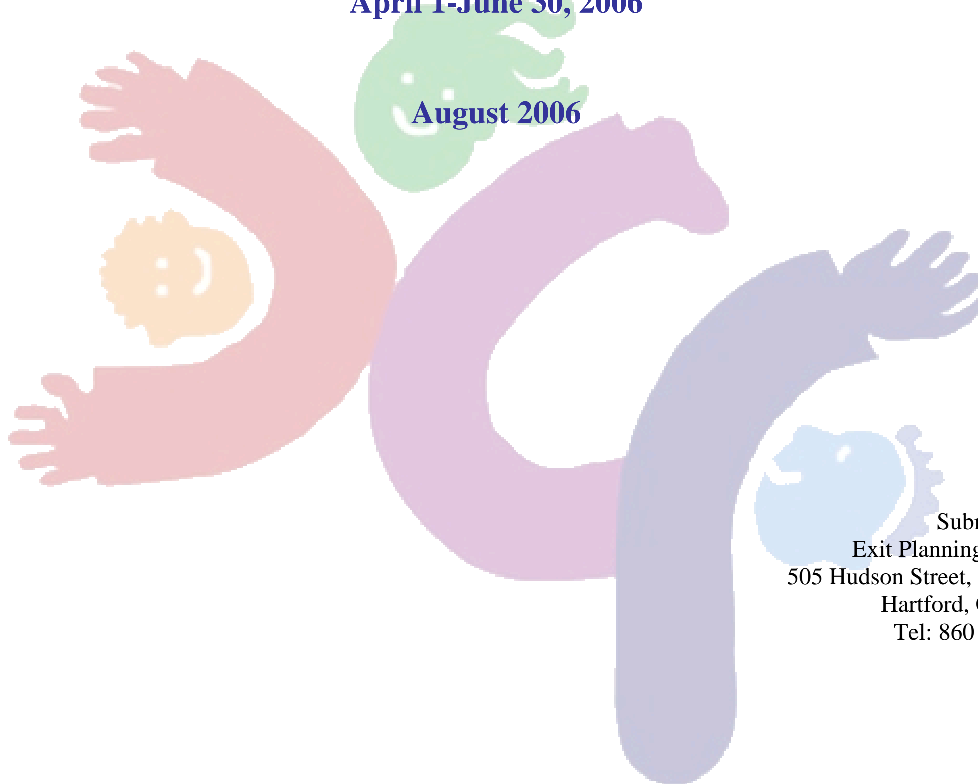
Juan F. v Rell
Exit Plan

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

Exit Plan Outcome Measures
Summary Report
Second Quarter 2006
April 1-June 30, 2006

August 2006



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Exit Plan Outcome Measures
Summary Report
Second Quarter 2006

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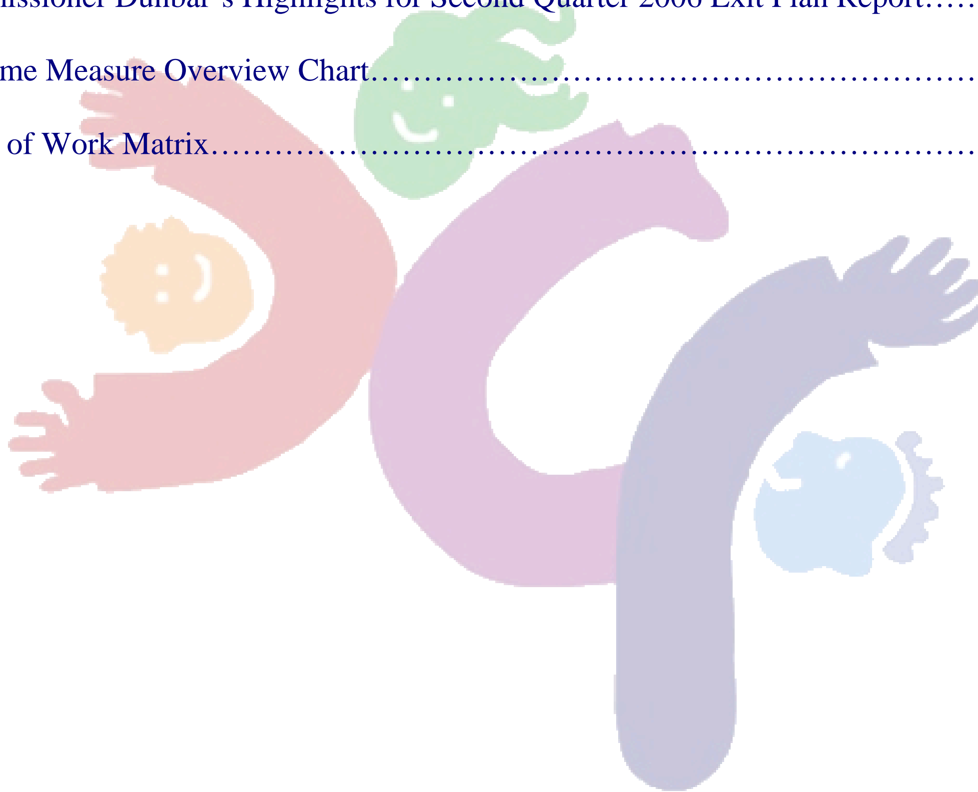


August 15, 2006

Ray Mancuso
Court Monitor
DCF Court Monitor's Office
300 Church Street
Wallingford, CT 06492

Dear Mr. Mancuso,

We are happy to submit our Second Quarter 2006 Exit Plan Report demonstrating another very successful period in which our staff is doing consistently strong work while also gaining new ground in difficult areas of our practice. Out of the 20 reported measures, the Department met or came within 3 percentage points of meeting 18 outcome measures and met 15 measures outright. For the first time under the Exit Plan, the Department met the goal for reducing reliance on residential placements, which has been viewed as one of the Exit Plan's most challenging outcomes.

Our agreement to proceed with the new case review tool and close negotiations for measuring Exit Plan Outcome Measure (EPOM) 3 (treatment planning) and 15 (children's needs met) has established, what we believe, will be a more comprehensive and in-depth look at our practice. We look forward to beginning these case reviews at the end of August 2006. Currently, 16 of the outcome measures are automated reports. In addition to EPOM 3 and EPOM 15, we have agreed to continue conducting case reviews and reports for the following measures: 10, 13, 20 and 21.

As you know, we also conduct four case reviews to better address data entry errors and determine their place in the EPOM quarterly reports. The results of these reviews, conducted for Reunification (EPOM 7), Adoption (EPOM 8), Transfer of Guardianship (EPOM 9), and Re-Entry (EPOM 11) are summarized in the footnote section of the Quarterly Data Table. The back-up data has been forwarded to you for your confirmation and shows that a total of 378 cases were reviewed for this quarter.

Based upon the continued strong performance of Department staff as demonstrated in this report, I am confident that you will share my optimism about the value of this reform effort as we continue forward.

Respectfully,

Darlene Dunbar, MSW
Commissioner

Second Quarter 2006 Exit Plan Report
Commissioner Highlights

During the second quarter of 2006, Department staff maintained the high quality of work attained through the two-and-a-half-year reform effort under the Exit Plan and achieved for the first time one of the most ambitious goals of the plan – a dramatic reduction in the reliance on residential placements. Overall, the Department either met or came within three percentage points of meeting 18 of 20 performance outcomes captured during the quarter. Staff met 15 goals outright, came within one-half of one percent in another, came within one and one-half percent of another, and came within 3 percent on a final measure – missing that goal by a single child out of 31 applicable cases.

As stated by one seasoned social worker, high levels of performance have become the "New Normal" at DCF. Indeed, the picture of consistently good work emerges from the performance record of the Exit Plan's 10 quarters of reports. Four goals have been met for nine or more quarters. Both goals relating to the timeliness of investigations have been met for seven consecutives quarters. Five other goals have been met for three or four consecutive quarters. Goals for timely permanency, specifically reunification and adoption, both have been met in each of the last four quarters with the exception of adoption in the fourth quarter of 2005 – when performance still was nearly three times better than in the first quarter of the Exit Plan.

While the Department clearly remains challenged in terms of having appropriate placements – especially with families – for all of its children and in other areas as well, Department staff deserve solid credit for significant improvements in the quality of services that children and families can expect to receive.

ACCOMPLISHMENTS

This quarterly report shows we met the following outcomes:

- Commencement Of Investigations: The goal of 90 percent was exceeded for the seventh quarter in a row with a current achievement of 96.4 percent, the highest since measurement began for the Exit Plan in the Fourth Quarter of 2004.
- Completion Of Investigations: Workers completed investigations in a timely manner in 93.1 percent of cases, also exceeding the goal of 85 percent for the seventh consecutive quarter.
- Search For Relatives: For the third consecutive quarter time, staff achieved the 85 percent goal for relative searches and met this requirement for 93.9 percent of children, the highest since measurement began.
- Repeat Maltreatment: For the second consecutive quarter under the Exit Plan, the goal of 7 percent was is achieved with 7 percent of children experiencing repeat maltreatment.
- Maltreatment Of Children In Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the tenth consecutive quarter with an actual measure of 0.7 percent.
- Timely Reunification: For the fourth consecutive quarter, this measure exceeded the 60 percent goal with a mark of 64.4 percent.

- Timely Adoption: For the second consecutive quarter and for three of the last four quarters, staff exceeded the 32 percent goal for the timely completion of adoptions within 24 months by meeting the timeline for 36.9 percent of the children.
- Multiple Placements: For the ninth consecutive quarter, the Department exceeded the 85 percent goal with a rate of 96.6 percent, the highest recorded under the Exit Plan.
- Foster Parent Training: For the ninth consecutive quarter, the Department met the 100 percent goal.
- Worker-To-Child Visitation In Out Of Home Cases: For the third consecutive quarter and four of the last five quarters, the Department met the 85 percent goal for maintaining regular visits by meeting requirements in 86.5 percent of out of home cases.
- Worker To Child Visitation In In-Home Cases: For the third consecutive quarter, workers met required visitation frequency in 87.6 percent of cases, thereby exceeding the 85 percent standard. The percent of in-home cases where visitation standards were met has more than doubled since the Exit Plan measures began at the start of 2004.
- Caseload Standards: For the ninth consecutive quarter, no Department social worker carried more cases than the standard under the Exit Plan.
- Reduction In Residential Care: For the first time, staff met the goal of having no more than 11 percent of children in DCF care in a residential placement with an achievement of 10.8 percent. As of the end of July 2006, there were 239 fewer children in residential care than in April 2004 – a reduction of 26.8 percent.
- Discharge Measures: For the fourth consecutive quarter and the fifth time overall under the Exit Plan, 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 a 91 percent measure.
- Multi-disciplinary Exams: For the second time, Department staff met the 85 percent goal by ensuring that 89.9 percent of children entering care received a timely multi-disciplinary exam.

In addition, staff came within three percentage points or less of attaining these goals:

- Re-entry Into Care: After having met the 7 percent goal for re-entry into care for the first time last quarter, staff came within one-half of one percent during this quarter.
- Placement Within Licensed Capacity: While attaining the 96 percent goal in three of the previous five quarters, staff came within one and one-half percent of meeting the goal during this quarter.
- Discharge Of Mentally Ill Or Retarded Children: Staff made the appropriate referral to DMHAS or DMR for 30 of 31 applicable children and so came within three percentage points of meeting the 100 percent goal. The 97 percent performance level is more than double the performance at the beginning of the Exit Plan.

This quarter's results demonstrate that staff solidified and consolidated performance in areas of previous achievement and at the same time can press forward with significant improvements to meet other goals for the first time. This is the first quarter that staff have met and exceeded the goal for reducing reliance on residential placements – surpassing

the 11 percent goal with an outcome measure of 10.8 percent. This outcome measure has made steady progress in two and one-half years under the Exit Plan and reflects sustained work across all the area offices and Department bureaus to improve systems and resources for children with behavioral health needs.

This system reform reflects some of the most innovative and intensive efforts of the Department, including the development of a managed service system in each area office and in the Central Office to plan on a child-by-child basis the most appropriate level of care that enables as many children as possible to remain in community settings. In addition, the Department has had great success opening 24 therapeutic group homes in State Fiscal Year 2006 and expects to make similar progress this year with another 24 therapeutic group homes planned. The Administrative Services Organization, which just started operations in January 2006, also has been effective in seeing that only children that require residential placement are admitted by ensuring that children must have the requisite treatment needs for that level of care. So the goal is approached from both ends: bringing children in a residential placement back to community settings and preventing children from entering residential programs who do not require it with good planning and community-based services.

As a result of these efforts, 239 fewer children require a residential setting to receive treatment compared to April 2004. That represents a reduction of 26.8 percent in the number of children in a residential placement in 26 months. Also very significant – although it is not an outcome measure itself – there are nearly 200 fewer children in an out of state residential program compared to September 2004. That represents a 39 percent reduction in 21 months,

Timely permanency remains an area where despite consistently meeting outcomes for reunification and adoption, the Department must press for continued improvements. The timeliness of adoptions in particular have seen significant progress with the percentage of adoptions finalized in two years or less consistently reaching three times or more the level experienced in the first quarter of the Exit Plan. However, whereas timely reunification has met the goal for each of the last four quarters, the timeliness of transfer or guardianship has been less consistent – meeting goal in only two of the last five quarters and missing in the last two. The Department must maintain a focus on permanency as a key component of child wellbeing and, to that end, the Department is committed to continue to improve our work with families.

We expect that ongoing training and supervision in each area office on family conferencing as well as recent improvements in searching for relatives (as evidenced by having met the goal for that outcome in each of the last three quarters) will assist us to bring more resources to the effort to find permanency for children. One recent indicator that practice is catching up to our principles is that although we did not meet the goal for timely transfer of guardianship – having missed the goal by 10 children – staff did transfer guardianship for 141 children overall. That is 20 more than achieved permanency through adoption in the quarter. This is highly unusual in the Department's experience (in no year since subsidized guardianship became a legal option in Connecticut in 2000 have they even come close to the number of adoptions) and may signal staff's increasing ability to find permanency for children through family resources.

CHALLENGES

While strong evidence of significant progress across a broad area of our work exists, the Department fully recognizes the great amount of work to be done and the challenges that remain.

Placement resources are high on the list of challenges. This is reflected in outcome measures, in particular the goal of keeping siblings together in placement, and in other barometers of our work such as lengths of stay in residential programs. In fact, our data source suggests that over the last four quarters we have experienced a marked increase in children entering care which means we will likely have to accommodate more sibling groups. A closer look at this data suggests that the siblings groups have also increased. Finding new foster homes and retaining foster homes is an issue confronting child welfare agencies across the nation, and Connecticut faces similar struggles. As in other states, the Department is acting along several lines to improve recruitment and retention activities.

First, a significant infusion of management resources took place earlier this year. Five new program directors now focus exclusively on recruitment and retention in area offices around the state. Work is underway to create quality standards for recruitment/retention activities across the 14 offices so that a uniform service delivery system and uniform levels of activity are established as well as enhanced data collection. This management resource has never existed previously. In addition, the Department is researching best practices around the nation as well as conducting research on attitudes among foster parents and the general public to improve recruitment and retention efforts. We will be employing all these strategies aggressively and will be looking to improve foster resources for children over the next 12 to 18 months.

Measurement of the Department's performance in important goals for treatment planning and meeting children's needs awaits a case review that begins in late August. Refinements in how these goals are measured will improve both practice and accuracy. The Department is continuing training in treatment planning and family conferencing to ensure a strengths-based approach that involves families throughout the life of the case. The Department also is beginning an unprecedented training program for supervisors, who play such a crucial role in the work of front-line staff.

A variety of new and expanded services supported by the Governor and Legislature will increase our capacity to meet the needs of children and families. In addition to the continued development of therapeutic group homes to ensure care and treatment for children in the most appropriate setting, the Department is expanding domestic violence and substance abuse services. A completely new intensive reunification program will promote quick return of children who are removed where the family can be restored to an appropriate level of functioning through intensive services. The traditional shelters, which have struggled to meet the changing needs of children, are being replaced by a system of "STAR" (Short Term Assessment Resource) centers around the state that will offer treatment and support planning for a more effective course of care.

Longer term, staff will receive training and begin to implement a Structured Decision Making (SDM) model for child protection work that will create greater consistency in making key case decisions and support a more effective use of Department resources, both in terms of staff and services. This model uses research-based risk assessment tools

to aid workers and supervisors in making critical child safety decisions while increasing consistency and addressing the issues of disproportionality often faced by child protection systems. Development of the model has begun through work across the Department that includes front-line social workers and supervisors. Planning to launch the training is underway and staff will begin to train and implement SDM early next year.

The Department expects all of these developments to improve performance in these two outcomes. However, we also expect that additional and sustained efforts will be required for the Department to attain a level of performance that the highest standards for quality work and practice require. As referenced above, issues of placement resources, including appropriateness of placement and length of stay, will make themselves felt in the challenges of meeting these two outcomes.

Department staff has taken advantage of the Exit Plan to make remarkable forward advances in the quality of services for children and families. Our work benefits from substantial increases in resources. That means our workers have both reasonable caseloads and access to far more assistance, including added expert consultations as well as new services for families with various treatment needs.

In addition, the Exit Plan also affords the Department a far greater capacity to measure and improve performance. With that comes a transparency -- not just in our performance data but also in our own attitude about the adequacy and quality of our work. Certainly, practice improvements have come a long way, but they are not yet where they need to be. A good organization is one that recognizes the areas where it needs to be better, and the Department clearly understands the areas where more needs to be done.

Having acknowledged the challenges that require our continued and focused efforts, I feel compelled to acknowledge the tremendous work done by staff. We ask our social workers and other staff to take on tremendously difficult work with families and their children who face the greatest obstacles of any of us. The work requires that staff develop and maintain respectful relations with families and children in very stressful circumstances where mental illness, substance abuse, domestic violence and other strains are routine. It is an extraordinary responsibility that our workers face daily, and despite great obstacles, staff continue to make great strides in areas where we ask them to give special focus while maintaining consistency in the quality of their work overall.

While our relationships with families, private service providers, and other public-sector service systems play a key role in the improvements underway, the commitment, drive and talent of our staff is uniquely responsible for making today’s Department of Children and Families the best Connecticut has ever seen. I have faith that our staff will make tomorrow’s Department of Children and Families a model for any child welfare agency in the nation that strives to improve the quality of services by working in partnership with children, families, and communities.

2Q April 1-June 30, 2006 Exit Plan Report

Outcome Measure Overview

Measure	Measure	Baseline	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005	2Q 2005	3Q 2005	4Q 2005	1Q 2006	2Q 2006
1: Commencement of Investigation*	>=90%	X	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%	96.4%
2: Completion of the Investigation	>=85%	73.7%	64.2%	68.8%	83.5%	91.7%	92.3%	92.3%	93.1%	94.2%	94.2%	93.1%
3: Treatment Plans**	>=90%	X	X	X	10%	17%	X	X	X	X	X	X
4: Search for Relatives*	>=85%	58%	93%	82%	44.6%	49.2%	65.1%	89.6%	89.9%	93.9%	11/15/06*	2/15/07*
5: Repeat Maltreatment	<=7%	9.3%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.3%	6.3%	7.0%
6: Maltreatment of Children in Out-of-Home Care	<=2%	1.2%	0.5%	0.8%	0.9%	0.6%	0.8%	0.7%	0.8%	0.6%	0.4%	0.7%
7: Reunification*	>=60%	57.8%	X	X	X	X	X	X	64.2%	61%	66.4%	64.4%
8: Adoption	>=32%	12.5%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.8%	36.9%
9: Transfer of Guardianship	>=70%	60.5%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%*	72.4%	60.7%	63.1%
10: Sibling Placement*	>=95%	57%	65%	53%	X	X	X	X	96%	94%	75%	77%
11: Re-Entry	<=7%	6.9%	X	X	X	X	X	X	7.2%	7.6%	6.7%	7.5%
12: Multiple Placements	>=85%	X	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%	96.6%
13: Foster Parent Training	100%	X	X	100%	100%	100%	100%	100%	100%	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%	94.9%	88.3%	92.0%	93.0%	95.7%	97%	95.9%	94.8%	96.2%	95.2%	94.5%
15: Needs Met	>=80%	X	53%	57%	53%	56%	X	X	X	X	X	X
16: Worker-Child Visitation (Out-of-Home)*	>=85% 100%	Monthly Quarterly	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%
17: Worker-Child Visitation (In-Home)*	>=85%	X	39%	40%	46%	33%	X	81.9%	78.3%	85.6%	86.2%	87.6%
18: Caseload Standards+	100%	69.2%	73.1%	100%	100%	100%	100%	100%	99.80%	100%	100%	100%
19: Reduction in Residential Care	<=11%	13.5%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.8%	11.6%	11.3%	10.8%
20: Discharge Measures	>=85%	61%	74%	52%	93%	83%	X	X	96%	92%	85%	91%
21: Discharge of Mentally Ill or Retarded Children	100%	X	43%	64%	56%	60%	X	X	78%	70%	95%	97%
22: Multi-disciplinary Exams (MDE)	>=85%	5.6%	19.0%	24.5%	48.9%	44.7%	55.4%	52.1%	54.6%	72.1%	91.1%	89.9%

Results based on Case Reviews

OM	Comments
4	Link report posted for 2Q 2006 reflecting status of children entering care for the 4Q 2005 period. This is consistent with the Exit Plan measure definition. Refer to 4Q 2005 column.
7, 11	LINK data via ROM report (as of 3Q 2005). With a case review to supplement ROM report. In the 3Q report period a case review was not conducted for 11. For 2Q 2006 case reviews were conducted for both 7 (189 cases reviewed) and 11 (178 cases reviewed). Results shows: 7 = 64.4% Met, 35.6% Not Met and 11 = 92.5% Met and 7.5% Not Met
8, 9	For 2Q 2006 **Adoption** results, 9 were n/a. A Case review was conducted to determine the status of these n/a cases. Adoption: The following shows the results of the 9 case review: 2 met, 4 not met and 1 was non-applicable (1 adoptions via probate for Interstate Compact case from another state) and dropped from the totals. Re-calculated statewide results show (total of 122 adoptions): 36.9% met and 63.1% not met. **TOG results, 2 were n/a. A case review was conducted to determine the status of these n/a case. TOG:** The following shows the results of the 2 case review: 0 met and 2 not met. Re-calculated statewide results show (total of 141 transfers of guardianship): TOG - 63.1% met the goal and 36.9% % not met.
10	Case review. Under negotiations with Court Monitor for ROM reporting and supplemental case review.
16, 17	LINK Report available for 11/15/05. In addition, as of 3Q 2005 the Department will include the one visit per quarter results for OM 16. *This method reports **all** children in care who had 1 (one) visit during the quarter period. The LINK system is unable to determine if the visits were made by the assigned social worker as indicated in the Exit Plan.*

Treatment Plans**

** Negotiations with Plaintiffs.

2006

1Q N/A
2Q N/A

2006

In addition, two (2) additional areas were evaluated: Treatment plan must be written and treatment conference conducted in the family's primary language and treatment plans developed in conjunction with parents/child/service providers (for example, treatment plan modifications as a result of input from the ACR).

1Q N/A
2Q N/A

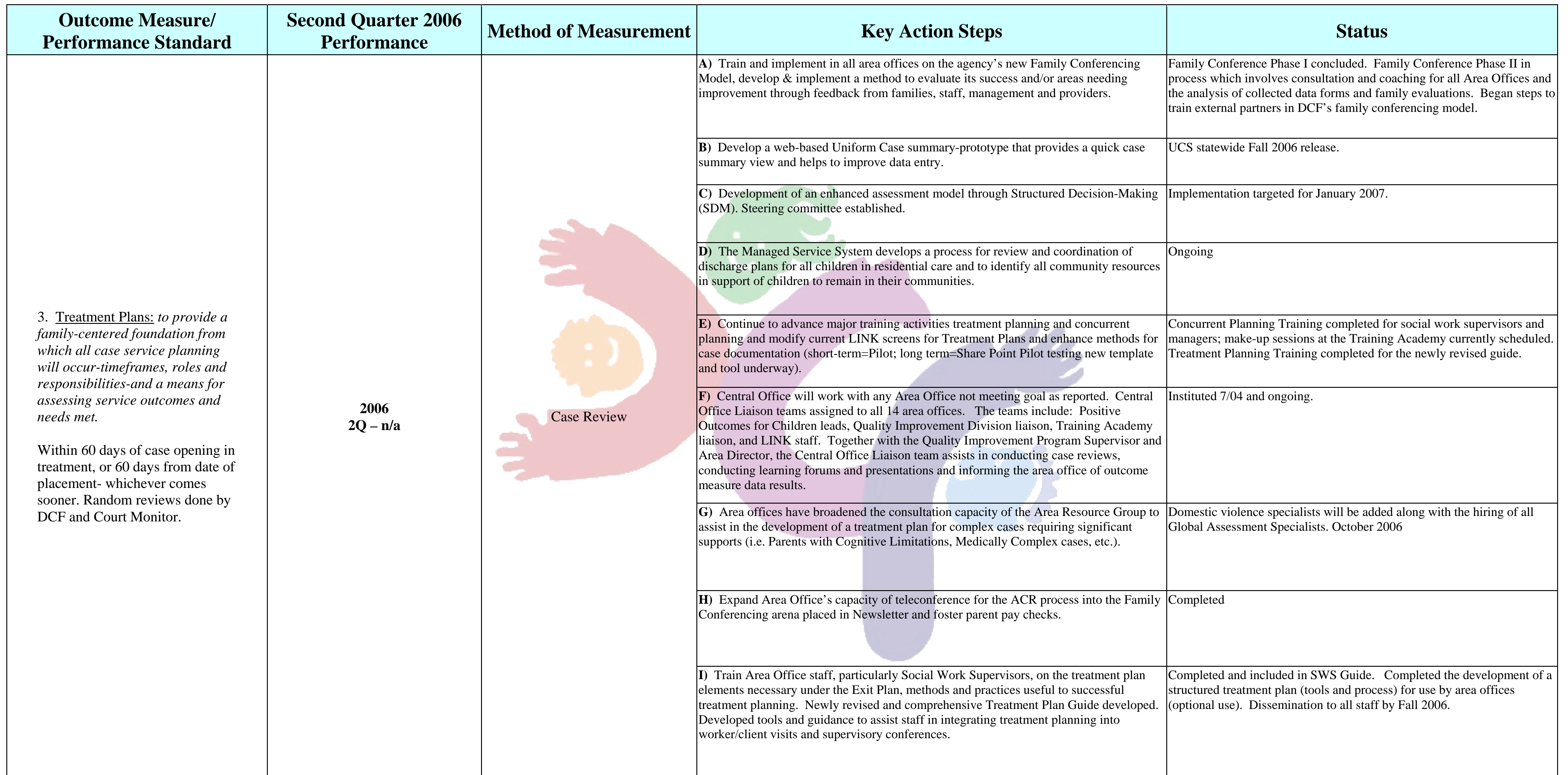
Caseload Standards +

2006

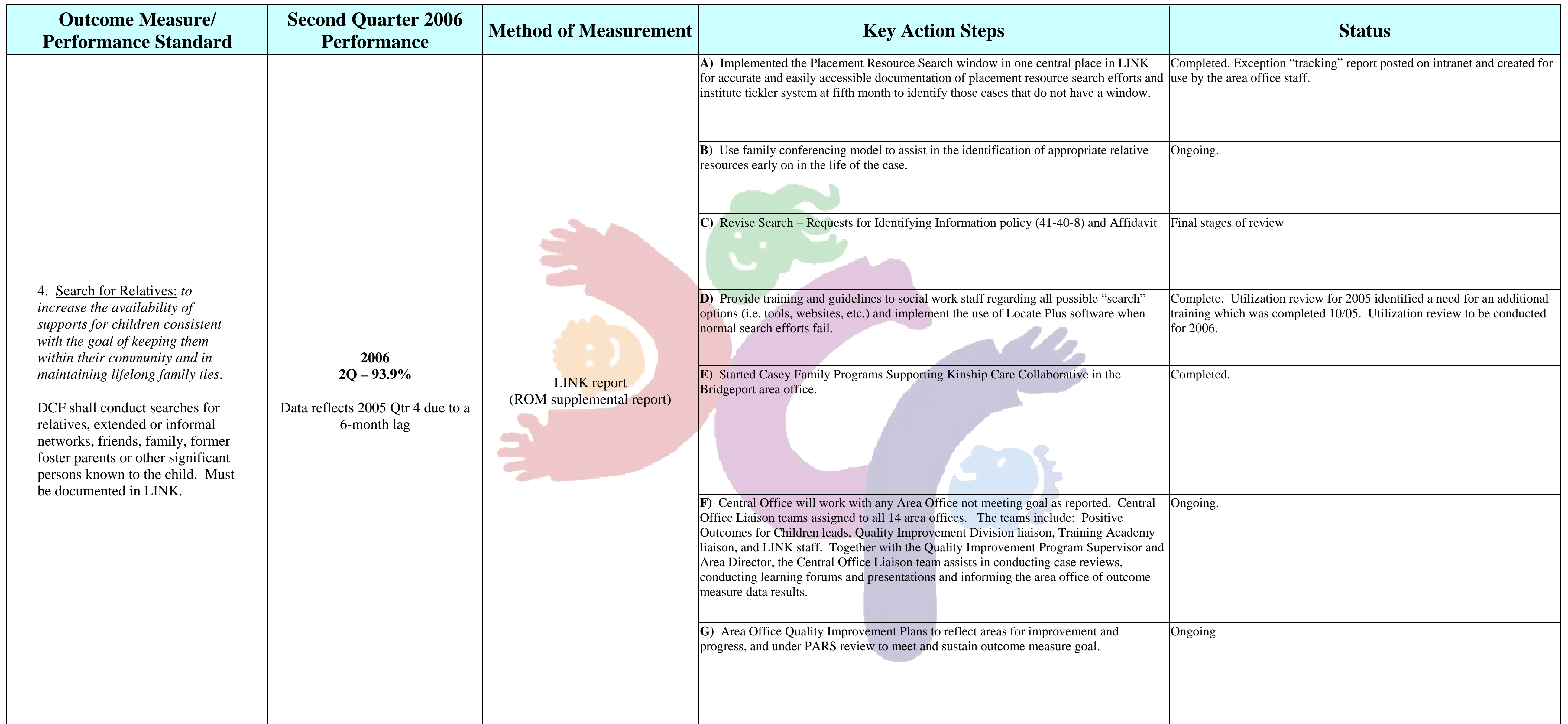
1Q As of May 15, 2006 the Department met the 100% compliance mark. The sixty (60) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

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).

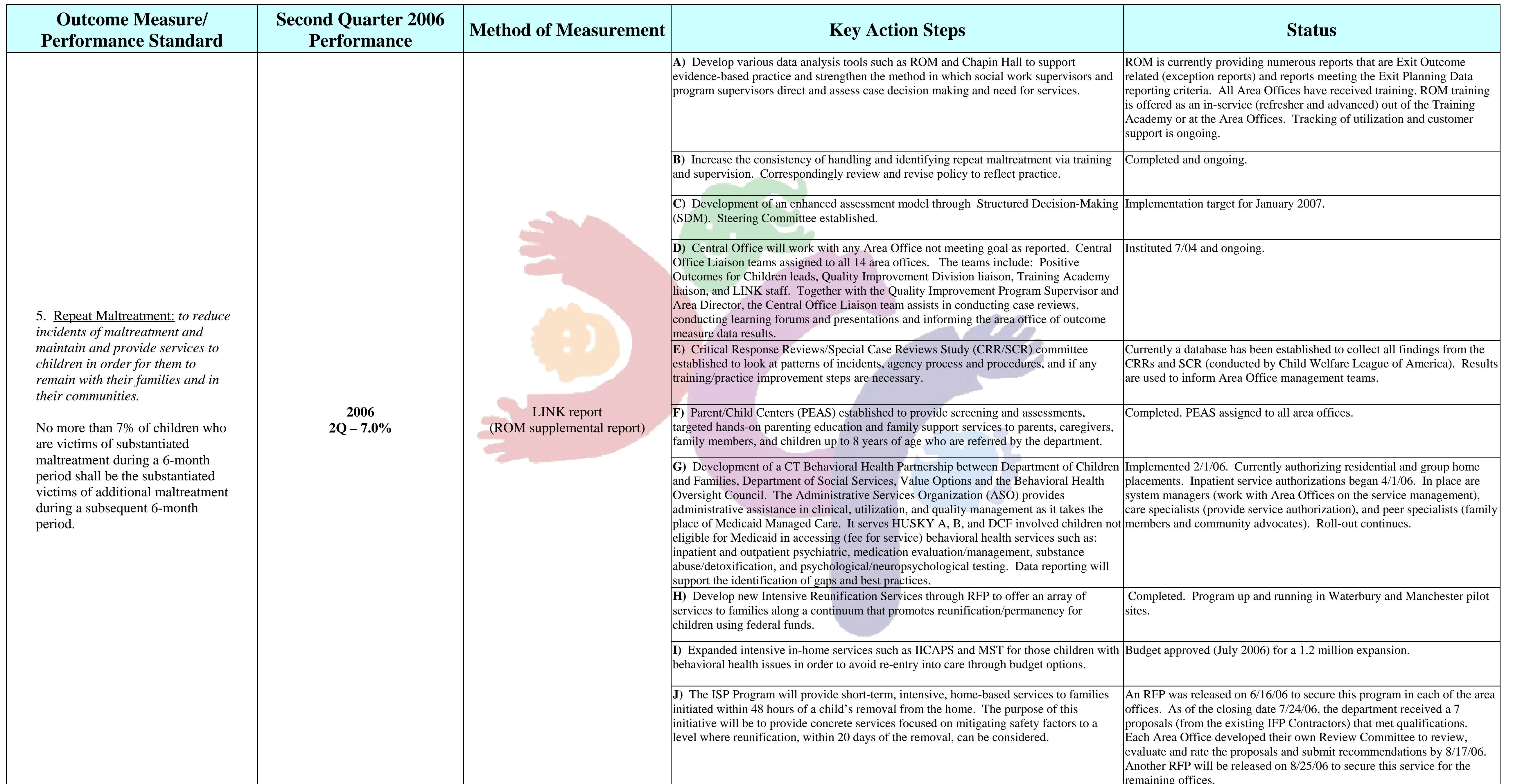
Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
1. Commencement of Investigation: *to assure that assessments of safety can quickly be determined and increases collaborative interviewing and intervention.* 90% of all reports must be commenced same calendar day, 24 hours or 72 hours depending on referral code.	**2006 2Q – 96.4%**	LINK report (ROM supplemental report)	**A)** Developed LINK capacity to document and measure commencement time and modifications to commencement time. Provided corresponding LINK training to staff.	Completed
			B) Revision of policy #34-3-3 "Conducting the Investigation"- To direct that the Social Work Supervisor can approve modification of commencement times. Previously, Program Supervisor approval was required and was inefficient.	Completed and approved. Publication pending.
			C) Area Offices use LINK data reports to assess staffing levels in investigations and take any supervisory or practice improvement steps necessary to ensure performance goals.	Ongoing
			D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing
			E) Area Office Quality Improvement Plans to reflect areas for improvement and progress and under PARS review meet and sustain outcome measure goal.	Ongoing
2. Completion of Investigation: *to assure that case assessment and disposition is handled in a timely manner.* 85% of all reports shall have their investigations completed within 45 calendar days of acceptance.	**2006 2Q – 93.1%**	LINK report (ROM supplemental report)	**A)** Implement a quality review process in each Area Office that serves as a tickler system at 28, 35, and 40 days and calls for any corrective action plans.	Completed
			B) Developed a quality review process for the Special Investigations Unit through Hotline.	Completed
			C) Area Office Quality Improvement Plans to reflect areas for improvement and progress and under PARS review meet and sustain outcome measure goal.	Ongoing
			D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing.
			E) Developed standards for the release of information that assists with the sharing of information between DCF and community providers and/or other state agencies.	Completed
			F) The department proposed legislation requesting a change in the statutory requirement of completing investigations within 30 days. This request change extended the statutory requirement to 45 days to comport with the Exit Plan.	PASSED: Effective October 1, 2005. Staff informed via all staff Commissioner e-mail and via the newly developed SWS Guide to Exit Plan and Practice Points.



Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
3. <u>Treatment Plans:</u> *to provide a family-centered foundation from which all case service planning will occur-timeframes, roles and responsibilities-and a means for assessing service outcomes and needs met.* Within 60 days of case opening in treatment, or 60 days from date of placement- whichever comes sooner. Random reviews done by DCF and Court Monitor.	**2006** **2Q – n/a**	Case Review	**A)** Train and implement in all area offices on the agency's new Family Conferencing Model, develop & implement a method to evaluate its success and/or areas needing improvement through feedback from families, staff, management and providers.	Family Conference Phase I concluded. Family Conference Phase II in process which involves consultation and coaching for all Area Offices and the analysis of collected data forms and family evaluations. Began steps to train external partners in DCF's family conferencing model.
			B) Develop a web-based Uniform Case summary-prototype that provides a quick case summary view and helps to improve data entry.	UCS statewide Fall 2006 release.
			C) Development of an enhanced assessment model through Structured Decision-Making (SDM). Steering committee established.	Implementation targeted for January 2007.
			D) The Managed Service System develops a process for review and coordination of discharge plans for all children in residential care and to identify all community resources in support of children to remain in their communities.	Ongoing
			E) Continue to advance major training activities treatment planning and concurrent planning and modify current LINK screens for Treatment Plans and enhance methods for case documentation (short-term=Pilot; long term=Share Point Pilot testing new template and tool underway).	Concurrent Planning Training completed for social work supervisors and managers; make-up sessions at the Training Academy currently scheduled. Treatment Planning Training completed for the newly revised guide.
			F) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Instituted 7/04 and ongoing.
			G) Area offices have broadened the consultation capacity of the Area Resource Group to assist in the development of a treatment plan for complex cases requiring significant supports (i.e. Parents with Cognitive Limitations, Medically Complex cases, etc.).	Domestic violence specialists will be added along with the hiring of all Global Assessment Specialists. October 2006
			H) Expand Area Office's capacity of teleconference for the ACR process into the Family Conferencing arena placed in Newsletter and foster parent pay checks.	Completed
			I) Train Area Office staff, particularly Social Work Supervisors, on the treatment plan elements necessary under the Exit Plan, methods and practices useful to successful treatment planning. Newly revised and comprehensive Treatment Plan Guide developed. Developed tools and guidance to assist staff in integrating treatment planning into worker/client visits and supervisory conferences.	Completed and included in SWS Guide. Completed the development of a structured treatment plan (tools and process) for use by area offices (optional use). Dissemination to all staff by Fall 2006.

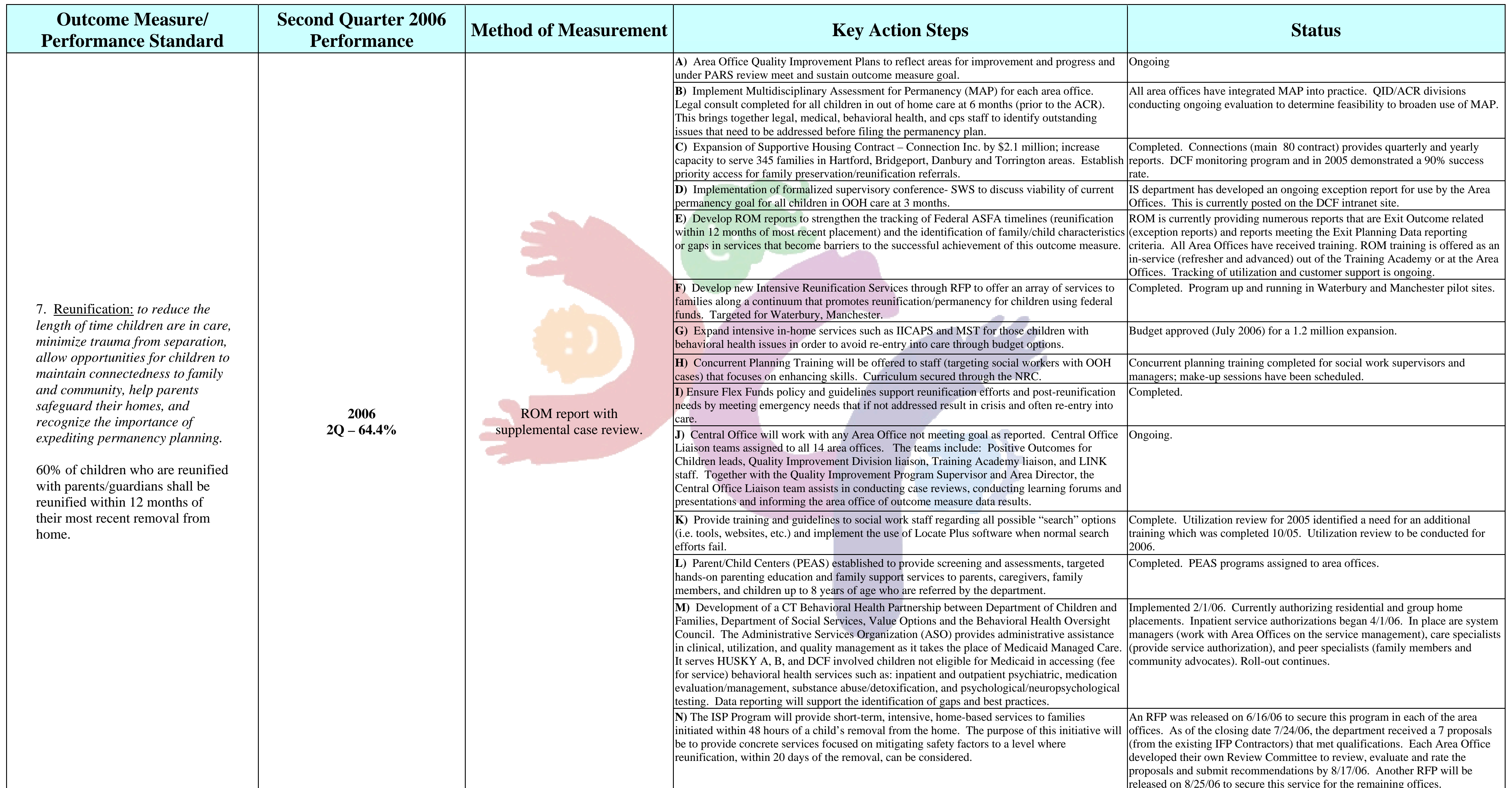


Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
4. <u>Search for Relatives:</u> *to increase the availability of supports for children consistent with the goal of keeping them within their community and in maintaining lifelong family ties.* DCF shall conduct searches for relatives, extended or informal networks, friends, family, former foster parents or other significant persons known to the child. Must be documented in LINK.	**2006** **2Q – 93.9%** Data reflects 2005 Qtr 4 due to a 6-month lag	LINK report (ROM supplemental report)	**A)** Implemented the Placement Resource Search window in one central place in LINK for accurate and easily accessible documentation of placement resource search efforts and institute tickler system at fifth month to identify those cases that do not have a window.	Completed. Exception "tracking" report posted on intranet and created for use by the area office staff.
			B) Use family conferencing model to assist in the identification of appropriate relative resources early on in the life of the case.	Ongoing.
			C) Revise Search – Requests for Identifying Information policy (41-40-8) and Affidavit	Final stages of review
			D) Provide training and guidelines to social work staff regarding all possible "search" options (i.e. tools, websites, etc.) and implement the use of Locate Plus software when normal search efforts fail.	Complete. Utilization review for 2005 identified a need for an additional training which was completed 10/05. Utilization review to be conducted for 2006.
			E) Started Casey Family Programs Supporting Kinship Care Collaborative in the Bridgeport area office.	Completed.
			F) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing.
			G) Area Office Quality Improvement Plans to reflect areas for improvement and progress, and under PARS review to meet and sustain outcome measure goal.	Ongoing

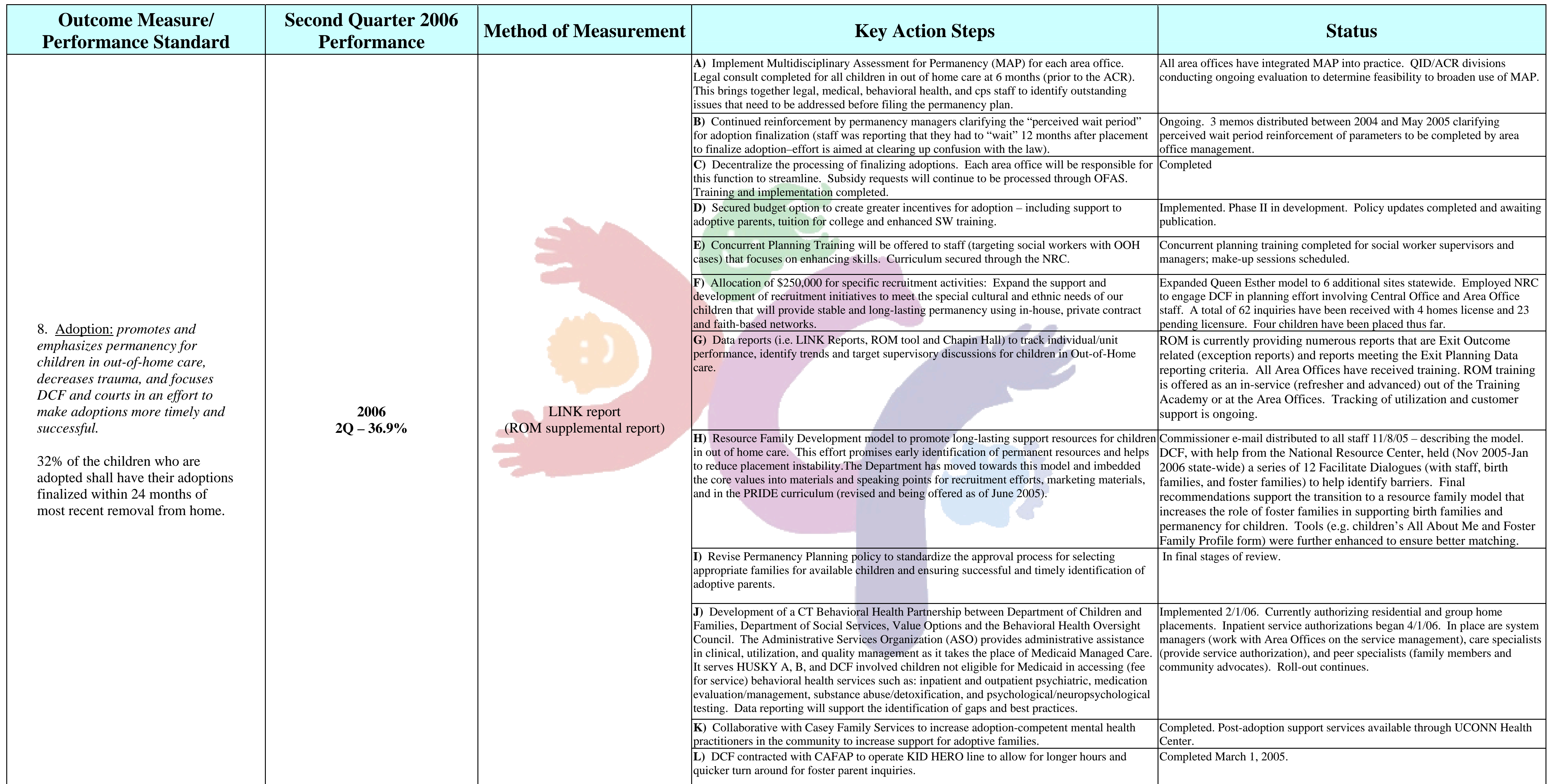


Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
5. Repeat Maltreatment: *to reduce incidents of maltreatment and maintain and provide services to children in order for them to remain with their families and in their communities.* No more than 7% of children who are victims of substantiated maltreatment during a 6-month period shall be the substantiated victims of additional maltreatment during a subsequent 6-month period.	**2006** **2Q – 7.0%**	LINK report (ROM supplemental report)	**A)** Develop various data analysis tools such as ROM and Chapin Hall to support evidence-based practice and strengthen the method in which social work supervisors and program supervisors direct and assess case decision making and need for services.	ROM is currently providing numerous reports that are Exit Outcome related (exception reports) and reports meeting the Exit Planning Data reporting criteria. All Area Offices have received training. ROM training is offered as an in-service (refresher and advanced) out of the Training Academy or at the Area Offices. Tracking of utilization and customer support is ongoing.
			B) Increase the consistency of handling and identifying repeat maltreatment via training and supervision. Correspondingly review and revise policy to reflect practice.	Completed and ongoing.
			C) Development of an enhanced assessment model through Structured Decision-Making (SDM). Steering Committee established.	Implementation target for January 2007.
			D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Instituted 7/04 and ongoing.
			E) Critical Response Reviews/Special Case Reviews Study (CRR/SCR) committee established to look at patterns of incidents, agency process and procedures, and if any training/practice improvement steps are necessary.	Currently a database has been established to collect all findings from the CRRs and SCR (conducted by Child Welfare League of America). Results are used to inform Area Office management teams.
			F) Parent/Child Centers (PEAS) established to provide screening and assessments, targeted hands-on parenting education and family support services to parents, caregivers, family members, and children up to 8 years of age who are referred by the department.	Completed. PEAS assigned to all area offices.
			G) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.	Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations began 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). Roll-out continues.
			H) Develop new Intensive Reunification Services through RFP to offer an array of services to families along a continuum that promotes reunification/permanency for children using federal funds.	Completed. Program up and running in Waterbury and Manchester pilot sites.
			I) Expanded intensive in-home services such as IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care through budget options.	Budget approved (July 2006) for a 1.2 million expansion.
			J) The ISP Program will provide short-term, intensive, home-based services to families initiated within 48 hours of a child's removal from the home. The purpose of this initiative will be to provide concrete services focused on mitigating safety factors to a level where reunification, within 20 days of the removal, can be considered.	An RFP was released on 6/16/06 to secure this program in each of the area offices. As of the closing date 7/24/06, the department received a 7 proposals (from the existing IFP Contractors) that met qualifications. Each Area Office developed their own Review Committee to review, evaluate and rate the proposals and submit recommendations by 8/17/06. Another RFP will be released on 8/25/06 to secure this service for the remaining offices.

Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
6. Maltreatment in care - Out-of-home: *to assure children's safety while in out-of-home care, improve placement stability, and reduce additional trauma.* No more than 2% of children in out of home care shall be the victims of substantiated maltreatment by substitute caretaker.	**2006** **2Q – 0.7%**	LINK report (ROM supplemental report)	**A)** Develop various data analysis tools such as ROM and Chapin Hall to support evidence-based practice and strengthen the method in which social work supervisors and program supervisors direct and assess case decision making and need for services.	ROM is currently providing numerous reports that are Exit Outcome related (exception reports) and reports meeting the Exit Planning Data reporting criteria. All Area Offices have received training. ROM training is offered as an in-service (refresher and advanced) out of the Training Academy or at the Area Offices. Tracking of utilization and customer support is ongoing.
			B) Provide consistency with investigating and tracking of foster care maltreatment 1. Develop proposal for centralized foster care investigations unit – 11/04. 2. Develop a workplan for implementation of the unit – 5/05. 3. Begin implementation and site relocation – 8/05.	Completed.
			C) Develop and implement a corrective action plan protocol for all regulatory violations and all out-of-home substantiations. Incorporate any corrective action plans into Foster Family Support Plan.	OFAS to implement any policy/protocol revisions.
			D) Moved special investigations management from Hotline to a direct report under Bureau Chief for Child Welfare.	Completed
			E) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing.



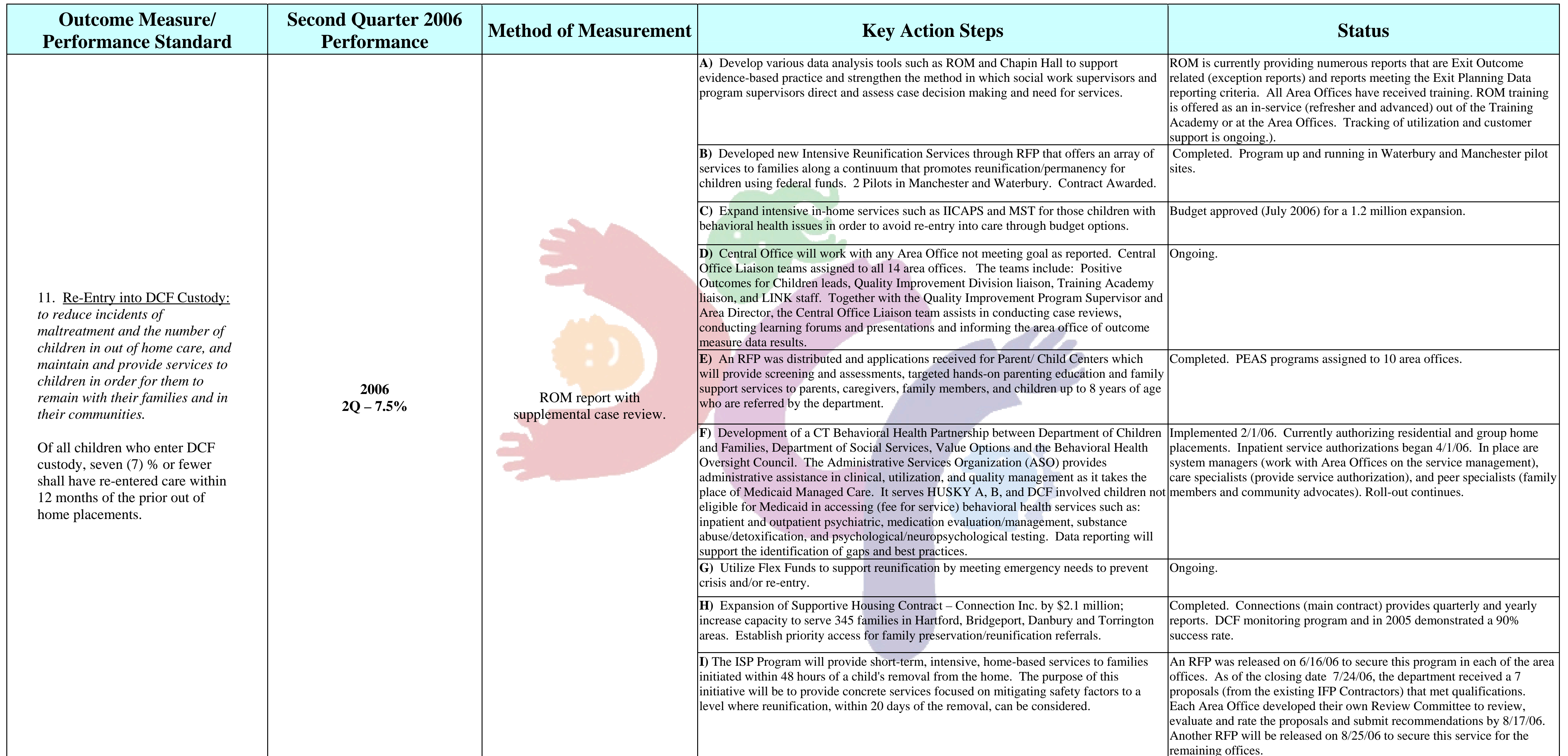
Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
7. <u>Reunification:</u> *to reduce the length of time children are in care, minimize trauma from separation, allow opportunities for children to maintain connectedness to family and community, help parents safeguard their homes, and recognize the importance of expediting permanency planning.* 60% of children who are reunified with parents/guardians shall be reunified within 12 months of their most recent removal from home.	**2006** **2Q – 64.4%**	ROM report with supplemental case review.	**A)** Area Office Quality Improvement Plans to reflect areas for improvement and progress under PARS review meet and sustain outcome measure goal.	Ongoing
			B) Implement Multidisciplinary Assessment for Permanency (MAP) for each area office. Legal consult completed for all children in out of home care at 6 months (prior to the ACR). This brings together legal, medical, behavioral health, and cps staff to identify outstanding issues that need to be addressed before filing the permanency plan.	All area offices have integrated MAP into practice. QID/ACR divisions conducting ongoing evaluation to determine feasibility to broaden use of MAP.
			C) Expansion of Supportive Housing Contract – Connection Inc. by $2.1 million; increase capacity to serve 345 families in Hartford, Bridgeport, Danbury and Torrington areas. Establish priority access for family preservation/reunification referrals.	Completed. Connections (main 80 contract) provides quarterly and yearly reports. DCF monitoring program and in 2005 demonstrated a 90% success rate.
			D) Implementation of formalized supervisory conference- SWS to discuss viability of current permanency goal for all children in OOH care at 3 months.	IS department has developed an ongoing exception report for use by the Area Offices. This is currently posted on the DCF intranet site.
			E) Develop ROM reports to strengthen the tracking of Federal ASFA timelines (reunification within 12 months of most recent placement) and the identification of family/child characteristics or gaps in services that become barriers to the successful achievement of this outcome measure.	ROM is currently providing numerous reports that are Exit Outcome related (exception reports) and reports meeting the Exit Planning Data reporting criteria. All Area Offices have received training. ROM training is offered as an in-service (refresher and advanced) out of the Training Academy or at the Area Offices. Tracking of utilization and customer support is ongoing.
			F) Develop new Intensive Reunification Services through RFP to offer an array of services to families along a continuum that promotes reunification/permanency for children using federal funds. Targeted for Waterbury, Manchester.	Completed. Program up and running in Waterbury and Manchester pilot sites.
			G) Expand intensive in-home services such as IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care through budget options.	Budget approved (July 2006) for a 1.2 million expansion.
			H) Concurrent Planning Training will be offered to staff (targeting social workers with OOH cases) that focuses on enhancing skills. Curriculum secured through the NRC.	Concurrent planning training completed for social work supervisors and managers; make-up sessions have been scheduled.
			I) Ensure Flex Funds policy and guidelines support reunification efforts and post-reunification needs by meeting emergency needs that if not addressed result in crisis and often re-entry into care.	Completed.
			J) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing.
			K) Provide training and guidelines to social work staff regarding all possible "search" options (i.e. tools, websites, etc.) and implement the use of Locate Plus software when normal search efforts fail.	Complete. Utilization review for 2005 identified a need for an additional training which was completed 10/05. Utilization review to be conducted for 2006.
			L) Parent/Child Centers (PEAS) established to provide screening and assessments, targeted hands-on parenting education and family support services to parents, caregivers, family members, and children up to 8 years of age who are referred by the department.	Completed. PEAS programs assigned to area offices.
			M) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.	Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations began 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). Roll-out continues.
			N) The ISP Program will provide short-term, intensive, home-based services to families initiated within 48 hours of a child's removal from the home. The purpose of this initiative will be to provide concrete services focused on mitigating safety factors to a level where reunification, within 20 days of the removal, can be considered.	An RFP was released on 6/16/06 to secure this program in each of the area offices. As of the closing date 7/24/06, the department received a 7 proposals (from the existing IFP Contractors) that met qualifications. Each Area Office developed their own Review Committee to review, evaluate and rate the proposals and submit recommendations by 8/17/06. Another RFP will be released on 8/25/06 to secure this service for the remaining offices.



Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
8. Adoption: *promotes and emphasizes permanency for children in out-of-home care, decreases trauma, and focuses DCF and courts in an effort to make adoptions more timely and successful.* 32% of the children who are adopted shall have their adoptions finalized within 24 months of most recent removal from home.	**2006** **2Q – 36.9%**	LINK report (ROM supplemental report)	**A)** Implement Multidisciplinary Assessment for Permanency (MAP) for each area office. Legal consult completed for all children in out of home care at 6 months (prior to the ACR). This brings together legal, medical, behavioral health, and cps staff to identify outstanding issues that need to be addressed before filing the permanency plan.	All area offices have integrated MAP into practice. QID/ACR divisions conducting ongoing evaluation to determine feasibility to broaden use of MAP.
			B) Continued reinforcement by permanency managers clarifying the "perceived wait period" for adoption finalization (staff was reporting that they had to "wait" 12 months after placement to finalize adoption–effort is aimed at clearing up confusion with the law).	Ongoing. 3 memos distributed between 2004 and May 2005 clarifying perceived wait period reinforcement of parameters to be completed by area office management.
			C) Decentralize the processing of finalizing adoptions. Each area office will be responsible for this function to streamline. Subsidy requests will continue to be processed through OFAS. Training and implementation completed.	Completed
			D) Secured budget option to create greater incentives for adoption – including support to adoptive parents, tuition for college and enhanced SW training.	Implemented. Phase II in development. Policy updates completed and awaiting publication.
			E) Concurrent Planning Training will be offered to staff (targeting social workers with OOH cases) that focuses on enhancing skills. Curriculum secured through the NRC.	Concurrent planning training completed for social worker supervisors and managers; make-up sessions scheduled.
			F) Allocation of $250,000 for specific recruitment activities: Expand the support and development of recruitment initiatives to meet the special cultural and ethnic needs of our children that will provide stable and long-lasting permanency using in-house, private contract and faith-based networks.	Expanded Queen Esther model to 6 additional sites statewide. Employed NRC to engage DCF in planning effort involving Central Office and Area Office staff. A total of 62 inquiries have been received with 4 homes license and 23 pending licensure. Four children have been placed thus far.
			G) Data reports (i.e. LINK Reports, ROM tool and Chapin Hall) to track individual/unit performance, identify trends and target supervisory discussions for children in Out-of-Home care.	ROM is currently providing numerous reports that are Exit Outcome related (exception reports) and reports meeting the Exit Planning Data reporting criteria. All Area Offices have received training. ROM training is offered as an in-service (refresher and advanced) out of the Training Academy or at the Area Offices. Tracking of utilization and customer support is ongoing.
			H) Resource Family Development model to promote long-lasting support resources for children in out of home care. This effort promises early identification of permanent resources and helps to reduce placement instability.The Department has moved towards this model and imbedded the core values into materials and speaking points for recruitment efforts, marketing materials, and in the PRIDE curriculum (revised and being offered as of June 2005).	Commissioner e-mail distributed to all staff 11/8/05 – describing the model. DCF, with help from the National Resource Center, held (Nov 2005-Jan 2006 state-wide) a series of 12 Facilitate Dialogues (with staff, birth families, and foster families) to help identify barriers. Final recommendations support the transition to a resource family model that increases the role of foster families in supporting birth families and permanency for children. Tools (e.g. children's All About Me and Foster Family Profile form) were further enhanced to ensure better matching.
			I) Revise Permanency Planning policy to standardize the approval process for selecting appropriate families for available children and ensuring successful and timely identification of adoptive parents.	In final stages of review.
			J) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.	Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations began 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). Roll-out continues.
			K) Collaborative with Casey Family Services to increase adoption-competent mental health practitioners in the community to increase support for adoptive families.	Completed. Post-adoption support services available through UCONN Health Center.
			L) DCF contracted with CAFAP to operate KID HERO line to allow for longer hours and quicker turn around for foster parent inquiries.	Completed March 1, 2005.

Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
9. <u>Transfer of Guardianship:</u> *promotes and emphasizes permanency for children in out-of-home care, decreases trauma, and allows children to maintain connection with family.* 70% of all children, whose custody is legally transferred, shall have the guardianship transferred within 24 months of the child's most recent removal from home.	**2006** **2Q – 63.1%**	LINK report (ROM supplemental report)	**A)** Area Office Quality Improvement Plans to reflect areas for improvement and progress.	Ongoing
			B) Implement a Licensing Review Team for consideration of waivers for relative caregivers who have been denied licensure due to substantiated CPS history and/or criminal history.	Completed.
			C) Revised subsidized guardianship policy (41-50-1 through 41-50-14) to reflect current practice and ASFA timeframes.	Completed.
			D) Revise Permanency Planning Team policy (48-14-6 through 48-14-6.5) to reflect the approval process for subsidized guardianships.	Finalized and distributed policy.
			E) Concurrent Planning Training will be offered to staff (targeting social workers with OOH cases) that focuses on enhancing skills. Curriculum secured through the NRC.	Concurrent planning training completed for social worker supervisors and managers; make-up sessions scheduled.
			F) Legislation passed that shortened the timeframe for relative foster care eligibility into the subsidized guardianship program to a minimum of 6 months (from 12 months) in placement.	Completed
			G) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Instituted 7/04 and ongoing.
			H) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.	Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations began 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). Roll-out continues.
			I) Implement Multidisciplinary Assessment for Permanency (MAP) for each area office. Legal consult completed for all children in out of home care at 6 months (prior to the ACR). This brings together legal, medical, behavioral health, and cps staff to identify outstanding issues that need to be addressed before filing the permanency plan.	All area offices have integrated MAP into practice. QID/ACR divisions conducting ongoing evaluation to determine feasibility to broaden use of MAP.

Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
10. Sibling Placement: *maintains life's longest lasting relationship, increases family connections, and decreases trauma.* 95% of siblings entering out of home placement shall be placed together unless there are documented reasons for separate placements.	**2006** **2Q – 77%** Data reflects 2005 Qtr 4 due to 6 months lag	LINK report (ROM supplemental report)	**A)** Expand the support and development of recruitment initiatives to meet the special cultural and ethnic needs of our sibling groups that will provide permanency using in-house, private contract and faith-based networks. Enhance contract support for specialized foster care recruitment.	Ongoing.
			B) Informed staff to use the definition and intent of outcome #10, what is used to define "sibling," and what is an acceptable therapeutic reason to not place siblings together.	Completed
			C) Utilization of Flex Funds policy and guidelines support sibling placement efforts by meeting emergency needs.	Ongoing
			D) Locate Plus to help locate non-custodial parents and relatives in order to improve opportunity for resources and achieve permanency.	Complete. Utilization review for 2005 identified a need for an additional training which was completed 10/05. Utilization review to be conducted for 2006.
			E) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing.
			F) Develop a Sibling Visitation Project to support monthly visits for separated, sibling groups in out of home care.	A total of $200,000 distributed to the Area Offices to support unique sibling visitation efforts.



Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
11. <u>Re-Entry into DCF Custody:</u> *to reduce incidents of maltreatment and the number of children in out of home care, and maintain and provide services to children in order for them to remain with their families and in their communities.* Of all children who enter DCF custody, seven (7) % or fewer shall have re-entered care within 12 months of the prior out of home placements.	**2006** **2Q – 7.5%**	ROM report with supplemental case review.	**A)** Develop various data analysis tools such as ROM and Chapin Hall to support evidence-based practice and strengthen the method in which social work supervisors and program supervisors direct and assess case decision making and need for services.	ROM is currently providing numerous reports that are Exit Outcome related (exception reports) and reports meeting the Exit Planning Data reporting criteria. All Area Offices have received training. ROM training is offered as an in-service (refresher and advanced) out of the Training Academy or at the Area Offices. Tracking of utilization and customer support is ongoing.).
			B) Developed new Intensive Reunification Services through RFP that offers an array of services to families along a continuum that promotes reunification/permanency for children using federal funds. 2 Pilots in Manchester and Waterbury. Contract Awarded.	Completed. Program up and running in Waterbury and Manchester pilot sites.
			C) Expand intensive in-home services such as IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care through budget options.	Budget approved (July 2006) for a 1.2 million expansion.
			D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing.
			E) An RFP was distributed and applications received for Parent/ Child Centers which will provide screening and assessments, targeted hands-on parenting education and family support services to parents, caregivers, family members, and children up to 8 years of age who are referred by the department.	Completed. PEAS programs assigned to 10 area offices.
			F) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.	Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations began 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). Roll-out continues.
			G) Utilize Flex Funds to support reunification by meeting emergency needs to prevent crisis and/or re-entry.	Ongoing.
			H) Expansion of Supportive Housing Contract – Connection Inc. by $2.1 million; increase capacity to serve 345 families in Hartford, Bridgeport, Danbury and Torrington areas. Establish priority access for family preservation/reunification referrals.	Completed. Connections (main contract) provides quarterly and yearly reports. DCF monitoring program and in 2005 demonstrated a 90% success rate.
			I) The ISP Program will provide short-term, intensive, home-based services to families initiated within 48 hours of a child's removal from the home. The purpose of this initiative will be to provide concrete services focused on mitigating safety factors to a level where reunification, within 20 days of the removal, can be considered.	An RFP was released on 6/16/06 to secure this program in each of the area offices. As of the closing date 7/24/06, the department received a 7 proposals (from the existing IFP Contractors) that met qualifications. Each Area Office developed their own Review Committee to review, evaluate and rate the proposals and submit recommendations by 8/17/06. Another RFP will be released on 8/25/06 to secure this service for the remaining offices.

Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
12. <u>Multiple Placements:</u> *to promote stability and the reduction of incidence of trauma, to assure consistent services to children and further the goal of permanency.* At least 85% of the children in DCF custody shall not experience more than 3 placements during a 12-month period.	**2006** **2Q – 96.6%**	LINK report (ROM supplemental report)	**A)** Allocation of $250,000 for specific recruitment activities: Expand the support and development of recruitment initiatives to meet the special cultural and ethnic needs of our children that will provide stable and long-lasting permanency using in-house, private contract and faith-based networks.	Expanded Queen Esther model to 6 additional sites statewide. Employed NRC to engage DCF in planning effort involving Central Office and Area Office staff. A total of 62 inquiries have been received with 4 homes license and 23 pending licensure. Four children have been placed thus far.
			B) Collect Data on shelter placements to better manage an emerging pattern of multiple shelter placements.	Ongoing.
			C) Revise disruption conference policy (36-55-20) to utilize the Area Resource Groups at various stages in the life of the case.	Under review.
			D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing.
			E) Central Placement Team (CPT) enhancements to better manage available beds, improved placement determinations, not just based on level of care but on programming needs and to implement a no unilateral eject/reject policy for residential facilities and group homes is being instituted along with that reorganization to ensure placements.	Ongoing
			F) Resource Family Development model to promote long-lasting support resources for children in out of home care. This effort promises early identification of permanent resources and helps to reduce placement instability. The Department has moved towards this model and imbedded the core values into materials and speaking points for recruitment efforts, marketing materials, and in the PRIDE curriculum (revised and being offered as of June 2005).	Commissioner e-mail distributed to all staff 11/8/05 - describing the model. DCF, with help from the National Resource Center, held (Nov 2005-Jan 2006 state-wide) a series of 12 Facilitate Dialogues (with staff, birth families, and foster families) to help identify barriers. Final recommendations support the transition to a resource family model that increases the role of foster families in supporting birth families and permanency for children. Tools (e.g. children's All About Me and Foster Family Profile form) were further enhanced to ensure better matching.
			G) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.	Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations began 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). Roll-out continues.

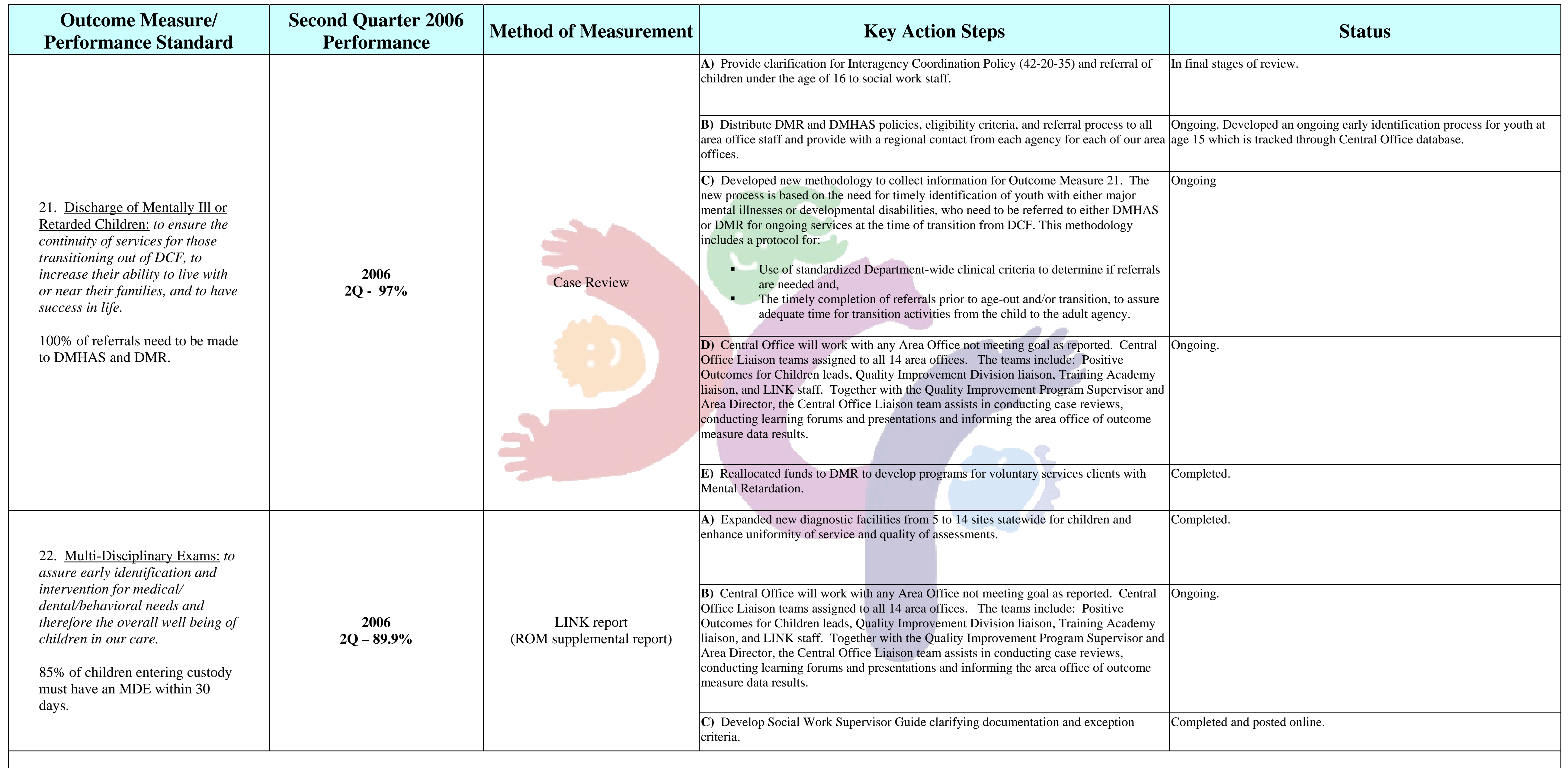
Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
13. Foster Parent Training: *to increase the capacity of foster families to meet the needs of our children and to assure a sense of partnership and support.* Foster parents shall be offered 45 hours post licensing training within 18 months of initial licensure and at least 9 hours each subsequent year. Does not apply to relative, special study or independently licensed foster parents- they require 8 hours pre-service.	**2006** **2Q - 100%**	CAFAP Report	**A)** Convened foster parent advisory group to evaluate pre and post licensing training. To be convened by POC lead twice a year to evaluate quarterly planning efforts by CAFAP.	Ongoing
			B) Develop alternative methods for training (i.e. online), increase training for Spanish-speaking providers, use seminars or conferences in the community such as Board of Education, hospitals, & partner agencies. Sponsored events.	Ongoing. Current emphasis on improving communication materials and classes for Spanish speaking providers. CAFAP in process of translating flyers in Spanish.
			C) Developed training modifications based on CAFAP report and findings. In service was held on 2/21/05 for nine new trainees in areas where curriculum is needed for further development.	Ongoing
			D) CAFAP will submit training certification data to Assistant Bureau Chief of Child Welfare for enhanced tracking of post-licensing training. This will ensure licensing completion.	Ongoing.
			E) DCF to develop other training avenue through the Training Academy and other sponsored training. CAFAP to promote through their areas of communication.	Ongoing. DCF training academy catalog classes now open to foster parent participation.
14. Placement within Licensed Capacity: *to reduce the level of stress that can result in disruption and maltreatment, to maintain stability of placement and reduce trauma, and to focus DCF in its effort to recruit foster families.* At least 96% of children placed in foster homes shall operate within their licensed capacity, except when necessary to accommodate siblings.	**2006** **2Q – 94.5%**	LINK report (ROM supplemental report)	**A)** Use family conferencing model to assist in the identification of appropriate relative resources early on in the life of the case.	Ongoing.
			B) Allocation of $250,000 for specific recruitment activities: Expand the support and development of recruitment initiatives to meet the special cultural and ethnic needs of our children that will provide stable and long-lasting permanency using in-house, private contract and faith-based networks.	Expanded Queen Esther model to 6 additional sites statewide. Employed NRC to engage DCF in planning effort involving Central Office and Area Office staff. A total of 62 inquiries have been received with 4 homes license and 23 pending licensure. Four children have been placed thus far.
			C) When there is a need to approve overcapacity placement the Department shall document the need and develop a support plan in LINK narrative for the home to assure stability.	Completed.
			D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing.
			E) Provide training and guidelines to social work staff regarding all possible "search" options (i.e. tools, websites, etc.) and implement the use of Locate Plus software when normal search efforts fail.	Complete. Utilization review for 2005 identified a need for an additional training which was completed 10/05. Utilization review to be conducted for 2006.
			F) Resource Family Development model to promote long-lasting support resources for children in out of home care. This strategy promises early identification of permanent resources and helps to reduce placement instability. The Department has moved towards this model and imbedded the core values into materials and speaking points for recruitment efforts, marketing materials, and in the PRIDE curriculum (revised and being offered as of June 2005).	Commissioner e-mail distributed to all staff 11/8/05 - describing the model. DCF, with help from the National Resource Center, held (Nov 2005-Jan 2006 state-wide) a series of 12 Facilitate Dialogues (with staff, birth families, and foster families) to help identify barriers. Final recommendations support the transition to a resource family model that increases the role of foster families in supporting birth families and permanency for children. Tools (e.g. children's All About Me and Foster Family Profile form) were further enhanced to ensure better matching.

Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
15. Needs Met: *to prioritize service needs, identify service gaps, eliminate service redundancy, and facilitate access in order to assure a family's physical and emotional well-being and ultimately build their capacity as a family.* At least 80% of families' and children's medical, dental, mental health and other service needs as specified in the treatment plan must be documented in LINK.	**2006** **2Q - n/a**	Qualitative case reviews will be used to measure this outcome for all Quarter reports. No LINK reports available.	**A)** Development of an enhanced assessment model through Structured Decision-Making (SDM). Steering Committee established.	Implementation targeted for January 2007.
			B) The Managed Service System develops a process for review and coordination of discharge plans for all children in residential care and to identify all community resources in support of children to remain in their communities.	Ongoing in all area offices.
			C) Budget option approved to expand Intensive In-Home to offer an array of services to families along a continuum that promotes reunification/permanency for children and expand intensive in-home services such as, IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care.	Budget approved (July 2006) for a 1.2 million expansion.
			D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing
			E) Pursuant to federal law, DCF has established a referral protocol for all children under the age of 3 involved in a substantiated CPS case to Birth to Three for evaluation.	Completed
			F) Bi-monthly meetings with the MHPDs of ARG to involve, when appropriate, updates about new, expanded and available health care services to improve awareness and expedite access. Area offices have broadened the consultation capacity of the Area Resource Group to assist in the development of a treatment plan for complex cases requiring significant supports (i.e. Parents with Cognitive Limitations, Medically Complex cases, etc.).	Complete hiring of psychologists
			G) Expand new diagnostic facilities by 5-14 to eliminate wait-lists and transportation barriers for children.	All up and running.
			H) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.	Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations began 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). Roll-out continues.
			I) Parent/ Child Centers (PEAS) established to provide screening and assessments, targeted hands-on parenting education and family support services to parents, caregivers, family members, and children up to 8 years of age who are referred by the department.	Completed. PEAS assigned to all area offices.
			J) Implement a no unilateral eject/reject policy for residential facilities and group homes	Completed.
			K) Central Placement Team (CPT) enhancements to better manage available beds, improved placement determinations, not just based on level of care but on programming needs and to implement a no unilateral eject/reject policy for residential facilities and group homes is being instituted along with that reorganization to ensure placements.	Ongoing

Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
16, 17. Worker-Child Visitation- Out of Home/Worker-Child Visitation- In Home: *to establish an ongoing means to assess family status, including safety issues, and monitoring progress towards treatment plan goals.* #16: DCF shall visit at least 85% of children in out of home care at least once a month except for probate, interstate and voluntary. #17: DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases.	**2006** **2Q** **#16:** Monthly: 86.5% Quarterly: 90.9% **#17:** Quarterly: 87.6%	LINK report (ROM supplemental report)	**A)** Agreement reached with Court Monitor to allow for private agency SW's visits to count and for information concerning these visits to be documented in LINK. Clarify DCF representation and include visits made by FASU (Out-of-Home). Per Monitor Agreement, define the role of the ICPC and other "DCF representatives" in achieving visitation requirements.	Completed
			B) Assignment of 5 positions to be posted to out-of-state residential facilities as the responsible party for visiting all the DCF youth in the assigned residential facilities. Role announced in March newsletter to staff.	Completed
			C) To assure greater success for social workers in meeting the visitation requirements, achievement of caseload standards occurred August 15, 2004 and the receipt of 100 new state vehicles was acquired by November 1, 2004.	Completed
			D) Re-establish the use of face-to-face contact narratives via a LINK build in December. "Attempted face to face no contact" via LINK build - April 2005.	Completed.
			E) Area Office Quality Improvement Plans to reflect areas for improvement and progress and incorporated into PARS reviews to ensure performance.	Ongoing
			F) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing.
18. Caseload Standards: *to increase the quality of our interventions and supports to children and their families.* Current standards remain - 100%.	**2006** **2Q – 100%**	LINK report (ROM supplemental report)	**A)** Continuous tracking and quality improvement process utilizing data reports on caseload standards (AO/CO).	Ongoing
			B) Converted the existing durational social work positions into 25 permanent social work positions. Remaining 27 will stay as durational and filled by department as needed. An additional 9 durational staff will be added to staff.	Completed
			C) Monitor social worker staffing levels through Human Resources, maintain a candidate pool and streamline hiring process for these positions.	Reports on vacancies and offers are ongoing. Live Scan for quicker background checks in operation, and changes were made to application to allow for background checks to begin prior to hiring.
			D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing.

Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
19. <u>Reduction in Residential:</u> *to increase opportunities for children to be in more clinically appropriate and least restrictive settings for services, to allow them to be closer to their families and communities, and to increase family involvement.* Residential placements must not exceed 11% of the total number of children in out of home care.	**2006** **2Q - 10.8%**	LINK report (ROM supplemental report)	**A)** The Managed Service System develops a process for review and coordination of discharge plans for all children in residential care and to identify all community resources in support of children to remain in their communities.	Ongoing in all area offices.
			B) The no unilateral eject/no unilateral reject process was initiated in early 2006 with the advent of the Administrative Service Organization as well as the revision of the entire referral process to out-of-home care. Some of the most critical aspects of this process include such things as: the requirement of the Comprehensive Global Assessment (CGA); matching youth to appropriate provider vacancies using the CGA and the provider submitted Admission Criteria Forms; discussion of the referral with the provider by the CPT Director to ensure match; pre-placement meetings with all requisite individuals at the provider site (instead of multiple interviews and referrals); and more aggressive attempts to salvage placements by ARG, Enhance Care Coordinators, Psychologists/Licensed Social Workers, etc. before a youth is disrupted.	Ongoing.
			C) Budget expanded Intensive In-Home to offer an array of services to families along a continuum that promotes reunification/permanency for children and expand intensive in-home services such as, IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care.	Budget approved (July 2006) for a 1.2 million expansion.
			D) Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices.	Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations began 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). Roll-out continues.
			E) Group Home development is underway which will significantly expand the number of group homes in the state. This activity is proposed to be sustained through the initial emphasis on out of state children.	To date 24 group homes have been open. Budget Option to annualize cost and continue development was supported by legislature.
			F) Beginning in March 2005 and continuing to date, Behavioral Health Program Directors meet biweekly with state facility superintendents and staff from the Bureau of Behavioral Health, Medicine and Education to review discharge plans for youth "overstays" in the facilities, safe homes, shelters, and private hospitals; Managed Service Systems, co-chaired by Area Directors and Enhanced Care	Ongoing

Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
20. Discharge Measures: *to ensure life skills and work/educational credentials before transitioning out of DCF so that they may have success as independent members of their communities.* For 85% of adolescents. Must be documented in LINK. Re; Diplomas, college, GED, employment, or military.	**2006** **2Q - 91%**	Case Review	**A)** Develop alternative approaches aimed at doing outreach in the community (e.g. employers, support services, mentors, special training for foster/adoptive parents). Collaborate with the Department of Labor on youth employment opportunities under WIA to support young adults in their lifelong interests.	Established regular meetings with the DOL and the Workforce Boards, on a state-wide basis, to ensure that youth receive priority access to services. Have partnered with DOL on a number of initiatives.
			B) Repositioned Adolescent Services within Department to bring greater focus to the needs of this target population and will enhance services and program support for independent living. • Life skills training expansion. • The Department in conjunction with the Department's of Social Services, Mental Health and Addictive Services, Economic Development, Office of Policy and Management and Connecticut Home Finance Authority will establish a Supportive Housing pilot for young adults transitioning from homelessness or youth systems (e.g. foster care or residential facilities).	Ongoing training of provider network including residential programs, group homes, SWETP (formally transitional programs), CHAP and foster parents, as well as the network of contracted Community Life Skills Providers in the Ansell-Casey Life Skills Program model. Training now available to other partner agencies and will begin this fall and continue throughout next year. Currently reviewed 15 Request For Proposals for Supportive Housing Programs. The young adult slots will be incorporated into the overall programs for families, adults and young adults. Awaiting approval.
			C) Develop alternative approaches aimed at doing outreach in the community (e.g. employers, support services, mentors, special training for foster/adoptive parents). Establish pilot with CT. Voices for Children in Hartford (40 slots) and Bridgeport (35 slots) (CT. Jim Casey Youth Opportunities Initiative) that serves to help youth transition successful from the foster care system.	Program continues to receive 75 youth per year to the Jim Casey Projects in Hartford and Bridgeport and partner with providers and Ct. Voices for Children on ensuring successful continuation and completion in the program. DCF will be expanding via a RFP to replicate the Jim Casey Project, for the New Haven area of the state. This program is scheduled to begin in December of this year and will serve 60 youth.
			D) Work with Adolescent Units to resurrect adolescent advisory boards utilizing a regional format.	Ongoing
			E) Implement pilot program at High Meadows with an emphasis on job coaching and job training to help with transition.	Implemented December 1, 2005 with 8 youth participating.
			F) TLAP Expansion - budget doubled from 3 to 6 the number of TLAP programs.	Expansion targeted for September 2006.
			G) Develop system to identify Adolescents (18+ years) that are in ILP/CHAPS program for reporting purposes.	Completed LINK enhancement.



Outcome Measure/ Performance Standard	Second Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
21. Discharge of Mentally Ill or Retarded Children: *to ensure the continuity of services for those transitioning out of DCF, to increase their ability to live with or near their families, and to have success in life.* 100% of referrals need to be made to DMHAS and DMR.	**2006** **2Q - 97%**	Case Review	**A)** Provide clarification for Interagency Coordination Policy (42-20-35) and referral of children under the age of 16 to social work staff.	In final stages of review.
			B) Distribute DMR and DMHAS policies, eligibility criteria, and referral process to all area office staff and provide with a regional contact from each agency for each of our area offices.	Ongoing. Developed an ongoing early identification process for youth at age 15 which is tracked through Central Office database.
			C) Developed new methodology to collect information for Outcome Measure 21. The new process is based on the need for timely identification of youth with either major mental illnesses or developmental disabilities, who need to be referred to either DMHAS or DMR for ongoing services at the time of transition from DCF. This methodology includes a protocol for: ▪ Use of standardized Department-wide clinical criteria to determine if referrals are needed and, ▪ The timely completion of referrals prior to age-out and/or transition, to assure adequate time for transition activities from the child to the adult agency.	Ongoing
			D) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing.
			E) Reallocated funds to DMR to develop programs for voluntary services clients with Mental Retardation.	Completed.
22. Multi-Disciplinary Exams: *to assure early identification and intervention for medical/ dental/behavioral needs and therefore the overall well being of children in our care.* 85% of children entering custody must have an MDE within 30 days.	**2006** **2Q – 89.9%**	LINK report (ROM supplemental report)	**A)** Expanded new diagnostic facilities from 5 to 14 sites statewide for children and enhance uniformity of service and quality of assessments.	Completed.
			B) Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results.	Ongoing.
			C) Develop Social Work Supervisor Guide clarifying documentation and exception criteria.	Completed and posted online.