Juan F. v Rell
Exit Plan

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

Exit Plan Outcome Measures
Summary Report
Third Quarter 2005
July 1, 2005 – September 30, 2005

November 2005

Submitted by:
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Exit Plan Outcome Measures
Summary Report
Third Quarter 2005

November 16, 2005

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

Dear Mr. Mancuso,

Attached please find the Exit Plan Outcome Measures Third Quarter 2005 Report. I want to thank Department staff for their strong commitment to the Exit Plan's goals for improving the quality of service for children and families. This report continues to demonstrate that by working together with families and communities, we have made real progress. I am confident that we are poised to sustain and continue the improvements now underway. Enclosed, please find the following materials:

- Commissioner's Highlights of the Third Quarter
- Third Quarter Exit Outcomes Measures Overview
- Status of Work Matrix

This quarterly report represents the first time we are able to provide valid data to measure 20 out of the 22 outcomes with the exception of those two (treatment plans and children's needs met) that will continue to require case reviews throughout the Exit Plan due to their complexity. These two measures are not reported in this quarterly report as we are in the midst of making significant changes in the way treatment plans are developed and evaluated. Being able to rely on our data systems demonstrates the maturity and development of our quality assurance and improvement capacities. The culture of accountability that the Exit Plan supports is becoming a more complete reality.

Of course, accountability is meant to lead to improvements, and we see that important improvements have been sustained during the Third Quarter. Overall, 9 of 19 measures show we reached the goal, and another measure – re-entry into DCF care – appears to have reached the goal pending verification through a case review now underway. Two measures were attained for the first time. Importantly, we have sustained measures that have met goals in the past, including two measures for four consecutive quarters, two measures for six consecutive quarters, and one measure for seven consecutive quarters. In addition, some of the most challenging outcomes, including timeliness of adoption and reducing reliance on residential placements, have seen significant improvements over the course of the Exit Plan.

While the Exit Plan has fostered a culture of accountability and a clear focus on improvements, credit must go to our staff for their energy and dedication brought to the task of providing quality services to children and families. I am very proud of their work.

Sincerely,

Darlene Dunbar, MSW
Commissioner

Third Quarter 2005 Exit Plan Report
Commissioner Highlights

Department staff sustained established improvements in the quality of services for children and families while also demonstrating success and progress in new areas during the Third Quarter of 2005. Five separate outcomes that were met in the Second Quarter were sustained in the Third Quarter. Two of those measures were met for the sixth consecutive time in the Third Quarter and one for the seventh consecutive time. In addition, two outcome measures – reunification and sibling placement – were met for the first time. Two other outcomes, one measuring proper preparation to transition children who remain in our care until at least age 18, and the other for timely adoptions, were met for the second time.

Overall, 9 of 19 measures captured in this report met the Exit Plan goals. Another measure capturing re-entry into DCF care shows that we met the goal, however we are conducting a case review to ensure its full accuracy.

ACCOMPLISHMENTS

This quarterly report shows we met the following outcomes:

- Commencement of Investigations: The goal of 90 percent was exceeded for the fourth quarter in a row with a current achievement of 96.2 percent, the highest ever 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 fourth consecutive quarter and also setting the highest level ever under the Exit Plan.
- Maltreatment of Children in Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the seventh consecutive quarter with an actual measure of 0.8 percent.
- Reunification: For the first time under the Exit Plan, staff met the 60 percent goal for reunifying children with their parents within 12 months in 64.2 percent of cases.
- Adoption: For second quarter of the last three, staff exceeded the 32 percent goal for the timely finalization of adoptions within 24 months by meeting the timeline for 34.4 percent of the children, the highest level recorded under the Exit Plan and more than two times as high as the 2003 baseline.
- Sibling Placement: For the first time under the Exit Plan, staff met the 95 percent goal for placing siblings together by achieving that result for 96 percent of children.
- Multiple Placements. For the sixth consecutive quarter, the Department exceeded the 85 percent goal with a rate of 95.8 percent.
- Foster Parent Training. For the sixth consecutive quarter, the Department met the 100 percent goal.
- Discharge Measures: For only the second time under the Exit Plan, staff met the 85 percent goal by ensuring that 95 percent of children discharged at age 18 from state care had attained either educational and/or employment goals.

While meeting goals for the first time is a noteworthy accomplishment, sustaining them is most important. Meeting the two investigations measures for four consecutive quarters is a solid demonstration of the value staff have for the safety of children and the timely intervention that can make a critical difference for families in need. It also is gratifying that both measures reached the highest level of performance to date under the Exit Plan and that the timely completion of investigations has increased more than 19 percent since the 2003 baseline. Two measures of the quality of a child's treatment in foster care also have consistently met standards. Staff met goals for minimizing maltreatment of children in out-of-home care and multiple placements for seven and six consecutive quarters respectively. If children require an out-of-home placement, staff are committed to mitigating the trauma by keeping children safe and as stable as possible under the circumstances.

Other indicators of the quality of services for families and children in our care were met for the first time in the Third Quarter. Timely reunification is one of these indicators that demonstrate that our interventions with families in need are effective and expeditious. Reducing the length of time a child spends in care helps mitigate the trauma from separation that results and also recognizes the importance of attaining permanency for children. Meeting the goal for the first time for placing siblings together is another demonstration of our staff's commitment to mitigating the trauma of placing a child in out-of-home care by increasing the available supports for children and the connection to their natural supports. For children who cannot be reunited with their families and remain in our care, we must do all we can to prepare them to become successful and independent adults. The Department's Quality Improvement Division conducted a case review showing that 95 percent of youth remaining in our care until at least 18 years of age have met appropriate educational and/or employment goals prior to discharge.

The case review found that 21 percent of youth were set to attend a two or four year college full time after having graduated from high school. Five percent were set to attend college part time, had obtained part-time employment, and had graduated high school. Another 46 percent graduated from high school. An additional 13 percent graduated high school and had full time employment. Five percent graduated high school and enlisted full time in the military. Five percent attained a GED. Five percent met none of the achievement measures.

The Department's commitment to timely permanency for children is at the forefront of our work. We are gratified that we met the goal for achieving timely adoption in the quarter for the second time under the Exit Plan and that we have seen a substantial improvement since the Exit Plan's commencement. This 21-month period has featured a real concentration on this vital aspect of child well-being, and the number of children who have achieved permanency (through adoption and subsidized guardianship) is more than 1,585 children. (This excludes children for whom guardianship was transferred during the third quarter of 2004.) One way to appreciate this level of work is to note that during the 48-month period from State Fiscal Year 1997 to the end of State Fiscal Year 2000, there were 1,639 permanent homes found – only slightly more than the past 21 months.

Even in areas where we did not meet the goal for this quarter, staff have made important improvements over the life of the Exit Plan. Worker visits of children in an in-home case has more than doubled since the first measurement under the Exit Plan in the First

Quarter of 2004. Visitation of children in out-of-home care has increased by more than 11 percent over the same period. While we are disappointed that two workers were over caseload (each by a single case and not for more than two days over the limit) and that measure was not met for the first time after meeting it over five consecutive quarters, that compares very favorably to the 298 workers who were over the caseload in the first quarter of 2004. Indeed, the present situation where it is exceptional for workers to exceed caseload is what enables the frequency of visitation to have so markedly improved.

Another area where we have made substantial progress is in reducing the use of residential placements. Since April 2004, there has been more than a 22 percent reduction – 201 fewer children – in residential placements. There were 688 children in residential placement on October 14 compared to 889 children on April 11, 2004. We are now trending steadily toward meeting the goal of having no more than 11 percent of all children in care in a residential placement and as of this writing stand at 11.6 percent. With the ongoing efforts of the managed service system reviewing services for each child in and at risk for a residential setting and with the development of a number of group homes, staff is prepared to reach the goal of finding the appropriate level of care for each child in need of mental health and substance abuse services.

Even more dramatic improvement is seen in the number of children in an out-of-state residential program. Since late November 2004, the Department has reduced the number of children in an out-of-state residential program (including adjudicated delinquents committed to the Department) by 40 percent. As of September 1, 2005, there were 199 fewer children in an out-of-state program compared to only 10 months ago. This reduction in the number of children in an out-of-state placement, while not directly captured in the outcome measure, is particularly important for child well being because children need continuity in their relationships and connections to their communities. Greater proximity allows for regular and intensive treatment that involves all family members and allows for improved transitions from care.

During the quarter, as the managed services system continues its work and group homes continue to be developed, DCF completed its contract with the vendor that will serve as the Administrative Services Organization (ASO). The ASO will begin its work in the coming weeks, and we are confident that additional improvements to the system of care will benefit children and families facing the challenges of mental illness and substance abuse. We expect the ASO to enable the Department to further expand options for families seeking treatment and to enhance our ability to assess the effectiveness of services and allocate resources accordingly. The ASO will enable the Department to further improve its partnership with community providers and to strengthen the provision of direct services to children and families.

CHALLENGES

The Third Quarter of 2005 reinforces the view among Department staff that the Exit Plan continues to strengthen our work and to support important improvements in services for children and families. At the same time, the quarter shows we cannot in any way take for granted what we already have achieved or assume that any sustained improvement will take hold without constant focus, continuous effort and unceasing vigilance. That the caseload measure was missed – by two out of a total of more 1,100 caseload carrying workers, by one case each, and for no more than two days over the limit – serves as a

reminder that no outcome can be assumed and that once attained every success requires ongoing monitoring and management – even to the smallest details.

With this in mind, two of the most challenging outcomes are treatment planning and meeting children's needs. Each goes to the heart of our work, and we are fully committed to making the significant improvements they require. Training and implementation of a family conferencing model, which will be a key in effective treatment planning, is well underway. Initial training has been completed, family conferences are being held in all area offices, and the area offices have asked for a second round of training to focus on coaching and working with "special population" families. Some of the offices have requested an emphasis on family violence, parents with cognitive limitations, mental health needs, and incorporating the cultural needs of our families. In addition, a "structured decision making" enhanced assessment model is under development with a timeframe of fall 2006. 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 our child protection systems. Finally, a new treatment-planning guide has been developed and training in its use is underway. This guide will enable workers to more effectively assess families and engage them to construct a strengths-based plan for intervention. This family-friendly version allows for a more comprehensive treatment plan that addresses the underlying issues resulting in the family's involvement with DCF and helps to better track progress toward the goals established with the family. We believe the family conferencing and structured decision making models, together with the new treatment planning format, will cumulatively have a fundamental impact on our work and will lead to long-term and sustained improvements in the services we offer children and families.

Overall, the Department continues to make full use of the opportunities the Exit Plan provides to improve the quality of services for children and families. The Exit Plan continues to support a culture of accountability that enables the Department to assess its performance in key areas in ways it has never been able to before. Even more important, the Exit Plan continues to provide a fertile environment in which we continue to advance the quality of our work. I want to thank our staff for moving a vision of accountability and quality services closer toward a full and meaningful reality for the children and families directly affected by our work

3Q July 1-September 30, 2005 Exit Plan Report

Outcome Measure Overview

Measure	Measure	Baseline	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005	2Q 2005	3Q 2005
1: Commencement of Investigation*	>=90%	X	X	X	X	91.2%	92.5%	95.1%	96.2%
2: Completion of the Investigation	>=85%	73.7%	64.2%	68.8%	83.5%	91.7%	92.3%	92.3%	93.1%
3: Treatment Plans**	>=90%	X	X	X	10%	17%	X	X	X
4: Search for Relatives*	>+85%	58%	93%	82%	44.6%	49.2%	65.1%	2/15/06*	5/15/06*
5: Repeat Maltreatment of In-Home Children	<=7%	9.3%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%
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%
7: Reunification*	>=60%	57.8%	X	X	X	X	X	X	*64.2%*
8: Adoption	>=32%	12.5%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%
9: Transfer of Guardianship	>=70%	60.5%	62.8%	52.4%	64.6%	63.3%	64.0%	72.8%	64.3%*
10: Sibling Placement*	>=95%	57%	65%	53%	X	X	X	X	96%
11: Re-Entry into DCF Custody*	<=7%	6.9%	X	X	X	X	X	X	*6.4%*
12: Multiple Placements	>=85%	X	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%
13: Foster Parent Training	100%	X	X	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%
15: Children's Needs Met	>=80%	X	53%	57%	53%	56%	X	X	X
16: Worker-Child Visitation (Out-of-Home)*	>=85% 100%	X	Monthly-72% Quarterly-87%	Monthly-86% Quarterly 98%	Monthly-73% Quarterly-93%	Monthly-81% Quarterly-91%	Monthly 77.9% Quarterly 93.3%	Monthly 86.7% Quarterly 95.7%	Monthly 83.3% Quarterly 92.8%
17: Worker-Child Visitation (In-Home)*	>=85%	X	39%	40%	46%	33%	X	81.9%	78.3%
18: Caseload Standards+	100%	69.2%	73.1%	100%	100%	100%	100%	100%	99.80%
19: Reduction in the Number of Children Placed in Residential Care	<=11%	13.5%	13.9%	14.3%	14.7%	13.9%	13.7%	12.6%	11.8%
20: Discharge Measures	>=85%	61%	74%	52%	93%	83%	X	X	96%
21: Discharge of Mentally Ill or Retarded Children	100%	X	43%	64%	56%	60%	X	X	78%
22: Multi-disciplinary Exams (MDE)	>=85%	5.6%	19.0%	24.5%	48.9%	44.7%	55.4%	52.1%	54.6%

Results based on Case Reviews ****For 1Q and 2Q 2005 case reviews will not be conducted for outcome measures #: 3, 4, 15, 16, 17, 20 and 21.*****

NOTE: Case reviews will continue to be conducted for two quarters following the LINK build (this will allow for a two quarter testing period). A LINK report will be conducted for the third quarter following the LINK Build.

* OM 4 Link report posted for 3Q 2005 reflecting status of children entering care for the 1Q 2005 period. This is consistent with the Exit Plan measure definition. Refer to 1Q 2005 column.

OM 7, 11 LINK data via ROM report available for 3Q 2005. With a case review to supplement ROM report. *For re-entry, the case review was not completed for 3Q 2005, this is not an official result.*

OM 10 Case review. Under negotiations with Court Monitor for ROM reporting and supplemental case review.

OM 16, 17 Case reviews for 2/15/05 and 5/15/05. 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.*

OM 8, 9 As of the 3Q 2005 the LINK report will include all **n/a** cases (unable to determine date of removal but who have achieved permanency either through adoption or transfer of guardianship) into the data results. Following are the results including the n/a: 1Q 2005 (OM 8- 23.3%; OM 9 – 50.0%) and 2Q 2005 (OM 8 – 30.2%; OM 9 – 48.0%). For 3Q 2005 results, 48 were n/a. A Case review was conducted to determine the status of these n/a cases. The Results show the following: Out of the 48 n/a – 14 met the goal, 8 did not meet the goal and 26 were non-applicable (children were never in foster care nor legally committed to DCF – these were cases where the TOG occurred between other parties). Therefore, we completed a total of 112 TOG for 3Q 2005 with 63.4% meeting the goal and 36.6% not meeting the goal.

Treatment Plans**

** Treatment Plans were evaluated based on four (4) major categories (including elements a-o):

2004

1Q Background Information (53%), Assessment Information (52%), Treatment Services (47%), and Progress Toward Case Goals (18%). (Approved and Not Approved treatment plans)
2Q Background Information (60%), Assessment Information (37%), Treatment Services (43%), and Progress Toward Case Goals (32%). (Approved and Not Approved treatment plans)
3Q Background Information (66%), Assessment Information (52%), Treatment Services (55%), and Progress Toward Case Goals (35%). (Approved treatment plans only – 86)
4Q Background Information (69%), Assessment Information (67%), Treatment Services (54%), and Progress Toward Case Goals (34%). (Approved treatment plans only – 86)

2005

1Q N/A

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).

2004

1Q Treatment Plan Written in the family's primary language n/a and Treatment Plan Conference conducted in the family's primary language (95%)
2Q Treatment Plan Written in the family's primary language (91%) and Treatment Plan Conference conducted in the family's primary language (98%)
3Q Treatment Plan Written in the family's primary language (89%) and Treatment Plan Conference conducted in the family's primary language (97%)
4Q Treatment Plan Written in the family's primary language (97%) and Treatment Plan Conference conducted in the family's primary language (100%)

2005

1Q N/A

X OM 3 and OM 15 - No LINK report expected. Case Review Only.

Caseload Standards +

2004

1Q Data results for baseline and 1Q only reflect cases over 100% not those that meet exception criteria.
2Q As of August 1, 2004 the Department has achieved caseload standards – 100% (in accordance with the exception criteria). On August 1, 2004 fifteen (15)
cases, over 100% caseload utilization, met the exception criteria (cases over 100% and not over for 30 days or more).
3Q As of November 15, 2004 the Department remains at the 100% compliance mark. The sixteen (16) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).
4Q As of February 15, 2005 the Department continues to meet the 100% compliance mark. The sixteen (16) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

2005

Caseload Standards +

1Q As of May 15, 2005 the Department continues to meet the 100% compliance mark. The seventeen (17) 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, 2005 the Department continues to meet the 100% compliance mark. The thirty-one (31) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).
3Q As of November 15, 2005 the Department did not meet the 100% compliance mark. Out of the twenty-three cases over 100% caseload utilization two (2) did not meet the exception criteria (cases over 100% and not over for 30 days or more).

Outcome Measure/ Performance Standard	Quarter 3 2005 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.	**2005** **3rd Quarter: 96.2%**	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.	In cue
			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.	Instituted 7/04 and 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.	**2005** **3rd Quarter: 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.	Instituted 7/04 and 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 will propose legislation requesting a change in the statutory requirement of completing investigations within 30 days. This request change would extend the statutory requirement to 45 days so that it comports 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	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
3. Treatment Plans: *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.	**2005** **3rd Quarter:** See Monitor's Comprehensive Case Review	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.
			B) Develop a web-based Uniform Case summary-prototype with a first "draft" being presented in Oct. 2005 to commissioner and Sr. Mgt.	Ongoing.
			C) Development of an enhanced assessment model. Begin steps towards a professional evaluation of a comprehensive assessment process. Consult on benefits of SDM.	Internal implementation Team assigned. Contracting underway.
			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=SharePoint Pilot testing new template and tool underway).	Complete concurrent planning curriculum and schedule NRC and Area Office training. Family Conference Phase I concluded. Phase II in process. Treatment Planning Training Phase I in process.
			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.).	ARG staff hired at full capacity. Care coordinators hired at full capacity. Global assessment specialists – 6 of 14 positions filled.
			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.	Completed Mar. 2005. Follow-up all activities to Oct. 2005 per office. Tips incorporated into SWS Guide.

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
4. Search for Relatives: *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.	**2005** **3rd Quarter: 65.1%** Data reflects 2005 Qtr 1 due to 6 months 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
			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. Review utilization – June 2005. Locate Plus 2nd training – completed 10/05
			E) Started Casey Family Programs Supporting Kinship Care Collaborative in the Bridgeport area office.	The Project was completed on October 1, 2005 and extended to January 1, 2006. Currently working on presentation for Commissioner, TAC and POC liaisons on findings. Resource Planning Training will be expanding to all area offices if requested.
			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 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	Quarter 3 2005 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.	**2005** **3rd Quarter: 9.1%**	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 up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 10/05, ROM training is being offered to all area offices onsite and at the Training Academy. All POC leads, Quality Improvement Division staff, and Quality Improvement Program Supervisors in the area offices have been trained and have access.
			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. Begin steps towards a professional evaluation of a comprehensive assessment process. Consult on benefits of SDM.	Internal implementation Team assigned
			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 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 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
			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.	Contract finalizations and website development by 11/05. Provider/Member Forums and enrollment by 12/05. Implementation by 1/1/06.
			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.	In development.
			I) 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 expansion approved

Outcome Measure/ Performance Standard	Quarter 3 2005 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.	**2005** **3rd Quarter: 0.8%**	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 up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 10/05, ROM training is being offered to all area offices onsite and at the Training Academy. All POC leads, Quality Improvement Division staff, and Quality Improvement Program Supervisors in the area offices have been trained and have access.
			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.	1. Completed 2. Completed 3. Delayed until December 1, 2005 due to relocation delays.
			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.	Instituted 7/04 and ongoing.

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
7. Reunification: *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.	**2005** **3rd Quarter: 64.2%**	In Negotiation. Technical issues being addressed.	**A)** Area Office Quality Improvement Plans to reflect areas for improvement and progress, and 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 implemented in Jan. 2004.	Evaluate tool to determine its effectiveness. Modify tool assessment as necessary. Conduct random sample to assess compliance to ensure consult is being completed.
			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.	Develop tool to assess effectiveness of program.
			D) Implementation of formalized supervisory conference. SWS to discuss viability of current permanency goal for all children in OOH care at 3 months.	Conduct random sample. Follow-up with Area Office Management teams. Review Process.
			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 up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 10/05, ROM training is being offered to all area offices onsite and at the Training Academy. All POC leads, Quality Improvement Division staff, and Quality Improvement Program Supervisors in the area offices have been trained and have access.
			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 and Manchester.	Contract Finalization in process. Startup of services by 12/1/05.
			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. Second expansion submitted for additional expenses.	Budget option approved.
			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.	Selection of trainers through RFQ in process. Training begins Jan. 1, 2006.
			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.	Ongoing
			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.	Instituted 7/04 and ongoing.

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
			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. Review utilization - June 2005. Locate Plus 2nd training - completed 10/05
			L) 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.
			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.	Contract finalizations and website development by 11/05. Provider/Member Forums and enrollment by 12/05. Implementation by 1/1/06.

Outcome Measure/ Performance Standard	Quarter 3 2005 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.	**2005** **3rd Quarter: 34.4%**	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.	Ongoing. Look to evaluate and see if MAP should be broadened beyond. First time placement after Jan. 2005.
			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 and ongoing.
			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.	Selection of trainers through RFQ in process. Training begins Jan. 1, 2006.
			F) Allocation of $500,000 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 4 additional sites statewide. Employed NRC to engage DCF in planning effort involving Central Office and Area Office staff. Implementation underway.
			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.	Additional LINK reports and contracts need to be finalized. ROM is currently up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 10/05, ROM training is being offered to all area offices onsite and at the Training Academy. All POC leads, Quality Improvement Division staff, and Quality Improvement Program Supervisors in the area offices have been trained and have access.
			H) Resource Family Development model to promote long-lasting support resources for children in out of home care. This program promises early identification of permanent resources and helps to reduce placement instability. Foster parents commit to serve as mentors and provide ongoing support and connection to birth families while providing permanent care to children. Initial pilots to be established in at least 2 area offices - 8/05.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.
			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.	Final stages of review.

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
			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.	Contract finalizations and website development by 11/05. Provider/Member Forums and enrollment by 12/05. Implementation by 1/1/06.
			K) Collaborative with Casey Family Services to increase adoption-competent mental health practitioners in the community to increase support for adoptive families. Engaged with two state universities to develop certification programs (Springfield - UCONN).	Ongoing.
			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.
			M) Developed a shared spreadsheet between DCF and Juvenile court for Adoption tracking that identifies key milestones in the process.	Ongoing.

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
9. Transfer of Guardianship: *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.	**2005** **3rd Quarter: 64.3%**	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. Evaluate decisions
			C) Revised subsidized guardianship policy (41-50-1 through 41-50-14) to reflect current practice and ASFA timeframes.	Final stages.
			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.	Selection of trainers through RFQ in process. Training begins Jan. 1, 2006.
			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.	Contract finalizations and website development by 11/05. Provider/Member Forums and enrollment by 12/05. Implementation by 1/1/06.
			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.	Evaluation tool development in conjunction with QID. Data collection being gathered by ACR staff.

Outcome Measure/ Performance Standard	Quarter 3 2005 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.	**2005** **3rd Quarter: 96%**	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.	Second training held October 2005. Ongoing. Review set for March and October.
			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.	Instituted 7/04 and ongoing.
			F) Sibling Visitation Project. RFP to establish a volunteer program that utilizes trained individuals to support monthly visits for separated, sibling groups in out of home care.	RFP development in process. Start-up June 1, 2006.

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
11. Re-Entry into DCF Custody: *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.	**2005** **3rd Quarter: 6.4%** (Testing)	In Negotiation.	**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 up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 10/05, ROM training is being offered to all area offices onsite and at the Training Academy. All POC leads, Quality Improvement Division staff, and Quality Improvement Program Supervisors in the area offices have been trained and have access.
			B) Operational plans for the use of transition plans at case closing to help maintain supports and reduce likelihood of re-entry into care.	Pilot project proposal to be developed by the Hartford Area Office by December 1, 2005. Review and approval by Chief of Staff by December 7, 2005. RFP and implementation - Jan - March 2006.
			C) 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.	Contract Finalization in process. Startup of services by 12/1/05. Final Stages of contract. Run through 9/30/05.
			D) 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.	Ongoing.
			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.	Instituted 7/04 and ongoing.
			F) 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.
			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.	Contract finalizations and website development by 11/05. Provider/Member Forums and enrollment by 12/05. Implementation by 1/1/06.
			H) Utilize Flex Funds to support reunification by meeting emergency needs to prevent crisis and/or re-entry.	Ongoing.
			I) 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.	Ongoing.

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
12. Multiple Placements: *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.	**2005** **3rd Quarter: 95.8%**	LINK report (ROM supplemental report)	**A)** Allocation of $500,000 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 4 additional sites statewide. Employed NRC to engage DCF in planning effort involving Central Office and Area Office staff. Implementation underway.
			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.	Underway.
			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. To be implemented by Behavioral Health. Must incorporate/advise OFAS.
			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 program promises early identification of permanent resources and helps to reduce placement instability. Foster parents commit to serve as mentors and provide ongoing support and connection to birth families while providing permanent care to children. Initial pilots to be established in at least 2 area offices - 8/05. 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.
			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.	Contract finalizations and website development by 11/05. Provider/Member Forums and enrollment by 12/05. Implementation by 1/1/06.

Outcome Measure/ Performance Standard	Quarter 3 2005 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.	**2005** **3rd Quarter: 100%**	CAFAP Report	**A)** Convene 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 - assigned to Anne Steers. CAFAP in process of translating flyers in Spanish.
			C) Developed training modifications based on CAFAP report and findings. In service was held on Feb. 21 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.
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.	**2005** **3rd Quarter: 94.8%**	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 $500,000 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 4 additional sites statewide. Employed NRC to engage DCF in planning effort involving Central Office and Area Office staff. Implementation underway.
			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.	Instituted 7/04 and 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. Review utilization - June 2005. Locate Plus 2nd training completed 10/05.
			F) Resource Family Development model to promote long-lasting support resources for children in out of home care. This program promises early identification of permanent resources and helps to reduce placement instability. Foster parents commit to serve as mentors and provide ongoing support and connection to birth families while providing permanent care to children. Initial pilots to be established in at least 2 area offices - 8/05. 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.

Outcome Measure/ Performance Standard	Quarter 3 2005 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.	**2005** **3rd Quarter:** See Monitor's Comprehensive Case Review	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. Begin steps towards a professional evaluation of a comprehensive assessment process through SDM.	Implementation Team assigned. Contracting underway.
			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
			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.	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.	Instituted 7/04 and 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.	Contract finalizations and website development by 11/05. Provider/Member Forums and enrollment by 12/05. Implementation by 1/1/06.
			I) Parent/Child Centers 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
			J) Implement a no unilateral eject/reject policy for residential facilities and group homes	Ongoing
			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	Quarter 3 2005 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.	**2005** **3rd Quarter:** **#16:** Monthly: 83.3% Quarterly: 92.8% **#17:** Quarterly: 78.3%	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.	In-Home visitation memo clarifying measure sent by BCW on May 2005, commissioner memo sent on May 2005 and visitation newsletter article on March 2005.
			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.	Instituted 7/04 and ongoing.
18. Caseload Standards: *to increase the quality of our interventions and supports to children and their families.* Current standards remain - 100%.	**2005** **3rd Quarter: 99.80%**	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 15 will stay as durational and filled by department as needed.	Tied to current services proposal for 06/07
			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.	Instituted 7/04 and ongoing.

Outcome Measure/ Performance Standard	Quarter 3 2005 Performance	Method of Measurement	Key Action Steps	Status
19. Reduction in Residential: *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.	**2005** **3rd Quarter: 11.8%**	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
			B) 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.	Ongoing. Comprehensive Global Assessments to be attached effective Nov. 15th
			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. Second expansion submitted for additional expenses.	Ongoing.
			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.	Contract finalizations and website development by 11/05. Provider/Member Forums and enrollment by 12/05. Implementation by 1/1/06.
			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 year with the initial emphasis on out of state children.	Negotiation with 5 providers is underway startup in this fiscal year. 6 additional homes have been contacted for builds in FY 06 - tied to Budget Option. Budget Option to annualize cost and continue development.
			F) Identify children placed in out of state residential facilities that could potentially be placed in facilities within CT. Behavioral Health Unit to work with current residential providers to develop appropriate treatment programs for those children returning	Ongoing
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.	**2005** **3rd Quarter: 96%**	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.	Establish pilot with CT. Voices for Children in Hartford (40 slots) and Bridgeport (35 slots) (CT. Expansion to NH proposal (50 slots.)
			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.	Completed
			C) Work with Adolescent Units to resurrect adolescent advisory boards utilizing a regional format.	Ongoing
			D) Implement pilot program at High Meadows with an emphasis on job coaching and job training to help with transition.	Implement by December 1, 2005.
			E) TLAP Expansion - budget doubled from 3 to 6 the number of TLAP programs.	RFP being developed.
			F) Develop system to identify Adolescents (18+ years) that are in ILP/CHAPS program for reporting purposes.	Ongoing

Outcome Measure/ Performance Standard	Quarter 3 2005 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.	**2005** **2nd Quarter: 78%**	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
			C) Develop a method to track and verify that the referral to DMR and/or DMHAS has occurred when services are required.	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.	Instituted 7/04 and ongoing.
			E) Reallocated funds to DMR to develop programs for voluntary services clients with MR.	Completed. In process of transfer
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.	**2005** **2nd Quarter: 54.6%**	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.	Evaluate waitlists, insurance issues, vendor performance and Dr. Niman's documentation concerns. Contracts in place.
			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.	Instituted 7/04 and ongoing.
			C) Develop Social Work Supervisor Guide clarifying documentation and exception criteria.	Completed and ongoing.