

*Juan F. v. Rell* Exit Plan  
Quarterly Report  
April 1, 2007 – June 30, 2007  
Civil Action No. H-89-859 (AHN)  
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**Juan F. v Rell Exit Plan Quarterly Report**  
**April 1, 2007 – June 30, 2007**

**Highlights**

1. The Monitor's quarterly review of the Department's efforts toward meeting the Exit Plan measures during the period of April 1, 2007 through June 30, 2007 indicates that the Department achieved 17 of the 22 measures.
2. The Department for three consecutive quarters achieved all three permanency measures, Reunification (Outcome Measure 7), Adoption (Outcome Measure 8), and Transfer of Guardianship (Outcome Measure 9). Permanency was accomplished within the two year time frame for 40.6% of the adoptions finalized, and 88.0% of the transfers of guardianship that occurred during the quarter were done in a timely manner.
3. The Department's efforts to improve the quality of treatment plans and better meet the needs of children did not result in overall improvements to scores for the second quarter. Based on the Monitor's review of a 76 case sample (the complete results are also included as a part of the *Juan F.* v Rell 2006 Comprehensive Targeted Review), many treatment plans lacked specific planning goals and clear comprehensive, time sensitive action steps. Many parties involved in the cases sampled (DCF, children, family, school, providers, etc.) had no action steps designated or goals articulated for them in the approved treatment plans. Explanations of progress for the prior period were also insufficient in many cases. Assessments within the treatment plans incorporated provider input were minimal, or were absent all together.

With respect to Needs Met (Outcome Measure 15), children continue to remain in restrictive levels of care beyond the time that is clinically appropriate. System gridlock is apparent through the review of individual cases, the analysis of the available data, as well as interviews with stakeholders. The *Juan F.* Action Plan (incorporated within this document) includes additional information related to children and families needs being met.

4. The Department has met Residential Reduction (Outcome Measure 19) for five consecutive quarters. The performance rate this quarter was 11.0% which represents 647 *Juan F.* children. There are 255 fewer children in residential settings than were in residential care during the same period 2004.
5. The Department met Repeat Maltreatment (Outcome Measure 5) for the first time in several quarters with a performance rate of 6.3%. This includes families in which there was one or more additional substantiated abuse or neglect reports within a six-month period.

6. The Monitor's quarterly review of the Department for the period of April 1, 2007 through June 30, 2007 indicates the Department has achieved compliance with a total of 17 measures:
- Commencement of Investigations (97.1%)
  - Completion of Investigations (93.7%)
  - Search for Relatives (93.8%)
  - Repeat Maltreatment (6.3%)
  - Maltreatment of Children in Out-of-Home Care (0.1%)
  - Reunification (67.9%)
  - Adoption (40.6%)
  - Transfer of Guardianship (88.0%)
  - Multiple Placements (96.0%)
  - Foster Parent Training (100.0%)
  - Placement within Licensed Capacity (97.1%)
  - Worker-Child Visitation Out-of-Home Cases (94.6% Monthly/ 98.7% Quarterly)
  - Worker-Child Visitation In-Home Cases (90.9%)
  - Caseload Standards (100.0%)
  - Residential Reduction (11.0%)
  - Discharge Measures (100.0%)
  - Multi-disciplinary Exams (96.8%)
7. The Department has maintained compliance for at least two (2) consecutive quarters<sup>1</sup> with 16 of the Outcome Measures. (Measures are shown with designation of the number of consecutive quarters for which the measure was achieved):
- Commencement of Investigations (eleventh consecutive quarter)
  - Completion of Investigations (eleventh consecutive quarter)
  - Search for Relatives (seventh consecutive quarter)
  - Maltreatment of Children in Out-of-Home Care (fourteenth consecutive quarter)
  - Reunification (eighth consecutive quarter)
  - Adoption (third consecutive quarter)
  - Transfer of Guardianship (fourth consecutive quarter)
  - Multiple Placements (thirteenth consecutive quarter)
  - Foster Parent Training (thirteenth consecutive quarter)
  - Placement within Licensed Capacity (fourth consecutive quarter)
  - Visitation Out-of-Home (seventh consecutive quarter)
  - Visitation In-Home (seventh consecutive quarter)
  - Caseload Standards (twelfth consecutive quarter)
  - Residential Reduction (eighth consecutive quarter)
  - Discharge Measures (eighth consecutive quarter)
  - Multi-disciplinary Exams (sixth consecutive quarter)

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

8. The Monitor's quarterly review of the Department for the period of April 1, 2007 through June 30, 2007 indicates that the Department did not achieve compliance with five (5) measures:
- Treatment Plans (30.3%)
  - Sibling Placements (79.1%)
  - Re-Entry (8.5%)
  - Children's Needs Met (51.3%)
  - Discharge to DMHAS and DMR (83.0%)

2Q April 1- June 30, 2007 Exit Plan Report Outcome Measure Overview															
Measure	Measure	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005	2Q 2005	3Q 2005	4Q 2005	1Q 2006	2Q 2006	3Q 2006	4Q 2006	1Q 2007	2Q 2007
1: Investigation Commencement	>=90%	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%	96.4%	98.7%	95.5%	96.5%	97.1%
2: Investigation Completion	>=85%	64.2%	68.8%	83.5%	91.7%	92.3%	92.3%	93.1%	94.2%	94.2%	93.1%	94.2%	93.7%	93.0%	93.7%
3: Treatment Plans**	>=90%	X	X	10%	17%	X	X	X	X	X	X	54%	41.1%	41.3%	30.3%
4: Search for Relatives*	>=85%	93%	82%	44.6%	X	X	49.2%	65.1%	89.6%	89.9%	93.9%	93.1%	91.4%	92.2%	93.8%
5: Repeat Maltreatment	<=7%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.3%	6.3%	7.0%	7.9%	7.9%	7.4%	6.3%
6: Maltreatment OOH Care	<=2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%	0.4%	0.7%	0.7%	0.2%	.2%	0.1%
7: Reunification*	>=60%	X	X	X	X	X	X	64.2%	61%	66.4%	64.4%	62.5%	61.3%	70.5%	67.9%
8: Adoption	>=32%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.8%	36.9%	27%	33.6%	34.5%	40.6%
9: Transfer of Guardianship	>=70%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%	72.4%	60.7%	63.1%	70.2%	76.4%	78%	88.0%
10: Sibling Placement*	>=95%	65%	53%	X	X	X	X	96%	94%	75%	77%	83%	85.5%	84.9%	79.1%
11: Re-Entry	<=7%	X	X	X	X	X	X	7.2%	7.6%	6.7%	7.5%	4.3%	8.2%	7.5%	8.5%
12: Multiple Placements	>=85%	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%	96.6%	96.8%	95%	96.3%	96.0%
13: Foster Parent Training	100%	X	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%	88.3%	92.0%	93.0%	95.7%	97%	95.9%	94.8%	96.2%	95.2%	94.5%	96.7%	96.4%	96.8%	96.9%
15: Needs Met**	>=80%	53%	57%	53%	56%	X	X	X	X	X	X	62%	52.1%	45.3%	51.3%
16: Worker-Child Visitation (OOH)*	>=85% 100%	72% 87%	86% 98%	73% 93%	81% 91%	77.9% 93.3%	86.7% 95.7%	83.3% 92.8%	85.6% 91.9%	86.8% 93.1%	86.5% 90.9%	92.5% 91.5%	94.7% 99.0%	95.1% 99.1%	94.6% 98.7%
17: Worker-Child Visitation (IH)*	>=85%	39%	40%	46%	33%	X	81.9%	78.3%	85.6%	86.2%	87.6%	85.7%	89.2%	89%	90.9%
18: Caseload Standards+	100%	73.1%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%
19: Residential Reduction	<=11%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.8%	11.6%	11.3%	10.8%	10.9%	11%	10.9%	11%
20: Discharge Measures	>=85%	74%	52%	93%	83%	X	X	96%	92%	85%	91%	100%	100%	98%	100%
21: Discharge to DMHAS and DMR	100%	43%	64%	56%	60%	X	X	78%	70%	95%	97%	100%	97%	90%	83%
22: MDE	>=85%	19.0%	24.5%	48.9%	44.7%	55.4%	52.1%	54.6%	72.1%	91.1%	89.9%	86%	94.2%	91.1%	96.8%

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

### **Overview**

The *Juan F. v Rell* Revised Exit Plan and subsequent stipulated agreement reached by the parties and court ordered on July 11, 2006, requires the Monitor's Office to conduct a series of quarterly case reviews to monitor Outcome Measure 3 (Treatment Planning) and Outcome Measure 15 (Needs Met). The implementation of this review began with a pilot sample of 35 cases during the third quarter 2006 and has been conducted quarterly since that time with samples of approximately 70-75 cases. For the Third Quarter 2007 the sample included 76 cases.

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

### **Review Findings and Trends**

The fourth quarter case review data for Outcome Measure 3 indicates that the Department attained the level of “Appropriate Treatment Plan” in 23 of the 76-case sample or **30.3%**.

- This reduction in the treatment plan scores reflects the overarching issue raised by reviewers – the need for greater supervisory oversight in the development of and approval of plans. Currently, plans are often approved that clearly are not in accordance with expected practice. Recent changes in the Administrative Case Review (ACR) SWS role in relation to reviewing plans with an eye to Outcome Measure 3, as well as fulfilling the role of the third party, objective reviewer may improve scores in coming quarters. However, reviewers have noted many times in the past that the documentation provided by the ACR SWS often addresses action steps, goals, and services, yet fails to be incorporated prior to the approval of the plan. The Ongoing SWS bears a great deal of the responsibility for improving the level of performance for this measure.
- Treatment plans continue to lack inclusive action steps, identified goals for the upcoming six months, identification of services, and the input of providers (other than with foster parents – who are being engaged in discussion with regularity).
- 98.7% of the cases sampled had a plan less than 7 months old at the point of review. Three of the plans not passing (3.9%) did not have SWS approval. All three of these plans had one or more sections with less than a “very good” rating and would have been deemed inappropriate regardless of approval status. With respect to accommodating the primary language of clients, 94.7% of the cases had documentation that families’ language needs were met (4 cases did not have documentation of meeting language needs).

- In-Home cases (n=22) appear to be most problematic in regards to inclusive and appropriate treatment planning. In all only 18.2% of the In-Home Cases were deemed as having appropriate treatment plans. Child in Placement cases with CPS designation had the greatest percentage of appropriate treatment planning for the sample set, with 69.6% of those cases deemed appropriate. Voluntary Service Child in Placement cases were considered appropriate in 60% of the cases reviewed.
- There have been recent changes to the definitions of the APPLA goals, and changes in expectations related to assignment of these less permanent scores. It may be that this transition along with the confusion of implementing this new policy is impacting the scoring for both treatment plans and needs met related to permanency.
- There was documented engagement of foster parents in discussions around treatment planning in 94.4% of the cases sampled. This is the highest rate to date. Mothers (73.8%), and identified support/kin (66.7%) are the next participants most frequently involved in discussions. Attendance rates at the ACRs and Family Conferences remain problematic for most case participants. Reviewers noted a failure to invite adolescents and fathers, and the overall lack of engagement with both children's and parents' attorneys.

As a result of discussion with area offices regarding the in-home cases reviewed, the Monitor has determined a need for a methodological change for the future reviews. Area Offices were identifying cases that they felt had appropriate treatment planning but that were not passing as a result of poor or missing LINK documentation or information known to the SW or SWS that was not represented in the LINK narrative but was of importance to how the treatment planning efforts unfolded. While we feel that scoring has given an accurate accounting of the treatment planning documents and records we reviewed, beginning with the Third Quarter 2007 reviews, we have made a change in approach. Many in-home cases do not have a family conference that typically provides an opportunity for the reviewer to clarify issues or obtain first hand knowledge. Therefore, for all in-home cases where there is no opportunity to attend the family conference and speak with the SWS or SW in person, we will include a brief phone interview with the SWS or SW.

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



## **Review Findings and Trends**

The case review data indicates that the Department attained the designation of “Needs Met” in **51.3%** of the 76-case sample.

- Nine of the 11 categories measured within Outcome Measure 15 showed some level of improvement over the prior quarter. The Department shows promising practices in legal action, safety of children in placement, attending to medical needs, and recruitment efforts for the prior period. Most problematic are provision of timely dental services, mental health, behavioral health, and substance abuse services.
- The permanency goals of children appear to have an impact on the ability of the Department to attain a level of practice and service provision that meets the identified needs of children and families. Children with non-preferred treatment planning permanency goals more frequently do not have their identified needs met. APPLA: Permanent Non-Relative Foster Care, APPLA: Other and Long Term Foster Care with a Relative are respectively 33.3%, 42.9% and 33.3% compliant. Preferred goals are compliant at rates greater than 55.0%.
- Structured Decision Making (SDM) training is now completed across the state area offices. The practice shows great promise if DCF maintains the integrity of the scoring protocols’ definitions. There is an expected learning curve as SW and SWS work with the assessment tools in establishing both permanency and services needs.
- Of the needs which remained unmet from the prior planning period, mental health services continued to be most prevalent. Most frequently, the barrier documented was “client refusal”; however, reviewers noted that these circumstances often did not have documented engagement efforts such as client contact by SWS or ARG, or collaborative efforts with active providers to engage clients in needed services.
- 68.4% of the cases reviewed had clear documentation of a service need that should have been carried over to the treatment plan reviewed for this quarter, but was not.

For more details regarding each of these areas of measurement see the analysis within this chapter.

### **Methodology:**

The *Juan F. v Rell Revised Exit Plan* and subsequent stipulated agreement reached by the parties and court ordered on July 11, 2006, requires the Monitor’s Office to conduct a series of quarterly case reviews to monitor Outcome Measure 3 (Treatment Planning) and Outcome Measure 15 (Needs Met). The implementation of this review began with a pilot sample of 35 cases during the Third Quarter 2006. During the Second Quarter 2007, the Monitor’s Office reviewed a total of 76 cases<sup>2</sup>. Methodology will change with the Third Quarter 2007 reviews in that 50 cases will be reviewed by individual reviewers. This was necessitated by changes in DCF staff assignments and additional monitoring activities resulting from the *Juan F. v Rell Action Plan*.

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<sup>2</sup> The Exit Plan required a total of 70 cases be reviewed. Due to rounding and ensuring that each area office had representation of both in-home and out of home case assignments, a total of 76 cases were selected.

This quarter's 76 case sample was stratified based upon the distribution of area office caseload on March 1, 2007. The sample incorporated both in-home and out-of-home cases based on the overall statewide percentage reflected at the point that each sample is determined.

**Table 4: Second Quarter 2007 Sample Based on March 1, 2007 Caseload**

Area Office	Total Caseload	% of Caseload	% of In-Home Cases	In-Home Sample	OOH Sample	Total Sample
<b>Bridgeport</b>	1,081	7.9%	28.2%	2	4	6
<b>Danbury</b>	330	2.4%	14.8%	1	2	3
<b>Greater New Haven</b>	933	6.8%	25.1%	1	4	5
<b>Hartford</b>	1,879	13.7%	21.0%	2	8	10
<b>Manchester</b>	1,245	9.1%	26.3%	2	4	6
<b>Meriden</b>	575	4.2%	30.4%	1	2	3
<b>Middletown</b>	400	2.9%	26.0%	1	2	3
<b>New Britain</b>	1,488	10.8%	33.5%	3	5	8
<b>New Haven Metro</b>	1,487	10.8%	29.5%	2	6	8
<b>Norwalk</b>	288	2.1%	34.0%	1	1	2
<b>Norwich</b>	1,147	8.4%	29.3%	2	4	6
<b>Stamford</b>	272	2.0%	43.0%	1	1	2
<b>Torrington</b>	436	3.2%	12.4%	1	2	3
<b>Waterbury</b>	1,316	9.6%	20.8%	1	6	7
<b>Willimantic</b>	850	6.2%	26.6%	1	3	4
	13,727	100.0%	26.5%	22	54	76

This is the last quarter where the methodology included pairing of DCF staff with Monitor's Review staff. Within the course of seven to twelve hours, each case was subjected to the following methodology.

1. A review of the Case LINK Record documentation for each sample case concentrating on the most recent six months. This includes narratives, treatment planning documentation, investigation protocols, and the provider narratives for any foster care provider during the last six-month period.
2. Attendance/Observation at the Treatment Planning Conference (TPC)/Administrative Case Review (ACR) or Family Conference (FC)<sup>3</sup>.
3. A subsequent review of the final approved plan is conducted fourteen to twenty days following the date identified within the TPC/ACR/FC schedule from which the sample was drawn. Each reviewer completes an individual assessment of the treatment plan and needs met outcome measures and fills out the scoring forms for each.
4. A final meeting with the assigned teammate is held to jointly arrive at the final scores for each section and overall scoring for OM3 and 15. Individual scoring and joint scoring forms are then submitted to the Monitor. (This step may change as determined appropriate by the DCF Court Monitor after evaluation of the process, feedback from review staff and fiscal/staffing considerations.)

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

In situations where agreement cannot be reached, the team requests that the supervisor become a third voice on those areas of concern. They present their opinions and findings and the supervisor determines the appropriate score to reflect the level of performance for the specific item(s) and assists them in the overall determination of compliance for OM3 and OM15. If the team indicates that there are areas that do not attain the "very good" or "optimal" level, yet consensus is the overall score should be "an appropriate treatment plan" or "needs met" the team clearly outlines their reasoning for such a determination and it is reviewed by the Court Monitor for approval of an override exception. These cases are also forwarded to the Technical Advisory Committee (TAC) for review. During the Fourth Quarter, there were 19 such cases submitted for consideration/assistance of supervisory oversight. Of the 19 cases, seven resulted in the approval of an override to allow one or the other measure to achieve a passing score. These cases will be identified in the overall scoring tables later in this document.

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<sup>3</sup> Attendance at the family conference is included where possible. In many cases, while there is a treatment plan due, there is not a family conference scheduled during the quarter we are reviewing. To compensate for this, the monitoring of in-home cases includes hard copy documentation from any family conference held within the six month period leading up to the treatment plan due date.

To address the areas of disparity identified in the third quarter pilot, a post review team meeting was held in October to address individual reviewer's and teams' issues related to the review process. Clarifications were provided, and a better understanding of some of the finer points of the process resulted from this trial review process and debriefing. A sample case was jointly reviewed by all reviewers and then each subcategory was analyzed. As necessary, additional training and clarification will be ongoing throughout the process.

### Descriptive Information

As indicated earlier, the sample consisted of 73 cases distributed among the 15 Area Offices. Sample cases are identified by Assignment Type. At the point of review, the data indicates that the majority of cases (71.4%) are children in care for child protective service reasons. A full description of the sample is provided below:

**Crosstabulation 5: What is the Type of Case Assignment Noted in LINK? \* Does Child in Placement Have Involvement with the Juvenile Justice System?**

What is the type of case assignment noted in LINK?	Does child in placement have involvement with the juvenile justice system?			
	Yes	No	In-Home CPS or Voluntary Service Case	Total
CPS In-Home Family Case (IHF) <sup>4</sup>	0	1	21	22
CPS Child in Placement Case (CIP)	10	39	0	49
Voluntary Services Child in Placement Case (VSCIP)	2	3	0	5
<b>Total</b>	12	43	21	76

Of the children in placement at any point during the quarter (n=55), twelve children (21.8%) had some involvement with the Juvenile Justice System during the quarter. This population had a 41.7% compliance rate with both the treatment plan and needs met outcome measures.

In establishing the reason for the most recent case open date identified, reviewers were asked to identify all substantiations or voluntary service needs identified at the point of most recent case opening. This was a multiple response question which allowed the reviewers to select more than one response as situations warranted.

<sup>4</sup> Includes one child who had placement episode during the quarter but was reunified at point of review.

**Table 5: Causes for DCF Involvement on Date of Most Recent Case Opening**

<b>Causes for DCF's Involvement</b>	<b>Number</b>	<b>Percent</b>	<b>Percent of Cases (n=76)</b>
<b>Physical Neglect</b>	49	32.7%	64.5%
<b>Substance Abuse/Mental Health (Parent)</b>	29	19.3%	38.2%
<b>Domestic Violence</b>	16	10.7%	21.1%
<b>Emotional Neglect</b>	14	9.3%	18.4%
<b>Physical Abuse</b>	8	5.3%	10.5%
<b>Child's TPR Case prompted new opening</b>	8	5.3%	10.5%
<b>Educational Neglect</b>	6	4.0%	7.9%
<b>Abandonment</b>	5	3.3%	6.6%
<b>Medical Neglect</b>	4	2.7%	5.3%
<b>Voluntary Services Request (child)</b>	4	2.7%	5.3%
<b>FWSN Referral</b>	4	2.7%	5.3%
<b>Sexual Abuse</b>	3	2.0%	3.9%

In total, 150 reasons were identified within the multiple response question. The data indicates that physical neglect remains the most frequent reason for a case opening in treatment, as 64.5% of the cases cited this as one of the factors for the case opening. This was again followed by Parental Substance Abuse/Mental Health which was present in 38.2% of the cases reviewed, and Domestic Violence cited in 21.1% of the cases edged out Emotional Abuse which was ranked third in the last quarter's data.

**Table 6: What is the primary reason cited for case opening/reopening?**

<b>Primary Reason</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>Abandonment</b>	4	5.3	5.3	5.3
<b>Child's TPR</b>	8	10.5	10.5	15.8
<b>Domestic Violence</b>	10	13.2	13.2	28.9
<b>Educational Neglect</b>	3	3.9	3.9	32.9
<b>Emotional Neglect</b>	4	5.3	5.3	38.2
<b>FWSN Referral</b>	4	5.3	5.3	43.4
<b>Medical Neglect</b>	1	1.3	1.3	44.7
<b>Physical Abuse</b>	4	5.3	5.3	50.0
<b>Physical Neglect</b>	18	23.7	23.7	73.7
<b>Sexual Abuse</b>	1	1.3	1.3	75.0
<b>Substance Abuse</b>	16	21.1	21.1	96.1
<b>Voluntary Service Request</b>	3	3.9	3.9	100.0
<b>Total</b>	76	100.0	100.0	

When asked to isolate the primary reason for case opening among those identified for each of the 76 cases; physical neglect was identified for 23.7% of the sample set.

Permanency/case goals were identified for 74 of the 76 cases reviewed (97.4%). Of the 26 situations in which “Reunification” was the permanency goal, there was a required concurrent plan documented in 21 cases (80.8%). Of the seven cases with the goal of “APPLA: Other”, six identified “Independent Living” and one identified “Specialized Care to Transition to DMHAS/DMR”.

**Table 7: What Is the Child or Family's Stated Permanency Goal on the Most Recent Approved Treatment Plan in Place During the Period?**

Permanency Goal	Frequency	Percent
Reunification	26	34.2
In-Home Goals - Safety/Well-being Issues	20	26.3
Adoption	9	11.8
APPLA: Permanent Non-Relative Foster Care	9	11.8
APPLA: Other	7	9.2
Long Term Foster Care with a licensed relative	3	3.9
Goal indicated is not an approved DCF goal	2	2.6
<b>Total</b>	<b>76</b>	<b>100.0</b>

Children in placement had various lengths of stay at the point of our review. This ranged from less than one month, to greater than 24 months. Below is a crosstab of cases by length of stay as it relates to the Termination of Parental Rights (TPR) filing and in relation to the ASFA requirement to file or identify an exception no later than 15 months into the out of home episode. In all cases in which the child’s length of stay and permanency goal required the filing of TPR, it had been done or an exception was noted in LINK. One additional case open less than 15 months but with a goal requiring TPR still had not documented the filing as of the date of review.

**Crosstabulation 6: Has Child's Length of Stay Exceeded the 15 of the Last 22 Month Benchmark Set by ASFA? \* For Child in Placement, has TPR Been Filed?**

Has child's length of stay exceeded the 15 of the last 22 benchmark set by ASFA?	For child in placement, has TPR been filed?			
	Yes	No	N/A - Exception noted in LINK	Total
Yes	0	1	12	13
No	1	3	0	4
TPR has already been filed or granted	12	0	2	14
<b>Total</b>	<b>13</b>	<b>4</b>	<b>14</b>	<b>31</b>

### Data Reporting for Outcome Measure 3 – Treatment Plans

Of the three case types represented within the sample, in-home cases (n=22) appear the most problematic in regards to inclusive and appropriate treatment planning. In all only four (18.2%) of the in-home family cases were deemed as having appropriate treatment plans. Child in placement cases (CIP) with CPS designation had the greatest percentage of appropriate treatment planning for the sample set, with 69.6% of those cases deemed appropriate. Voluntary Services CIP cases were considered appropriate in 60% of the cases reviewed.

**Crosstabulation 7: What is the Type of Case Assignment Noted in LINK? \* Overall Score for OM3**

What is the type of case assignment noted in LINK?		Overall Score for OM3		
		Appropriate Treatment Plan	Not an Appropriate Treatment Plan	Total
<b>CPS In-Home Family Case (IHF)</b>	Count	4	18	22
	% within case assignment	18.2%	81.8%	100.0%
	% within Overall Score	17.4%	34.0%	28.9%
	% of Total	5.3%	23.7%	28.9%
<b>CPS Child in Placement Case (CIP)</b>	Count	16	33	49
	% within case assignment	32.7%	67.3%	100.0%
	% within Overall Score	69.6%	62.3%	64.5%
	% of Total	21.1%	43.4%	64.5%
<b>Voluntary Services Child in Placement Case (VSCIP)</b>	Count	3	2	5
	% within case assignment	60.0%	40.0%	100.0%
	% within Overall Score	13.0%	3.8%	6.6%
	% of Total	3.9%	2.6%	6.6%
<b>Total</b>	Count	23	53	76
	% within case assignment	30.3%	69.7%	100.0%
	% within Overall Score	100.0%	100.0%	100.0%
	% of Total	30.3%	69.7%	100.0%

Engagement with children, families and providers in the development of the treatment plans was identified within the LINK documentation, treatment plans and attendance at the ACR or Family Conference. Each case had a unique pool of active participants for DCF to collaborate with in the process. The chart below indicates the degree to which identifiable/active case participants were engaged by the SW and the extent to which active participants attended the TPC/ACR/FC. Percentages reflect the level or degree to which a valid participant was part of the treatment planning efforts across all the cases reviewed.

**Table 8: Participation and Attendance Rates for Active Case Participants within the Sample Set**

<i>Identified Case Participant</i>	<i>Percentage with documented Participation/Engagement in Treatment Planning Discussion</i>	<i>Percentage Attending the TPC/ACR or Family Conference</i>
<b>Foster Parent</b>	94.4%	66.7%
<b>Mother</b>	73.8%	61.4%
<b>Other Participants</b>	66.7%	55.3%
<b>Active Service Providers</b>	66.4%	41.2%
<b>Child</b>	64.7%	37.5%
<b>Other DCF Staff</b>	58.8%	52.3%
<b>Father</b>	39.0%	24.0%
<b>Attorney/GAL (Child)</b>	16.7%	6.3%
Parents' Attorney	14.9%	4.8%

Engagement of foster parents in treatment planning discussions was present in 94.4% of the cases sampled, the highest rate to date. Mothers, and identified support/kin are the next participants most frequently involved in discussions. Attendance rates remain problematic for most case participants. Active service providers were approached to engage in treatment planning in 66.4% of the sample, only 41.2% of these providers actually attended the administrative case review. Many, if not all private providers, develop internal treatment plans for referred DCF clients, these providers should be approached to identify specific goals for the child or family from those plans to be incorporated within the DCF treatment planning process so that various participants are not ill-informed or working at cross purposes. Reviewers also noted a failure to invite adolescents and fathers, and the overall lack of engagement with both children's and parents' attorneys.

As with the third quarter, this review process looked at eight categories of measurement when determining overall appropriateness of the treatment planning (OM3). Scores were based upon the following rank/scale:

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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



**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

Overall treatment plans of children in placement fared better in achievement of the “appropriate treatment plan” designation. The crosstabulation below provides the percentage of appropriate and not appropriate designations for within the group as a whole and within the specific case assignment designation.

**Crosstabulation 8: Overall Score for OM3\* What is the Type of Case Assignment Noted in LINK?**

Overall Score	What is the type of case assignment noted in LINK?			
	CPS In-Home Family	CPS Child in Placement	Voluntary Svcs Child in Placement	Total
<b>Appropriate Treatment Plan:</b>				
Count	4	16	3	23
% Within Row	17.4%	69.6%	13.0%	100.0%
% Within Type	18.2%	32.7%	60.0%	30.3%
<b>Not an Appropriate Treatment Plan:</b>				
Count	18	33	2	53
% Within Row	34.0%	62.3%	3.8%	100.0%
% Within Type	81.8%	67.3%	40.0%	69.7%
<b>Total:</b>				
Count	22	49	5	76
% Within Row	28.9%	64.5%	6.6%	100.0%
% Within Type	100.0%	100.0%	100.0%	100.0%

“Reason for Involvement” and “Present Situation to Date” were most frequently ranked with an Optimal Score. Deficits were most frequently noted in two categories: “Determination of Goals/Objectives” and “Action Steps to Achieve Goals”. The following table provides the scoring for each category for the sample set and the corresponding percentage of cases within the sample that achieved that ranking.

There is an overall reduction in the number of “Poor” and “Adverse” scores identified across the full sample population assessed in the last quarter. However, as in prior quarters the eight categories measured indicate that DCF continues to struggle with assignment of action steps for the case participants in relation to goals and objectives (II.3); identifying the goals and objectives for the coming six month period (II.1), and in detailing progress in the previous six months(II.2).

Permanency Planning (II.4) also has shown a decline from the prior quarter's results. It is likely the recent changes to the APPLA goal definition have had an impact upon this section's overall scoring.

The following set of three tables provide at a glance, the scores for each of the eight categories of measurement within Outcome Measure 3. The first is the full sample (n=76), the second is the children in out of home placement (CIP) cases (n=54) and the third is the in-home family cases (n=22). For a complete listing of rank scores for Outcome Measure 3 by case, see Outcome Measure 3 - Appendix 1.

**Table 9: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for All Cases Across All Categories of OM3**

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	42 (55.3%)	30 (39.5%)	4 (5.3%)	0 (0%)	0 (0%)
I.2. Identifying Information	3 (3.9%)	57 (75.0%)	15 (19.7%)	1 (1.3%)	0 (0%)
I.3. Strengths/Needs/Other Issues	17 (22.4%)	37 (48.7%)	22 (28.9%)	0 (0%)	0 (0%)
I.4. Present Situation and Assessment to Date of Review	17 (22.4%)	38 (50.0%)	20 (26.3%)	1 (1.3%)	0 (0%)
II.1 Determining the Goals/Objectives	15 (19.7%)	26 (34.2%)	29 (38.2%)	6 (7.9%)	0 (0%)
II.2. Progress <sup>5</sup>	19 (25.0%)	30 (39.5%)	22 (28.9%)	2 (2.6%)	1 (1.3%)
II.3 Action Steps to Achieving Goals Identified	3 (3.9%)	27 (35.5%)	37 (48.7%)	8 (10.5%)	1 (1.3%)
<b>II.4 Planning for Permanency</b>	<b>24 (31.6%)</b>	<b>34 (44.7%)</b>	<b>14 (18.4%)</b>	<b>2 (2.6%)</b>	<b>2 (2.6%)</b>

**Table 10: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for Out of Home (CIP) Cases Across All Categories of OM3**

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	25 (46.3%)	26 (48.1%)	3 (5.5%)	0 (0%)	0 (0%)
I.2. Identifying Information	1 (1.9%)	40 (74.1%)	12 (22.2%)	1 (1.9%)	0 (0%)
I.3. Strengths/Needs/Other Issues	13 (24.1%)	26 (48.1%)	15 (27.8%)	0(0%)	0 (0%)
I.4. Present Situation and Assessment to Date of Review	16 (29.6%)	23 (42.6%)	14 (25.9%)	1 (1.9%)	0 (0%)
II.1 Determining the Goals/Objectives	8 (14.8%)	19 (35.2%)	23 (42.5%)	4 (7.4%)	0 (0%)
II.2. Progress <sup>6</sup>	13 (25.0%)	24 (46.2%)	13 (25.0%)	1 (1.9%)	1 (1.9%)
II.3 Action Steps to Achieving Goals Identified	2 (3.7%)	23 (42.6%)	23 (42.6%)	6 (11.1%)	0 (0%)
<b>II.4 Planning for Permanency</b>	<b>14 (25.9%)</b>	<b>24 (44.4%)</b>	<b>13 (24.1%)</b>	<b>2 (3.7%)</b>	<b>1 (1.9%)</b>

**Table 11: Measurements of Treatment Plan OM 3 – Number and Percent of Rank Scores for In-Home Family Cases Across All Categories of OM3**

Category	Optimal “5”	Very Good “4”	Marginal “3”	Poor “2”	Adverse/Absent “1”
I.1 Reason for DCF Involvement	17 (77.3%)	4 (18.2%)	1 (1.3%)	0 (0%)	0 (0%)
I.2. Identifying Information	2 (9.1%)	17 (77.3%)	3 (13.6%)	0 (0%)	0 (0%)
I.3. Strengths/Needs/Other Issues	4 (18.2%)	11 (50.0%)	7 (31.8%)	0 (0%)	0 (0%)
I.4. Present Situation and Assessment to Date of Review	1 (4.5%)	15 (68.2%)	6 (27.3%)	0 (0%)	0 (0%)
II.1 Determining the Goals/Objectives	7 (31.8%)	7 (31.8%)	6 (27.3%)	2 (9.1%)	0 (0%)
II.2. Progress	6 (27.3%)	6 (27.3%)	9 (40.9%)	1 (4.5%)	0 (0%)
II.3 Action Steps to Achieving Goals Identified	1 (4.5%)	4 (18.2%)	14 (63.6%)	2 (9.1%)	1 (4.5%)
II.4 Planning for Permanency	10 (45.5%)	10 (45.5%)	1 (4.5%)	0 (0%)	1 (4.5%)

<sup>5</sup> Excludes two cases that were newly opened – ranked as N/A- too early to note progress (2.6%).

<sup>6</sup> Excludes two cases that were newly opened – ranked as N/A-too early to note progress (3.7%).

**Data Reporting for Outcome Measure 15 – Needs Met**

There is only a slight variation when looking at the case assignment type in relation to needs met. Of the 22 cases selected as in-home family cases, eleven or 50.0% achieved “needs met” status. Twenty-six of the 49 CPS cases with children in placement (53.1%) achieved “needs met” status, and two of the five Voluntary Services children in placement cases (40.0%) achieved “needs met” status.

**Crosstabulation 9: Overall Score for Outcome Measure 15 \* What is the Type of Case Assignment Noted in LINK?**

Overall Score for Outcome Measure 15		What is the type of case assignment noted in LINK?			
		CPS In-Home Family Case (IHF)	CPS Child in Placement Case (CIP)	Voluntary Services Child in Placement Case (VSCIP)	Total
<b>Needs Met</b>	Count	11	26	2	39
	% within Overall Score	28.2%	66.7%	5.1%	100.0%
	% within case assignment type	50.0%	53.1%	40.0%	51.3%
<b>Needs Not Met</b>	Count	11	23	3	37
	% within Overall Score	29.7%	62.2%	8.1%	100.0%
	% within case assignment type	50.0%	46.9%	60.0%	48.7%
<b>Total</b>	Count	22	49	5	76
	% within Overall Score	28.9%	64.5%	6.6%	100.0%
	% within case assignment type	100.0%	100.0%	100.0%	100.0%

The overall score was also looked at through the filter of the stated permanency goal. This quarter’s plans were still operating under the guidelines including subcategories of the APPLA goals. Clearly demonstrated, as in the prior quarter, the less permanent the goal, the more frequently “needs met” was not achieved (APPLA: “Permanent Non-Relative Foster Care”, APPLA: “Other”, and “Long Term Foster Care with a Licensed Relative” are 33.3%, 42.9%, and 33.3% compliant). The full breakdown is shown below:

**Crosstabulation 10: What is the child or family's stated goal on the most recent approved treatment plan in place during the period? \* Overall Score for Outcome Measure 15**

What is the child or family's stated goal on the most recent approved treatment plan in place during the period?		Overall Score for Outcome Measure 15		
		Needs Met	Needs Not Met	Total
<b>Reunification</b>	Count	15	11	26
	% within goal	57.7%	42.3%	100.0%
	% within Overall Score	38.5%	29.7%	34.2%
<b>Adoption</b>	Count	6	3	9
	% within goal	66.7%	33.3%	100.0%
	% within Overall Score	15.4%	8.1%	11.8%
<b>Long Term Foster Care with a licensed relative</b>	Count	1	2	3
	% within goal	33.3%	66.7%	100.0%
	% within Overall Score	2.6%	5.4%	3.9%
<b>APPLA: Permanent Non-Relative Foster Care<sup>7</sup></b>	Count	3	6	9
	% within goal	33.3%	66.7%	100.0%
	% within Overall Score	7.7%	16.2%	11.8%
<b>APPLA: Other<sup>8</sup></b>	Count	3	4	7
	% within goal	42.9%	57.1%	100.0%
	% within Overall Score	7.7%	10.8%	9.2%
<b>In-Home Goals - Safety/Well-being Issues</b>	Count	11	9	20
	% within goal	55.0%	45.0%	100.0%
	% within Overall Score	28.2%	24.3%	26.3%
<b>Goal indicated is not an approved DCF goal</b>	Count	0	2	2
	% within goal	.0%	100.0%	100.0%
	% within Overall Score	.0%	5.4%	2.6%
<b>Total</b>	Count	39	37	76
	% within goal	51.3%	48.7%	100.0%
	% within Overall Score	100.0%	100.0%	100.0%

Outcome Measure 15 looks at eleven categories of measurement and an overall score to determine the level with which the Department is able to meet the needs of families and children. When looking at a break between passing scores (5 or 4) and those not passing

<sup>7</sup> This APPLA goal is no longer an acceptable permanency goal, but given the crossover of area office training and our review process for this quarter, we are not identifying them as “unapproved goals” at this juncture.

<sup>8</sup> This APPLA goal is no longer an acceptable permanency goal, but given the crossover of area office training and our review process for this quarter, we are not identifying them as “unapproved goals” at this juncture.

(3 or less) there is a marked difference in performance among the categories. The Department shows promising practices in legal action, safety of children in placement, attending to medical needs, and recruitment efforts for the prior period. Most problematic are provision of timely dental services, mental health, behavioral health, and substance abuse services. Though the majority of reviewers identified children in intact family situations as safe, there were uncertain or marginal safety situations in 26.9% of the cases. In only one case did the reviewer score the in-home situation “poor”. There are no adverse scores noted related to safety.

**Table 12: Scoring of Categorical Sections of Outcome Measure 15**

Category	# Passing (Scores 4 or 5)	# Not Passing (Scores 3 or Less)	Improved over prior Qtr?
<b>DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months (II.2)</b>	97.4%	2.6%	Yes
<b>Safety – Children in Placement (I.2)</b>	89.7%	10.3%	Yes
<b>Medical Needs (III.1)</b>	82.9%	17.1%	Yes
<b>DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months (II.3)</b>	82.5%	17.5%	Yes
<b>Child’s Current Placement (IV.1)</b>	76.8%	23.2%	No
<b>DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal during the Prior Six Months (II.4)</b>	74.7%	25.3%	Yes
<b>Educational Needs (IV. 2)</b>	74.6%	25.4%	Yes
<b>Securing the Permanent Placement – Action Plan for the Next Six Months (II.1)</b>	74.1%	25.9%	No
<b>Safety – In Home (I.1)</b>	73.1%	26.9%	Yes
<b>Dental Needs (III.2)</b>	71.1%	28.9%	Yes
<b>Mental Health, Behavioral and Substance Abuse Services (III.3)</b>	71.0%	29.0%	Yes

There are some notable shifts in performance from the last quarter. “Safety” for both in-home cases and children in placement has improved since the prior quarter. The in-home population achieved passing scores in 60.9% in the prior quarter and was ranked 73.1% during this quarter. Children in placement cases achieved passing scores related to safety in 81.5% of the cases reviewed last quarter and achieved passing scores in 89.7% of the cases this quarter. While there is still room for improvement, the Department scores within the “Mental Health, Behavioral and Substance Abuse Services” category increased from 60.6% in the First Quarter to 71.0% in the Second Quarter’s review.

On the other hand, declines were noted in two categories: the “Child’s Current Placement” which was ranked as 80.8% in the 1<sup>st</sup> Quarter vs. the 2<sup>nd</sup> Quarter passing rate of 76.8%; and not surprisingly given the deficits in action plans within OM3, “Securing the Permanent Placement – Action Plan for the Next Six Months” dropped from 79.6% to 74.1%. All categories are in Table 13 below with the frequency and percentage of applicable cases achieving each rank score below.

**Table 13: Measurements of Treatment Plan OM 15 – Percentage of Rank Scores Attained Across All Categories<sup>9</sup>**

Category	# Ranked Optimal "5"	# Ranked Very Good "4"	# Ranked Marginal "3"	# Ranked Poor "2"	# Ranked Adverse/Absent "1"	N/A To Case
<b>I.1 Safety – In Home</b>	8 (30.8%)	11 (42.3%)	6 (23.1%)	1 (3.8%)	0 (0%)	50
<b>I.2 Safety – Children in Placement</b>	28 (48.3%)	24 (41.4%)	5 (8.6%)	1 (1.7%)	0 (0%)	18
<b>II.1 Securing the Permanent Placement – Action Plan for the Next Six Months</b>	25 (43.1%)	18 (31.0%)	14 (24.1%)	1 (1.7%)	0 (0%)	18
<b>II.2. DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months</b>	54 (71.1%)	20 (26.3%)	1 (1.3%)	1 (1.3%)	0 (0%)	0
<b>II.3 DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months</b>	38 (60.3%)	14 (22.2%)	11 (17.5%)	0 (0%)	0 (0%)	13
<b>II.4 DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal during the Prior Six Months</b>	29 (38.7%)	27 (36.0%)	19 (25.3%)	0 (0%)	0 (0%)	1
<b>III.1 Medical Needs</b>	35 (46.1%)	28 (36.8%)	10 (13.2%)	1 (1.3%)	2 (2.6%)	0
<b>III.2 Dental Needs</b>	43 (56.6%)	11 (14.5%)	15 (19.7%)	3 (3.9%)	4 (5.3%)	0
<b>III.3 Mental Health, Behavioral and Substance Abuse Services</b>	19 (27.5%)	30 (43.5%)	15 (21.7%)	5 (7.2%)	0 (0%)	7
<b>IV.1 Child’s Current Placement</b>	25 (44.6%)	18 (32.1%)	13 (23.2%)	0 (0%)	0 (0%)	20
<b>IV.2 Educational Needs</b>	25 (42.4%)	19 (32.2%)	10 (16.9%)	4 (6.8%)	1 (1.7%)	17

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

<sup>9</sup> Percentages are based on applicable cases for the individual measure. Those cases marked N/A are excluded from the denominator in each row’s calculation of percentage. At the point of sampling, the total number identified for the in-home sample was 23 cases. However, a number of cases had both in-home and out of home status at some point during the six month period of review.

In addition to looking at the twelve categories in Outcome Measure 15, the review also collected data on situations in which a case had a need identified at the prior ACR, treatment plan or within the period’s LINK record. Data was collected on those that remained unresolved at the point of the most recent treatment planning efforts. In 37 of the 76 cases, the reviewers found no unmet needs. Within the remaining 39 cases (51.3%) a total of 81 discrete needs were identified. Of those identified needs remaining unmet during the last treatment planning cycle, “mental health services” was the most frequently cited. Others included in the data collection are listed below:

**Table 14: Unmet Service Needs Identified within the Sample Set Cases**

<b>Identified Category of Service Need Type</b>	<b>Frequency</b>	<b>% within Unmet Needs (n=39)</b>
<b>Mental Health Services</b>	20	51.3%
<b>Out of Home Care</b>	11	28.2%
<b>Substance Abuse Treatment</b>	11	28.2%
<b>Dental</b>	10	25.6%
<b>Education</b>	9	23.1%
<b>Medical</b>	5	12.8%
<b>Out of Home Support Services</b>	4	10.3%
<b>Housing</b>	3	7.7%
<b>In-Home Support Services</b>	3	7.7%
<b>Domestic Violence Treatment</b>	2	5.1%
<b>Training</b>	2	5.1%
<b>DCF Case Management</b>	1	2.6%
<b>Total</b>	81	

Barriers were identified for the unmet needs cited above. Most frequently the barrier was identified as client refusal (as identified by the SW), followed by delay in referral. We again note that instances of “client refusal” often fail to incorporate additional engagement efforts such as use of the SWS or ARG, or collaborative efforts with active providers to engage clients in needed services.



**Table 15: What Was the Primary Barrier that Prevented Families or Children from Having Their Medical, Dental, Mental Health or Other Service Need Met?**

<b>Barrier</b>	<b>Frequency</b>	<b>% of Barriers Identified</b>
Client Refused Service	19	23.5%
Delay in Referral by Worker	17	21.0%
UTD from treatment plan or narrative	10	12.3%
Wait List	5	4.9%
No Slots Available	4	4.9%
Scheduling Issues of Family	3	3.7%
Child AWOL	3	3.7%
No service Identified	2	2.5%
BOE/School not providing timely/adequate services	2	2.5%
Provider Delay in referral	2	2.5%
Parent's Incarceration/Criminal Activity	2	2.5%
Requires more intensive level then engaged	1	1.2%
Approval Process	1	1.2%
Insurance	1	1.2%
Referred service is unwilling to engage client	1	1.2%
Service deferred pending completion of another	1	1.2%
Service not available in primary language	1	1.2%
Client not consistent with contact/attendance	1	1.2%
Delays in Special Study process	1	1.2%
Immigration issues	1	1.2%
Transient lifestyle	1	1.2%
Lack of engagement between DCF and Child	1	1.2%
Truancy	1	1.2%
<b>Total</b>	<b>81</b>	

In addition, when looking specifically at the current treatment planning document, 52 cases (68.4%) had evidence of a service need that was clearly identified at the ACR/TPC or within LINK documentation, but not incorporated into the current treatment plan document. This included 117 service needs that the reviewers felt were clearly identifiable as a carried over unmet need, or a need recently identified at the ACR or within the LINK record. This was most frequently noted as an out-of-home support service followed by mental health service needs. It is important to note that while there were many needs that may not have been incorporated into the treatment planning document, in many cases, discussions observed at the ACR/TPC/FC adequately addressed casework and or the responsibility of participants toward meeting the identified needs.

**Table 16: Service Needs Not Incorporated into the Current Treatment Plan**

<b>Identified Category of Service Needs</b>	<b>Frequency</b>	<b>% within Cases with Missing Service Needs (n=52)</b>
<b>Out of Home Support Services</b>	18	34.6%
<b>Mental Health services</b>	17	32.7%
<b>Dental</b>	15	28.8%
<b>Medical</b>	15	28.8%
<b>In-home Support services</b>	11	21.2%
<b>DCF</b>	10	19.2%
<b>Education</b>	9	17.3%
<b>Substance Abuse Treatment</b>	6	11.5%
<b>Training</b>	6	11.5%
<b>Domestic Violence Treatment</b>	4	7.7%
<b>Out of home care</b>	4	7.7%
<b>Childcare</b>	1	1.9%
<b>Employment</b>	1	1.9%
	117	

The failure to include these services in treatment plan action steps to achieve stated goals for the current cycle leads to a subsequent failure to address the engagement and progress of these items in future treatment planning documents. It also misrepresents the level of expectation for clients, providers and DCF during the period to follow.

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

**Outcome Measure 3: Treatment Plan Case Summaries**

Area Office	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3	
<b>Bridgeport</b>	1	yes	yes	Optimal	Very Good	Optimal	Very Good	Very Good	Too early to note progress	Very Good	Very Good	Appropriate
	2	yes	yes	Marginal	Very Good	Very Good	Very Good	Marginal	Optimal	Marginal	Very Good	Not Appropriate
	3	yes	yes	Optimal	Marginal	Very Good	Very Good	Very Good	Optimal	Marginal	Optimal	Not Appropriate
	4	yes	yes	Optimal	Very Good	Very Good	Very Good	Marginal	Optimal	Marginal	Very Good	Not Appropriate
	5	yes	yes	Optimal	Marginal	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Appropriate
	6	yes	yes	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate
<b>Danbury</b>	1	yes	yes	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Very Good	Not Appropriate
	2	yes	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Marginal	Marginal	Not Appropriate
	3	yes	yes	Optimal	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Optimal	Not Appropriate

**Outcome Measure 3: Treatment Plan Case Summaries**

What is the SW's area office assignment?	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3	
<b>Greater New Haven</b>	1	yes	yes	Optimal	Marginal	Very Good	Optimal	Optimal	Very Good	Marginal	Marginal	Not Appropriate
	2	yes	yes	Marginal	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Marginal	Not Appropriate
	3	yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Optimal	Not Appropriate
	4	yes	yes	Very Good	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Not Appropriate
	5	yes	yes	Very Good	Very Good	Marginal	Very Good	Marginal	Very Good	Very Good	Very Good	Not Appropriate

**Outcome Measure 3: Treatment Plan Case Summaries**

What is the SW's area office assignment?	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3
Hartford 1	yes	no	Very Good	Marginal	Very Good	Very Good	Marginal	Marginal	Marginal	Very Good	Not Appropriate
2	yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Not Appropriate
3	yes	yes	Very Good	Marginal	Very Good	Very Good	Marginal	Very Good	Marginal	Marginal	Not Appropriate
4	yes	yes	Optimal	Very Good	Marginal	Marginal	Poor	Marginal	Marginal	Marginal	Not Appropriate
5	yes	yes	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Appropriate
6	yes	yes	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Appropriate
7	yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Marginal	Very Good	Not Appropriate
8	yes	yes	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate
9	yes	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	Not Appropriate
10	yes	yes	Very Good	Very Good	Marginal	Marginal	Optimal	Marginal	Marginal	Very Good	Not Appropriate

**Outcome Measure 3: Treatment Plan Case Summaries**

What is the SW's area office assignment?	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3	
<b>Manchester</b>	1	yes	yes	Very Good	Marginal	Very Good	Marginal	Marginal	Marginal	Absent/Averse	Very Good	Not Appropriate
	2	yes	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Very Good	Appropriate
	3	yes	yes	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate
	4	yes	yes	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate
	5	yes	yes	Very Good	Marginal	Marginal	Very Good	Very Good	Very Good	Marginal	Very Good	Not Appropriate
	6	yes	yes	Optimal	Marginal	Marginal	Very Good	Marginal	Marginal	Marginal	Marginal	Not Appropriate
<b>Meriden</b>	1	yes	yes	Optimal	Very Good	Very Good	Marginal	Marginal	Marginal	Poor	Very Good	Not Appropriate
	2	yes	yes	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate
	3	no	yes	Optimal	Marginal	Very Good	Marginal	Marginal	Marginal	Poor	Very Good	Not Appropriate

**Outcome Measure 3: Treatment Plan Case Summaries**

What is the SW's area office assignment?	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3	
<b>Middletown</b>	1	yes	yes	Very Good	Very Good	Marginal	Marginal	Poor	Marginal	Marginal	Optimal	Not Appropriate
	2	yes	yes	Very Good	Marginal	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Not Appropriate
	3	yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate
<b>New Britain</b>	1	yes	yes	Very Good	Marginal	Marginal	Very Good	Marginal	Marginal	Poor	Absent/Averse	Not Appropriate
	2	yes	yes	Very Good	Very Good	Marginal	Marginal	Marginal	Marginal	Marginal	Very Good	Not Appropriate
	3	yes	yes	Optimal	Very Good	Very Good	Marginal	Marginal	Optimal	Marginal	Optimal	Not Appropriate
	4	yes	yes	Marginal	Marginal	Very Good	Optimal	Marginal	Marginal	Marginal	Marginal	Not Appropriate
	5	yes	yes	Optimal	Marginal	Marginal	Marginal	Marginal	Absent/Averse	Poor	Very Good	Not Appropriate
	6	no	yes	Marginal	Very Good	Marginal	Very Good	Poor	Poor	Marginal	Absent/Averse	Not Appropriate
	7	no	yes	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Marginal	Optimal	Not Appropriate
	8	yes	yes	Very Good	Very Good	Very Good	Optimal	Marginal	Marginal	Marginal	Optimal	Not Appropriate



**Outcome Measure 3: Treatment Plan Case Summaries**

What is the SW's area office assignment?	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3	
<b>New Haven Metro</b>	1	yes	yes	Optimal	Optimal	Very Good	Very Good	Optimal	Very Good	Marginal	Very Good	Not Appropriate
	2	yes	yes	Optimal	Very Good	Marginal	Marginal	Optimal	Marginal	Very Good	Very Good	Not Appropriate
	3	yes	yes	Optimal	Very Good	Very Good	Marginal	Very Good	Very Good	Very Good	Optimal	Appropriate
	4	yes	no	Optimal	Very Good	Very Good	Very Good	Marginal	Optimal	Very Good	Very Good	Not Appropriate
	5	yes	yes	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Appropriate
	6	yes	yes	Optimal	Very Good	Marginal	Poor	Poor	Marginal	Marginal	Very Good	Not Appropriate
	7	yes	yes	Very Good	Very Good	Marginal	Optimal	Marginal	Very Good	Marginal	Very Good	Not Appropriate
	8	yes	yes	Optimal	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Appropriate
<b>Norwalk</b>	1	yes	no	Very Good	Marginal	Marginal	Very Good	Marginal	Poor	Poor	Very Good	Not Appropriate
	2	yes	yes	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Marginal	Optimal	Not Appropriate

**Outcome Measure 3: Treatment Plan Case Summaries**

What is the SW's area office assignment?	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3	
<b>Norwich</b>	1	yes	yes	Optimal	Very Good	Marginal	Marginal	Very Good	Optimal	Very Good	Optimal	Not Appropriate
	2	yes	yes	Optimal	Very Good	Optimal	Optimal	Marginal	Optimal	Very Good	Very Good	Appropriate
	3	yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate
	4	yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Optimal	Appropriate
	5	yes	yes	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Marginal	Optimal	Not Appropriate
	6	yes	yes	Optimal	Optimal	Marginal	Optimal	Marginal	Optimal	Marginal	Optimal	Not Appropriate
<b>Stamford</b>	1	yes	yes	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Marginal	Not Appropriate
	2	yes	yes	Optimal	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Appropriate
<b>Torrington</b>	1	yes	yes	Optimal	Marginal	Very Good	Marginal	Very Good	Too early to note progress	Very Good	Optimal	Not Appropriate
	2	yes	yes	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate
	3	yes	yes	Optimal	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Very Good	Appropriate

**Outcome Measure 3: Treatment Plan Case Summaries**

What is the SW's area office assignment?	Was the family or child's language needs accommodated?	Has the treatment plan been approved by the SWS?	Reason for DCF Involvement	Identifying Information	Strengths, Needs and Other Issues	Present Situation and Assessment to Date of Review	Determining the Goals/Objectives	Progress	Action Steps to Achieving Goals Identified for the Upcoming Six Month Period	Planning for Permanency	Overall Score for OM3	
<b>Waterbury</b>	1	yes	yes	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Optimal	Appropriate	
	2	yes	yes	Very Good	Very Good	Very Good	Very Good	Poor	Very Good	Marginal	Not Appropriate	
	3	yes	yes	Very Good	Poor	Very Good	Marginal	Marginal	Very Good	Poor	Not Appropriate	
	4	no	yes	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Not Appropriate	
	5	yes	yes	Optimal	Very Good	Marginal	Marginal	Marginal	Very Good	Poor	Marginal	Not Appropriate
	6	yes	yes	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Optimal	Not Appropriate
	7	yes	yes	Optimal	Very Good	Marginal	Very Good	Very Good	Marginal	Poor	Very Good	Not Appropriate
<b>Willimantic</b>	1	yes	yes	Very Good	Very Good	Very Good	Marginal	Poor	Very Good	Marginal	Poor	Not Appropriate
	2	yes	yes	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Appropriate
	3	yes	yes	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	Appropriate
	4	yes	yes	Optimal	Very Good	Optimal	Very Good	Very Good	Marginal	Very Good	Marginal	Not Appropriate

**Case Summaries for Outcome Measure 15 Categories by Area Office Assignment**

Area Office	Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Medical	Dental	Mental Health, Behavioral and Substance Abuse Services	Child's Current Placement	Education	Overall Score for Outcome Measure 15
Bridgeport	Very Good	Optimal	Optimal	Optimal	N/A to Case Type	N/A to Case Type	Optimal	Optimal	Optimal	Very Good	Very Good	Needs Met
Bridgeport	N/A to Case Type	Very Good	Very Good	Optimal	N/A to Case Type	Optimal	Optimal	Optimal	Very Good	Marginal	Very Good	Needs Not Met
Bridgeport	Optimal	Optimal	Optimal	Optimal	N/A to Case Type	Optimal	Very Good	Very Good	Optimal	N/A to Case Type	Optimal	Needs Met
Bridgeport	Optimal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	N/A to Case Type	N/A to Case Type	Needs Met
Bridgeport	N/A to Case Type	Optimal	Optimal	Optimal	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Needs Met
Bridgeport	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met

**Case Summaries for Outcome Measure 15 Categories by Area Office Assignment**

Area Office	Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Medical	Dental	Mental Health, Behavioral and Substance Abuse Services	Child's Current Placement	Education	Overall Score for Outcome Measure 15
Danbury	N/A to Case Type	Very Good	Very Good	Very Good	Optimal	Marginal	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Not Met
Danbury	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Marginal	Poor	Very Good	Optimal	Very Good	Needs Not Met
Danbury	Marginal	N/A to Case Type	N/A to Case Type	Marginal	Very Good	Marginal	Very Good	Absent/Averse	Marginal	N/A to Case Type	Very Good	Needs Not Met
Greater New Haven	N/A to Case Type	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	N/A to Case Type	Optimal	N/A to Case Type	Needs Met
Greater New Haven	N/A to Case Type	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Marginal	Optimal	Very Good	Optimal	Needs Not Met
Greater New Haven	Very Good	N/A to Case Type	N/A to Case Type	Optimal	Optimal	Very Good	Very Good	Very Good	Very Good	N/A to Case Type	Optimal	Needs Met
Greater New Haven	N/A to Case Type	Very Good	Very Good	Very Good	Marginal	Marginal	Optimal	Optimal	Very Good	Marginal	Very Good	Needs Not Met
Greater New Haven	N/A to Case Type	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met

Area Office	Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Medical	Dental	Mental Health, Behavioral and Substance Abuse Services	Child's Current Placement	Education	Overall Score for Outcome Measure 15
Hartford	N/A to Case Type	Marginal	Marginal	Optimal	Very Good	Very Good	Marginal	Marginal	Poor	Marginal	Marginal	Needs Not Met
Hartford	N/A to Case Type	Very Good	Very Good	Optimal	N/A to Case Type	Very Good	Optimal	Marginal	Very Good	Marginal	Poor	Needs Not Met
Hartford	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Marginal	Very Good	Marginal	Marginal	Optimal	Optimal	Needs Not Met
Hartford	N/A to Case Type	Marginal	Marginal	Optimal	Marginal	Marginal	Marginal	Optimal	Marginal	Marginal	Marginal	Needs Not Met
Hartford	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Needs Met
Hartford	N/A to Case Type	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Needs Met
Hartford	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Very Good	Needs Met
Hartford	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	N/A to Case Type	Very Good	N/A to Case Type	Needs Met
Hartford	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	N/A to Case Type	Optimal	Needs Met
Hartford	Very Good	N/A to Case Type	N/A to Case Type	Optimal	Optimal	Very Good	Absent/Averse	Absent/Averse	Marginal	N/A to Case Type	Poor	Needs Not Met

**Case Summaries for Outcome Measure 15 Categories by Area Office Assignment**

Area Office	Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Medical	Dental	Mental Health, Behavioral and Substance Abuse Services	Child's Current Placement	Education	Overall Score for Outcome Measure 15
Manchester	Marginal	N/A to Case Type	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Optimal	Optimal	N/A to Case Type	N/A to Case Type	Needs Met
Manchester	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Needs Met
Manchester	N/A to Case Type	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Marginal	Marginal	Marginal	Needs Not Met
Manchester	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Needs Met
Manchester	N/A to Case Type	Very Good	Marginal	Optimal	Very Good	Very Good	Very Good	Marginal	Very Good	Very Good	Optimal	Needs Not Met
Manchester	Poor	N/A to Case Type	N/A to Case Type	Poor	Optimal	Very Good	Optimal	Marginal	Marginal	N/A to Case Type	Very Good	Needs Not Met
Meriden	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Marginal	Marginal	Poor	Poor	N/A to Case Type	Marginal	Needs Not Met
Meriden	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
Meriden	N/A to Case Type	Marginal	Marginal	Very Good	Optimal	Marginal	Optimal	Optimal	Poor	Very Good	Marginal	Needs Not Met

**Case Summaries for Outcome Measure 15 Categories by Area Office Assignment**

Area Office	Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Medical	Dental	Mental Health, Behavioral and Substance Abuse Services	Child's Current Placement	Education	Overall Score for Outcome Measure 15
Middletown	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Very Good	Very Good	Marginal	Marginal	N/A to Case Type	Marginal	Needs Not Met
Middletown	N/A to Case Type	Very Good	Marginal	Optimal	Marginal	Marginal	Very Good	Optimal	Marginal	Very Good	Very Good	Needs Not Met
Middletown	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Marginal	Optimal	Very Good	Very Good	Needs Met
New Britain	N/A to Case Type	Very Good	Marginal	Optimal	Marginal	Marginal	Very Good	Very Good	Marginal	Marginal	Marginal	Needs Not Met
New Britain	N/A to Case Type	Optimal	Marginal	Very Good	Optimal	Very Good	Very Good	Marginal	Marginal	Optimal	Very Good	Needs Not Met
New Britain	Very Good	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Optimal	Optimal	Optimal	Very Good	N/A to Case Type	N/A to Case Type	Needs Met
New Britain	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Marginal	Optimal	Optimal	Optimal	Needs Met
New Britain	N/A to Case Type	Very Good	Marginal	Optimal	Marginal	Marginal	Very Good	Optimal	Marginal	Marginal	Marginal	Needs Not Met
New Britain	Marginal	Marginal	Very Good	Very Good	N/A to Case Type	Marginal	Absent/Averse	Absent/Averse	Poor	Marginal	Absent/Averse	Needs Not Met



Area Office	Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Medical	Dental	Mental Health, Behavioral and Substance Abuse Services	Child's Current Placement	Education	Overall Score for Outcome Measure 15
New Britain	Optimal	N/A to Case Type	N/A to Case Type	Optimal	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Needs Met
New Britain	N/A to Case Type	Very Good	Optimal	Very Good	Optimal	Optimal	Very Good	Optimal	N/A to Case Type	Optimal	N/A to Case Type	Needs Met
New Haven Metro	Very Good	N/A to Case Type	N/A to Case Type	Very Good	Optimal	Optimal	Very Good	Optimal	Very Good	N/A to Case Type	Optimal	Needs Met
New Haven Metro	Marginal	N/A to Case Type	N/A to Case Type	Optimal	Very Good	Very Good	Marginal	Absent/Averse	Poor	N/A to Case Type	Poor	Needs Not Met
New Haven Metro	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Marginal	Optimal	Optimal	Very Good	Optimal	Optimal	Needs Not Met
New Haven Metro	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	N/A to Case Type	Needs Met
New Haven Metro	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	N/A to Case Type	Needs Met
New Haven Metro	N/A to Case Type	Optimal	Marginal	Very Good	Marginal	Marginal	Optimal	Very Good	Very Good	Optimal	Optimal	Needs Not Met
New Haven Metro	N/A to Case Type	Optimal	Marginal	Optimal	Marginal	Very Good	Marginal	Very Good	Very Good	Optimal	N/A to Case Type	Needs Not Met
New Haven Metro	N/A to Case Type	Very Good	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	Needs Met
Norwalk	N/A to Case Type	Poor	Marginal	Very Good	Marginal	Very Good	Marginal	Poor	Marginal	Marginal	Marginal	Needs Not Met

**Case Summaries for Outcome Measure 15 Categories by Area Office Assignment**

Area Office	Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Medical	Dental	Mental Health, Behavioral and Substance Abuse Services	Child's Current Placement	Education	Overall Score for Outcome Measure 15
Norwalk	Very Good	Optimal	Optimal	Optimal	Optimal	Marginal	Marginal	Optimal	N/A to Case Type	N/A to Case Type	N/A to Case Type	Needs Not Met
Norwich	N/A to Case Type	Very Good	Marginal	Optimal	Very Good	Marginal	Very Good	Marginal	Very Good	Marginal	Optimal	Needs Not Met
Norwich	N/A to Case Type	Optimal	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Very Good	Very Good	Optimal	Needs Met
Norwich	Very Good	N/A to Case Type	N/A to Case Type	Very Good	Very Good	Very Good	Optimal	Optimal	Very Good	N/A to Case Type	Optimal	Needs Met
Norwich	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	N/A to Case Type	Needs Met
Norwich	Optimal	N/A to Case Type	N/A to Case Type	Optimal	Optimal	Optimal	Very Good	Very Good	Very Good	N/A to Case Type	N/A to Case Type	Needs Met
Norwich	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	N/A to Case Type	Optimal	N/A to Case Type	Needs Met
Stamford	N/A to Case Type	Very Good	Marginal	Optimal	Marginal	Marginal	Optimal	Marginal	Very Good	Marginal	Very Good	Needs Not Met
Stamford	Very Good	N/A to Case Type	N/A to Case Type	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	N/A to Case Type	Very Good	Needs Not Met

Area Office	Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Medical	Dental	Mental Health, Behavioral and Substance Abuse Services	Child's Current Placement	Education	Overall Score for Outcome Measure 15
Torrington	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	N/A to Case Type	Needs Met
Torrington	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Optimal	Needs Met
Torrington	Marginal	N/A to Case Type	N/A to Case Type	Very Good	N/A to Case Type	Very Good	Marginal	Very Good	Marginal	N/A to Case Type	Very Good	Needs Not Met
Waterbury	N/A to Case Type	Optimal	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	Optimal	Optimal	Needs Met
Waterbury	N/A to Case Type	Marginal	Very Good	Very Good	Very Good	Marginal	Optimal	Very Good	Marginal	Very Good	Marginal	Needs Not Met
Waterbury	N/A to Case Type	Very Good	Marginal	Optimal	Marginal	Marginal	Very Good	Optimal	Very Good	Very Good	Optimal	Needs Not Met
Waterbury	N/A to Case Type	Very Good	Very Good	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Very Good	Very Good	Needs Met
Waterbury	N/A to Case Type	Very Good	Very Good	Optimal	N/A to Case Type	Marginal	Marginal	Optimal	N/A to Case Type	Marginal	N/A to Case Type	Needs Not Met
Waterbury	N/A to Case Type	Very Good	Optimal	Optimal	Optimal	Very Good	Optimal	Very Good	N/A to Case Type	Optimal	N/A to Case Type	Needs Met
Waterbury	Marginal	N/A to Case Type	N/A to Case Type	Very Good	Marginal	Very Good	Poor	Marginal	Marginal	N/A to Case Type	Poor	Needs Not Met

**Case Summaries for Outcome Measure 15 Categories by Area Office Assignment**

Area Office	Safety: In-Home	Safety: Child In Placement	Permanency: Securing the Permanent Placement - Action Plan for the Next Six Months	Permanency: DCF Case Mgmt - Legal Action to Achieve the Permanency Goal During the Prior Six Months	Permanency: DCF Case Mgmt - Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months	Permanency: DCF Case Mgmt - Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months	Medical	Dental	Mental Health, Behavioral and Substance Abuse Services	Child's Current Placement	Education	Overall Score for Outcome Measure 15
Willimantic	N/A to Case Type	Very Good	Poor	Very Good	Very Good	Very Good	Very Good	Marginal	Very Good	Optimal	Optimal	Needs Not Met
Willimantic	Optimal	N/A to Case Type	N/A to Case Type	Optimal	Optimal	Optimal	Optimal	Optimal	Very Good	N/A to Case Type	N/A to Case Type	Needs Met
Willimantic	N/A to Case Type	Optimal	Very Good	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Optimal	Needs Met
Willimantic	N/A to Case Type	Very Good	Very Good	Very Good	Optimal	Very Good	Optimal	Very Good	Very Good	Optimal	Optimal	Needs Met

### **Juan F. Action Plan**

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

A set of monitoring strategies for the Juan F. Action Plan were finalized by the Court Monitor. The monitoring strategies include regular meetings with the Department staff, the Plaintiffs, provider groups, and other stakeholders to focus on the impact of the action steps outlined in the Juan F. Action Plan; selected on-site visits with a variety of providers each quarter; targeted reviews of critical elements of the Juan F. Action Plan; ongoing analysis of submitted data reports; and attendance at a variety of meetings related to the specific initiatives and ongoing activities outlined in the Juan F. Action Plan. Targeted reviews will be undertaken that build upon the current methodology for Needs Met (Outcome Measure 15) and incorporate additional qualitative review elements including interviews with children and families, assigned DCF staff, service providers, and significant collaterals within cases reviewed. These reviews will inform the parties and promote practice improvement. These reviews will be developed and piloted beginning in September 2007, with staggered implementation occurring in the fourth quarter of 2007 and first quarter of 2008. The Monitor will continue to work closely with both parties to ensure that the reviews are targeted, integrated and results orientated.

Populations for targeted reviews under consideration:

- Children age 12 and under in congregate care settings
- Children receiving STAR/Shelter services
- Children receiving Therapeutic Group Home services
- Children with Another Planned Permanency Goal (APPLA)
- Children receiving Multi-Disciplinary Assessment of Permanency (MAP) and children requiring Permanency Planning Team services
- Children receiving Intensive Safety Planning Services (ISP)
- Placement stability of children within Private Foster Care service settings
- Child Adolescent Needs and Strengths (CANS) and Global Appraisal Individual Needs (GAINS) assessed children
- Children served by Individualized Community-based services

## **Juan F. Action Plan Summary**

### **Second Quarter Updates:**

- The Connecticut Behavioral Health Partnership Program study to determine the correlates between disruption of a first or second foster home placement and behavioral health utilization indications is currently underway. LINK data has been utilized to identify children who have disrupted. Value Options is conducting an analysis of the data to identify trends in the population for use in prioritizing behavioral health services and reducing the behavioral health crisis these children experience. A consultant associated with Wesleyan University has been contracted to assist Value Options. Results from this study are expected by January 2008.
- Local Area Development Plans (LADP) for 2008 are expected to be completed by January 2008. These plans identify goals and action steps designed to support local area system development and service expansion. These plans will focus on two major overarching goals: access to care and quality of care. Given the current system gridlock that exists it is essential that these plans be integrated within other needs assessment activities conducted by the Department to inform budget and implementation decisions.
- The use of CANS is an important improvement over previous methods of organizing information, but the variability in the quality of the Child and Adolescent Needs and Strengths inventory (CANS) continues to be problematic. Additional training is planned in the fall. A “train the trainer” curriculum is being provided for select area offices and DCF facilities. The Monitor’s observation at clinical rounds and reviews of a sample of submitted CANS indicates that continued focus is necessary related to ongoing assessment and organizational skills of Social Workers and Social Work Supervisors. Social Work staff must ensure that all relevant information is included in a CANS submission to enable a timely and appropriate match for each child’s treatment and placement needs. Issues related to the quality of CANS have resulted in the requirement for all submittals to be accompanied with supplemental clinical documents.

Plans to automate CANS matching activities, including bed “tracking”, have been proposed. Given the large number of meetings required each week to accomplish rounds, the proposed plan would be an appropriate investment. Valuable resources of both Value Options and DCF are currently being utilized to do pre-matching activities that the proposed plan could potentially alleviate.

The lack of timely submissions of CANS is a noted problem in cases where discharge delays occur. The various record reviews recently conducted by the Court Monitor indicated a number of cases where CANS were delayed within the Area Office, or had not been submitted, despite the obvious documented needs of the child.

- The Monitor continues to attend clinical rounds on a monthly basis. Rounds are held twice weekly to assist in managing the treatment placement needs of children. The Connecticut Behavioral Health Partnerships authorizes inpatient community based behavioral health services, and residential treatment and therapeutic group home level of care. Case management and home health services were recently added to the service array that require authorization through the CBHP.
- Attendance at clinical rounds, analysis of data and interview with stakeholders continues to confirm that substantial gridlock exists in the treatment and placement service array. Timely provision of appropriate service for children continues to be a challenge at all levels of care and services. Discharge delays at emergency departments, group homes, residential treatment centers, SAFE Homes and STAR/Shelters are routinely occurring. There is a tremendous need for additional foster care and adoptive resources. Wait lists for in-home services and outpatient services are standard throughout most area office catchment areas. The implementation of new legislation regarding Families with Service Needs (FWSN) children will likely increase the number of children requiring more intensive treatment and placement options and exacerbate the current gridlock situation.
- The targeted intervention at CCMC Emergency Department (ED) ended on June 30, 2007. The targeted intervention was successful in diverting youth from in-patient hospitalization. While the volume was diminished over the summer, there is an expectation that increased utilization of emergency departments will again occur this fall. While focus was centered on the ED population, system gridlock exists throughout the service array. Value Options staff continue to contact emergency departments daily to assess utilization of the ED services and whether assistance needs to be provided in identifying alternative resources. A six bed Child and Adolescent Rapid Emergency Stabilization Services (CARES) is planned to open in October. This unit will offer three day intensive diagnostic and triage services to youth from CCMC's Emergency Department. Recent analysis of youth utilizing emergency department services indicates that Intellectually Challenged/Pervasive Developmentally Delayed youth tend to stay the longest. A clear comprehensive strategy for providing timely services to this cohort of youth must emerge from this process.
- The overstay data submitted by the Department confirms information supplied to the Court Monitor by a variety of stakeholders. The Department has made little progress in reducing the number of children in overstay status in temporary placements such as SAFE Homes and Shelters. The number of children in STAR/Shelter placements greater than 60 days was 39 in August 2007 compared with 35 in November 2006. The number of children in SAFE Homes greater than 60 days was 100 in August 2007 and 79 in November 2006. While these views are point-in-time and would be better understood through comprehensive longitudinal views, it is very clear that overstays in

temporary placements regularly occur and that with few exceptions are not in the best interest of the children. Recent case reviews did find that some of the referenced children are being well served by way of a stable period of time in placement, but more remain well past the point that is therapeutically indicated for them, as they await appropriate treatment and services to be available to facilitate discharge.

Information shared by SAFE Home and STAR Shelter providers during meetings identifies children requiring higher levels of care as the typical overstay population. Reviews of samples of these populations will be undertaken in the coming months.

- As of August 2007, the number of children age 12 or younger in congregate care is 312. This is a decrease from the 343 in November 2006. Changes to the approval process for placement of this age cohort in congregate care has diminished the use of congregate care for new entries during the past quarter. However, it remains to be seen whether children's needs have been met once diverted from this level of treatment. The reviews undertaken by the Department to determine the appropriateness of young children currently in congregate care have not been as vigorous as needed. A small number (10-15) of youth 12 and younger were identified as discharge delayed and "stuck". Case conferences involving attendance by cross sections of the agency's bureaus have been held to facilitate viable plans for these children. Recent case reviews suggest that more children in this age group are discharge delayed and/or placed in more restrictive settings than necessary than the 15 that were identified. Given the total population of 312, there is a need for a more in-depth review.
- New clinical staff have been hired within the Department's Bureau of Behavioral Health. These staff will be working directly with residential providers, and in conjunction with Value Options staff will be making joint site visits to facility providers to conduct concurrent reviews. While the increased presence and communication by consultative teams with providers will help facilitate better communication with providers, treatment and discharge planning efforts are very dependent on adequate communication and coordination with area office staff (including Social Workers and Social Work Supervisors, Program Supervisors and Behavioral Health Program Director and ARG staff) and the availability of appropriate treatment and placement resources.
- Another example of increased integration by the Department is the scheduled visits with area office management teams by Central Office staff from the Bureau of Behavioral Health and the Bureau of Child Welfare, along with the Value Options staff. Despite these types of efforts to improve coordination and communication, utilization and program management of the current levels of care remains fragmented – Foster Homes (DCF and private) and SAFE Homes are managed by the Division of Foster Care, STAR and Shelters are



managed by the Bureau of Behavioral Health, Group Homes and Residential Treatment Facilities are managed by Connecticut Behavioral Health Therapeutic. Group Homes are managed by the Bureau of Behavioral Health (while CANS are submitted on behalf of children requiring therapeutic group homes, two managers within the Bureau of Behavioral Health Services are primarily responsible for the approvals and coordination with the providers) and Supportive Work Education and Transition Program (SWETP) and Community Housing Assistance Program (CHAP) and Community Housing Employment and Enrichment Program (CHEER) are managed by the Bureau of Adolescent Services. This management structure is further complicated by a myriad of oversight activities, inter-agency agreements, case conferences, concurrent reviews, Managed Service System (MSS) activities and ad hoc groups such as the Girls Network.

It is not surprising that many staff, especially Social Workers and Social Work Supervisors, are confused about the various processes, and their responsibility within this disconnected structure. Lack of clarity in communication and processes that are not seamless impact the timeliness of decisions and the quality and appropriateness of services provided to children. A lack of competent understanding of the array of services available and the procedures for each of the services and processes is currently unavoidable. Each of the management structures listed above has a unique way of organizing their process. Individual information required, approval procedures, assessment protocols, communication forums, outcomes, agency, program, and provider responsibilities vary. Standards and expectations are not always well articulated, understood or recognized across bureaus and ad hoc processes. A consolidated agency remains the most viable structure to address children's needs holistically but an overarching umbrella must align all the distinct and separate management structures currently in place. Similarly, efficient use of staff such as Intensive Case Managers, Enhanced Care Coordinators, psychologists, facility staff, Behavioral Health Program Directors, and ARG staff will require better coordination and a singular oversight within the framework. Observation by the Court Monitor's staff and interviews with DCF staff and external stakeholders indicate that along with sufficient resources the need for clarity of roles and functions in the various processes is a principal barrier to providing timely and appropriate service.

- Ten STAR homes are open and at full capacity. Three of the final four have been procured. One STAR home is set to open in October and two more are to open in December or January. The two shelter programs will continue to operate under current contract specifications until the transition is complete in 2008. Providers indicate that specific overstays of children in their programs involve children who require higher levels of care.

- A series of inclusive meetings facilitated and coordinated by the Division of Foster Care Services has continued between DCF and SAFE Home Providers. A great deal of progress has been made in understanding the current strengths and weaknesses of this service. While little additional funding is currently anticipated to address changes to the SAFE Homes model, it appears that these meetings have facilitated an open and evolving discussion of a wide range of issues.
- The Division of Foster Care monthly report for June 2007 indicates that as of June 2007 there were 1223 licensed foster homes with 2534 beds available. This is a net loss/gain of 14 homes and 21 beds from the previous quarter. Clearly, increases in foster care and adoptive resources are an essential component to address the well documented needs of children and ease system gridlock conditions that exist. Area Offices routinely struggle to find appropriate foster care placement options for children requiring that level of care. Situations of children waiting in offices or being placed for one night at a time continue to occur. In addition, children languish in higher levels of care waiting for a foster or adoptive resource. Activities this quarter have included continued consultation with external experts regarding a planned redesign for the foster care system.

The Division of Foster Care anticipates releasing an RFI to solicit input on how to proceed. Subsequently, an RFP will be released that will pinpoint system changes including standardized assessments, practice expectations within the levels of care and performance based outcome measures. Transition planning will be critical in order to prevent disruptions of children. Use of a common assessment tool such as CANS and creation of a central referral point will assist in improving both matching and identification of services to meet the needs of children requiring specialized foster care services. There has been considerable work done to improve the uniformity of data collected from private foster care providers. These ambitious enhancements include additional administrative data elements and child specific information. The Department has assigned two QID staff to look at areas of concerns. Our office will work collaboratively with OFAS as resources allow. Recent case reviews by the Court Monitor found a lack of essential information in cases where children are served by the private provider network. Disruptions, respite activities, and training of these family resources are not located in the DCF case records.

There are a number of proposed non-fiscal contract changes that will be finalized shortly and forwarded to the Director of the Division of Foster Care Services and the Bureau Chief of Child Welfare for approval.

- Residential data provided at the Behavioral Health Partnership meeting in September indicates that as of August 31, 2007, 104 children were waiting discharge from residential care. These children were primarily waiting for foster care (various levels). As of September 1, 2007 there were 202 children

waiting to access residential treatment centers. Of these, 146 were matched but waiting for a bed to become available (typically this is a 30-day timeframe). Facilities that can address psychiatric treatment with complex needs, psychiatric treatment for juvenile justice populations and facilities to serve children who are intellectually challenged/pervasive developmentally delayed are primarily needed for the 56 children not matched as of September 1, 2007.

- The value of partnerships and the Managed Service Systems (MSS) process was demonstrated during a recent meeting in New Britain attended by the Court Monitor. Creative service solutions were developed during the course of this meeting. The willingness by private providers to step forward and extend their services in a collaborative manner was heartening and a testimony to each professional's commitment to the best interests of the children. Each area office has a unique MSS and as witnessed during the Monitor's visits to these meetings they continue to find creative solutions to enhance communication, address system issues, and cope with a lack of resources. As indicated in another section of this summary, the challenge is to connect these local collaborations between DCF and providers with other system processes.
- Despite occasional neighborhood opposition, many therapeutic group homes have been implemented in a timely manner. Approximately ten more homes to serve specific cohorts of children are still in development. The total bed capacity for therapeutic group homes is 265. The current authorization process attempts to ensure that only those children that require therapeutic group home care are reauthorized. The rules regarding Nexus (only one non-nexus child may be placed in a therapeutic group home), may influence placement of some children that do not require a group home level of treatment. It is essential that this level of care be utilized only by those children that require this treatment and placement option.
- Recent case reviews and interviews with external stakeholders have revealed that efforts to pursue preferred permanency goals for these older children seem to cease or diminish upon placement in these therapeutic group homes even though the preferred goals are still viable. Movement of younger children out of most therapeutic group homes is occurring, though not always in a timely manner. However some of these children are returning to the same group home when attempts at foster care have disrupted.
- Another Planned Permanent Living Arrangement (APPLA) is not a preferred permanency goal and far too many children currently have this permanency goal. The Department implemented changes to the selection of an (APPLA) goal and this has meant some improvement in setting appropriate goals for children. There are currently 1300 children with an APPLA goal (pre-TPR and post-TPR). This number has been declining. Approximately 200 of these children currently reside with an identified relative unwilling to take legal custody of the child in their care. Recent case reviews suggest many of these children with APPLA goals should have different or concurrent permanency goals pursued. Efforts by the Bureau Chief and Central Office Manager to meet with each area office individually regarding permanency issues is focusing work on cohorts of children whose permanency needs are not currently being met. Quarterly reviews of treatment plans and children's needs being met have indicated that children with APPLA goals tend to not have their overall needs met at a higher rate than those with preferred permanency goals.

- There has been mixed results on the Department's progress in addressing the permanency review is called for in the *Juan F. Action Plan*. The Department's effort in conducting a series of reviews outlined below has been uneven and the rigor and focus by individual area offices has varied. Written documentation regarding the reviews has not been submitted to this office to confirm area office efforts. The update below reflects data submitted by the Department as of July 19, 2007.
1. Child pre-TPR + in care > 3 months with no permanency goal (N=67) as of November 2006.  
Goal = 0 by 3/1/07.  
*As of August 2007 there are 16 children.*
  1. Child pre-TPR + goal of adoption + in care > 12 months + no compelling reason for not filing TPR (N=70) as of November 2006.  
Goal = 0 by 4/1/07.  
*As of August 2007 there are 156 children.*
  2. Child post-TPR + goal of adoption + in-care > 12 months + no resource barrier identified (N=90) as of November 2006.  
Case reviews are required by 7/1/07.  
*As of August 2007 there are 147 children.*
  3. Child post-TPR + goal of adoption + in care > 12 months + same barrier to adoption in place > 90 days (N=169) as of November 2006.  
Reviews to be completed by May 2007 with monthly reviews for any case meeting this criteria thereafter.  
*As of August 2007 there are 119 children.*
  4. Child post-TPR + goal other than adoption (N=357) as of November 2006.  
This is monitored to determine why our practice results in filing TPR on cases that do not have adoption as the goal.  
*As of August 2007 there are 344 children.*
  5. Child pre-TPR + no TPR filed + in care < 6 months + goal of adoption. (N=18) as of November 2006.  
Goal: understanding why these cases occur.  
*As of August 2007 there are 12 children.*
  6. Child pre-TPR + goal of reunification + in care > 12 months (N=550) as of November 2006.  
Case reviews to verify appropriateness of permanency plan to be completed by 7/1/07.  
*As of August 2007 there are 558 children in this population.*

7. Child pre-TPR + goal other than adoption or reunification + in care > 12 months -- transfer of guardianship cases (N=133) as of November 2006. Case reviews to verify appropriateness of permanency plan to be completed by 7/1/07.  
*As of August 2007 there are 182 children in this population.*
  
8. Child pre-TPR + goal other than adoption or reunification + in care > 12 months -other than transfer of guardianship cases (N=939) as of November 2006. Case reviews to verify appropriateness of permanency plan to be completed by 9/1/07. *As of August 2007 there are 1151 children in this population to be reviewed by 7/1/07.*
  - An initial plan for redesign of the Emergency Mobile Psychiatric Services (EMPS) has been developed. A series of forums with key stakeholders including families, providers, agency executives and DCF staff were held to obtain input on model development. Over \$900,000 of additional funds have been allocated in the current budget. The Department anticipates completing the reprocurement of this redesigned EMPS by the end of the 2008 fiscal year.
  - A recent review of Family Support Teams (FST) concluded that children at risk of out-of-home placement were successfully diverted to community based care 64% of the time through use of Family Support Teams. However, treatment Foster Care contacts associated with Family Support Teams was recently discontinued in part due to low recruitment numbers to fulfill contract obligations. There are plans to develop and improve a model of care, Quality Assurance programming and training for FST to identify and improve outcomes for families.
  - An expanded Memorandum of Understanding (MOU) has been completed between the DCF Commissioner and UCONN to allow a more community-based approach to services. The MOU allows UCONN to manage the post adoption Permanency Planning Services Program (PPSP), as well as conduct an evaluation of the Post-Adoption Community/Consortium Network in Connecticut.
  - Additional training for Ongoing Services will be commenced on Structured Decision Making (SDM). Case readings for SDM by Social Work Supervisors (SWS) and Program Supervisors (PS) as a formal process under the tutelage of the Children's Research Center is now underway. Investigations case reading training for Structured Decision Making (SDM) is complete. SDM training for all new trainees is being assumed by the Training Academy, and the process to develop and promulgate policy on SDM has begun. External stakeholders including Judges were provided with initial training to bring them on board. Recent case reviews show a gradual incorporation of SDM into existing cases into SDM format is ongoing.

- Analysis of the Family Conference (FC) data has been submitted by consultant Mark Horwitz, PhD, MSW. This report includes data on FC implementation during the period of April 1, 2006 through September 30, 2006. Findings show that the Department has made significant strides in implementing the model. However, there are fluctuations in the consistency and quality of the documentation between the area offices. Goals and Action Steps – clearly the largest areas of weakness identified in the Outcome Measure 3 review also seems to plague the family conference agenda and documentation practice. While workers are showing progress in following the outline of the agenda proposed by the model, they are less inclined to document identified goals for the participants/family than any other area within the agenda. Only 58% of the cases with FC documented such goals. Additional efforts are underway to develop mentoring activities and introduce a training video for staff statewide.
  
- Of the 345 family conferences held during the two quarters:
  - 89% of the FC resulted in a family agreement
  - 61.2% FC were in conjunction with treatment planning activities
  - 38.8% FC were event driven conferences held outside of treatment planning activities.
  - 270 FC were for in-home family cases, and 75 FC were for children in placement.
  - In many instances multiple purposes were served by the meeting. These included added elements such as supporting a placement to avoid disruption, supporting families to alleviate stress, period of crisis, reduce risks to allow the family to remain intact within the home setting, and aftercare/discharge planning at the point of case closure.
  - Most FC involved two to three nonprofessional attendees, but documentation shows a range of involvement up to six attendees. Most frequently the agreements identified a willingness to provide: emotional support (89%), transportation (52%), respite or placement (40%), supervised visitation (35%), and financial support (31%).
  - When anonymously surveyed, participants identified the FC meeting as being “more helpful” than other/past DCF meetings held. This was determined via a five point scale question resulting in a mean of 4.02 across all participants.
  
- The Monitor’s Office and the Department have continued to collaborate to develop a report that includes longitudinal and point-in-time data that is relevant to the permanency placement, treatment, and action steps outlined in the *Juan F. Action Plan*. The Department has submitted additional point-in-time data to address the nine permanency goals outlined in the *Juan F. Action Plan*. Additional work is required by the Monitor to reconcile the two streams of data that exist regarding these nine issues. Available data has been reviewed and incorporated into the quarterly report. Following is the *Juan F. Action Plan* Monitoring Report for the second Quarter 2007.

**JUAN F. ACTION PLAN MONITORING REPORT**  
**AUGUST 2007**

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

**A. PERMANENCY ISSUES**

**Progress Towards Permanency:**

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

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

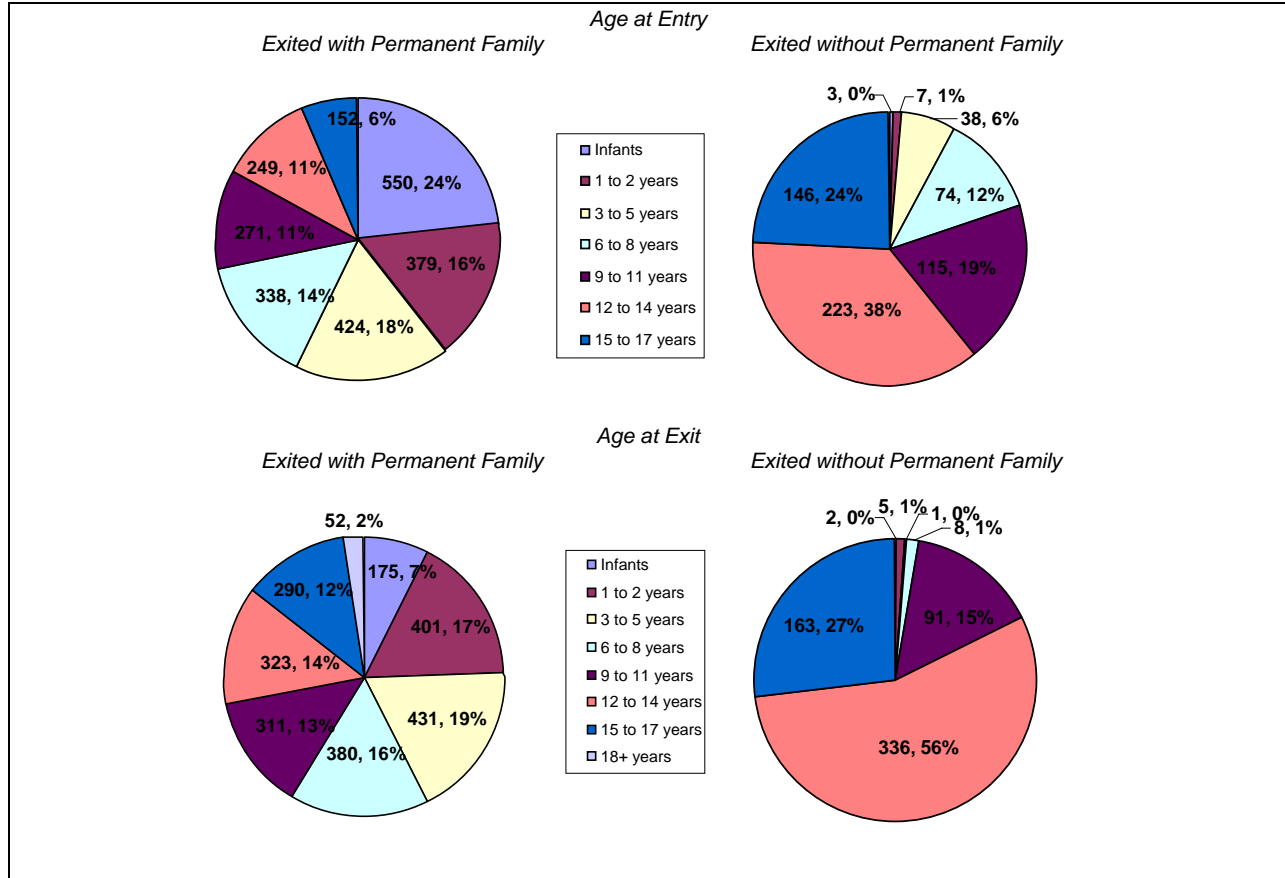
	Period of Entry to Care					
	2002	2003	2004	2005	2006	2007
<b>Total Entries</b>	3104	3539	3201	3080	3389	1443
<b>Permanent Exits</b>						
<i>In 1 yr</i>	1183 38%	1397 39%	1221 38%	1082 35%	1094 32%	272 19%
<i>In 2 yrs</i>	1642 53%	2063 58%	1789 56%	1606 52%	1194 35%	
<i>In 3 yrs</i>	1967 63%	2367 67%	2040 64%	1631 53%		
<i>In 4 yrs</i>	2136 69%	2508 71%	2071 65%			
<b>To Date</b>	2209 71%	2520 71%	2071 65%	1631 53%	1194 35%	272 19%
<b>Non-Permanent Exits</b>						
<i>In 1 yr</i>	273 9%	248 7%	231 7%	282 9%	233 7%	45 3%
<i>In 2 yrs</i>	331 11%	319 9%	303 9%	356 12%	244 7%	
<i>In 3 yrs</i>	364 12%	365 10%	355 11%	358 12%		
<i>In 4 yrs</i>	403 13%	389 11%	357 11%			
<b>To Date</b>	433 14%	389 11%	357 11%	358 12%	244 7%	45 3%
	Period of Entry to Care					
	2002	2003	2004	2005	2006	2007
<b>Unknown Exits</b>						
<i>In 1 yr</i>	111 4%	158 4%	135 4%	134 4%	91 3%	10 1%



	<b>Period of Entry to Care</b>					
	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Total Entries</b>	3104	3539	3201	3080	3389	1443
<b>In 2 yrs</b>	141 5%	200 6%	188 6%	158 5%	95 3%	
<b>In 3 yrs</b>	167 5%	231 7%	213 7%	161 5%		
<b>In 4 yrs</b>	190 6%	251 7%	213 7%			
<b>To Date</b>	202 7%	251 7%	213 7%	161 5%	95 3%	10 1%
<b>Remain In Care</b>						
<b>In 1 yr</b>	1537 50%	1736 49%	1614 50%	1582 51%	1971 58%	1116 77%
<b>In 2 yrs</b>	990 32%	957 27%	921 29%	960 31%	1856 55%	
<b>In 3 yrs</b>	606 20%	576 16%	593 19%	930 30%		
<b>In 4 yrs</b>	375 12%	391 11%	560 17%			
<b>To Date</b>	260 8%	379 11%	560 17%	930 30%	1856 55%	1116 77%

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

**FIGURE 2: CHARACTERISTICS OF CHILDREN EXITING WITH AND WITHOUT PERMANENCY (2006 EXIT COHORT)**



**Permanency Goals:**

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

**FIGURE 3: DISTRIBUTION OF PERMANENCY GOALS ON THE PATH TO PERMANENCY (CHILDREN IN CARE ON AUGUST 7, 2007)**

<b>Is the child legally free (his or her parents' rights have been terminated)?</b>			
<b>Yes</b> <b>935</b>	<b>No</b> ↓ <b>4,817</b>		
<i>Goals of:</i>	<b>Has the child been in care more than 15 months?</b>		
602 (64%) Adoption	<b>No</b> <b>2,220</b>	<b>Yes</b> ↓ <b>2,597</b>	
290 (31%) APPLA	<b>Has a TPR proceeding been filed?</b>		
18 (1.9%) Reunify	<b>Yes</b> <b>602</b>	<b>No</b> ↓ <b>1995</b>	
15 (1.6%) Relatives	<i>Goals of:</i>	<b>Is a reason documented not to file TPR?</b>	
10 (1%) BLANK	326 (54%) Adoption	<b>Yes</b> <b>1,626</b>	<b>No</b> <b>369</b>
	194 (32%) APPLA	<i>Goals of:</i>	<i>Documented Reasons:</i>
	50 (8%) Reunify	99 (6%) Adoption	74% Compelling Reason
	13 (2%) Relatives	960 (59%) APPLA	16% Child is with relative
	17 (0%) Trans. of Guardian:	277 (17%) Reunify	5% Petition in process
	Sub/Unsub	170 (10%) Relatives	6% Service not provided
	2 (0%) BLANK	115 (8%) Trans. of Guardian:	
		Sub/Unsub	
		5 (0%) BLANK	
			<i>Goals of:</i>
			16 (4%) Adoption
			166 (45%) APPLA
			150 (41%) Reunify
			7 (2%) Relatives
			25 (7%) Trans. of Guardian:
			Sub
			5 (1%) BLANK

**Preferred Permanency Goals:**

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

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

<b>Adoption</b>	<b>Nov 2006</b>	<b>March 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>August 2007</b>
Total number of children with Adoption goal, pre-TPR and post-TPR	1199	1304	1319	1335	1303
Number of children with Adoption goal, pre-TPR	646	685	707	733	701
Number of children with Adoption goal, TPR not filed, >= 15 months in care	129	111	118	130	115

<b>Adoption</b>	<b>Nov 2006</b>	<b>March 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>August 2007</b>
• Reason TPR not filed, Compelling Reason	16	23	23	25	18
• Reason TPR not filed, petitions in progress	44	56	62	62	50
• Reason TPR not filed , child is in placement with relative	8	13	14	16	18
• Reason TPR not filed, services needed not provided	2	6	9	11	13
• Reason TPR not filed, blank	59	13	10	16	16
Number of cases with Adoption goal post-TPR	553	619	612	602	602
• Number of children with Adoption goal, post-TPR, in care >= 15 months	524	576	571	562	572
• Number of children with Adoption goal, post-TPR, in care >= 22 months	461	491	494	489	490
Number of children with Adoption goal, post-TPR, no barrier, > 3 months since TPR	62	88	93	79	57
Number of children with Adoption goal, post-TPR, with barrier, > 3 months since TPR	269	307	319	334	338
Number of children with Adoption goal, post-TPR, with blank barrier, > 3 months since TPR	75	62	75	69	71

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

**Non-Preferred Permanency Goals:**

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

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

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

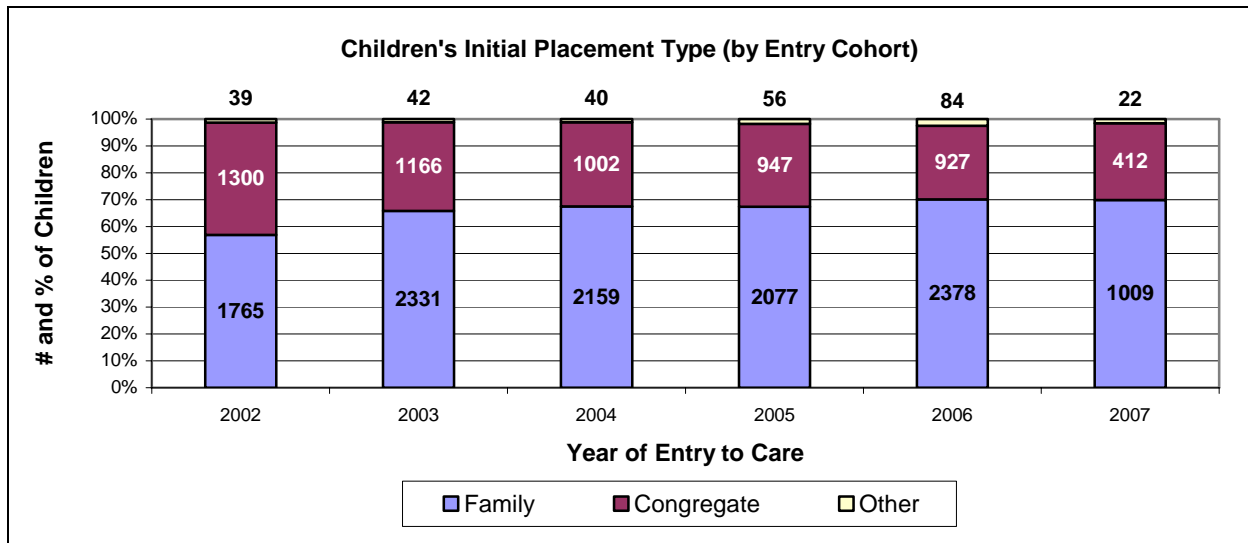
**Missing Permanency Goals:**

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

## B. PLACEMENT ISSUES

### Placement Experiences of Children:

The following chart shows the change in use of family and congregate care for admission cohorts between 2002 and 2007.

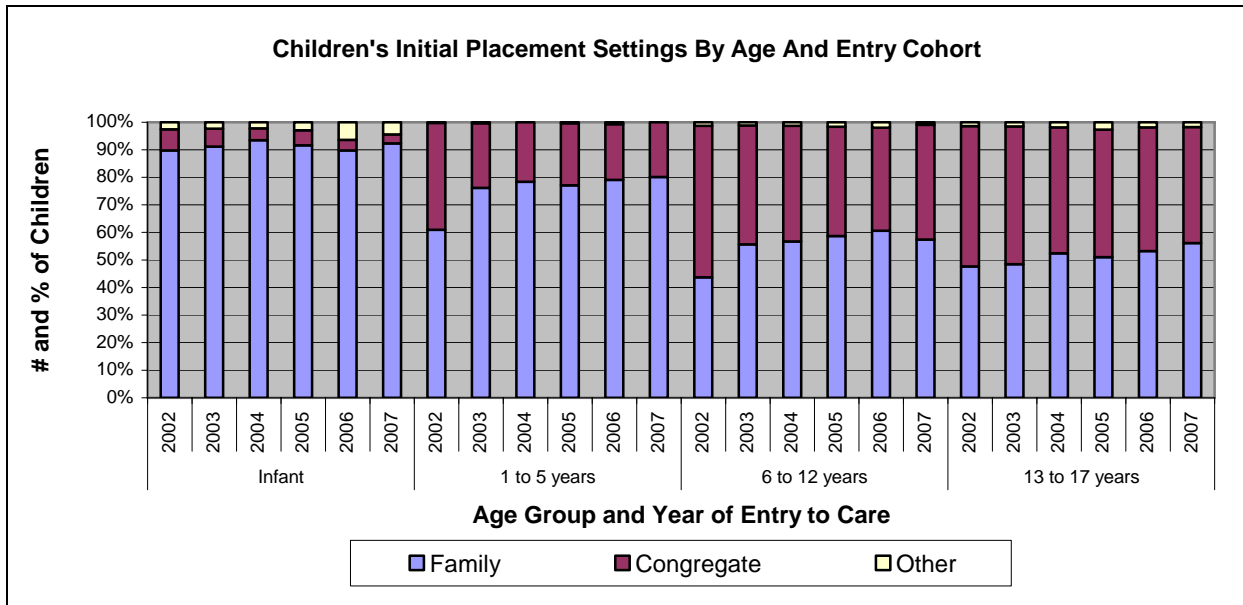


The next table shows specific care types used month-by-month for entries between July 2006 and June 2007.

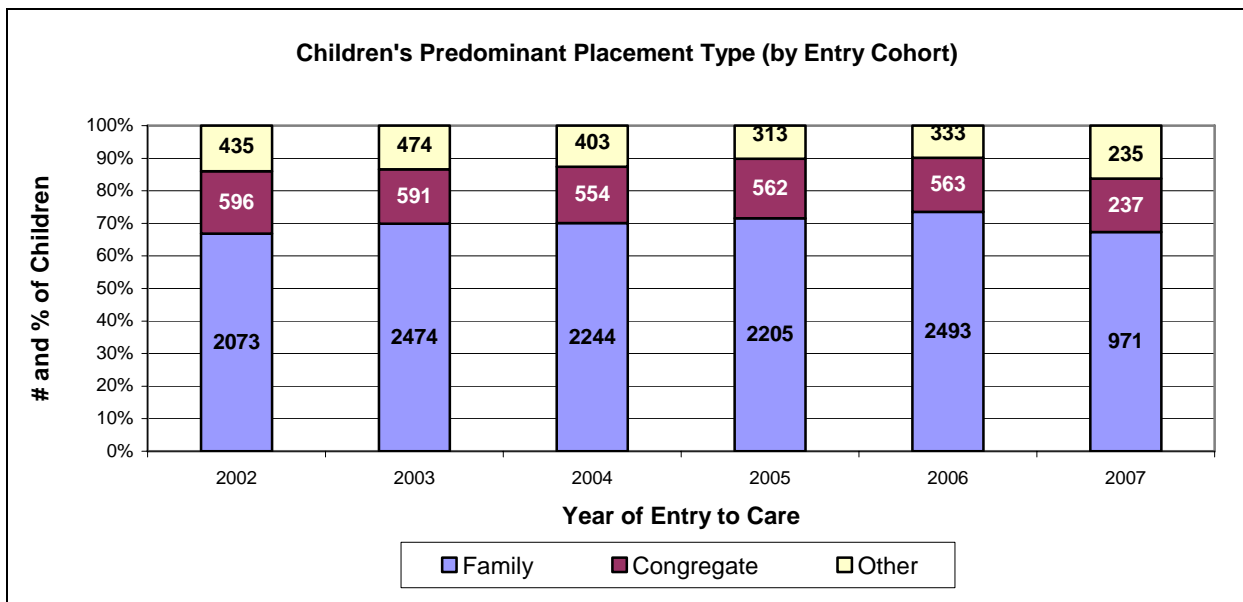
Case Summaries

First placement type	enter Jul06	enter Aug06	enter Sep06	enter Oct06	enter Nov06	enter Dec06	enter Jan07	enter Feb07	enter Mar07	enter Apr07	enter May07	enter Jun07
Residential	N 26 % 9.4%	N 29 % 8.1%	N 26 % 9.0%	N 17 % 7.5%	N 24 % 10.0%	N 21 % 10.2%	N 28 % 8.8%	N 15 % 7.0%	N 22 % 7.9%	N 15 % 7.5%	N 20 % 9.0%	N 18 % 8.5%
DCF Facilities	N 4 % 1.4%	N 8 % 2.2%	N 7 % 2.4%	N 3 % 1.3%	N 4 % 1.7%	N 5 % 2.4%	N 4 % 1.3%	N 1 % .5%	N 4 % 1.4%	N 1 % .5%	N 4 % 1.8%	
Foster Care	N 160 % 57.6%	N 184 % 51.5%	N 140 % 48.3%	N 108 % 47.8%	N 114 % 47.3%	N 109 % 52.9%	N 147 % 46.1%	N 116 % 54.0%	N 129 % 46.6%	N 111 % 55.8%	N 117 % 52.9%	N 110 % 51.9%
Group Home	N 6 % 2.2%	N 5 % 1.4%	N 2 % .7%	N 6 % 2.7%	N 1 % .4%	N 4 % 1.9%	N 4 % 1.3%		N 3 % 1.1%	N 3 % 1.5%		N 6 % 2.8%
Independent Living	N %			N 2 % .9%						N 1 % .5%	N 1 % .5%	
Relative Care	N 43 % 15.5%	N 69 % 19.3%	N 41 % 14.1%	N 38 % 16.8%	N 35 % 14.5%	N 37 % 18.0%	N 69 % 21.6%	N 32 % 14.9%	N 46 % 16.6%	N 20 % 10.1%	N 34 % 15.4%	N 33 % 15.6%
Medical	N 7 % 2.5%	N 7 % 2.0%	N 13 % 4.5%	N 7 % 3.1%	N 7 % 2.9%	N 5 % 2.4%	N 3 % .9%	N 2 % .9%	N 6 % 2.2%	N 3 % 1.5%	N 5 % 2.3%	N 1 % .5%
Safe Home	N 18 % 6.5%	N 26 % 7.3%	N 41 % 14.1%	N 30 % 13.3%	N 39 % 16.2%	N 12 % 5.8%	N 45 % 14.1%	N 29 % 13.5%	N 42 % 15.2%	N 23 % 11.6%	N 27 % 12.2%	N 28 % 13.2%
Shelter	N 11 % 4.0%	N 14 % 3.9%	N 13 % 4.5%	N 5 % 2.2%	N 6 % 2.5%	N 12 % 5.8%	N 9 % 2.8%	N 9 % 4.2%	N 19 % 6.9%	N 16 % 8.0%	N 9 % 4.1%	N 8 % 3.8%
Special Study	N 3 % 1.1%	N 15 % 4.2%	N 7 % 2.4%	N 10 % 4.4%	N 11 % 4.6%	N 1 % .5%	N 10 % 3.1%	N 11 % 5.1%	N 6 % 2.2%	N 6 % 3.0%	N 4 % 1.8%	N 8 % 3.8%
Total	N 278 % 100.0%	N 357 % 100.0%	N 290 % 100.0%	N 226 % 100.0%	N 241 % 100.0%	N 206 % 100.0%	N 319 % 100.0%	N 215 % 100.0%	N 277 % 100.0%	N 199 % 100.0%	N 221 % 100.0%	N 212 % 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 predominant placement type at time of admission the 2002 through 2007 admission cohorts.



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



Case Summaries

Last placement type in spell (as of censor date)		exit Jul06	exit Aug06	exit Sep06	exit Oct06	exit Nov06	exit Dec06	exit Jan07	exit Feb07	exit Mar07	exit Apr07	exit May07	exit Jun07
Residential	N	23	36	21	16	16	22	27	7	15	10	11	26
	%	8.6%	9.1%	8.3%	6.8%	6.5%	8.2%	12.1%	3.4%	5.0%	4.9%	4.3%	9.6%
DCF Facilities	N	3	5	6	4	4	3	2	3	4	4	1	3
	%	1.1%	1.3%	2.4%	1.7%	1.6%	1.1%	.9%	1.4%	1.3%	2.0%	.4%	1.1%
Foster Care	N	136	194	122	98	113	127	86	102	116	93	148	138
	%	50.7%	48.9%	48.0%	41.4%	45.6%	47.2%	38.6%	49.3%	38.7%	45.8%	57.4%	51.1%
Group Home	N	14	16	13	10	10	8	8	10	7	10	10	9
	%	5.2%	4.0%	5.1%	4.2%	4.0%	3.0%	3.6%	4.8%	2.3%	4.9%	3.9%	3.3%
Independent Living	N	4	8	3	3	6	3	6	2	4	4	3	2
	%	1.5%	2.0%	1.2%	1.3%	2.4%	1.1%	2.7%	1.0%	1.3%	2.0%	1.2%	.7%
Relative Care	N	61	83	60	71	63	82	55	56	104	54	53	65
	%	22.8%	20.9%	23.6%	30.0%	25.4%	30.5%	24.7%	27.1%	34.7%	26.6%	20.5%	24.1%
Medical	N	1	1		1	3	2				1	1	
	%	.4%	.3%		.4%	1.2%	.7%				.5%	.4%	
Safe Home	N	12	15	4	19	15	5	19	13	18	8	16	13
	%	4.5%	3.8%	1.6%	8.0%	6.0%	1.9%	8.5%	6.3%	6.0%	3.9%	6.2%	4.8%
Shelter	N	4	13	9	8	8	4	3	9	13	10	8	4
	%	1.5%	3.3%	3.5%	3.4%	3.2%	1.5%	1.3%	4.3%	4.3%	4.9%	3.1%	1.5%
Special Study	N	9	24	15	5	10	12	14	5	14	9	7	9
	%	3.4%	6.0%	5.9%	2.1%	4.0%	4.5%	6.3%	2.4%	4.7%	4.4%	2.7%	3.3%
Unknown	N	1	2	1	2		1	3		5			1
	%	.4%	.5%	.4%	.8%		.4%	1.3%		1.7%			.4%
Total	N	268	397	254	237	248	269	223	207	300	203	258	270
	%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The next chart shows the primary placement type for children who were in care on June 30, 2007 organized by length of time in care.

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

			Duration Category						Total	
			1 <= durat < 30	30 <= durat < 90	90 <= durat < 180	180 <= durat < 365	365 <= durat < 545	545 <= durat < 1095		more than 1095
Primary type of spell (>50%)	Residential	Count	17	32	63	115	121	127	205	680
		% of Row	2.5%	4.7%	9.3%	16.9%	17.8%	18.7%	30.1%	100.0%
		% of Column	9.4%	9.2%	11.0%	11.7%	13.6%	10.1%	11.7%	11.4%
	DCF Facilities	Count	0	4	6	19	10	14	10	63
		% of Row	.0%	6.3%	9.5%	30.2%	15.9%	22.2%	15.9%	100.0%
		% of Column	.0%	1.2%	1.1%	1.9%	1.1%	1.1%	.6%	1.1%
	Foster Care	Count	83	152	224	436	437	646	1024	3002
		% of Row	2.8%	5.1%	7.5%	14.5%	14.6%	21.5%	34.1%	100.0%
		% of Column	45.9%	43.9%	39.2%	44.4%	49.0%	51.3%	58.4%	50.2%
	Group Home	Count	5	2	5	18	16	45	48	139
		% of Row	3.6%	1.4%	3.6%	12.9%	11.5%	32.4%	34.5%	100.0%
		% of Column	2.8%	.6%	.9%	1.8%	1.8%	3.6%	2.7%	2.3%
	Independent Living	Count	0	2	0	2	1	10	4	19
		% of Row	.0%	10.5%	.0%	10.5%	5.3%	52.6%	21.1%	100.0%
		% of Column	.0%	.6%	.0%	.2%	.1%	.8%	.2%	.3%
	Relative Care	Count	29	67	125	255	207	222	154	1059
		% of Row	2.7%	6.3%	11.8%	24.1%	19.5%	21.0%	14.5%	100.0%
		% of Column	16.0%	19.4%	21.9%	26.0%	23.2%	17.6%	8.8%	17.7%
	Medical	Count	1	4	6	6	3	0	3	23
		% of Row	4.3%	17.4%	26.1%	26.1%	13.0%	.0%	13.0%	100.0%
% of Column		.6%	1.2%	1.1%	.6%	.3%	.0%	.2%	.4%	
Mixed (none >50%)	Count	1	1	4	19	23	100	231	379	
	% of Row	.3%	.3%	1.1%	5.0%	6.1%	26.4%	60.9%	100.0%	
	% of Column	.6%	.3%	.7%	1.9%	2.6%	7.9%	13.2%	6.3%	
Safe Home	Count	24	43	78	42	25	14	5	231	
	% of Row	10.4%	18.6%	33.8%	18.2%	10.8%	6.1%	2.2%	100.0%	
	% of Column	13.3%	12.4%	13.7%	4.3%	2.8%	1.1%	.3%	3.9%	
Shelter	Count	10	23	32	19	6	5	0	95	
	% of Row	10.5%	24.2%	33.7%	20.0%	6.3%	5.3%	.0%	100.0%	
	% of Column	5.5%	6.6%	5.6%	1.9%	.7%	.4%	.0%	1.6%	
Special Study	Count	6	13	24	38	36	72	54	243	
	% of Row	2.5%	5.3%	9.9%	15.6%	14.8%	29.6%	22.2%	100.0%	
	% of Column	3.3%	3.8%	4.2%	3.9%	4.0%	5.7%	3.1%	4.1%	
Unknown	Count	5	3	4	13	6	4	14	49	
	% of Row	10.2%	6.1%	8.2%	26.5%	12.2%	8.2%	28.6%	100.0%	
	% of Column	2.8%	.9%	.7%	1.3%	.7%	.3%	.8%	.8%	
Total	Count	181	346	571	982	891	1259	1752	5982	
	% of Row	3.0%	5.8%	9.5%	16.4%	14.9%	21.0%	29.3%	100.0%	
	% of Column	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	

**Congregate Care Settings:**

<b>Placement Issues</b>	<b>Nov 2006</b>	<b>March 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>August 2007</b>
Total number of children 12 years old and under, in Congregate Care	343	336	317	319	312
• Number of children 12 years old and under, in DCF Facilities	21	20	18	17	10
• Number of children 12 years old and under, in Group Homes	54	50	51	53	50
• Number of children 12 years old and under, in Residential	92	80	70	71	70
• Number of children 12 years old and under, in SAFE Home	148	153	145	146	139
• Number of children 12 years old and under, in Permanency Diagnostic Center	17	18	18	17	15
• Number of children 12 years old and under in MH Shelter	11	15	15	15	10
Total number of children ages 13-17 in Congregate Placements	1039	988	989	982	967

**Use of SAFE Homes, Shelters and PDCs:**

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

	<b>Period of Entry to Care</b>					
	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Total Entries</b>	<b>3104</b>	<b>3539</b>	<b>3201</b>	<b>3080</b>	<b>3389</b>	<b>1443</b>
<b>SAFE Homes &amp; PDCs</b>	730 24%	629 18%	453 14%	391 13%	395 12%	194 13%
<b>Shelters</b>	166 5%	132 4%	147 5%	176 6%	111 3%	70 5%
<b>Total</b>	<b>896 29%</b>	<b>761 22%</b>	<b>600 19%</b>	<b>567 18%</b>	<b>506 15%</b>	<b>264 18%</b>

	<b>Period of Entry to Care</b>					
	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Total Initial Plcmnts</b>	896	761	600	567	506	264
<= 30 days	351 39%	308 40%	249 42%	241 43%	184 36%	101 38%
31 - 60	285 32%	180 24%	102 17%	112 20%	73 14%	54 20%
61 - 91	106 12%	119 16%	81 14%	75 13%	86 17%	48 18%
92 - 183	103 11%	106 14%	125 21%	100 18%	116 23%	61 23%
184+	51 6%	48 6%	43 7%	39 7%	47 9%	0 0%

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

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

**Time in Residential Care:**

<b>Placement Issues</b>	<b>Nov 2006</b>	<b>March 2007</b>	<b>May 2007</b>	<b>June 2007</b>	<b>August 2007</b>
Total number of children in Residential care	668	675	674	685	657
• Number of children in Residential care, >= 12 months in Residential placement	214	215	226	232	227
• Number of children in Residential care, >= 60 months in Residential placement	6	6	7	7	6

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

**Foster/Adoption Recruitment and Retention.**

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

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<sup>10</sup> Excludes beds within relative, special study, independent, and adoption only homes.

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

# *Juan F. v Rell* Exit Plan

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

**Exit Plan Outcome Measures  
Summary Report  
Second Quarter 2007  
April 1, 2007-June 30, 2007**

**August 2007**

Submitted by:  
Department of Children and Families  
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**Exit Plan Outcome Measures  
Summary Report  
Second Quarter 2007  
August 2007**

The Department is proud to submit to the Court Monitor our Second Quarter 2007 Exit Plan Report. This quarter's report demonstrates the Department's continued commitment to improving our work with children and families, particularly in the areas of safety and permanency. With good case practice as the driver for improvement, this report demonstrates the Department's success in ensuring safety and achieving permanency, as well as our focus on meeting the needs of the children and families we serve. The report indicates that the Department has met 17 out of the 20 measures during this reporting period – the second time in the history of the Exit Plan.

There are several important accomplishments worth highlighting. First, after several quarters of missing the goal for repeat maltreatment and for third time since the beginning of the Exit Plan, the Department met this measure at 6.3 percent -- with six offices at or below 5 percent. This measure identifies families that have had a second substantiated abuse or neglect report within a six-month period and measures our work to reduce repeat maltreatment. Equally important is seeking an understanding of why repeat incidences occur and to learn where and how our practice can improve. We are pleased to have met this measure and continue efforts to improve our case practice in the areas of safety assessments and interventions.

Second, the Department is reporting that for the 5<sup>th</sup> quarter in a row we have met the goal of reducing reliance on residential placements. To place this accomplishment in context, in the 2004 Second Quarter Report, 14.3 percent or 902 of the 6,287 *Juan F.* children in out-of-home care were in a residential setting. In this reporting period, 11 percent or 647 of the 5,871 *Juan F.* children in out-of-home care were in a residential setting (11%). By comparison, there are 416 fewer children in out-of-home care and 255 fewer children in a residential setting.

Third, the Department's continued focus on helping children achieve timely permanency is evidenced by achieving all three permanency outcomes (reunification at 67.9 percent, adoption at 40.6 percent, and transfer of guardianship at 88 percent, which is the highest in performance for this measure) for the third quarter in a row. In fact, adoption and guardianship continue to have an upward trajectory with adoption advancing by 7 percent and guardianship by 10 percent from the prior quarter. Looking at the entire group of 529 children who achieved one of the three forms of permanency, 63 percent (333) met their goal of 12 or 24 months.

Importantly, Department staff continues to seek permanency for children who have been in care beyond the timeline goal. Fully 196 children achieved permanency during the quarter despite having been in care for a substantial period of time. A deeper look at our performance reveals that of the 103 children who were adopted and did not meet the goal, 48 were in care two to three years, 24 were in care three to four years and 31 were in care for more than four years. Similarly, for the 12 children with a transfer of guardianship who did not meet the goal, seven were in care two to three years, one was in care three to four years, and four were in care for more than four years.



Staff also met the following additional goals in the second quarter:

- Commencement of Investigations: The goal of 90 percent was exceeded for the eleventh quarter in a row with a current achievement of 97.1 percent.
- Completion of Investigations: Workers completed investigations in a timely manner in 93.7 percent of cases, also exceeding the goal of 85 percent for the eleventh consecutive quarter.
- Search for Relatives: For the seventh consecutive quarter, staff achieved the 85 percent goal for relative searches and met this requirement for 93.8 percent of children, the highest achieved thus far. Eight offices achieved 100 percent success for this measure.
- Maltreatment of Children in Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the fourteenth consecutive quarter with an actual measure of 0 percent, the best performance under the Exit Plan.
- Multiple Placements: For the thirteenth consecutive quarter, the Department exceeded the 85 percent goal with a rate of 96 percent.
- Foster Parent Training: For the thirteenth consecutive quarter, the Department met the 100 percent goal.
- Placement within Licensed Capacity: For the fourth consecutive quarter, staff met the 96 percent goal with an actual rate of 96.9 percent.
- Worker-To-Child Visitation In Out Of Home Cases: For the seventh staff have exceeded the 85 percent goal for visitation of children in out-of-home cases by hitting the mark in 94.6 percent of applicable cases.
- Worker to Child Visitation in In-Home Cases: For the seventh consecutive quarter, workers met required visitation frequency in 90.9 percent of cases, thereby exceeding the 85 percent standard.
- Caseload Standards: For the twelfth quarter, no Department social worker carried more cases than the Exit Plan standard.
- Reduction in Residential Care: For the fifth consecutive quarter, staff met the requirement that no more than 11 percent of children in DCF care are in a residential placement by hitting 11 percent.
- Discharge Measures: For the eighth consecutive quarter, staff met the 85 percent goal for ensuring children discharged at age 18 from state care had attained either educational and/or employment goals by achieving an appropriate discharge in 100 percent of applicable cases.
- Multi-disciplinary Exams: For the sixth consecutive quarter, staff met the 85 percent goal by ensuring that 96.8 percent of children entering care received a timely multi-disciplinary exam--the highest achievement to date—with 9 offices achieving at 100%.

Not reported above are two measures for which the Court Monitor has accepted responsibility to assess on a quarterly basis through case reviews. These include Treatment Planning (OM 3) and Needs Met (OM15). The Department has developed comprehensive work plans for each of these measures to improve its performance and updates on relevant activities for these particular measures are provided by the Department in separate reports.

The three remaining measures, which we did not meet and are contained in this report include Sibling Placement (OM 10), Re-entry into Care (OM 11) (three offices had 0%), and DMHAS and DMR transfers (OM 21). With respect to Sibling Placement, our focus continues to be on

recruiting and retaining foster homes as this measure is largely contingent upon the availability of foster care resources. With respect to Re-entry, the Department has experienced some performance fluctuation. In quarters when the goal has not been met, the measure has still come within 1.5 percent. As our assessments, interventions and services expand and improve, we are positioning ourselves to tighten our performance on this measure.

Finally, with respect to DMHAS and DMR Referrals, we have had some fluctuation in performance with a measure that calls for 100 percent success, and we are likely to continue to experience this fluctuation. Our recent performance demonstrates our capacity to meet the measure, and when we do not meet the goal it has been the result of missing a few cases. Still, work is underway to improve the reliability and efficiency of the reporting and tracking tool we use to help facilitate referrals. As a result, changes were made to our practice that we expect will improve our performance.

In conclusion, the Second Quarter 2007 Exit Plan Report demonstrates the Department's ability to meet and sustain some of the most challenging outcomes in child welfare. The Department and its staff have made significant progress and at the same time acknowledge there remain areas in need of improvement. The Exit Plan efforts put forth by the Department staff have been purposeful, focused and consistent. Each quarter, we have witnessed the positive results of their work, and as we continue our collaborative efforts with our partners and with the families and children we serve, we foresee continued steady progress.

2Q April 1- June 30, 2007 Exit Plan Report Outcome Measure Overview															
Measure	Measure	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005	2Q 2005	3Q 2005	4Q 2005	1Q 2006	2Q 2006	3Q 2006	4Q 2006	1Q 2007	2Q 2007
1: Investigation Commencement	>=90%	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%	96.4%	98.7%	95.5%	96.5%	97.1%
2: Investigation Completion	>=85%	64.2%	68.8%	83.5%	91.7%	92.3%	92.3%	93.1%	94.2%	94.2%	93.1%	94.2%	93.7%	93.0%	93.7%
3: Treatment Plans**	>=90%	X	X	10%	17%	X	X	X	X	X	X	54%	41.1%	41.3%	X
4: Search for Relatives*	>=85%	93%	82%	44.6%	X	X	49.2%	65.1%	89.6%	89.9%	93.9%	93.1%	91.4%	92.2%	93.8%
5: Repeat Maltreatment	<=7%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.3%	6.3%	7.0%	7.9%	7.9%	7.4%	6.3%
6: Maltreatment OOH Care	<=2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%	0.4%	0.7%	0.7%	0.2%	.2%	0.0%
7: Reunification*	>=60%	X	X	X	X	X	X	64.2%	61%	66.4%	64.4%	62.5%	61.3%	70.5%	67.9%
8: Adoption	>=32%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.8%	36.9%	27%	33.6%	34.5%	40.6%
9: Transfer of Guardianship	>=70%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%	72.4%	60.7%	63.1%	70.2%	76.4%	78%	88.0%
10: Sibling Placement*	>=95%	65%	53%	X	X	X	X	96%	94%	75%	77%	83%	85.5%	84.9%	79.1%
11: Re-Entry	<=7%	X	X	X	X	X	X	7.2%	7.6%	6.7%	7.5%	4.3%	8.2%	7.5%	8.5%
12: Multiple Placements	>=85%	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%	96.6%	96.8%	95%	96.3%	96.0%
13: Foster Parent Training	100%	X	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%	88.3%	92.0%	93.0%	95.7%	97%	95.9%	94.8%	96.2%	95.2%	94.5%	96.7%	96.4%	96.8%	96.9%
15: Needs Met**	>=80%	53%	57%	53%	56%	X	X	X	X	X	X	62%	52.1%	45.3%	X
16: Worker-Child Visitation (OOH)*	>=85% 100%	72% 87%	86% 98%	73% 93%	81% 91%	77.9% 93.3%	86.7% 95.7%	83.3% 92.8%	85.6% 91.9%	86.8% 93.1%	86.5% 90.9%	92.5% 91.5%	94.7% 99.0%	95.1% 99.1%	94.6% 98.7%
17: Worker-Child Visitation (IH)*	>=85%	39%	40%	46%	33%	X	81.9%	78.3%	85.6%	86.2%	87.6%	85.7%	89.2%	89%	90.9%
18: Caseload Standards+	100%	73.1%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%
19: Residential Reduction	<=11%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.8%	11.6%	11.3%	10.8%	10.9%	11%	10.9%	11%
20: Discharge Measures	>=85%	74%	52%	93%	83%	X	X	96%	92%	85%	91%	100%	100%	98%	100%
21: Discharge to DMHAS and DMR	100%	43%	64%	56%	60%	X	X	78%	70%	95%	97%	100%	97%	90%	83%
22: MDE	>=85%	19.0%	24.5%	48.9%	44.7%	55.4%	52.1%	54.6%	72.1%	91.1%	89.9%	86%	94.2%	91.1%	96.8%

**Results based on Case Reviews**

OM	Comments
1, 2, 4, 5, 7, 8, 9, 10*, 11, 16, 17 & 22	<b>ROM Reports</b> * ROM report with supplemental case review, conducted by Results Management, to evaluate and confirm clinical reasons for separating sibling groups.
4	ROM report posted for 2Q 2007 reflecting status of children entering care for the 4Q 2006 period. This is consistent with the Exit Plan measure definition.
6, 12, 14, 18 & 19	<b>LINK Reports</b>
3+, 13*, 15+, 20** & 21**	<b>Case Reviews</b> +Court Monitor and DCF collaborative in depth case review *Administrative Report from CAFAP **Case Review conducted by DCF Continuous Quality Improvement Division

**Treatment Plans/Needs Met\*\***

\*\* Conducted by the Court Monitor's Office and DCF.

2006

1Q N/A

2Q N/A

3Q 54% (refer to Court Monitor's Report for results of their case review)

4Q 41.1% ( refer to Court Monitor's Report for results of their case review)  
 52.1% Needs Met (refer to Court Monitor's Report for results of their case review)

2007

1Q 41.3% (refer to Court Monitor's Report for results of their case review)

45.3% Needs Met (refer to Court Monitor's Report for results of their case review)

**Caseload Standards +**

2006

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

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

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

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

2007

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

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