLastSubstantiation = tmp.datel
  FROM CPS_reports_children CPSC
  INNER JOIN #tmp_CPS_1270 tmp
    ON CPSC.Report_id = tmp.id1 AND CPSC.CL_ID = tmp.ID

DROP TABLE #tmp_CPS_1270
```

```
--[r_CPS_1280]
-- CHANGE/ADD 11/10/2005 - date that corresponds to day variable below;
-- Update CPS Child # of days based on RecurrenceCalcDate to next/previous
-- substantiated report greater than 7.0 days apart; based on child id
rather
-- than Else If id

CREATE TABLE #tmp_CPS_1280 (ID INT, ID1 INT, Datel Datetime)

INSERT INTO #tmp_CPS_1280 ( ID, id1, datel )
  SELECT CPSC.CL_ID, CPSC.Report_id, Min(CPSC_1.RecurrenceCalcDate)
  FROM CPS_reports_children CPSC
  INNER JOIN CPS_reports_children CPSC_1
  ON CPSC.CL_ID = CPSC_1.CL_ID
  WHERE CPSC.Substantiated='S' AND CPSC_1.Substantiated='S'
  AND ( CPSC.RecurrenceCalcDate < CPSC_1.RecurrenceCalcDate - 7 )
  GROUP BY CPSC.CL_ID, CPSC.Report_id

UPDATE CPSC
  SET CPSC.DaysToNextSubstantiation =
  DateDiff(d,CPSC.RecurrenceCalcDate,tmp.datel)
  ,CPSC.DateofNextSubstantiation = tmp.datel
  FROM CPS_reports_children CPSC
  INNER JOIN #tmp_CPS_1280 tmp
  ON CPSC.Report_id = tmp.id1 AND CPSC.CL_ID = tmp.ID

UPDATE CPSC
  SET CPSC.RepeatReport_id = CPSC_1.Report_id
  FROM CPS_reports_children CPSC
  INNER JOIN #tmp_CPS_1280 tmp
  ON CPSC.Report_id = tmp.id1 AND CPSC.CL_ID = tmp.ID
  INNER JOIN CPS_reports_children CPSC_1
  ON tmp.datel = CPSC_1.RecurrenceCalcDate AND tmp.ID = CPSC_1.CL_ID

UPDATE CPSC
  SET CPSC.RepeatIncidentDate = CPS.IncidentDate
  FROM (CPS_reports_children CPSC
  INNER JOIN CPS_reports CPS
  ON (CPSC.Report_id = CPS.Report_id))

  -- CHANGE//FIX 8/07/07 -populate with report received rather than
report accepted
UPDATE CPS_reports_children
  SET CPS_reports_children.RepeatReportDate = CPS_reports.Report_Received
  FROM CPS_Reports
  WHERE (((CAST(CPS_reports_children.RepeatReport_id as
Integer))=CPS_reports.Report_id))

UPDATE CPS_reports_children
  SET DaysBetweenIncidents =
  DateDiff(day,RecurrenceCalcDate,DateofNextSubstantiation)
  WHERE RecurrenceCalcDate Is Not Null AND DateofNextSubstantiation Is Not
Null

  -- ADD Joe 2/8/07 now do for previous report

CREATE TABLE #tmp_CPS_1280_1 (ID INT, ID1 INT, Datel Datetime)
```



```
INSERT INTO #tmp_CPS_1280_1 ( ID, id1, datel )
  SELECT CPSC.CL_ID, CPSC.Report_id, Max(CPSC_1.RecurrenceCalcDate)
  FROM CPS_reports_children CPSC
    INNER JOIN CPS_reports_children CPSC_1
      ON CPSC.CL_ID = CPSC_1.CL_ID
  WHERE CPSC.Substantiated='S' AND CPSC_1.Substantiated='S'
    AND (CPSC.RecurrenceCalcDate > CPSC_1.RecurrenceCalcDate+7)
  GROUP BY CPSC.CL_ID, CPSC.Report_id

UPDATE CPSC
  SET CPSC.DaysFromLastSubstantiation =
  DateDiff(d,tmp.datel,CPSC.RecurrenceCalcDate)
  ,CPSC.DateofLastSubstantiation = tmp.datel
  FROM CPS_reports_children CPSC
    INNER JOIN #tmp_CPS_1280_1 tmp
      ON CPSC.Report_id = tmp.id1 AND CPSC.CL_ID = tmp.ID

UPDATE CPSC
  SET CPSC.RepeatReport_id_prev = CPSC_1.Report_id
  ,CPSC.RepeatIncidentDate_Prev = CPSC_1.RecurrenceCalcDate
  FROM CPS_reports_children CPSC
    INNER JOIN #tmp_CPS_1280_1 tmp
      ON CPSC.Report_id = tmp.id1 AND CPSC.CL_ID = tmp.ID
    INNER JOIN CPS_reports_children CPSC_1
      ON tmp.datel = CPSC_1.RecurrenceCalcDate AND tmp.ID = CPSC_1.CL_ID

UPDATE CPS_reports_children
  SET CPS_reports_children.RepeatReportDate_prev =
  CPS_reports.Report_Accepted
  FROM CPS_Reports
  WHERE (((CAST(CPS_reports_children.RepeatReport_id_prev as
Integer))=CPS_reports.Report_id))

  -- CHANGE - fixed the WHERE clause so that the correct records get
  -- calculated; currently using an equivalent field
UPDATE CPS_reports_children
  SET DaysBetweenIncidents_prev =
  DateDiff(day,DateofLastSubstantiation,RecurrenceCalcDate)
  WHERE RecurrenceCalcDate Is Not Null AND DateofLastSubstantiation Is Not
  Null

DROP TABLE #tmp_CPS_1280
DROP TABLE #tmp_CPS_1280_1

--[r_CPS_1290] @m_LastDate as datetime

-- compute recurrence, compute cohort for main recurrence measure

  -- --Allan problem
  --SELECT @strQueryTxt = 'UPDATE CPS_reports SET
CPS_reports_children.CohortMonthYear_Safety =
Format([CPS_reports].[Report_Accepted],'yyyymm') WHERE
(((CPS_reports.RecurrenceCalcDate) Is Not Null) AND
((CPS_reports_children.Substantiated)='S')) FROM CPS_reports INNER JOIN
CPS_reports_children ON CPS_reports.Report_id =
CPS_reports_children.Report_id '
```

```
-- Joe 02/14/2006 modified to preserve desired format (yyyymm)
UPDATE CPSC
  SET CPSC.CohortMonthYear_Safety =
  Convert(varchar,DatePart(yyyy,CPS.Report_Accepted))
  +
right('0'+Convert(varchar,DatePart(mm,CPS.Report_Accepted)),2)
FROM CPS_reports CPS
  INNER JOIN CPS_reports_children CPSC
    ON CPS.Report_id = CPSC.Report_id
  WHERE CPS.RecurrenceCalcDate Is Not Null AND CPSC.Substantiated='S'

-- set MetOutcome_SafetyMaintaned = Yes; takes into account whether
data is available 6 months in future, and whether more than one
substantiated report per month
--Allan problem
--SELECT @strQueryTxt = 'UPDATE CPS_reports_children SET
CPS_reports_children.MetOutcome_SafetyMaintaned = 'Yes' WHERE
(((CPS_reports_children.CohortMonthYear_Safety) Is Not Null) AND
((CPS_reports_children.RecurrenceCalcDate) Is Not Null) AND
((DateDiff(day,CPS_reports_children.RecurrenceCalcDate, '' +
CONVERT(varchar,@m_LastDate) + '') >182.5)) '
UPDATE CPS_reports_children
  SET MetOutcome_SafetyMaintaned = 'Yes'
  WHERE CohortMonthYear_Safety Is Not Null AND RecurrenceCalcDate Is Not
Null
  AND DateDiff(day,RecurrenceCalcDate,@m_LastDate) >182.5

-- set MetOutcome_SafetyMaintaned = No; checks to make sure that
there is a 'Yes', and hence data is in theory available
UPDATE CPS_reports_children
  SET MetOutcome_SafetyMaintaned = 'No'
  WHERE MetOutcome_SafetyMaintaned='Yes' AND DaysToNextSubstantiation <
183

-- CHANGE 2/15/07 - get earliest date for a substantiated episode in
a month to eliminate Met Outcomes for all substantiated episodes after
this date

CREATE TABLE #tmp_CPS_1290 (ID INT, Date1 Datetime, Date2 Datetime)

INSERT INTO #tmp_CPS_1290 ( ID, date1, date2 )
  SELECT CL_ID, Dateadd(m,datediff(m,0,RecurrenceCalcDate),0) ,
Min(RecurrenceCalcDate)
  FROM CPS_reports_children
  WHERE Substantiated='S'
  GROUP BY CL_ID, Dateadd(m,datediff(m,0,RecurrenceCalcDate),0)

-- logic below reversed from Access, as SQL does not like to
update an alias (_1)
UPDATE CPSC
  SET CPSC.MetOutcome_SafetyMaintaned = Null
  FROM CPS_reports_children CPSC
    INNER JOIN CPS_reports_children CPSC_1
      ON CPSC.CL_ID = CPSC_1.CL_ID
    INNER JOIN #tmp_CPS_1290 tmp
      ON CPSC_1.CL_ID = tmp.ID AND CPSC_1.RecurrenceCalcDate = tmp.date2
  WHERE CPSC.MetOutcome_SafetyMaintaned Is Not Null AND
CPSC_1.Substantiated='S'
```

```
AND CPSC.Substantiated='S'
AND CPSC.RecurrenceCalcDate>CPSC_1.RecurrenceCalcDate
AND Month(CPSC.RecurrenceCalcDate)=Month(tmp.date1)
AND Year(CPSC.RecurrenceCalcDate)=Year(tmp.date1)

-- CHANGE/FIX 2/15/07 - eliminate duplicate records within a
quarter, including same day records
-- logic below reversed from Access, as SQL does not like to update
an alias (_1)
UPDATE CPSC
SET CPSC.MetOutcome_SafetyMaintaned = Null
FROM CPS_Reports_Children CPSC
INNER JOIN CPS_Reports_Children CPSC_1
ON CPSC.CL_ID = CPSC_1.CL_ID
WHERE CPSC.MetOutcome_SafetyMaintaned Is Not Null AND
CPSC.Report_id>CPSC_1.Report_id
AND CPSC_1.Substantiated='S' AND CPSC.Substantiated='S'
AND Month(CPSC.RecurrenceCalcDate)=Month(CPSC_1.RecurrenceCalcDate)
AND Year(CPSC.RecurrenceCalcDate)=Year(CPSC_1.RecurrenceCalcDate)

DROP TABLE #tmp_CPS_1290

--[r_CPS_1315] AS
-- eliminate multiple recurrence met outcomes when multiple entries per
month

CREATE TABLE #tmp_CPS_1315 (ID INT, STR1 Char(30))
INSERT INTO #tmp_CPS_1315 ( ID, str1 )
SELECT DISTINCT CL_ID, CohortMonthYear_Safety
FROM CPS_reports_children
WHERE Substantiated='S' AND RecurrenceCalcDate Is Not Null

CREATE TABLE #tmp_CPS_1315_1 (ID INT, STR1 Char(30), Date1 Datetime)
INSERT INTO #tmp_CPS_1315_1 ( ID, str1, date1 )
SELECT DISTINCT CPSC.CL_ID, CPSC.CohortMonthYear_Safety,
Min(CPSC.RecurrenceCalcDate)
FROM CPS_reports_children CPSC
INNER JOIN #tmp_CPS_1315 tmp
ON (CPSC.CL_ID = tmp.ID) AND (CPSC.CohortMonthYear_Safety =
tmp.str1)
GROUP BY CPSC.CL_ID, CPSC.CohortMonthYear_Safety

UPDATE CPSC
SET CPSC.MetOutcome_SafetyMaintaned = Null
,CPSC.MetOutcome_SafetyMaintaned_exit = Null
FROM CPS_reports_children CPSC
INNER JOIN #tmp_CPS_1315_1 tmp1
ON CPSC.CL_ID = tmp1.ID AND CPSC.CohortMonthYear_Safety = tmp1.str1
WHERE CPSC.RecurrenceCalcDate>tmp1.date1

DROP TABLE #tmp_CPS_1315
DROP TABLE #tmp_CPS_1315_1
```

APPENDIX C: Outcome Measure #5, Relevant Stored Procedures: Upgraded System

```
USE [ROM]
GO
/***** Object:  StoredProcedure [dbo].[r_raw_CPS_Reports]      Script Date:
03/13/2014 08:52:04 *****/
SET ANSI_NULLS ON
GO
SET QUOTED_IDENTIFIER ON
GO

ALTER PROCEDURE [dbo].[r_raw_CPS_Reports]
    @Data_Date datetime
AS

EXEC p_Queryset_Version
-----Routine Name-----
    'r_raw_CPS_Reports'
,---Routine Creation Date-----
    '08/14/2012'
,---Routine Description-----
    'Update CPS_Reports table with specific data'
,---Table(s) Updated/Deleted/Inserted Into-----
    'CPS_Reports'
,---Table(s) From-----
    'Stage_Investigation'
,---Last Modified Date-----
    '05/29/2013';
-----

DECLARE @Error_ID int;
SET @Error_ID = 0;

DECLARE @IncidentDateException_1999 AS DATETIME;
DECLARE @IncidentDateException_9999 AS DATETIME;
DECLARE @CompletionDueDate_Days AS SMALLINT;
SET @IncidentDateException_1999 = CAST('1999-01-01 00:00:00.000' AS
DATETIME);
SET @IncidentDateException_9999 = CAST('9999-01-01 00:00:00.000' AS
DATETIME);
SET @CompletionDueDate_Days = 45;

BEGIN TRY;
    TRUNCATE TABLE raw_CPS_Reports;

    -- Limit by Cohort date
    DECLARE @cohortDate Date
    SELECT @cohortDate = tE.Begin_Cohort_Date
    FROM tblEntity tE
    WHERE EntityID = 1;

    -- Get CPS_Reports info from Stage_Investigation
    WITH InvestigationCases
    AS (SELECT Victim_ID
```

```
,CPS_Report_ID
,RPT_CASE_STATUS
,CPS_Received_Date
,Acceptance_Date
,Commencement_Date
,Completion_Date
,Incident_Date
,Abuse_Code
,Is_Substantiated
,Perpetrator_Rltn
,Response_Time_ID
,FAR_APPRV_DATE
,Case_ID
FROM Stage_Investigation
GROUP BY Victim_ID
        ,CPS_Report_ID
        ,RPT_CASE_STATUS
        ,CPS_Received_Date
        ,Acceptance_Date
        ,Commencement_Date
        ,Completion_Date
        ,Incident_Date
        ,Abuse_Code
        ,Is_Substantiated
        ,Perpetrator_Rltn
        ,Response_Time_ID
        ,FAR_APPRV_DATE
        ,Case_ID
HAVING Victim_ID > 0
        AND ISNULL(Completion_Date, @Data_Date) >=
@coHortDate
), PivotAbuses
        AS (SELECT *
        FROM InvestigationCases
        PIVOT(MAX(Abuse_Code)
        FOR Abuse_Code IN ([1] ,[2] ,[3] ,[4] ,[5]
,[6] ,[7] ,[8] ,[9] ,[10] ,[11] ,[12])) pvt
        ), MalTreatments
        AS (SELECT
        1 AS CPS_Report_Type      -- Traditional
        ,Victim_ID
        ,CPS_Report_ID
        ,RPT_CASE_STATUS
        ,CPS_Received_Date
        ,Acceptance_Date
        ,Commencement_Date
        ,Completion_Date
        ,Incident_Date
        ,MAX (CASE
        WHEN Is_Substantiated = 'S' AND
Perpetrator_Rltn = 3 THEN 1
        WHEN Is_Substantiated = 'S' AND
Perpetrator_Rltn = 4 THEN 1
        WHEN Is_Substantiated = 'S' AND
Perpetrator_Rltn = 5 THEN 1
        WHEN Is_Substantiated = 'S' AND
Perpetrator_Rltn = 9 THEN 1
```

```

        WHEN Is_Substantiated = 'S' AND
Perpetrator_Rltn = 10 THEN 1
        WHEN Is_Substantiated = 'S' AND
Perpetrator_Rltn = 11 THEN 1
        WHEN Is_Substantiated = 'S' AND
Perpetrator_Rltn = 12 THEN 1
    ELSE 0
    END) AS FosterProviderPerp
    ,MAX(PA.[1]) AS Physical_Abuse
    ,MAX(PA.[2]) AS Educational_Neglect
    ,MAX(PA.[3]) AS Emotional_Neglect
    ,MAX(PA.[4]) AS HighRisk_Newborn
    ,MAX(PA.[5]) AS Medical_Neglect
    ,MAX(PA.[6]) AS At_Risk
    ,MAX(PA.[7]) AS Sexual_Abuse_Exploitation
    ,MAX(PA.[8]) AS Physical_Neglect
    ,MAX(PA.[9]) AS Moral_Neglect
    ,MAX(PA.[10]) AS Emotional_Abuse_Maltreatment
    ,MAX(PA.[11]) AS Human_Trafficking_Domestic
    ,MAX(PA.[12]) AS Human_Trafficking_International
    ,MAX(CASE WHEN PA.[1] IS NOT NULL AND Is_Substantiated =
'S' THEN 1 ELSE 0 END) AS SUBS_Physical
    ,MAX(CASE WHEN PA.[1] IS NOT NULL AND Is_Substantiated
<> 'S' THEN 1 ELSE 0 END) AS Not_SUBS_Physical
    ,MAX(CASE WHEN PA.[5] IS NOT NULL AND Is_Substantiated =
'S' THEN 1 ELSE 0 END) AS SUBS_Medical
    ,MAX(CASE WHEN PA.[5] IS NOT NULL AND Is_Substantiated
<> 'S' THEN 1 ELSE 0 END) AS Not_SUBS_Medical
    ,MAX(CASE WHEN PA.[7] IS NOT NULL AND Is_Substantiated =
'S' THEN 1 ELSE 0 END) AS SUBS_Sexual
    ,MAX(CASE WHEN PA.[7] IS NOT NULL AND Is_Substantiated
<> 'S' THEN 1 ELSE 0 END) AS Not_SUBS_Sexual
    ,MAX(CASE
        WHEN PA.[3] IS NOT NULL AND
PA.Is_Substantiated = 'S' THEN 1
        WHEN PA.[10] IS NOT NULL AND
PA.Is_Substantiated = 'S' THEN 1
        ELSE 0
        END) AS SUBS_Maltreatment
    ,MAX(CASE
        WHEN PA.[3] IS NOT NULL AND
PA.Is_Substantiated <> 'S' THEN 1
        WHEN PA.[10] IS NOT NULL AND
PA.Is_Substantiated <> 'S' THEN 1
        ELSE 0
        END) AS Not_SUBS_Maltreatment
    ,MAX(CASE
        WHEN PA.[2] IS NOT NULL AND
PA.Is_Substantiated = 'S' THEN 1
        WHEN PA.[8] IS NOT NULL AND
PA.Is_Substantiated = 'S' THEN 1
        WHEN PA.[9] IS NOT NULL AND
PA.Is_Substantiated = 'S' THEN 1
        ELSE 0
        END) AS SUBS_Neglect
    ,MAX(CASE
        WHEN PA.[2] IS NOT NULL AND
PA.Is_Substantiated <> 'S' THEN 1
    
```

```

                                WHEN PA.[8] IS NOT NULL AND
PA.Is_Substantiated <> 'S' THEN 1
                                WHEN PA.[9] IS NOT NULL AND
PA.Is_Substantiated <> 'S' THEN 1
                                ELSE 0
                                END) AS Not_SUBS_Neglect
        ,MAX(CASE
                                WHEN PA.[4] IS NOT NULL AND
PA.Is_Substantiated = 'S' THEN 1
                                WHEN PA.[6] IS NOT NULL AND
PA.Is_Substantiated = 'S' THEN 1
                                WHEN PA.[11] IS NOT NULL AND
PA.Is_Substantiated = 'S' THEN 1
                                WHEN PA.[12] IS NOT NULL AND
PA.Is_Substantiated = 'S' THEN 1
                                ELSE 0
                                END) AS SUBS_Other
        ,MAX(CASE
                                WHEN PA.[4] IS NOT NULL AND
PA.Is_Substantiated <> 'S' THEN 1
                                WHEN PA.[6] IS NOT NULL AND
PA.Is_Substantiated <> 'S' THEN 1
                                WHEN PA.[11] IS NOT NULL AND
PA.Is_Substantiated <> 'S' THEN 1
                                WHEN PA.[12] IS NOT NULL AND
PA.Is_Substantiated <> 'S' THEN 1
                                ELSE 0
                                END) AS Not_SUBS_Other
,Response_Time_ID
,FAR_APPRV_DATE
,Case_ID
FROM PivotAbuses PA
GROUP BY
    Victim_ID
    ,CPS_Report_ID
    ,RPT_CASE_STATUS
    ,CPS_Received_Date
    ,Acceptance_Date
    ,Commencement_Date
    ,Completion_Date
    ,Incident_Date
    ,Response_Time_ID
    ,FAR_APPRV_DATE
    ,Case_ID
), Report_Disposition
AS
(
    SELECT DISTINCT
    SI.CPS_Report_ID
    ,MIN(CASE
        WHEN SI.Is_Substantiated = 'S' THEN '01'
        WHEN SI.Is_Substantiated = 'U' THEN '05'
        ELSE '99'
        END) AS Disposition_Code
    FROM Stage_Investigation SI
    WHERE SI.Victim_ID IS NOT NULL
    GROUP BY SI.CPS_Report_ID
)
)
```

```
INSERT INTO raw_CPS_Reports
(
    Person_ID
    ,Report_ID
    ,Report_Status
    ,Report_Received_Date
    ,Report_Accepted_Date
    ,Investigation_Start_Date
    ,Investigation_Completed_Date
    ,Disposition_Code
    ,Foster_Provider_Perp
    ,CPS_Report_Type
    ,Face_To_Face_Due_Date_Time
    ,Completion_Due_Date
    ,Report_Incident_Date
    ,Maltreatment1_Type
    ,Maltreatment1_Disposition
    ,Maltreatment2_Type
    ,Maltreatment2_Disposition
    ,Maltreatment3_Type
    ,Maltreatment3_Disposition
    ,Maltreatment4_Type
    ,Maltreatment4_Disposition
    ,Transition_Date
    ,x_Case_ID
)
SELECT
    Victim_ID
    ,MT.CPS_Report_ID
    ,1 AS Report_Status
    ,MT.CPS_Received_Date
    ,MT.Acceptance_Date
    ,CASE WHEN DATEDIFF(Millisecond, '00:00:00.000' ,
        CONVERT(TIME, MT.Commencement_Date)) = 0
        THEN DATEADD(ms, 86399998, DATEADD(d,
        DATEDIFF(D, 0, MT.Commencement_Date), 0))
        ELSE MT.Commencement_Date
    END
    ,DATEADD(ms, 86399998, DATEADD(d, DATEDIFF(D, 0,
    MT.Completion_Date), 0))
    ,RD.Disposition_Code
    ,CASE
        WHEN MT.FosterProviderPerp = 1 THEN 'Y'
        ELSE 'N'
    END AS Foster_Provider_Perp
    ,MT.CPS_Report_Type
    ,CASE
        WHEN MT.Response_Time_ID = 1 THEN DATEADD(HH, 72,
    MT.Acceptance_Date)
        WHEN MT.Response_Time_ID = 2 THEN DATEADD(HH, 24,
    MT.Acceptance_Date)
        WHEN MT.Response_Time_ID = 5 THEN DATEADD(HH, 24,
    MT.Acceptance_Date)
        WHEN MT.Response_Time_ID = 3 THEN DATEADD(ms,
    86399998, DATEADD(d, DATEDIFF(D, 0, MT.Acceptance_Date), 0))
        ELSE NULL
    END AS FaceToFaceDueDate
```



```
        ,DATEADD(ms, 86399998, DATEADD(d, DATEDIFF(D, 0,
DATEADD(DAY, @CompletionDueDate_Days, DATEADD(DAY, DATEDIFF(DAY, 0,
MT.Acceptance_Date), 0))), 0)) AS CompletionDueDate
        ,CASE
            WHEN MT.Incident_Date =
@IncidentDateException_1999 THEN MT.CPS_Received_Date
            WHEN MT.Incident_Date =
@IncidentDateException_9999 THEN MT.CPS_Received_Date
            WHEN MT.Incident_Date IS NULL THEN
MT.CPS_Received_Date
            WHEN MT.Incident_Date > MT.CPS_Received_Date THEN
MT.CPS_Received_Date
            ELSE MT.Incident_Date
            END AS Report_Incident_Date
        -- First parameter corresponds to Maltreatment Column 1-4
        -- Second parameter corresponds to T = Type and D =
Disposition
        ,(SELECT dbo.fnCT_MaltreatmentDetermination
            (1
            , 'T'
            ,MT.SUBS_Physical
            ,MT.SUBS_Neglect
            ,MT.SUBS_Medical
            ,MT.SUBS_Sexual
            ,MT.SUBS_Maltreatment
            ,MT.SUBS_Other
            ,MT.Not_SUBS_Physical
            ,MT.Not_SUBS_Neglect
            ,MT.Not_SUBS_Medical
            ,MT.Not_SUBS_Sexual
            ,MT.Not_SUBS_Maltreatment
            ,MT.Not_SUBS_Other)
            ) AS Maltreatment1_Type
        ,(SELECT dbo.fnCT_MaltreatmentDetermination
            (1
            , 'D'
            ,MT.SUBS_Physical
            ,MT.SUBS_Neglect
            ,MT.SUBS_Medical
            ,MT.SUBS_Sexual
            ,MT.SUBS_Maltreatment
            ,MT.SUBS_Other
            ,MT.Not_SUBS_Physical
            ,MT.Not_SUBS_Neglect
            ,MT.Not_SUBS_Medical
            ,MT.Not_SUBS_Sexual
            ,MT.Not_SUBS_Maltreatment
            ,MT.Not_SUBS_Other)
            ) AS Maltreatment1_Disposition
        ,(SELECT dbo.fnCT_MaltreatmentDetermination
            (2
            , 'T'
            ,MT.SUBS_Physical
            ,MT.SUBS_Neglect
            ,MT.SUBS_Medical
            ,MT.SUBS_Sexual
            ,MT.SUBS_Maltreatment
            ,MT.SUBS_Other
```

```
,MT.Not_SUBS_Physical
,MT.Not_SUBS_Neglect
,MT.Not_SUBS_Medical
,MT.Not_SUBS_Sexual
,MT.Not_SUBS_Maltreatment
,MT.Not_SUBS_Other)
) AS Maltreatment2_Type
,(SELECT dbo.fnCT_MaltreatmentDetermination
(2
,'D'
,MT.SUBS_Physical
,MT.SUBS_Neglect
,MT.SUBS_Medical
,MT.SUBS_Sexual
,MT.SUBS_Maltreatment
,MT.SUBS_Other
,MT.Not_SUBS_Physical
,MT.Not_SUBS_Neglect
,MT.Not_SUBS_Medical
,MT.Not_SUBS_Sexual
,MT.Not_SUBS_Maltreatment
,MT.Not_SUBS_Other)
) AS Maltreatment2_Disposition
,(SELECT dbo.fnCT_MaltreatmentDetermination
(3
,'T'
,MT.SUBS_Physical
,MT.SUBS_Neglect
,MT.SUBS_Medical
,MT.SUBS_Sexual
,MT.SUBS_Maltreatment
,MT.SUBS_Other
,MT.Not_SUBS_Physical
,MT.Not_SUBS_Neglect
,MT.Not_SUBS_Medical
,MT.Not_SUBS_Sexual
,MT.Not_SUBS_Maltreatment
,MT.Not_SUBS_Other)
) AS Maltreatment3_Type
,(SELECT dbo.fnCT_MaltreatmentDetermination
(3
,'D'
,MT.SUBS_Physical
,MT.SUBS_Neglect
,MT.SUBS_Medical
,MT.SUBS_Sexual
,MT.SUBS_Maltreatment
,MT.SUBS_Other
,MT.Not_SUBS_Physical
,MT.Not_SUBS_Neglect
,MT.Not_SUBS_Medical
,MT.Not_SUBS_Sexual
,MT.Not_SUBS_Maltreatment
,MT.Not_SUBS_Other)
) AS Maltreatment3_Disposition
,(SELECT dbo.fnCT_MaltreatmentDetermination
(4
,'T'
```

```
,MT.SUBS_Physical
,MT.SUBS_Neglect
,MT.SUBS_Medical
,MT.SUBS_Sexual
,MT.SUBS_Maltreatment
,MT.SUBS_Other
,MT.Not_SUBS_Physical
,MT.Not_SUBS_Neglect
,MT.Not_SUBS_Medical
,MT.Not_SUBS_Sexual
,MT.Not_SUBS_Maltreatment
,MT.Not_SUBS_Other)
) AS Maltreatment4_Type
,(SELECT dbo.fnCT_MaltreatmentDetermination
(4
,'D'
,MT.SUBS_Physical
,MT.SUBS_Neglect
,MT.SUBS_Medical
,MT.SUBS_Sexual
,MT.SUBS_Maltreatment
,MT.SUBS_Other
,MT.Not_SUBS_Physical
,MT.Not_SUBS_Neglect
,MT.Not_SUBS_Medical
,MT.Not_SUBS_Sexual
,MT.Not_SUBS_Maltreatment
,MT.Not_SUBS_Other)
) AS Maltreatment4_Disposition
,FAR_APPRV_DATE
,Case_ID
FROM MalTreatments MT
LEFT JOIN Report_Disposition RD ON MT.CPS_Report_ID =
RD.CPS_Report_ID;
```

APPENDIX D: Outcome Measure #6, Relevant Stored Procedures: Current System

```
USE [Reports_CT]
GO
/***** Object:  StoredProcedure [dbo].[r_FC_770]      Script Date:
03/14/2014 13:08:24 *****/
SET ANSI_NULLS ON
GO
SET QUOTED_IDENTIFIER OFF
GO
ALTER PROCEDURE [dbo].[r_FC_770] AS

-- Added By CT for Audit Trail
--start
DECLARE @XAudit_ID INT
INSERT ROM_Rebuild_Audit (QueryText ,start_time ,end_time )
        SELECT 'r_FC_770' ,getdate() ,NULL
SELECT @XAudit_ID = IDENT_CURRENT('ROM_Rebuild_Audit')
--end

-- new perp codes
-- PERPRLTN 001 Parent 06/26/2005 0000747 ?
-- PERPRLTN 002 Other Relative 06/26/2005 0000747 ?
-- PERPRLTN 003 Foster Parent 06/26/2005 0000747 ?
-- PERPRLTN 004 Residential Facility Staff (co 06/26/2005 0000747 ?
-- PERPRLTN 005 Child Daycare Provider 06/26/2005 0000747 ?
-- PERPRLTN 006 Unmarried Partner of Parent 06/26/2005 0000747 ?
-- PERPRLTN 007 Legal Guardian 06/26/2005 0000747 ?
-- PERPRLTN 008 Other Relative (non-foster par 04/30/2006 0766673
MANJU
-- MAKADIA
-- PERPRLTN 009 Relative Foster Parent 04/30/2006 0766673 MANJU
-- MAKADIA
-- PERPRLTN 010 Non-Relative Foster Parent 04/30/2006 0766673 MANJU
-- MAKADIA
-- PERPRLTN 011 Group Home or Res. Facility St 04/30/2006 0766673
MANJU
-- MAKADIA
-- PERPRLTN 012 Other Professionals 04/30/2006 0766673 MANJU
-- MAKADIA
-- PERPRLTN 013 Friends or Neighbors 04/30/2006 0766673 MANJU
-- MAKADIA
-- PERPRLTN 088 Other 06/26/2005 0000747 ?
-- PERPRLTN 099 Unknown or Missing 06/26/2005 0000747 ?
-- CHANGE/ADD post SQL 5/3/06 - added new perp codes

-- CHANGE/MODIFY after SQL 10/2/06 for Safety Exit - adding logic to
create start of quarter records to be used for safety in care exit (for
those children in a quarter but not for first month) as well as mark start
of quarter records already present
UPDATE Child_removalmonths_safety SET QuartersOnly = 'N'

-- insert quarter date into each monthly record
UPDATE CRMS
SET CRMS.DatePeriod_Q = TP.Quarter_dt
FROM Child_removalmonths_safety CRMS
INNER JOIN tblTimePeriods TP
ON CRMS.DatePeriod = TP.StartDate
```

```
-- append all the first month of each quarter records of those
removals in which these exist
-- CHANGE/ADD 9/19/07 - case id
INSERT INTO Child_removalmonths_safety
    ( EpisodeNumber, DatePeriod, DatePeriod_Q, Cl_id, Case_id,
MonthBegin, MonthEnd, Perpetrator_ID, QuartersOnly )
    SELECT CRMS.EpisodeNumber, CRMS.DatePeriod, CRMS.DatePeriod_Q
    ,CRMS.CL_ID, CRMS.Case_ID, CRMS.MonthBegin
    ,CRMS.MonthEnd, CRMS.Perpetrator_ID, 'Y' AS QuartersOnly
    FROM Child_removalmonths_safety CRMS
    WHERE CRMS.QuartersOnly='N'
    AND Month(CRMS.DatePeriod) IN (1,4,7,10)

-- create new records where first month of quarter records don't
exist; handles month with regard to removal date only - does not handle
placement gaps
SELECT CRMS.EpisodeNumber AS ID ,CS.Entry_date AS date2,
Min(CRMS.DatePeriod) AS date1,CONVERT(int,null) AS id1
INTO #tmp_FC_770
FROM Child_removalmonths_safety CRMS
    INNER JOIN Child_settings CS
    ON CRMS.EpisodeNumber = CS.EpisodeNumber
WHERE CS.FirstEpisode='Y'
GROUP BY CRMS.EpisodeNumber, CS.Entry_date

-- delete records in #tmp_FC_770 that fall on first month of quarter
DELETE
FROM #tmp_FC_770
WHERE Month(date1)IN (1 ,4 ,7 ,10)

-- CHANGE/ADD 9/19/07 - case id
INSERT INTO Child_removalmonths_safety ( EpisodeNumber, DatePeriod,
DatePeriod_Q, Cl_id, Case_id, MonthBegin, MonthEnd, QuartersOnly )
    SELECT CRMS.EpisodeNumber, CRMS.DatePeriod_Q, CRMS.DatePeriod_Q
    , CRMS.CL_ID, CRMS.Case_ID, CRMS.MonthBegin
    , CRMS.MonthEnd, 'Y'
    FROM Child_removalmonths_safety CRMS
    INNER JOIN #tmp_FC_770 tmp
    ON CRMS.EpisodeNumber = tmp.ID AND CRMS.DatePeriod =
tmp.date1

-- CHANGE/ADD 9/19/07 - case id
-- MODIFY/ADD 3/15/07 - add quarter records that are missing for
safety-in-care exit
INSERT INTO Child_removalmonths_safety ( EpisodeNumber ,DatePeriod
,DatePeriod_Q ,Cl_id ,Case_id ,MonthBegin
,MonthEnd ,QuartersOnly )
    SELECT CRMS.EpisodeNumber, CRMS.DatePeriod_Q, CRMS.DatePeriod_Q
    ,CRMS.CL_ID, CRMS.Case_ID, CRMS.MonthBegin
    ,CRMS.MonthEnd, 'N'
    FROM Child_removalmonths_safety CRMS
    INNER JOIN #tmp_FC_770 tmp
    ON CRMS.EpisodeNumber = tmp.ID AND CRMS.DatePeriod =
tmp.date1
```

```
UPDATE Child_removalmonths_safety
SET MonthEnd = DateAdd(m,3,DatePeriod_Q)-1
WHERE QuartersOnly = 'Y'

-- get min and max date within the quarter to set begin and end
dates for these records only
SELECT CRMS.EpisodeNumber AS ID, CRMS.DatePeriod_Q AS date1,
Max(CRMS_1.MonthEnd) AS date2
, CONVERT(datetime, NULL) AS date3 , CONVERT(INT, NULL) AS id4
, CONVERT(VARCHAR(100), NULL) AS str1
, CONVERT(INT, NULL) AS id2 , CONVERT(INT, NULL) AS id3
INTO #tmp_FC_770_1
FROM Child_removalmonths_safety CRMS
INNER JOIN Child_removalmonths_safety CRMS_1
ON CRMS.EpisodeNumber = CRMS_1.EpisodeNumber
WHERE CRMS.QuartersOnly='Y' AND CRMS_1.QuartersOnly='N'
AND CRMS_1.MonthBegin>=CRMS.DatePeriod_Q
AND CRMS_1.MonthEnd<=DateAdd(m,3,CRMS.DatePeriod_Q)-1
GROUP BY CRMS.EpisodeNumber, CRMS.DatePeriod_Q

UPDATE CRMS
SET CRMS.MonthEnd = tmp1.date2
FROM Child_removalmonths_safety CRMS
INNER JOIN #tmp_FC_770_1 tmp1
ON CRMS.DatePeriod = tmp1.Date1 AND CRMS.EpisodeNumber =
tmp1.ID
WHERE CRMS.QuartersOnly='Y'

-- CHANGE/MODIFY after SQL 10/7/06 - change met outcome to 'Y'
-- CHANGE/MODIFY 3/14/07 - MetOutcome_Exit (counts view for Safety-
in-Care) no longer set to 'Yes'
UPDATE Child_removalmonths_safety SET MetOutcome = 'Yes'

-- CHANGE after SQL - 4/21/06 - added additional criteria for
evidence for substantiated maltreatment
-- CHANGE/ADD post SQL 5/3/06 - added new perp codes
-- MODIFY/CHANGE after SQL - 8/29/06 - split query with all
perpetrator categories into two separate classes - one set that requires a
date and one set that doesn't
-- SELECT @strQueryTxt = 'UPDATE Child_removalmonths_safety SET
CRMS.MetOutcome = ''No'', CRMS.Report_id =
Stage_Investigation.CPS_Report_ID, CRMS.IncidentDate =
Stage_Investigation.Incident_Date, CRMS.Report_Received =
Stage_Investigation.CPS_Received_Date, CRMS.Perpetrator_RoleID =
Stage_Investigation.Perpetrator_Rltn, CRMS.Perpetrator_Rltn =
Stage_Investigation.Perpetrator_Rltn_Tx FROM Child_removalmonths_safety "
--INNER JOIN (Child_removalmonths_safety INNER JOIN
Stage_Investigation ON CRMS.CL_ID = Stage_Investigation.Victim_ID) ON
CI.EpisodeNumber = CRMS.EpisodeNumber " & _
-- "WHERE (((Stage_Investigation.Perpetrator_Rltn)=3
Or (Stage_Investigation.Perpetrator_Rltn)=4 Or
(Stage_Investigation.Perpetrator_Rltn)=9 Or
(Stage_Investigation.Perpetrator_Rltn)=10 Or
```

```
(Stage_Investigation.Perpetrator_Rltn)=11) AND
((Stage_Investigation.Is_Substantiated)='S')) ;"
--
--strQueryTxt = "UPDATE DISTINCTROW Child_incidents INNER JOIN
(Child_removalmonths_safety INNER JOIN Stage_Investigation ON CRMS.CL_ID =
Stage_Investigation.Victim_ID) ON CI.EpisodeNumber = CRMS.EpisodeNumber
SET CRMS.MetOutcome = 'No', CRMS.Report_id =
Stage_Investigation.CPS_Report_ID, CRMS.IncidentDate =
Stage_Investigation.Incident_Date, CRMS.Report_Received =
Stage_Investigation.CPS_Received_Date, CRMS.Perpetrator_RoleID =
Stage_Investigation.Perpetrator_Rltn, CRMS.Perpetrator_Rltn =
Stage_Investigation.Perpetrator_Rltn_Tx" & _
-- "WHERE (((Stage_Investigation.Perpetrator_Rltn)=5 Or
(Stage_Investigation.Perpetrator_Rltn)=12 Or
(Stage_Investigation.Perpetrator_Rltn)=88 Or
(Stage_Investigation.Perpetrator_Rltn)=99) AND
((CI.RemovalDate)>=Format(Stage_Investigation.Incident_Date,'mm/dd/yyyy'))
AND ((Stage_Investigation.Incident_Date)>=CRMS.Monthbegin And
(Stage_Investigation.Incident_Date)<=CRMS.MonthEnd) AND
((Stage_Investigation.Is_Substantiated)='S')) OR
(((Stage_Investigation.Perpetrator_Rltn)=5 Or
(Stage_Investigation.Perpetrator_Rltn)=12 " & _
-- "Or (Stage_Investigation.Perpetrator_Rltn)=88 Or
(Stage_Investigation.Perpetrator_Rltn)=99) AND
((CI.RemovalDate)>=Format(Stage_Investigation.CPS_Received_Date,'mm/dd/yyy
y')) AND ((Stage_Investigation.Incident_Date) Is Null Or
(Stage_Investigation.Incident_Date)=#1/1/1999#) AND
((Stage_Investigation.Is_Substantiated)='S') AND
((Stage_Investigation.CPS_Received_Date)>=CRMS.Monthbegin And
(Stage_Investigation.CPS_Received_Date)<=CRMS.MonthEnd)) ;"
--Call execQry--SELECT LEFT(CONVERT(VARCHAR(25),GETDATE(),101),6)

--SELECT @strQueryTxt = 'UPDATE Child_removalmonths_safety SET
CRMS.MetOutcome = 'No', CRMS.MetOutcome_Exit = 'No', CRMS.Report_id =
Stage_Investigation.CPS_Report_ID, CRMS.IncidentDate =
Stage_Investigation.Incident_Date, CRMS.Report_Received =
Stage_Investigation.CPS_Received_Date, CRMS.Perpetrator_RoleID =
Stage_Investigation.Perpetrator_Rltn, CRMS.Perpetrator_Rltn =
Stage_Investigation.Perpetrator_Rltn_Tx FROM Child_removalmonths_safety
INNER JOIN Stage_Investigation ON CRMS.CL_ID =
Stage_Investigation.Victim_ID WHERE
(((Stage_Investigation.Perpetrator_Rltn)=3 Or
(Stage_Investigation.Perpetrator_Rltn)=4 Or
(Stage_Investigation.Perpetrator_Rltn)=9 Or
(Stage_Investigation.Perpetrator_Rltn)=10 Or
(Stage_Investigation.Perpetrator_Rltn)=11 '
--SELECT @strQueryTxt = @strQueryTxt + 'Or
(Stage_Investigation.Perpetrator_Rltn)=5 Or
(Stage_Investigation.Perpetrator_Rltn)=12 Or
(Stage_Investigation.Perpetrator_Rltn)=88 Or
(Stage_Investigation.Perpetrator_Rltn)=99) AND
((Stage_Investigation.Incident_Date)>=CRMS.Monthbegin And
(Stage_Investigation.Incident_Date)<=CRMS.MonthEnd And
(Stage_Investigation.Incident_Date)<>'1/1/1999') AND
((Stage_Investigation.Is_Substantiated)='S')) OR
(((Stage_Investigation.Perpetrator_Rltn)=3 Or
(Stage_Investigation.Perpetrator_Rltn)=4 Or
(Stage_Investigation.Perpetrator_Rltn)=9 Or
```

```
(Stage_Investigation.Perpetrator_Rltn)=10 Or
(Stage_Investigation.Perpetrator_Rltn)=11 Or
(Stage_Investigation.Perpetrator_Rltn)=5 Or
(Stage_Investigation.Perpetrator_Rltn)=12 Or
(Stage_Investigation.Perpetrator_Rltn)=88 '
--SELECT @strQueryTxt = @strQueryTxt + 'Or
(Stage_Investigation.Perpetrator_Rltn)=99) AND
((Stage_Investigation.Incident_Date) Is Null Or
(Stage_Investigation.Incident_Date)='1/1/1999') AND
((Stage_Investigation.Is_Substantiated)='S') AND
((Stage_Investigation.CPS_Received_Date)>=CRMS.Monthbegin And
(Stage_Investigation.CPS_Received_Date)<=CRMS.MonthEnd)) '
--

--CHANGE/FIX 3/15/07 - adjusted date field that had a time stamp so
that time was eliminated (to replace query directly above)
--CHANGE/ADD 4/8/07 - modified query below to eliminate these types
of incidents if they fall on the removal date for the removal date record
--CHANGE/MODIFY 4/11/07 - modified query below to fix a minor
problem
UPDATE CRMS
SET CRMS.MetOutcome = 'No', CRMS.MetOutcome_Exit = 'No'
,CRMS.Report_id = SI.CPS_Report_ID
,CRMS.IncidentDate = SI.Incident_Date
,CRMS.Report_Received = SI.CPS_Received_Date
,CRMS.Perpetrator_RoleID = SI.Perpetrator_Rltn
,CRMS.Perpetrator_Rltn = SI.Perpetrator_Rltn_Tx
FROM Child_removalmonths_safety CRMS
INNER JOIN Stage_Investigation SI
ON CRMS.CL_ID = SI.Victim_ID
INNER JOIN Child_incidents CI
ON CRMS.EpisodeNumber = CI.EpisodeNumber
WHERE (SI.Perpetrator_Rltn IN (3,4,9,10,11,5,12)
AND (SI.Incident_Date >= CRMS.MonthBegin)
AND (SI.Incident_Date <= CRMS.MonthEnd)
AND (SI.Incident_Date <> '1/1/1999')
AND (SI.Incident_Date > CI.RemovalDate)
AND (SI.Is_Substantiated = 'S'))
OR (SI.Perpetrator_Rltn IN (3,4,9,10,11,5,12)
AND (SI.Incident_Date IS NULL OR SI.Incident_Date = '1/1/1999')
AND (SI.Is_Substantiated = 'S')
AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) >= CRMS.MonthBegin)
AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) <= CRMS.MonthEnd)
AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) > CI.RemovalDate))

-- CHANGE/MODIFY 4/11/07 - separated 88's and 99's from previous
query so that won't replace a better category
UPDATE CRMS SET CRMS.MetOutcome = 'No'
,CRMS.MetOutcome_Exit = 'No'
,CRMS.Report_id = SI.CPS_Report_ID
,CRMS.IncidentDate = SI.Incident_Date
,CRMS.Report_Received = SI.CPS_Received_Date
,CRMS.Perpetrator_RoleID = SI.Perpetrator_Rltn
,CRMS.Perpetrator_Rltn = SI.Perpetrator_Rltn_Tx
FROM Child_removalmonths_safety CRMS
```



```
INNER JOIN Stage_Investigation SI
  ON CRMS.CL_ID = SI.Victim_ID
INNER JOIN Child_incidents CI
  ON CRMS.EpisodeNumber = CI.EpisodeNumber
WHERE (SI.Perpetrator_Rltn IN ( 88,99)
  AND (SI.Incident_Date >= CRMS.MonthBegin)
  AND (SI.Incident_Date <= CRMS.MonthEnd)
  AND (SI.Incident_Date <> '1/1/1999')
  AND (SI.Incident_Date > CI.RemovalDate) AND (SI.Is_Substantiated
= 'S')
  AND (CRMS.Report_id IS NULL))
OR (SI.Perpetrator_Rltn IN ( 88,99) AND (SI.Incident_Date IS NULL
  OR SI.Incident_Date = '1/1/1999') AND (SI.Is_Substantiated =
'S')
  AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) >= CRMS.MonthBegin)
  AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) <= CRMS.MonthEnd)
  AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) > CI.RemovalDate)
  AND (CRMS.Report_id IS NULL))

-- CHANGE/ADD 3/20/07 - add code to eliminate 88's or 99's that are
associated with a non-fp or facility/staff person
UPDATE CRMS
SET CRMS.Perpetrator_RoleID = 100+CRMS.Perpetrator_RoleID
FROM Child_removalmonths_safety CRMS
  INNER JOIN Stage_Investigation SI
    ON (CRMS.Report_id = SI.CPS_Report_ID)
    AND (CRMS.CL_ID = SI.Victim_ID)
WHERE (((CRMS.Perpetrator_RoleID)=88 Or
(CRMS.Perpetrator_RoleID)=99)
  AND ((SI.Perpetrator_Rltn)=3 Or (SI.Perpetrator_Rltn)=4
  Or (SI.Perpetrator_Rltn)=9 Or (SI.Perpetrator_Rltn)=10
  Or (SI.Perpetrator_Rltn)=11 Or (SI.Perpetrator_Rltn)=5
  Or (SI.Perpetrator_Rltn)=12))

UPDATE CRMS
SET CRMS.Report_id = Null, CRMS.IncidentDate = Null
,CRMS.Report_Received = Null, CRMS.Perpetrator_ID = Null
,CRMS.Perpetrator_RoleID = Null, CRMS.Perpetrator_Rltn = Null
,CRMS.MetOutcome = 'Yes', CRMS.MetOutcome_Exit = 'Yes'
FROM Child_removalmonths_safety CRMS
  INNER JOIN Stage_Investigation SI
    ON (CRMS.CL_ID = SI.Victim_ID)
    AND (CRMS.Report_id = SI.CPS_Report_ID)
WHERE (((CRMS.Perpetrator_RoleID)=88 Or
(CRMS.Perpetrator_RoleID)=99)
  AND ((SI.Perpetrator_Rltn) Is Not Null And
(SI.Perpetrator_Rltn)<>3
  And (SI.Perpetrator_Rltn)<>4 And (SI.Perpetrator_Rltn)<>9
  And (SI.Perpetrator_Rltn)<>10 And (SI.Perpetrator_Rltn)<>11
  And (SI.Perpetrator_Rltn)<>5 And (SI.Perpetrator_Rltn)<>12
  And (SI.Perpetrator_Rltn)<>88 And (SI.Perpetrator_Rltn)<>99))

UPDATE CRMS
SET CRMS.Perpetrator_RoleID = 100-CRMS.Perpetrator_RoleID
```

```
FROM Child_removalmonths_safety CRMS
  INNER JOIN Stage_Investigation SI
    ON (CRMS.Report_id = SI.CPS_Report_ID)
    AND (CRMS.CL_ID = SI.Victim_ID)
WHERE (((CRMS.Perpetrator_RoleID)=188 Or
(CRMS.Perpetrator_RoleID)=199))

-- add parent 1 and then update perp relationship in
Child_removalmonths_safety if report id is null (no previous incident
found)
-- MODIFY/CHANGE 4/9/07 - add constraint that incident date has to
fall within entry and exit date of placement
UPDATE CRMS
  SET CRMS.MetOutcome = 'No'
    ,CRMS.MetOutcome_Exit = 'No', CRMS.Report_id = SI.CPS_Report_ID
    ,CRMS.IncidentDate = SI.Incident_Date
    ,CRMS.Report_Received = SI.CPS_Received_Date
    ,CRMS.Perpetrator_Rltn = 'Foster Parent',
CRMS.Perpetrator_RoleID = 3
    , CRMS.Perpetrator_ID = CS.Parent_1
FROM Child_removalmonths_safety CRMS
  INNER JOIN Stage_Investigation SI
    ON CRMS.CL_ID = SI.Victim_ID
  INNER JOIN Child_settings CS
    ON SI.Perpetrator_ID = CS.Parent_1 AND SI.Victim_ID = CS.Cl_id
WHERE (CRMS.Report_ID is null)
  AND (SI.Incident_Date >= CRMS.MonthBegin)
  AND (SI.Incident_Date <= CRMS.MonthEnd)
  AND (SI.Is_Substantiated = 'S') AND (CRMS.Report_id IS NULL)
  AND (SI.Incident_Date >= CS.Entry_date)
  AND (SI.Incident_Date <= CS.Exit_date) OR (CRMS.Report_ID is
null)
  AND (SI.Incident_Date IS NULL OR SI.Incident_Date = '1/1/1999')
  AND (SI.Is_Substantiated = 'S')
  AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) >= CRMS.MonthBegin)
  AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) <= CRMS.MonthEnd)
  AND (CRMS.Report_id IS NULL)
  AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) >= CS.Entry_date)
  AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) <= CS.Exit_date)

-- MODIFY/CHANGE 4/9/07 - add parent 2 and as well as incorpoarte
change in query above
UPDATE CRMS
  SET CRMS.MetOutcome = 'No', CRMS.MetOutcome_Exit = 'No'
    ,CRMS.Report_id = SI.CPS_Report_ID
    ,CRMS.IncidentDate = SI.Incident_Date
    ,CRMS.Report_Received = SI.CPS_Received_Date
    ,CRMS.Perpetrator_Rltn = 'Foster Parent',
CRMS.Perpetrator_RoleID = 3
    , CRMS.Perpetrator_ID = CS.Parent_2
FROM Child_removalmonths_safety CRMS
  INNER JOIN Stage_Investigation SI
```

```
        ON CRMS.CL_ID = SI.Victim_ID
INNER JOIN Child_settings CS
    ON SI.Perpetrator_ID = CS.Parent_2
    AND SI.Victim_ID = CS.Cl_id
WHERE (CRMS.Report_ID is null)
    AND (SI.Incident_Date >= CRMS.MonthBegin)
    AND (SI.Incident_Date <= CRMS.MonthEnd)
    AND (SI.Is_Substantiated = 'S') AND (CRMS.Report_id IS NULL)
    AND (SI.Incident_Date >= CS.Entry_date)
    AND (SI.Incident_Date <= CS.Exit_date) OR (CRMS.Report_ID is
null)
    AND (SI.Incident_Date IS NULL OR SI.Incident_Date = '1/1/1999')
    AND (SI.Is_Substantiated = 'S')
    AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) >= CRMS.MonthBegin)
    AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) <= CRMS.MonthEnd)
    AND (CRMS.Report_id IS NULL)
    AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) >= CS.Entry_date)
    AND (CAST(CONVERT(varchar(10), SI.CPS_Received_Date, 101) AS
datetime) <= CS.Exit_date)

-- CHANGE/ADD 3/13/07 - create query to populate safety exit records
-- (quarter = N) when they don't populate because CPS_received is on last day
-- of month and time stamp creates problem with date comparison
TRUNCATE TABLE #tmp_FC_770_1
INSERT INTO #tmp_FC_770_1 ( date3, id4, ID, datel, date2, str1, id2,
id3 )
SELECT CRMS.DatePeriod, CRMS.EpisodeNumber, CRMS.Report_id
,CRMS.IncidentDate, CRMS.Report_Received
,CRMS.Perpetrator_Rltn, CRMS.Perpetrator_RoleID
,CRMS.Perpetrator_ID
FROM Child_removalmonths_safety CRMS
INNER JOIN Child_removalmonths_safety CRMS_1
    ON (CRMS.EpisodeNumber = CRMS_1.EpisodeNumber)
    AND (CRMS.DatePeriod = CRMS_1.DatePeriod)
WHERE (((CRMS.Report_id) Is Not Null) AND ((CRMS_1.Report_id) Is
Null))

UPDATE CRMS
SET CRMS.MetOutcome = 'No' ,CRMS.Report_id = tmp1.id
,CRMS.IncidentDate = tmp1.datel
,CRMS.Report_Received = tmp1.date2
,CRMS.Perpetrator_Rltn = tmp1.str1
,CRMS.Perpetrator_RoleID = tmp1.id2
,CRMS.Perpetrator_ID = tmp1.id3
FROM Child_removalmonths_safety CRMS
INNER JOIN #tmp_FC_770_1 tmp1
    ON (CRMS.EpisodeNumber = tmp1.id4) AND (CRMS.DatePeriod =
tmp1.date3)
WHERE (((CRMS.QuartersOnly)='N'))

-- CHANGE/ADD 3/14/07 - this query needed to set incidentdate to
-- null before the next query rather than in outcomes_fc
```

```
UPDATE Child_removalmonths_safety
SET IncidentDate = Null
WHERE IncidentDate='1/1/1999'

-- CHANGE/ADD after SQL 10/10/06 - Safety outcomes - populate all
months for prior year for substantiations if (X - not quarter) only
records
-- CHANGE/MODIFY 3/14/07 - change Quarters Only = No to Yes and
added variable PerpetratorID
-- CHANGE/MODIFY 6/5/07 - change safety outcomes so that it
populates subsequent year rather than prior year
--SELECT @strQueryTxt = 'UPDATE Child_removalmonths_safety SET
CRMS.MetOutcome = 'No', CRMS.Report_id =
Child_removalmonths_safety_1.Report_id, CRMS.IncidentDate =
Child_removalmonths_safety_1.IncidentDate , CRMS.Report_Received =
Child_removalmonths_safety_1.Report_Received, CRMS.Perpetrator_ID =
Child_removalmonths_safety_1.Perpetrator_ID, CRMS.Perpetrator_RoleID =
Child_removalmonths_safety_1.Perpetrator_RoleID, CRMS.Perpetrator_Rltn =
Child_removalmonths_safety_1.Perpetrator_Rltn FROM
Child_removalmonths_safety INNER JOIN Child_removalmonths_safety AS
Child_removalmonths_safety_1 ON CRMS.CL_ID =
Child_removalmonths_safety_1.CL_ID WHERE (((CRMS.Report_id) Is Null) AND
((CRMS.MonthBegin)>=Child_removalmonths_safety_1.Report_Received) AND
((CRMS.MonthEnd)<=DateAdd(m,12,Child_removalmonths_safety_1.Report_Receive
d)) AND ((Child_removalmonths_safety_1.IncidentDate) Is Null) AND
((Child_removalmonths_safety_1.Report_Received) Is Not Null) AND
((CRMS.QuartersOnly)='Y')) AND
((Child_removalmonths_safety_1.QuartersOnly)='Y')) OR (((CRMS.Report_id)
Is Null) AND
((CRMS.MonthBegin)>=Child_removalmonths_safety_1.IncidentDate) AND
((CRMS.MonthEnd)<=DateAdd(m,12,Child_removalmonths_safety_1.IncidentDate))
AND ((Child_removalmonths_safety_1.IncidentDate) Is Not Null) AND
((CRMS.QuartersOnly)='Y')) AND
((Child_removalmonths_safety_1.QuartersOnly)='Y')) '
UPDATE CRMS
SET CRMS.MetOutcome = 'No'
,CRMS.Report_id = CRMS_1.Report_id
,CRMS.IncidentDate = CRMS_1.IncidentDate
,CRMS.Report_Received = CRMS_1.Report_Received
,CRMS.Perpetrator_ID = CRMS_1.Perpetrator_ID
,CRMS.Perpetrator_RoleID = CRMS_1.Perpetrator_RoleID
,CRMS.Perpetrator_Rltn = CRMS_1.Perpetrator_Rltn
FROM Child_removalmonths_safety CRMS
INNER JOIN Child_removalmonths_safety CRMS_1
ON CRMS.CL_ID = CRMS_1.CL_ID
WHERE (((CRMS.Report_id) Is Null)
AND ((CRMS.MonthBegin)>=CRMS_1.Report_Received)
AND ((CRMS.MonthEnd)<DateAdd(m,15,CRMS_1.Report_Received))
AND ((CRMS_1.IncidentDate) Is Null) AND
((CRMS_1.Report_Received) Is Not Null)
AND ((CRMS.QuartersOnly)='Y')) AND
((CRMS_1.QuartersOnly)='Y'))
OR (((CRMS.Report_id) Is Null)
AND ((CRMS.MonthBegin)>=CRMS_1.IncidentDate)
AND ((CRMS.MonthEnd)<DateAdd(m,15,CRMS_1.IncidentDate))
AND ((CRMS_1.IncidentDate) Is Not Null) AND
((CRMS.QuartersOnly)='Y'))
```

```
AND ((CRMS_1.QuartersOnly)='Y'))

-- CHANGE/MODIFY 3/14/07 - changing field Perpetrator_Rltn to
Perpetrator_roleID here and in query below
UPDATE CRMS
SET CRMS.Perpetrator_RoleID = 3
FROM Child_removalmonths_safety CRMS
INNER JOIN Stage_Investigation SI
ON CRMS.CL_ID = SI.Victim_ID
INNER JOIN Child_settings CS
ON (SI.Victim_ID = CS.Cl_id) AND (SI.Perpetrator_ID =
CS.Parent_1)
WHERE (((SI.Incident_Date)>=CRMS.Monthbegin
And (SI.Incident_Date)<=CRMS.MonthEnd)
AND ((SI.Is_Substantiated)='S') AND ((SI.Perpetrator_Rltn)
Is Null))
OR (((SI.Incident_Date) Is Null Or
(SI.Incident_Date)='1/1/1999')
AND ((SI.Is_Substantiated)='S')
AND ((cast(convert(varchar(10), SI.CPS_Received_Date, 101) as
datetime))>=CRMS.Monthbegin
And (cast(convert(varchar(10), SI.CPS_Received_Date, 101) as
datetime))<=CRMS.MonthEnd)
AND ((SI.Perpetrator_Rltn) Is Null))

UPDATE CRMS
SET CRMS.Perpetrator_RoleID = 3
FROM Child_removalmonths_safety CRMS
INNER JOIN Stage_Investigation SI
ON CRMS.CL_ID = SI.Victim_ID
INNER JOIN Child_settings CS
ON (SI.Victim_ID = CS.Cl_id) AND (SI.Perpetrator_ID =
CS.Parent_2)
WHERE (((SI.Incident_Date)>=CRMS.Monthbegin
And (SI.Incident_Date)<=CRMS.MonthEnd)
AND ((SI.Is_Substantiated)='S') AND ((SI.Perpetrator_Rltn)
Is Null))
OR (((SI.Incident_Date) Is Null Or
(SI.Incident_Date)='1/1/1999')
AND ((SI.Is_Substantiated)='S')
AND ((cast(convert(varchar(10), SI.CPS_Received_Date, 101)
as datetime))>=CRMS.Monthbegin
And (cast(convert(varchar(10), SI.CPS_Received_Date, 101) as
datetime))<=CRMS.MonthEnd)
AND ((SI.Perpetrator_Rltn) Is Null))

-- CHANGE/ADD 3/15/07 - for SafetyInCare Exit records take info from
SafetyInCare records if former is null
UPDATE CRMS
SET CRMS.Report_id = CRMS_1.Report_id
, CRMS.IncidentDate = CRMS_1.IncidentDate
, CRMS.Report_Received = CRMS_1.Report_Received
, CRMS.Perpetrator_ID = CRMS_1.Perpetrator_ID
, CRMS.Perpetrator_RoleID = CRMS_1.Perpetrator_RoleID
, CRMS.Perpetrator_Rltn = CRMS_1.Perpetrator_Rltn
FROM Child_removalmonths_safety CRMS
```

```
INNER JOIN Child_removalmonths_safety CRMS_1
  ON (CRMS.CL_ID = CRMS_1.CL_ID)
  AND (CRMS.DatePeriod_Q = CRMS_1.DatePeriod_Q)
WHERE (((CRMS.DatePeriod)=CRMS_1.DatePeriod_Q)
  AND ((CRMS.Report_id) Is Null) AND ((CRMS_1.Report_id) Is Not
Null)
  AND ((CRMS.QuartersOnly)='N') AND ((CRMS_1.QuartersOnly)='Y'))

-- CHANGE/ADD 3/15/07 - eliminate records that are 0 day
DELETE Child_removalmonths_safety
FROM Child_removalmonths_safety CRMS
  INNER JOIN Child_settings CS
    ON CRMS.EpisodeNumber = CS.EpisodeNumber
  WHERE (CS.FirstEpisode = 'Y') AND (CS.LastEpisode = 'Y')
  AND (CS.PlacementTimeDays < 1)

-- CHANGE/FIX 11/1/2007 - in ChildRemovalMonths_Safety eliminate
report_ids and maltxdates where MetOutcomes = Yes
UPDATE ChildRemovalMonths_Safety
SET Report_ID = Null, MaltXDate = Null
WHERE MetOutcome = 'Yes' and Report_Id Is Not Null

-- CHANGE/ADD 8/3/07 - compute number of substantiated reports,
initially by counting the # of quarters in the safety exit measure
TRUNCATE TABLE #tmp_FC_770
UPDATE Child_incidents SET No_SubstReportsInCare = 0

INSERT INTO #tmp_FC_770 ( id, id1 )
SELECT DISTINCT CI.EpisodeNumber, Count(CRMS.EpisodeID) AS
CountOfEpisodeID
FROM Child_incidents CI
  INNER JOIN Child_removalmonths_safety CRMS
    ON CI.EpisodeNumber = CRMS.EpisodeNumber
  WHERE (((CRMS.QuartersOnly)='Y') AND
((CRMS.MetOutcome_Exit)='No'))
GROUP BY CI.EpisodeNumber

UPDATE CI
SET CI.No_SubstReportsInCare = tmp.id1
FROM Child_incidents CI
  INNER JOIN #tmp_FC_770 tmp
    ON CI.EpisodeNumber = tmp.ID

DROP TABLE #tmp_FC_770
DROP TABLE #tmp_FC_770_1
-- Added By CT for Audit Trail
--start
DECLARE @dbName nvarchar(256) ,@prcName nvarchar(256)
        ,@startTime DATETIME ,@endTime DATETIME
SELECT @dbName =DB_NAME() ,@prcName = 'r_FC_770'
INSERT dbo.ROM_Query_Audit
EXEC [dbo].[usp_AuditProcedure] @dbName ,@prcName,@startTime,@endTime
UPDATE ROM_Rebuild_Audit set end_time = getdate() where id = @XAudit_ID
--end
```

Review of Outcome Measure 3 and Outcome Measure 15 for the First Quarter 2014
Statewide, the First Quarter 2014 result for Outcome Measure 3 (OM3) - Case Plans, is 51.9%. This is a decline in the rate "Appropriate Case Plan" in comparison to prior performance reported.

Region III achieved the highest regional performance with 80.0%; Region V struggled with achieving this measure this quarter with a rate of 22.2%. Middletown, Torrington and Willimantic all achieved the measure during the quarter at 100.0%. Danbury, Norwalk/Stamford and Waterbury by contrast, failed to pass any of the cases selected for sampling, 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	2	3	5
		%	40.0%	60.0	100.0%
	Norwalk/Stamford	Count	0	2	2
		%	0.0%	100.0%	100.0%
Region I			28.6%	71.4%	100.0%
II	Milford	Count	3	1	4
		%	75.0%	25.0%	100.0%
	New Haven	Count	3	2	5
		%	60.0%	40.0%	100.0%
Region II			66.7%	33.3%	100.0%
III	Middletown	Count	2	0	2
		%	100.0%	0.0%	100.0%
	Norwich	Count	3	2	5
		%	60.0%	40.0%	100.0%
	Willimantic	Count	3	0	3
		%	100.0%	0.0%	100.0%
Region III			80.0%	20.0%	100.0%
IV	Hartford	Count	3	5	8
		%	37.5%	62.5%	100.0%
	Manchester	Count	2	2	4
		%	50.0%	50.0%	100.0%
Region IV			41.7%	53.8%	100.0%
V	Danbury	Count	0	2	2
		%	0%	100.0%	100.0%
	Torrington	Count	2	0	2
		%	100.0%	0%	100.0%
	Waterbury	Count	0	5	5
		%	0%	100.0%	100.0%
Region V			22.2%	77.8%	100.0%
VI	Meriden	Count	1	1	2
		%	50.0%	50.0%	100.0%
	New Britain	Count	4	1	5
		%	80.0%	20.0%	100.0%
Region VI			71.4%	28.5%	100.0%
Total State		Count	28	26	54
			51.9%	48.1%	100.0%

One Hartford case was identified as having issues with case planning that involved not accommodating the family's primary language. The reviewer cited a lack of translation and/or interpreter services that were provided for a family with a language preference other than English.

Six (11.1%) of the case plans were not approved at the time of the reviewers final review. This is up sharply from our last reporting when the percentage was 3.6% of the case plans. Including these six, there were a total of 18.5% with Supervisory approval still lacking 25 days after the ACR or family conference. 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 of delayed approvals continues to be a concern as we cannot underscore the importance of timely sharing of accurate and clear assessments and expectations with the case participants by utilizing the case plans. It is clear that the staffing and caseload is a factor in delay in case approval as responses from area office staff often cite a lack of approval as an oversight in the overwhelming demands of other case management priorities.

Statewide scores are reflected at the end of the following table for ease of reference. This quarter, it is once again the case that individual regions and individual offices fluctuated in areas of strength within various elements of case planning. Overall scores were down across the board. Twenty-one case plans achieved the rating of "Appropriate" on their own merit via ranking optimal or very good across all domains, being approved timely and with appropriate accommodations for the primary or preferred language of the client. Eight additional case plans were assessed as "Appropriate" upon designation of an override by the Court Monitor. This designation allowed for deficits within the case planning that were remedied by actions or facts documented elsewhere in the case record.

Outcome Measure 3 First Quarter 2014 Domain Case Summaries by Area Office with Percent Totals Displayed by Area Office and Region											
Area Office		Case Plan Approved?	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	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Bridgeport	1	no	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal	Marginal	Case Plan not Appropriate
	2	yes	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Case Plan Appropriate
	3	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Case Plan not Appropriate
	4	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Case Plan not Appropriate
	5	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Case Plan Appropriate
	Total	5	5	5	5	5	5	5	5	5	5
	%	80.0%	100.0%	100.0%	80.0%	40.0%	100.0%	80.0%	60.0%	80.0%	40.0%
Norwalk	1	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Case Plan not Appropriate
	2	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Optimal	Marginal	Very Good	Case Plan not Appropriate
	Total	2	2	2	2	2	2	2	2	2	2
	%	100.0%	100.0%	100.0%	50.0%	0.0%	50.0%	100.0%	50.0%	100.0%	0.0%
Region I	%	85.7%	100.0%	100.0%	71.4%	28.6%	85.7%	85.7%	50.0%	85.7%	28.6%

Area Office		Case Plan Approved?	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	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Milford	1	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Case Plan not Appropriate
	2	yes	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Case Plan Appropriate
	3	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Optimal	Case Plan Appropriate
	4	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Case Plan Appropriate
	Total	4	4	4	4	4	4	4	4	4	4
	%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	75.0%	100.0%	100.0%	100.0%
New Haven	1	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Case Plan not Appropriate
	2	yes	Optimal	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Optimal	Case Plan Appropriate
	3	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Case Plan Appropriate
	4	no	Optimal	Very Good	Very Good	Marginal	Very Good	Marginal	Marginal	Marginal	Case Plan not Appropriate
	5	yes	Very Good	Optimal	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Case Plan Appropriate
	Total	5	5	5	5	5	5	5	5	5	5
	%	80.0%	100.0%	100.0%	60.0%	40.0%	80.0%	80.0%	60.0%	80.0%	60.0%
Region II	%	88.9%	100.0%	100.0%	77.8%	55.6%	77.8%	88.9%	77.8%	88.9%	66.7%

Area Office		Case Plan Approved?	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	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Middletown	1	yes	Very Good	Very Good	Very Good	Very Good	Very Good	TBD	Very Good	Very Good	Case Plan Appropriate
	2	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Case Plan Appropriate
	Total	2	2	2	2	2	2	2	2	2	2
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Norwich	1	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Case Plan Appropriate
	2	yes	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Case Plan Appropriate
	3	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Optimal	Case Plan not Appropriate
	4	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Marginal	Very Good	Case Plan not Appropriate
	5	yes	Optimal	Very Good	Very Good	Very Good	Very Good	TBD	Very Good	Very Good	Case Plan Appropriate
	Total	5	5	5	5	5	5	5	5	5	5
		100.0%	100.0%	100.0%	80.0%	60.0%	100.0%	100.0%	60.0%	100.0%	60.0%
Willimantic	1	yes	Very Good	Very Good	Marginal	Optimal	Very Good	Very Good	Very Good	Optimal	Case Plan Appropriate
	2	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Case Plan Appropriate
	3	yes	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Case Plan Appropriate
	Total	3	3	3	3	3	3	3	3	3	3
	%	100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Region III		100.0%	100.0%	100.0%	80.0%	80.0%	100.0%	100.0%	80.0%	100.0%	80.0%

Area Office		Case Plan Approved?	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	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Hartford	1	no	Poor	Very Good	Marginal	Poor	Absent/Averse	Poor	Poor	Very Good	Case Plan not Appropriate
	2	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Case Plan Appropriate
	3	yes	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Marginal	Case Plan not Appropriate
	4	yes	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Case Plan Appropriate
	5	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Case Plan Appropriate
	6	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Case Plan not Appropriate
	7	yes	Very Good	Marginal	Marginal	Marginal	Poor	Very Good	Marginal	Very Good	Case Plan not Appropriate
	8	no	Very Good	Very Good	Marginal	Marginal	Very Good	TBD	Marginal	Very Good	Case Plan not Appropriate
	Total	8	8	8	8	8	8	8	8	8	8
	%	75.0%	87.5%	87.5%	37.5%	50.0%	50.0%	85.7%	50.0%	87.5%	37.5%
Manchester	1	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Case Plan not Appropriate
	2	yes	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Case Plan Appropriate
	3	yes	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Case Plan Appropriate
	4	yes	Optimal	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Case Plan not Appropriate
	Total	4	4	4	4	4	4	4	4	4	4
	%	100.0%	100.0%	100.0%	75.0%	50.0%	50.0%	100.0%	50.0%	100.0%	50.0%
Region IV	%	83.3%	91.7%	91.7%	50.0%	50.0%	58.3%	90.9%	50.0%	91.7%	41.7%

Area Office		Case Plan Approved?	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	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Danbury	1	no	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal	Case Plan not Appropriate
	2	no	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Absent/Averse	Case Plan not Appropriate
	Total	2	2	2	2	2	2	2	2	2	2
		0.0%	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Torrington	1	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Case Plan Appropriate
	2	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Case Plan Appropriate
	Total	2	2	2	2	2	2	2	2	2	2
		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Waterbury	1	yes	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Case Plan not Appropriate
	2	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Marginal	Very Good	Case Plan not Appropriate
	3	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Case Plan not Appropriate
	4	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Marginal	Case Plan not Appropriate
	5	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Case Plan not Appropriate
	Total	5	5	5	5	5	5	5	5	5	5
	%	100.0%	100.0%	100.0%	40.0%	20.0%	20.0%	80.0%	40.0%	80.0%	0.0%
Region V	%	77.8%	88.9%	88.9%	44.4%	33.3%	33.3%	66.7%	44.4%	66.7%	22.2%

Area Office		Case Plan Approved?	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	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Meriden	1	yes	Very Good	Very Good	Very Good	Marginal	Very Good	Marginal	Marginal	Very Good	Case Plan not Appropriate
	2	yes	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	<i>Case Plan Appropriate</i>
	Total	2	2	2	2	2	2	2	2	2	2
	%	100.0%	100.0%	100.0%	50.0%	50.0%	100.0%	50.0%	50.0%	100.0%	50.0%
New Britain	1	yes	Very Good	Very Good	Marginal	Marginal	Very Good	Marginal	Very Good	Very Good	Case Plan not Appropriate
	2	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Case Plan Appropriate
	3	yes	Very Good	Optimal	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	<i>Case Plan Appropriate</i>
	4	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Case Plan Appropriate
	5	yes	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Case Plan Appropriate
	Total	5	5	5	5	5	5	5	5	5	5
	%	100.0%	100.0%	100.0%	60.0%	80.0%	100.0%	80.0%	100.0%	100.0%	80.0%
Region VI	%	100.0%	100.0%	100.0%	57.1%	71.4%	100.0%	71.4%	85.7%	100.0%	71.4%
Statewide %		88.9%	96.3%	96.3%	63.0%	53.7%	74.1%	80.4%	64.8%	88.9%	51.9%

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 requires that all needs be met within the case for 80% of the children and families served. This was not achieved, with the sample calculated at a rate of 57.4% for the First Quarter 2014. This translates to 31 of the 54 cases reviewed being assessed as having priority needs of the children and families identified during the period under review met timely and adequately. Eleven of these 31 designations were granted via Court Monitor override. The offices that met or exceeded this mark during the quarter were Bridgeport, Middletown, New Britain, and Torrington which achieved 80.0% or greater. The highest performing region was Region III with 80.0%, which was the only region to meet the requirement for the measure this quarter.

Crosstabulation 2: 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	4	1	5
		%	80.0%	20.0%	100.0%
	Norwalk/Stamford	Count	1	1	1
		%	50.0%	50.0%	50.0%
Region I			71.4%	28.6%	100.0%
	Milford	Count	2	2	4
		%	50.0%	50.0%	100.0%
	New Haven	Count	3	2	5
		%	60.0%	40.0%	100.0%
Region II			55.6%	44.4%	100.0%
III	Middletown	Count	2	0	2
		%	100.0%	0.0%	100.0%
	Norwich	Count	4	1	5
		%	80.0%	20.0%	100.0%
	Willimantic	Count	2	1	3
		%	66.7%	33.3%	100.0%
Region III			80.0%	20.0%	100.0%
IV	Hartford	Count	3	5	8
		%	37.5%	62.5%	100.0%
	Manchester	Count	0	4	4
		%	0.0%	100.0%	100.0%
Region IV			25.0%	75.0%	100.0%
V	Danbury	Count	0	2	2
		%	0.0%	100.0%	100.0%
	Torrington	Count	2	0	2
		%	100.0%	0.0%	100.0%
	Waterbury	Count	3	2	5
		%	60.0%	40.0%	100.0%
Region VI			55.6%	44.4%	100.0%
VI	Meriden	Count	1	1	2
		%	50.0%	50.0%	100.0%
	New Britain	Count	4	1	5
		%	80.0%	20.0%	100.0%
Region V			71.4%	28.6%	100.0%
State Total		Count	31	23	54
		%	57.4%	42.6%	100.0%

Outcome Measure 15 - First Quarter 2014 Case Summaries													
DCF 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
Region I	Bridgeport	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	N/A to Case	Needs Met
	Bridgeport	N/A to Case	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
	Bridgeport	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	N/A to Case	Needs Met
	Bridgeport	Very Good	N/A to Case	N/A to Case	Marginal	N/A to Case	Marginal	Marginal	Absent/Averse	Marginal	N/A to Case	Very Good	Needs Not Met
	Bridgeport	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
	AO %	100.0%	100.0%	100.0%	80.0%	100.0%	80.0%	80.0%	80.0%	80.0%	100.0%	100.0%	80.0%
	Norwalk	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Optimal	Optimal	Marginal	N/A to Case	Very Good	Needs Not Met
	Norwalk	N/A to Case	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Marginal	Needs Met
	AO%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	50.0%	100.0%	50.0%	50.0%
	Region 1 %	100.0%	100.0%	100.0%	85.7%	100.0%	71.4%	85.7%	85.7%	71.4%	100.0%	80.0%	71.4%

DCF 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
Region II	Milford	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
	Milford	N/A to Case	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Needs Met
	Milford	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	Marginal	Needs Met
	Milford	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Needs Not Met
	AO%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	50.0%	50.0%	75.0%	50.0%
	New Haven	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Marginal	Marginal	Marginal	N/A to Case	Very Good	Needs Not Met
	New Haven	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
	New Haven	N/A to Case	Very Good	Optimal	Optimal	Optimal	Marginal	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Met
	New Haven	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
	New Haven	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Needs Not Met
	AO%	100.0%	100.0%	100.0%	100.0%	100.0%	60.0%	80.0%	80.0%	80.0%	66.7%	100.0%	60.0%
	Region II %	100.0%	100.0%	100.0%	100.0%	100.0%	55.6%	88.9%	88.9%	66.7%	60.0%	88.9%	55.6%

DCF 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	
Region III	Middletown	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	
	Middletown	N/A to Case	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	N/A to Case	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%	100.0%	
	Norwich	N/A to Case	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met	
	Norwich	N/A to Case	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Needs Met	
	Norwich	N/A to Case	Very Good	Optimal	Optimal	Optimal	Marginal	Very Good	Very Good	Very Good	Optimal	Marginal	Needs Met	
	Norwich	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	N/A to Case	Marginal	Marginal	Marginal	Marginal	N/A to Case	Very Good	Needs Not Met
	Norwich	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	N/A to Case	Marginal	Very Good	Very Good	Marginal	N/A to Case	Very Good	Needs Met
	AO%	100.0%	100.0%	100.0%	100.0%	100.0%	40.0%	80.0%	80.0%	60.0%	100.0%	80.0%	80.0%	
	Willimantic	N/A to Case	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Needs Not Met
	Willimantic	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	N/A to Case	Very Good	Very Good	Optimal	Very Good	N/A to Case	Very Good	Needs Met
	Willimantic	N/A to Case	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Needs Met
	AO%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	66.7%
	Region III %	100.0%	100.0%	100.0%	100.0%	100.0%	83.3%	100.0%	90.0%	90.0%	80.0%	83.3%	88.9%	80.0%

DCF 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
Region IV	Hartford	N/A to Case	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	N/A to Case	Needs Not Met
	Hartford	N/A to Case	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Needs Met
	Hartford	N/A to Case	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Marginal	Marginal	Very Good	Needs Not Met
	Hartford	N/A to Case	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Very Good	Needs Met
	Hartford	N/A to Case	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Optimal	Very Good	Marginal	N/A to Case	Needs Not Met
	Hartford	N/A to Case	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Very Good	Very Good	Very Good	Very Good	Needs Met
	Hartford	Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Marginal	Optimal	Marginal	N/A to Case	Marginal	Needs Not Met
	Hartford	Marginal	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Marginal	Marginal	Marginal	N/A to Case	Marginal	Needs Not Met
	AO%	0.0%	83.3%	100.0%	100.0%	100.0%	25.0%	75.0%	75.0%	62.5%	66.7%	66.7%	37.5%
	Manchester	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Marginal	Very Good	Optimal	Very Good	N/A to Case	N/A to Case	Needs Not Met
	Manchester	Very Good	N/A to Case	N/A to Case	Marginal	N/A to Case	Marginal	Optimal	Optimal	Very Good	N/A to Case	Very Good	Needs Not Met
	Manchester	N/A to Case	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Optimal	Very Good	Very Good	Optimal	Needs Not Met
	Manchester	N/A to Case	Very Good	Very Good	Optimal	Marginal	Marginal	Marginal	Marginal	Optimal	Very Good	Very Good	Needs Not Met
	AO%	100.0%	100.0%	100.0%	75.0%	50.0%	0.0%	75.0%	75.0%	100.0%	100.0%	100.0%	0.0%
	Region IV%	50.0%	87.5%	100.0%	91.7%	87.5%	16.7%	75.0%	75.0%	75.0%	75.0%	77.8%	25.0%

DCF 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
Region V	Danbury	N/A to Case	Very Good	Marginal	Very Good	Marginal	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Needs Not Met
	Danbury	Marginal	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Poor	Very Good	N/A to Case	Marginal	Needs Not Met
	AO%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	50.0%	0.0%	100.0%	100.0%	50.0%	0.0%
	Torrington	Very Good	N/A to Case	N/A to Case	Optimal	N/A to Case	Very Good	Marginal	Very Good	Very Good	N/A to Case	Very Good	Needs Met
	Torrington	N/A to Case	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
	AO%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Waterbury	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Optimal	Marginal	N/A to Case	Very Good	Needs Not Met
	Waterbury	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
	Waterbury	N/A to Case	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
	Waterbury	N/A to Case	Very Good	Very Good	Marginal	Very Good	Marginal	Marginal	Marginal	Very Good	Very Good	Very Good	Needs Not Met
	Waterbury	N/A to Case	Very Good	Very Good	Optimal	Optimal	Marginal	Very Good	Very Good	Very Good	Very Good	Optimal	Needs Met
	AO%	100.0%	100.0%	100.0%	80.0%	100.0%	20.0%	80.0%	80.0%	80.0%	100.0%	100.0%	60.0%
	Region V %	66.7%	100.0%	83.3%	88.9%	83.3%	33.3%	66.7%	66.7%	88.9%	100.0%	88.9%	55.6%

DCF 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
Region VI	Meriden	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Optimal	Marginal	N/A to Case	Very Good	Needs Not Met
	Meriden	N/A to Case	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Met
	AO%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	50.0%	100.0%	100.0%	50.0%
	New Britain	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Optimal	Optimal	Marginal	N/A to Case	Optimal	Needs Not Met
	New Britain	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
	New Britain	N/A to Case	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	N/A to Case	<i>Needs Met</i>
	New Britain	Very Good	N/A to Case	N/A to Case	Very Good	N/A to Case	Marginal	Very Good	Optimal	Very Good	N/A to Case	Very Good	<i>Needs Met</i>
	New Britain	N/A to Case	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
	AO%	100.0%	100.0%	100.0%	100.0%	100.0%	40.0%	100.0%	100.0%	80.0%	100.0%	100.0%	80.0%
	Region VI %	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%	100.0%	100.0%	71.4%	100.0%	100.0%	71.4%
Statewide	86.9%	97.0%	97.0%	94.4%	90.9%	46.3%	83.3%	83.3%	75.9%	84.8%	87.2%	57.4%	

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 multiple needs noted in this quarter among the 54 cases. The number did rise slightly from that reported in our prior report. In all 204 identifiable unmet needs in the prior six month period rose to the level of what reviewers felt had a significant negative impact on the health, safety or well being of the children and families within the sample. The most common barrier identified is again noted as the client refusal, but delays in referrals and unavailable or wait lists are increasing prevalent.

Table 1: Unmet Needs

Unmet Need	Barrier	Frequency
After School Program	Provider Issue - Untimely provision of service or gap in service related to staffing or lack of follow through on the part of the provider	1
Anger Management	Client Referred refused service or was subsequently discharge for non-compliance	1
Anger Management	No Service Identified to Meet this Need	1
ARG Consultation	Delay in Referral	6
ARG Consultation	No Service Identified to Meet this Need	1
Basic Foster Care	Delay in Referral	1
Dental or Orthodontic Services	Client Refused Service	2
Dental or Orthodontic Services	Delay in Referral	1
Dental Screening or Evaluation	Delay in Referral	4
Dental Screening or Evaluation	Client Refused Service	3
Dental Screening or Evaluation	No Service Identified to Meet this Need	1
Dental Screening or Evaluation	Lack of Communication between DCF and provider	1
Domestic Violence Services - Perpetrator	Client Refused Service or was subsequently discharged for non-compliance	2
Domestic Violence Services - Perpetrator	No Service Identified to Meet this Need	1
Domestic Violence Services - Perpetrator	Referred Service is Unwilling to Engage Client	1
Domestic Violence Services - Victims	Client Refused Service	3
Domestic Violence Services - Victims	Delay in Referral	2
Domestic Violence Services - Victims	No Service Identified to Meet this Need	1
Educational Screening or Evaluation	Client Referred refused service	1
Educational Screening or Evaluation	Lack of Communication between DCF and provider	1
Educational Screening or Evaluation	Delay in Referral	1
Extended Day Treatment	Other: Professional Disagreement related to need	1
Family or Marital Counseling	Delay in Referral	1
Family or Marital Counseling	Provider Issue - Untimely provision of service or gap in service related to staffing or lack of follow through on the part of the provider	1
Family or Marital Counseling	No Service Identified to Meet this Need	1
Family Preservation Services	Delay in Referral	1
Family Preservation Services	Client refused service or was subsequently discharged for non-compliance	1
Family Reunification Services	Delay in Referral	1
Family Reunification Services	Service Deferred Pending Completion of Another	1
Flex Funds	Delay in Referral	1
Foster Parent Training	UTD from Narrative or Response	1
Group Home	Referred Service is Unwilling to Engage Client	1
Handicapped Accessible Housing	Wait List	1

Unmet Need	Barrier	Frequency
Health/Medical - Medication Management (Child)	Client Referred refused service or was subsequently discharge for non-compliance	3
Health/Medical - Medication Management (Parent)	Client Referred refused service or was subsequently discharge for non-compliance	1
Health/Medical - Other Medical Intervention: Referral for specialists (plastic surgeon - ear deformity)	Insurance Issue	1
Health/Medical - Other Medical Intervention: Referral for specialists (motorized wheelchair)	Service Deferred Pending Completion of Another	1
Health/Medical - Other Medical Intervention: Referral for specialists (Nutritionist)	Delay in referral	1
Health/Medical Screening or Evaluation	Client Referred refused service	4
Health/Medical Screening or Evaluation	Delay in Referral	2
Health/Medical Screening or Evaluation	Lack of Communication between DCF and provider	1
Housing Assistance (Section 8)	Service Deferred Pending Completion of Another	1
Housing Assistance (Section 8)	Wait List	1
Individual Counseling - Child	Client Referred but refused service or was subsequently discharged for non-compliance	6
Individual Counseling - Child	Provider Issue - untimely provision of services or gaps in service related to staffing, lack of follow through, etc.	1
Individual Counseling - Parent	Client Referred but refused service or was subsequently discharged for non-compliance	10
Individual Counseling - Parent	Delay in Referral	1
Individual Counseling - Parent	No Service Identified to Meet this Need	1
In-Home Parent Education and Support	Delay in Referral	2
In-Home Parent Education and Support	Client Referred but refused service or was subsequently discharged for non-compliance	2
In-Home Treatment	Client Referred but refused service or was subsequently discharged for non-compliance	2
In-Home Treatment	Delay in Referral	1
In-Home Treatment	Wait List	1
In-Home Treatment	No Slots Available	1
Life Skills Training	Delay in Referral	1
Matching/Placement Processing (includes ICO)	Delay in Referral	1
Matching/Placement Processing (includes ICO)	Service Deferred Pending Completion of Another	1
Mental Health Screening or Evaluation - Child	Client Refused Services	1
Mental Health Screening or Evaluation - Parent	Client Refused Services	3
Mental Health Screening or Evaluation - Parent	Wait List	1
Mental Health Screening or Evaluation - Parent	No Service Identified to Meet this Need	1
Mentoring	Delay in Referral	3
Mentoring	No Slots	1
Mentoring	Wait List	1
Other IH Services: Legal	Delay in Filing	1

Unmet Need	Barrier	Frequency
Other Mental Health Service - Child: Trauma Screen	Delay in Referral	1
Other Mental Health Service - Child: Trauma Therapy	Client Referred refused service or was subsequently discharge for non-compliance	1
Other Mental Health Service Parent - Grief Counseling	Client Referred refused service or was subsequently discharge for non-compliance	1
Other Mental Health Service Parent - Neuropsychological	Delay in Referral	1
Other OOH Service: Relative Search/Family Ties	Delay in Referral	1
Other State Agency Program (DMR, DMHAS, MSS)	Approval Process	2
Other State Agency Program (DMR, DMHAS, MSS)	Provider Issues - untimely provision of services related to staffing, lack of follow through, etc	1
Outreach Tracking and Reunification	Delay in Referral	1
Parenting Classes	Client Referred refused service or was subsequently discharge for non-compliance	2
Parenting Classes	Wait List	1
Problem Sexual Behavior Therapy	Service Deferred Pending Completion of Another	1
Problem Sexual Behavior Therapy	Other: Court Ordered Evaluation took longer than expected due to the number of interviews required	1
Psychiatric Evaluation - Child	Service Deferred Pending Completion of Another	1
Psychiatric Evaluation - Parent	Client Referred refused service or was subsequently discharged for non-compliance/missed appointments	3
Psychological or Psychosocial Evaluation - Child	Client Referred refused service or was subsequently discharged for non-compliance/missed appointments	2
Psychological or Psychosocial Evaluation - Parent	Client Referred refused service or was subsequently discharged for non-compliance/missed appointments	1
Residential Treatment Facility	Wait List	1
Services for the Disabled (TDD/TTY)	Approval Process	1
Sexual Abuse Therapy - Victim	Delay in Referral	1
Substance Abuse Treatment: Drug/Alcohol Testing - Child	Delay in Referral	1
Substance Abuse Treatment: Drug/Alcohol Testing - Parent	Delay in Referral	1
Substance Abuse Treatment: Drug/Alcohol Testing - Parent	Client Referred refused service	1
Substance Abuse Treatment: Inpatient - Parent	Client Referred refused service or was subsequently discharge for non-compliance	3
Substance Abuse Treatment: Inpatient - Parent	No Service Identified to Meet this Need	1
Substance Abuse Treatment: Outpatient - Child	Client Referred refused service or was subsequently discharged for non-compliance/missed appointments	2
Substance Abuse Treatment: Outpatient - Child	Delay in Referral	1
Substance Abuse Treatment: Outpatient - Parent	Client Referred refused service or was subsequently discharged for non-compliance/missed appointments	7
Substance Abuse Treatment: Outpatient - Parent	Hours of Operation	1
Substance Abuse Treatment: Outpatient - Parent	Wait List	1
Substance Abuse Treatment: Relapse Prevention - Child	Delay in Referral	1

Unmet Need	Barrier	Frequency
Substance Abuse Treatment: Relapse Prevention - Parent	Client Refused	1
Substance Abuse Treatment: Screening - Parent	Client Refused	2
Substance Abuse Treatment: Screening - Parent	Delay in Referral	2
Supervised Visitation	Client Referred refused service or was subsequently discharged for non-compliance/missed appointments	1
Supervised Visitation	Service Deferred Pending Completion of Another	1
Supportive Housing for Recovering Families (SHRF)	Wait List	1
SW/ Parent Visitation	Visitation/Contact Standard not Met	13
SW/Child Visitation	Visitation Standard not Met	11
SW/Provider Contacts	Lack of communication was evident between DCF and the community provider(s) active in the case	19
Therapeutic Foster Care	Client discharged due to inability to maintain program expectations - wrong level of care	1
Therapeutic Foster Care	Wait List	1
		204

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 63.0% 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. This is a decline over prior quarters and is reflective of the feedback from line staff related to the strain of the increased caseloads and lower staffing that they have been working under in the last several months.

Our reviewers reading of the ACR documentation, narratives and case plan feedback reflect that 65.2% of the cases did document a discussion (or in the case of in-home family cases the family meeting or case conference) of all (26.1.0%) or some (39.1%) of the needs that were identified as unmet in the just completed six-month planning cycle. The reviewers identified three cases (6.5%) where the planning process did not seem to address any of the needs that were unmet from the last planning cycle. In thirteen of the cases, the reviewers indicated there were no "unmet needs" indicating that needs identified at the prior ACR were "fully achieved" or "no longer needed" and new needs were established for the period going forward, or the case was nearing closure. Eight additional cases were excluded from these percentage calculations as the plan that was 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	Valid Percent
Yes - All	12	26.1%
Yes - Partially	18	39.1%
No - None	3	6.5%
N/A - There were no Unmet Needs	13	28.3%
	46	100.0%
<i>N/A - this is the initial plan</i>	8	
Total	54	

In approaching needs assessment from a different perspective, reviewers were asked to look at the utilization of the SDM tools. In 4 of 10 cases (40%) 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 objective/need for greater than 6 months for a family or individual.)

Though many needs were appropriately planned for via the objectives and action steps developed within the 55 case plans reviewed; in 51.9% of the sample it was the opinion of the Court Monitor's staff that there was at least one priority need evident from the review of the LINK documentation that was not incorporated into the newly developed case plan document. The tool captured 70 of those priority needs below and identified the barrier for service if it was known from the documentation at the time of the planning. In the majority of the cases, the need had not been matched to a provider at the time of case plan development although the assessment was established in the record.

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

Unmet Need	Barrier	Frequency
Adoption Supports (PPSP)	No Service Identified to Meet this Need	2
Adoption Supports (PPSP)	Lack of Communication- DCF and Provider	1
Anger Management	Client Refused Service	1
ARG Consultation	No Service Identified to Meet this Need	4
ARG Consultation	Delay in Referral	1
DCF Case Management/Support/Advocacy	Action Steps for DCF not Delineated	6
Dental or Orthodontic Services	No Service Identified to Meet this Need	1
Dental Screenings or Evaluations	No Service Identified to Meet this Need	5
Dental Screenings or Evaluations	Client Refused Service	2
Developmental Screening or Evaluation	No Service Identified to Meet this Need	1
Domestic Violence Services - Perpetrators	No Service Identified to Meet this Need	1
Domestic Violence Services - Victims	No Service Identified to Meet this Need	1
Educational Screening or Evaluation	No Service Identified to Meet this Need	2
Family or Marital Counseling	No Service Identified to Meet this Need	2
Health/Medical Screening or Evaluations	No Service Identified to Meet this Need	1
Housing Assistance (Section 8)	Service Deferred Pending Completion of Another	1
Individual Counseling - Child	No Service Identified to Meet this Need	1
Individual Counseling - Child	Service Deferred Pending Completion of Another	1
Individual Counseling - Parent	No Service Identified to Meet this Need	1
Individual Counseling - Parent	Service Deferred Pending Completion of Another	1
In-Home Parent Education Program and Support	No Service Identified to Meet this Need	2
In-Home Treatment	No Service Identified to Meet this Need	2
Job Coaching/Placement	No Service Identified to Meet this Need	1
Life Skills Training	Delay in Referral	1
Maintaining Family Ties	Lack of Communication - DCF and Provider	1
Maintaining Family Ties	No Service Identified to Meet this Need	1
Matching/Placement/Processing (Includes ICO)	No Service Identified to Meet this Need	2
Mental Health Screening or Evaluation - Parent	No Service Identified to Meet this Need	2
Mentoring	No Service Identified to Meet this Need	4
Mentoring	Delay in Referral	1
Other In-Home Service: Cognitive Assessment (Mother)	No Service Identified to Meet this Need	1
Other Medical Intervention: Diabetes Management	No Service Identified to Meet this Need	1
Other Medical Intervention: Enuresis	No Service Identified to Meet this Need	1
Other Medical Intervention: Surgery (Ear Deformity)	Insurance Issue	1
Other Mental Health Service - Trauma Assessment	No Service Identified to Meet this Need	1
Other Out of Home Service: Literacy Program	No Service Identified to Meet this Need	1
Preparation for Adult Living Services	No Service Identified to Meet this Need	1
Psychiatric Evaluation - Parent	No Service Identified to Meet this Need	1
Psychiatric Evaluation - Parent	Client Refused Service	1
Sexual Abuse Therapy	No Service Identified to Meet this Need	1
Substance Abuse Treatment: Parent Screening	No Service Identified to Meet this Need	3
Substance Abuse Treatment: Parent Screening	Delay in Referral	1
Substance Abuse Treatment: Child Outpatient	Delay in Referral	1
Substance Abuse Treatment: Parent Inpatient	No Service Identified to Meet this Need	1
Supervised Visitation	No Service Identified to Meet this Need	1
		70

JUAN F. ACTION PLAN MONITORING REPORT

May 2014

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.

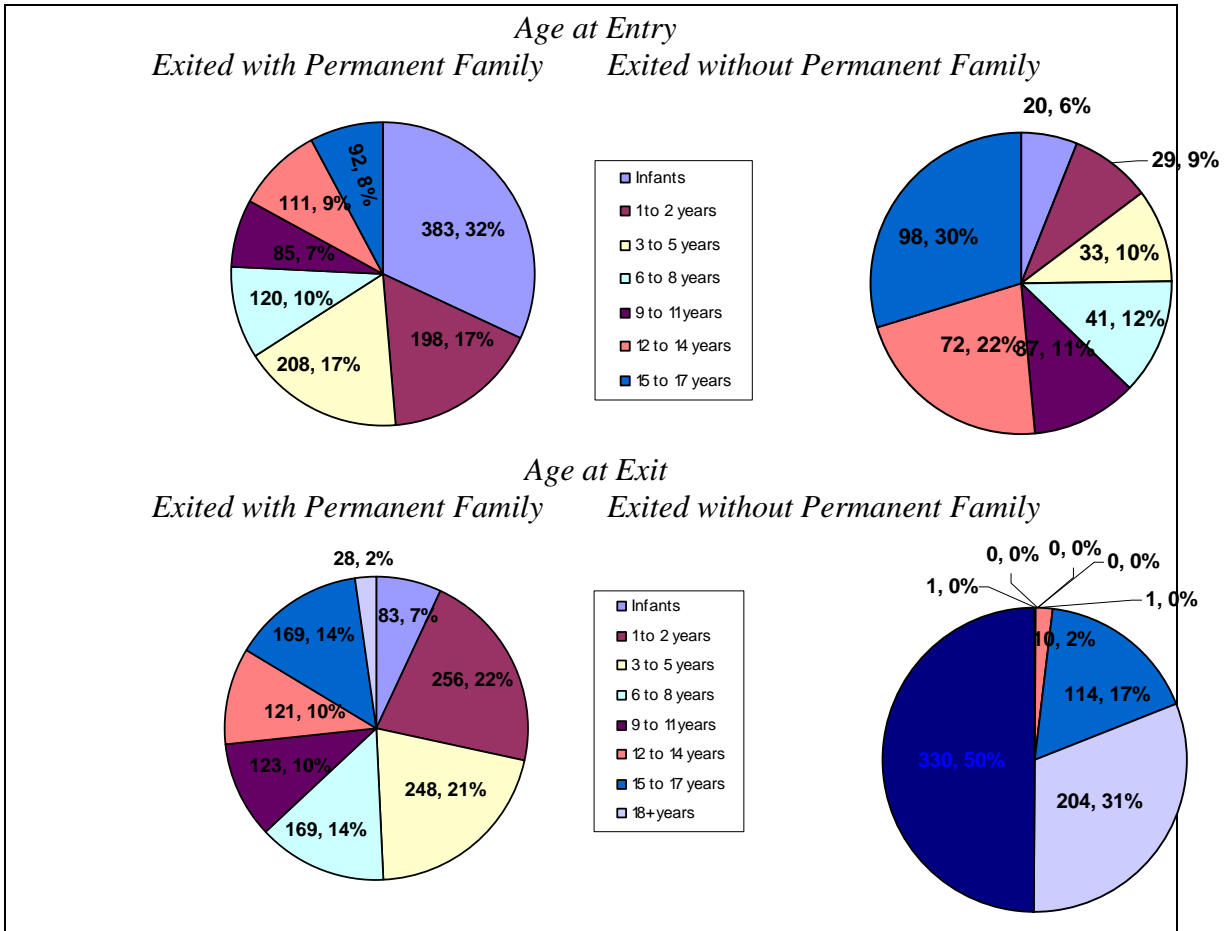
Figure 1: Children Exiting With Permanency, Exiting Without Permanency, Unknown Exits and Remaining In Care (Entry Cohorts)

	Period of Entry to Care												
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Entries	3099	3545	3203	3091	3407	2854	2829	2628	2693	2298	1857	2006	685
Permanent Exits													
In 1 yr	1178 38.0%	1406 39.7%	1228 38.3%	1129 36.5%	1263 37.1%	1095 38.4%	1098 38.8%	1093 41.6%	1023 38.0%	705 30.7%	545 29.3%		
In 2 yrs	1637 52.8%	2078 58.6%	1805 56.4%	1740 56.3%	1973 57.9%	1675 58.7%	1676 59.2%	1582 60.2%	1375 51.1%	1044 45.4%			
In 3 yrs	1964 63.4%	2385 67.3%	2092 65.3%	2013 65.1%	2324 68.2%	1974 69.2%	1944 68.7%	1792 68.2%	1669 62.0%				
In 4 yrs	2134 68.9%	2539 71.6%	2262 70.6%	2158 69.8%	2499 73.3%	2090 73.2%	2034 71.9%	1895 72.1%					
To Date	2304 74.3%	2705 76.3%	2367 73.9%	2252 72.9%	2613 76.7%	2158 75.6%	2098 74.2%	1922 73.1%	1753 65.1%	1205 52.4%	775 41.7%	409 20.4%	45 6.6%
Non-Permanent Exits													
In 1 yr	274 8.8%	249 7.0%	231 7.2%	289 9.3%	259 7.6%	263 9.2%	250 8.8%	208 7.9%	196 7.3%	138 6.0%	93 5.0%		
In 2 yrs	332 10.7%	320 9.0%	301 9.4%	371 12.0%	345 10.1%	318 11.1%	320 11.3%	267 10.2%	243 9.0%	186 8.1%			
In 3 yrs	365 11.8%	366 10.3%	366 11.4%	431 13.9%	401 11.8%	354 12.4%	363 12.8%	300 11.4%	272 10.1%				
In 4 yrs	406 13.1%	392 11.1%	403 12.6%	461 14.9%	449 13.2%	392 13.7%	394 13.9%	326 12.4%					
To Date	505 16.3%	490 13.8%	504 15.7%	556 18.0%	520 15.3%	439 15.4%	433 15.3%	342 13.0%	288 10.7%	208 9.1%	127 6.8%	106 5.3%	6 0.9%

	Period of Entry to Care												
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Unknown Exits													
<i>In 1 yr</i>	106 3.4%	151 4.3%	129 4.0%	83 2.7%	76 2.2%	62 2.2%	60 2.1%	75 2.9%	129 4.8%	209 9.1%	154 8.3%		
<i>In 2 yrs</i>	136 4.4%	191 5.4%	171 5.3%	124 4.0%	117 3.4%	98 3.4%	91 3.2%	139 5.3%	307 11.4%	414 18.0%			
<i>In 3 yrs</i>	161 5.2%	218 6.1%	208 6.5%	163 5.3%	140 4.1%	124 4.3%	125 4.4%	192 7.3%	394 14.6%				
<i>In 4 yrs</i>	179 5.8%	242 6.8%	234 7.3%	181 5.9%	167 4.9%	156 5.5%	167 5.9%	220 8.4%					
<i>To Date</i>	257 8.3%	321 9.1%	300 9.4%	231 7.5%	218 6.4%	197 6.9%	201 7.1%	235 8.9%	411 15.3%	488 21.2%	261 14.1%	119 5.9%	7 1.0%
Remain In Care													
<i>In 1 yr</i>	1541 49.7%	1739 49.1%	1615 50.4%	1590 51.4%	1809 53.1%	1434 50.2%	1421 50.2%	1252 47.6%	1345 49.9%	1246 54.2%	1065 57.4%		
<i>In 2 yrs</i>	994 32.1%	956 27.0%	926 28.9%	856 27.7%	972 28.5%	763 26.7%	742 26.2%	640 24.4%	768 28.5%	654 28.5%			
<i>In 3 yrs</i>	609 19.7%	576 16.2%	537 16.8%	484 15.7%	542 15.9%	402 14.1%	397 14.0%	344 13.1%	358 13.3%				
<i>In 4 yrs</i>	380 12.3%	372 10.5%	304 9.5%	291 9.4%	292 8.6%	216 7.6%	234 8.3%	187 7.1%					
<i>To Date</i>	33 1.1%	29 0.8%	32 1.0%	52 1.7%	56 1.6%	60 2.1%	97 3.4%	129 4.9%	241 8.9%	397 17.3%	694 37.4%	1372 68.4%	627 91.5%

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

FIGURE 2: CHARACTERISTICS OF CHILDREN EXITING WITH AND WITHOUT PERMANENCY (2013 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 6, 2014¹⁰)**

Is the child legally free (his or her parents' rights have been terminated)?				
Yes	No			
619	↓ 2,774			
Goals of:				
489 (81%)	No	Yes		
Adoption	1,716	↓ 1,058		
112 (18%)	Has a TPR proceeding been filed?			
APPLA				
4 (1%)	Yes	No		
Relatives	251	↓ 807		
2 (<1%)	Goals of:			
Transfer of Guardianship	168 (67%)	Yes	Is a reason documented not to file TPR?	
1 (<1%)	Adoption	368	Yes	No
Reunification	58 (22%)	<i>Goals of:</i>		
1 (<1%)	APPLA	187 (51%)	<i>Documented</i>	<i>Goals of:</i>
Blank	18 (7%)	APPLA	<i>Reasons:</i>	150 (34%)
	Reunify	56 (15%)	66%	APPLA
	4 (2%)	Trans. of	Compelling	133 (30%)
	Trans. of	Guardian:	Reason	Reunify
	Guardian:	Sub/Unsub	19%	68 (15%)
	Sub/Unsub	60 (16%)	Child is with	Trans. of
	4 (2%)	Reunify	relative	Guardian:
	Relatives	43 (12%)	11%	Sub/Unsub
	1 (<1%)	Adoption	Petition in	68 (15%)
	Blank	21 (6%)	process	Adoption
		Relatives	4%	16 (4%)
		1 (<1%)	Services not	Relatives
		Blank	provided	4 (1%)
				Blank

¹⁰ Children over age 18 are not included in these figures.

Preferred Permanency Goals:

Reunification	Feb 2013	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014
Total number of children with Reunification goal, pre-TPR and post-TPR	1242	1200	1172	1164	1219	1312
Number of children with Reunification goal pre-TPR	1242	1200	1171	1162	1217	1311
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 15 months in care 	260	235	227	195	191	211
<ul style="list-style-type: none"> Number of children with Reunification goal, pre-TPR, >= 36 months in care 	30	33	38	41	38	37
Number of children with Reunification goal, post-TPR	0	0	1	2	2	1

Transfer of Guardianship (Subsidized and Non-Subsidized)	Feb 2013	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014
Total number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR and post TPR		263	245	238	257	261
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR	255	259	243	238	257	259
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, ≥ 22 months 	69	79	82	64	82	78
<ul style="list-style-type: none"> Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), pre-TPR, ≥ 36 months 	14	9	14	15	15	16
Number of children with Transfer of Guardianship goal (subsidized and non-subsidized), post-TPR	3	4	2	0	0	2

Adoption	Feb 2013	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014
Total number of children with Adoption goal, pre-TPR and post-TPR	974	966	922	947	955	977
Number of children with Adoption goal, pre-TPR	496	473	477	471	473	478
Number of children with Adoption goal, TPR not filed, ≥ 15 months in care	130	115	103	105	97	111
<ul style="list-style-type: none"> Reason TPR not filed, Compelling Reason 	2	7	8	6	6	3
<ul style="list-style-type: none"> Reason TPR not filed, petitions in progress 	29	31	27	27	28	31
<ul style="list-style-type: none"> Reason TPR not filed, child is in placement with relative 	2	1	2	2	3	5
<ul style="list-style-type: none"> Reason TPR not filed, services needed not provided 	2	2	3	5	3	4
<ul style="list-style-type: none"> Reason TPR not filed, blank 	95	74	63	65	57	68
Number of cases with Adoption goal post-TPR	478	493	445	476	482	499
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care ≥ 15 months 	453	464	419	433	452	452

Adoption	Feb 2013	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014
<ul style="list-style-type: none"> Number of children with Adoption goal, post-TPR, in care >= 22 months 	374	381	357	372	376	371
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	32	32	14	8	16	13
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	103	102	98	89	89	83
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	268	257	244	275	284	279

Progress Towards Permanency:	Feb 2013	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014
Total number of children, pre-TPR, TPR not filed, >=15 months in care, no compelling reason	456	434	411	389	378	439

Non-Preferred Permanency Goals:

Long Term Foster Care Relative:	Feb 2013	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014
Total number of children with Long Term Foster Care Relative goal	53	55	61	53	58	56
Number of children with Long Term Foster Care Relative goal, pre-TPR	46	49	55	49	54	52
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, pre-TPR 	5	5	2	5	5	4
Long Term Foster Care Rel. goal, post-TPR	7	6	6	4	4	4
<ul style="list-style-type: none"> Number of children with Long Term Foster Care Relative goal, 12 years old and under, post-TPR 	0	0	0	1	0	0

APPLA*	Feb 2013	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014
Total number of children with APPLA goal	613	643	602	583	567	563
Number of children with APPLA goal, pre-TPR	479	513	482	458	448	451
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, pre-TPR 	19	20	6	19	18	16
Number of children with APPLA goal, post-TPR	134	130	120	125	119	112
<ul style="list-style-type: none"> Number of children with APPLA goal, 12 years old and under, post-TPR 	11	11	5	8	6	7

* 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.

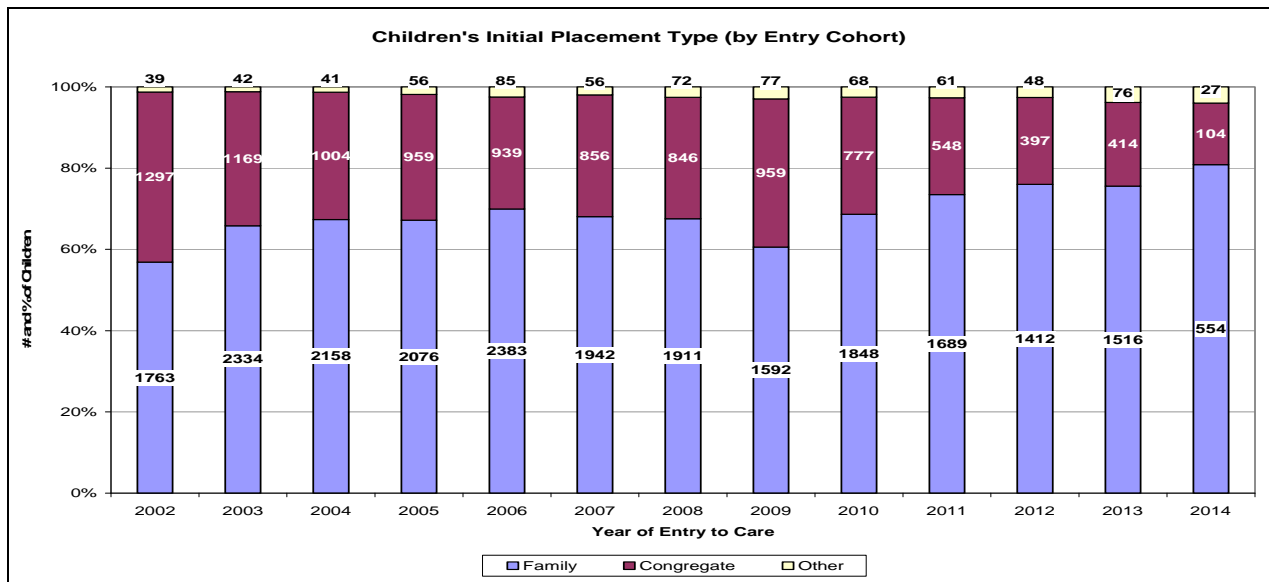
Missing Permanency Goals:

	Feb 2013	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014
Number of children, with no Permanency goal, pre-TPR, >= 2 months in care	22	24	19	19	24	24
Number of children, with no Permanency goal, pre-TPR, >= 6 months in care	11	17	11	9	11	14
Number of children, with no Permanency goal, pre-TPR, >= 15 months in care	9	8	7	5	7	6
Number of children, with no Permanency goal, pre-TPR, TPR not filed, >= 15 months in care, no compelling reason	3	7	5	5	5	4

B. PLACEMENT ISSUES

Placement Experiences of Children

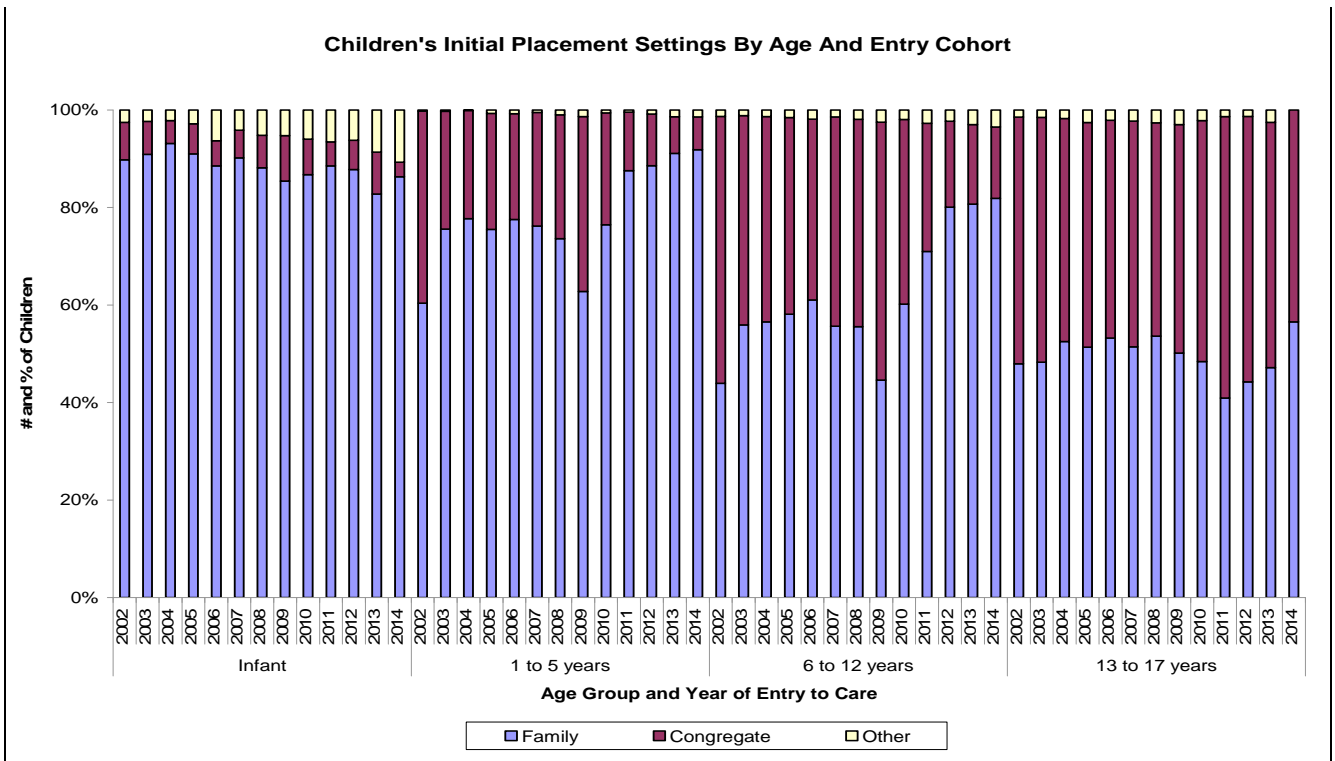
The following chart shows the change in use of family and congregate care for admission cohorts between 2002 and 2013.



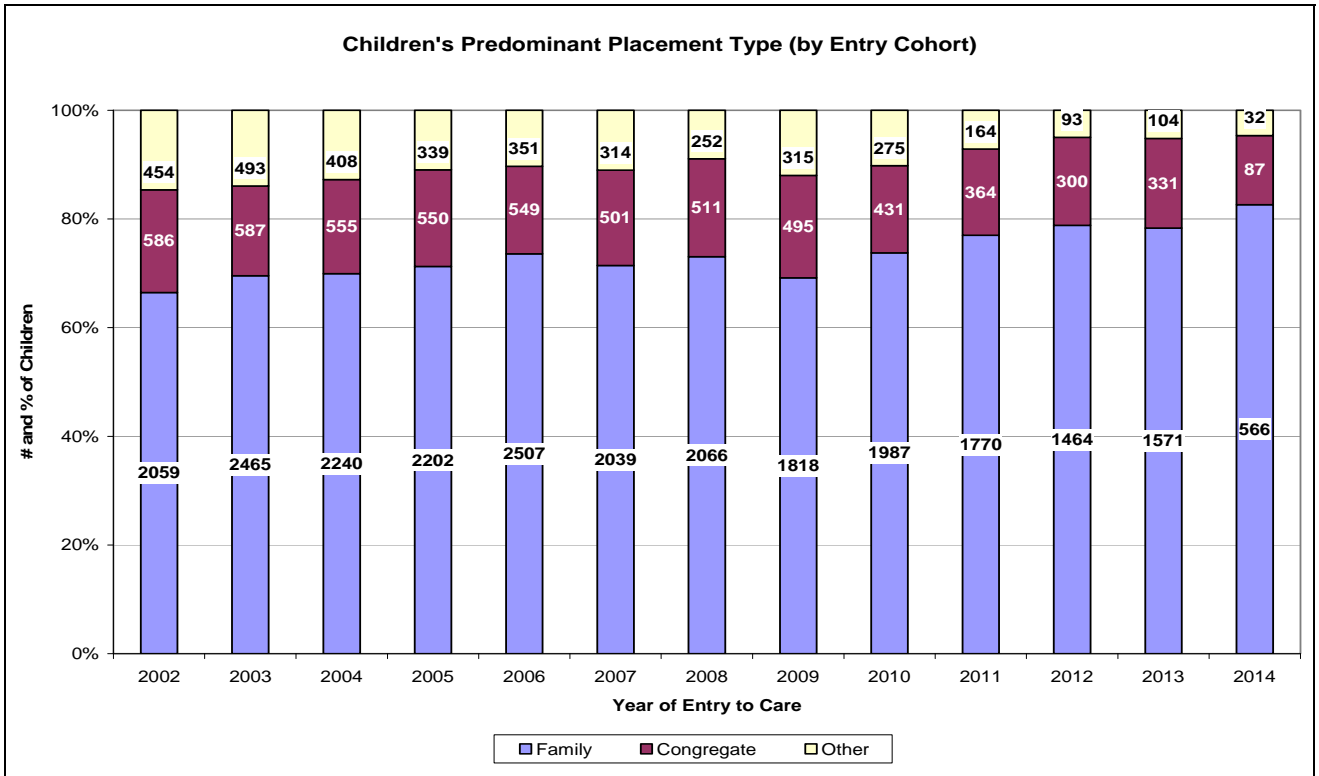
The next table shows specific care types used month-by-month for entries between May 2013 and April 2014.

		Case Summaries											
First placement type		enter May13	enter Jun13	enter Jul13	enter Aug13	enter Sep13	enter Oct13	enter Nov13	enter Dec13	enter Jan14	enter Feb14	enter Mar14	enter Apr14
Residential	N	13	7	5	5	9	9	10	7	5	4	2	9
	%	6.6%	4.0%	2.8%	3.1%	5.4%	5.3%	5.3%	4.2%	2.9%	2.6%	1.0%	5.5%
DCF Facilities	N	3	3	3	7	2	3	4	3	3	4	4	1
	%	1.5%	1.7%	1.7%	4.4%	1.2%	1.8%	2.1%	1.8%	1.8%	2.6%	2.0%	0.6%
Foster Care	N	86	87	76	59	63	78	87	72	71	53	94	88
	%	43.7%	49.4%	42.5%	36.9%	37.7%	45.6%	45.8%	43.1%	41.8%	34.9%	47.0%	54.0%
Group Home	N	6	2	2	6	7	2	3	1	2	1	6	2
	%	3.0%	1.1%	1.1%	3.8%	4.2%	1.2%	1.6%	0.6%	1.2%	0.7%	3.0%	1.2%
Relative Care	N	49	41	56	50	56	41	45	51	51	52	55	45
	%	24.9%	23.3%	31.3%	31.3%	33.5%	24.0%	23.7%	30.5%	30.0%	34.2%	27.5%	27.6%
Medical	N	8	6	7	6	3	5	6	10	7	8	10	2
	%	4.1%	3.4%	3.9%	3.8%	1.8%	2.9%	3.2%	6.0%	4.1%	5.3%	5.0%	1.2%
Safe Home	N	6	2	5	6	1	8	6	5	3	7	6	2
	%	3.0%	1.1%	2.8%	3.8%	0.6%	4.7%	3.2%	3.0%	1.8%	4.6%	3.0%	1.2%
Shelter	N	17	21	17	15	15	10	12	13	11	12	13	7
	%	8.6%	11.9%	9.5%	9.4%	9.0%	5.8%	6.3%	7.8%	6.5%	7.9%	6.5%	4.3%
Special Study	N	9	7	8	6	11	15	17	5	17	11	10	7
	%	4.6%	4.0%	4.5%	3.8%	6.6%	8.8%	8.9%	3.0%	10.0%	7.2%	5.0%	4.3%
Total	N	197	176	179	160	167	171	190	167	170	152	200	163
	%	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 May 2013 and April 2014, and the portion of those exits within each placement type from which they exited.

Case Summaries

Last placement type in spell (as of censor date)	exit May13	exit Jun13	exit Jul13	exit Aug13	exit Sep13	exit Oct13	exit Nov13	exit Dec13	exit Jan14	exit Feb 14	exit Mar14	exit Apr14
Residential	N 10	6	11	14	12	10	6	5	6	6	5	1
%	4.7%	3.1%	5.0%	5.9%	8.1%	6.4%	3.7%	3.5%	5.0%	4.7%	4.7%	0.9%
DCF Facilities	N 4	7	2	5	3	5	5	3	4	3		2
%	1.9%	3.7%	0.9%	2.1%	2.0%	3.2%	3.1%	2.1%	3.3%	2.4%		1.8%
Foster Care	N 93	92	93	91	56	76	86	75	40	52	46	51
%	43.5%	48.2%	42.3%	38.1%	37.8%	48.4%	52.8%	52.1%	33.1%	40.9%	43.0%	46.8%
Group Home	N 13	15	31	17	15	9	8	5	7	7	10	9
%	6.1%	7.9%	14.1%	7.1%	10.1%	5.7%	4.9%	3.5%	5.8%	5.5%	9.3%	8.3%
In dependent Living	N 6	7	5	7	2	4			2		2	4
%	2.8%	3.7%	2.3%	2.9%	1.4%	2.5%			1.7%		1.9%	3.7%
Relative Care	N 72	43	54	70	40	38	40	37	42	39	27	33
%	33.6%	22.5%	24.5%	29.3%	27.0%	24.2%	24.5%	25.7%	34.7%	30.7%	25.2%	30.3%
Medical	N 3	1	1	3			3			1	1	1
%	1.4%	0.5%	0.5%	1.3%			1.8%			0.8%	0.9%	0.9%
Safe Home	N 3	3		3	3	1	1	2	1	1	2	2
%	1.4%	1.6%		1.3%	2.0%	0.6%	0.6%	1.4%	0.8%	0.8%	1.9%	1.8%
Shelter	N 4	9	13	13	13	9	3	8	6	5	6	1
%	1.9%	4.7%	5.9%	5.4%	8.8%	5.7%	1.8%	5.6%	5.0%	3.9%	5.6%	0.9%
Special Study	N 5	6	10	16	4	3	8	3	8	10	5	5
%	2.3%	3.1%	4.5%	6.7%	2.7%	1.9%	4.9%	2.1%	6.6%	7.9%	4.7%	4.6%
Unknown	N 1	2				2	3	6	5	3	3	
%	0.5%	1.0%				1.3%	1.8%	4.2%	4.1%	2.4%	2.8%	
Total	N 214	191	220	239	148	157	163	144	121	127	107	109
%	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 April 1, 2014 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	
Residential	Count	9	6	19	37	13	24	57	165
	% Row	5.5%	3.6%	11.5%	22.4%	7.9%	14.5%	34.5%	100.0%
	% Col	5.8%	1.8%	4.7%	4.8%	2.8%	2.7%	6.3%	4.2%
DCF Facilities	Count	1	9	10	6	3	5	0	34
	% Row	2.9%	26.5%	29.4%	17.6%	8.8%	14.7%	0.0%	100.0%
	% Col	0.6%	2.7%	2.5%	0.8%	0.7%	0.6%	0.0%	0.9%
Foster Care	Count	79	141	166	285	197	473	534	1875
	% Row	4.2%	7.5%	8.9%	15.2%	10.5%	25.2%	28.5%	100.0%
	% Col	51.0%	42.3%	41.2%	37.2%	43.1%	54.1%	59.4%	48.2%
Group Home	Count	2	6	5	27	25	47	74	186
	% Row	1.1%	3.2%	2.7%	14.5%	13.4%	25.3%	39.8%	100.0%
	% Col	1.3%	1.8%	1.2%	3.5%	5.5%	5.4%	8.2%	4.8%
Independent Living	Count	0	0	0	0	0	2	3	5
	% Row	0.0%	0.0%	0.0%	0.0%	0.0%	40.0%	60.0%	100.0%
	% Col	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.3%	0.1%
Relative Care	Count	47	106	126	292	166	193	70	1000
	% Row	4.7%	10.6%	12.6%	29.2%	16.6%	19.3%	7.0%	100.0%
	% Col	30.3%	31.8%	31.3%	38.1%	36.3%	22.1%	7.8%	25.7%
Medical	Count	1	6	2	4	1	4	4	22
	% Row	4.5%	27.3%	9.1%	18.2%	4.5%	18.2%	18.2%	100.0%
	% Col	0.6%	1.8%	0.5%	0.5%	0.2%	0.5%	0.4%	0.6%
Mixed (none >50%)	Count	0	0	2	18	19	46	134	219
	% Row	0.0%	0.0%	0.9%	8.2%	8.7%	21.0%	61.2%	100.0%
	% Col	0.0%	0.0%	0.5%	2.3%	4.2%	5.3%	14.9%	5.6%
Safe Home	Count	2	11	12	9	3	5	1	43
	% Row	4.7%	25.6%	27.9%	20.9%	7.0%	11.6%	2.3%	100.0%
	% Col	1.3%	3.3%	3.0%	1.2%	0.7%	0.6%	0.1%	1.1%
Shelter	Count	6	23	19	25	3	4	0	80
	% Row	7.5%	28.8%	23.8%	31.3%	3.8%	5.0%	0.0%	100.0%
	% Col	3.9%	6.9%	4.7%	3.3%	0.7%	0.5%	0.0%	2.1%
Special Study	Count	7	23	39	60	26	59	17	231
	% Row	3.0%	10.0%	16.9%	26.0%	11.3%	25.5%	7.4%	100.0%
	% Col	4.5%	6.9%	9.7%	7.8%	5.7%	6.8%	1.9%	5.9%
Unknown	Count	1	2	3	4	1	12	5	28
	% Row	3.6%	7.1%	10.7%	14.3%	3.6%	42.9%	17.9%	100.0%
	% Col	0.6%	0.6%	0.7%	0.5%	0.2%	1.4%	0.6%	0.7%
Total	Count	155	333	403	767	457	874	899	3888
	% Row	4.0%	8.6%	10.4%	19.7%	11.8%	22.5%	23.1%	100.0%
	% Col	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Congregate Care Settings

Placement Issues	Feb 2013	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014
Total number of children 12 years old and under, in Congregate Care	43	57	41	47	42	34
• Number of children 12 years old and under, in DCF Facilities	5	3	0	1	1	0
• Number of children 12 years old and under, in Group Homes	17	14	13	12	10	9
• Number of children 12 years old and under, in Residential	5	4	8	11	11	13
• Number of children 12 years old and under, in SAFE Home	15	20	18	21	17	11
• Number of children 12 years old and under in Shelter	1	1	2	2	3	1
Total number of children ages 13-17 in Congregate Placements	538	516	477	442	434	431

Use of SAFE Homes, Shelters and PDCs

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

	Period of Entry to Care											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Entries	3099	3545	3203	3091	3407	2854	2829	2628	2693	2298	1857	2006
SAFE Homes/PDCs	728 23%	629 18%	453 14%	394 13%	395 12%	382 13%	335 12%	471 18%	331 12%	146 6%	68 4%	56 3%
Shelters	165 5%	135 4%	147 5%	178 6%	114 3%	136 5%	144 5%	186 7%	175 6%	194 8%	169 9%	175 9%
Total	893 29%	764 22%	600 19%	572 19%	509 15%	518 18%	479 17%	657 25%	506 19%	340 15%	237 13%	231 12%

	Period of Entry to Care											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Initial Plcmnts	893	764	600	572	509	518	479	657	506	340	237	231
<= 30 days	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 30.3%	60 25.3%	63 27.3%
31 - 60	284	180	102	114	73	73	102	110	106	57	44	41

	Period of Entry to Care											
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Initial Plcmnts	893	764	600	572	509	518	479	657	506	340	237	231
	31.8 %	23.6 %	17.0 %	19.9 %	14.3 %	14.1 %	21.3 %	16.7 %	20.9 %	16.8 %	18.6 %	17.7 %
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 %	38 16.5 %
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 24.7 %	56 23.6 %	63 27.3 %
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%	42 12.4 %	38 16.0 %	26 11.3 %

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 2012	Feb 2013	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014
Total number of children in SAFE Home	49	31	40	35	33	34	28
• Number of children in SAFE Home, > 60 days	31	21	35	24	22	23	20
• Number of children in SAFE Home, >= 6 months	8	7	12	12	8	10	10
Total number of children in STAR/Shelter Placement	78	73	64	75	73	70	59
• Number of children in STAR/Shelter Placement, > 60 days	40	42	30	35	46	40	30
• Number of children in STAR/Shelter Placement, >= 6 months	9	10	8	8	5	7	11
Total number of children in MH Shelter	1	1	1	1	1	1	1
• Total number of children in MH Shelter, > 60 days	1	1	1	1	1	1	1
• Total number of children in MH Shelter, >= 6 months	0	1	1	1	1	1	1

Time in Residential Care

Placement Issues	Nov 2012	Feb 2013	May 2013	Aug 2013	Nov 2013	Feb 2014	May 2014
Total number of children in Residential care	252	244	190	173	147	157	147
• Number of children in Residential care, >= 12 months in Residential placement	76	64	54	51	42	47	40
• Number of children in Residential care, >= 60 months in Residential placement	0	2	2	2	2	2	2

Appendix 1
Commissioner's Highlights from
The Department of Children & Families
First Quarter 2014 Exit Plan Report

Commissioner Statement

As this administration works in its fourth year, the Department has made considerable progress in becoming a more family-centered, strengths-based agency. Under our Strengthening Families Practice Model, we have seen a healthier child welfare system develop that views families as strengths and that helps families build on those strengths to the benefit of their children.

The results have been tangible. Comparing June 1, 2014 to January 1, 2011, we have 13.1 percent fewer children in care, the percentage of children in group care has declined from 29.8 percent to 20.1 percent, and the percentage of children in kinship care has grown from 21 percent to 33.3 percent. Not only has the system become smaller -- which is better for children and families -- but it also has become healthier through a greater reliance on family care and lesser reliance on institutional forms of care.

While we should acknowledge the success and thank staff for their hard work, talent and commitment, we also must recognize the challenges. Our own analysis indicates the need for more front-line resources. As our practice has grown more sophisticated and family centered, the demands on our social workers and supervisors have grown accordingly. In addition, the Differential Response System has led our caseloads to be concentrated with more complicated cases, and our social workers have gallantly strained to keep pace with the increasing practice demands and concentration of more complex families.

Thanks to the support of Governor Malloy and his administration's Office of Policy and Management, we are in the course of hiring 81 social workers and social work supervisors and 30 case aides. These new workers currently are coming on board, and they will soon make a substantial difference in returning the workload to a healthier balance that will promote the quality and intensive work with families that our practice model represents. This infusion of resources is encouraging, however, we recognize that in the future even more workers may be needed to achieve our goals.

Other important developments are underway as well, including the permanency team training that will improve our case planning. We expect many children will benefit from this focus on permanency and that the use of the "Another Planned Permanent Living Arrangement" (APPLA) goal will be reduced as a result. In addition, the Department recently completed the trauma training for all staff and is now incorporating trauma-informed case practice into our work.