Juan F. v Rell
Exit Plan

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

Exit Plan Outcome Measures
Summary Report
First Quarter 2006
January 1, 2006 – March 31, 2006

May 2006

Submitted by:
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Exit Plan Outcome Measures
Summary Report
First Quarter 2006

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Commissioner Dunbar's Highlights for First Quarter Exit Plan Report…………………..

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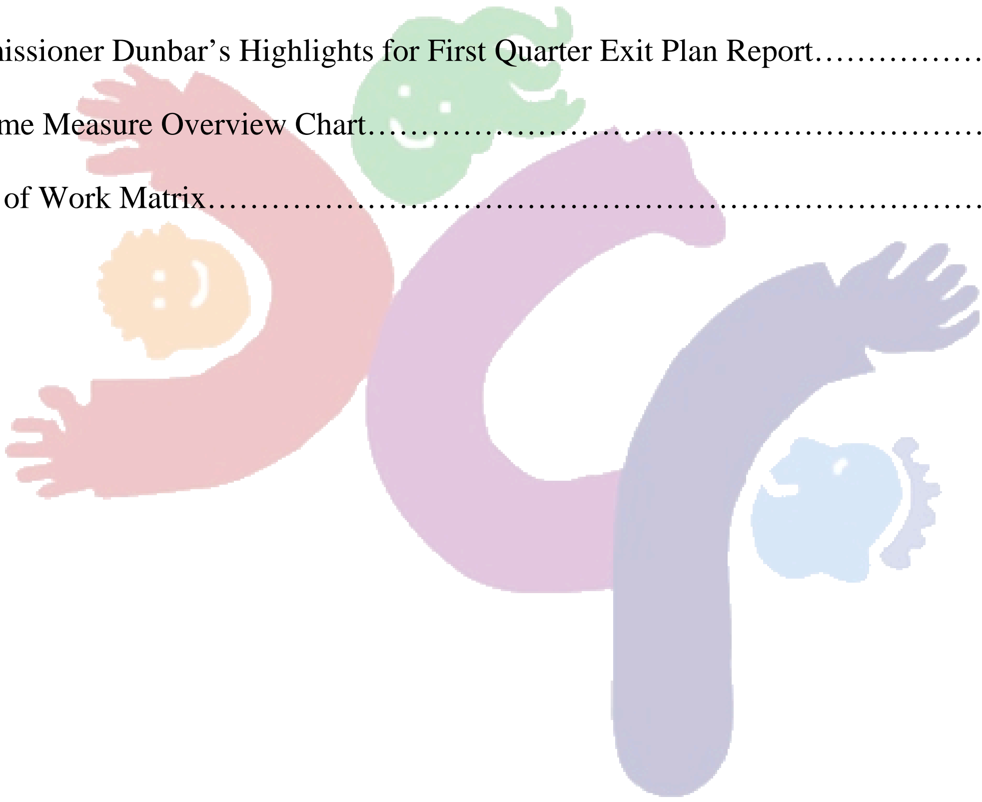


May 16, 2006

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 First Quarter 2006 Report. This report continues to demonstrate that by working together with families and communities, we are making important strides in the quality of our services. Enclosed, please find the following materials:

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

This quarterly report shows the results of 20 of the 22 measures. Results for 3 and 15 are not included in this quarterly report. The Department continues its negotiations with the Court Monitor's Office and the Plaintiffs regarding a proposed revision of the methodology for measuring these two outcomes. The Department has long felt that the old methodology did not yield information that accurately reflected our work, nor encouraged best practice. The Department believes a more qualitative methodology would best reflect practice and the outcomes impacting families and children. As we move forward, we feel confident of the direction of our discussions and appreciate the spirit with which they are taking place. We also have a sense of urgency for completing this process as soon as possible so that our performance in these two outcome measures can be more accurately viewed.

This quarter's results show the Department is steadily building upon earlier successes and represent the highest level of achievement under the Exit Plan to date. For the quarter, staff achieved goals for 15 outcome measures of the 20 reported. We sustained many measures that met goals in the past and achieved three new measures for the first time – repeat maltreatment, re-entry into care, and multi-disciplinary exams. Having worked in this Department for more than two decades, I can say with confidence that staff are doing the best work that has ever been done.
I want to thank our staff for pushing Department performance to the best it has ever been. I am confident that progress will be continued as we remain focused on improving services for children and families.

Sincerely,

Darlene Dunbar, MSW
Commissioner

First Quarter 2006 Exit Plan Report
Commissioner Highlights

During the first three months of 2006, Department staff reached their highest level of achievement over the nine quarters of the Exit Plan. Of 20 measures captured, staff attained goals in 15 – two more than achieved at any previous point. Three outcomes were achieved for the first time. Four outcomes have been achieved consistently over a two year span and six outcomes have been achieved consistently for 18 months or more. For two of the five outcomes that the Department did not meet, we came within less than a single percent in two, specifically placement within licensed capacity and reducing reliance on residential placements. In a third, the Department has doubled the percentage of children with mental illness or mental retardation being appropriately referred for continuing services beyond the point of discharge from DCF care.

We recognize that gains can be fragile and that some outcomes will fluctuate (especially permanency measures because the Department is determined to achieve permanency for all children regardless of how long they have already been in care). However, the Department is very encouraged with the striking and consistent improvements brought by our staff's commitment to advancing the quality of services for the children and families they serve.

The three measures staff achieved for the first time are reductions in repeat maltreatment and re-entry into care as well as increasing multi-disciplinary exams for children who enter care. Meeting goals for repeat maltreatment and re-entry into care signal that our staff interventions are making a difference. Attaining the outcome for ensuring that children receive a prompt multi-disciplinary exam shows that the infusion of resources has a direct impact. Expanding the number of clinic access points from 5 to 14 has resulted in a 72 percent increase since the first quarter of 2004.

ACCOMPLISHMENTS

This quarterly report shows we met the following outcomes:

- Commencement Of Investigations: The goal of 90 percent was exceeded for the sixth quarter in a row with a current achievement of 96.2 percent, tying 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 94.2 percent of cases, also exceeding the goal of 85 percent for the fifth consecutive quarter and also tying the highest level ever under the Exit Plan.
- Search For Relatives: For the second time, staff achieved the 85 percent goal for relative searches and met this requirement for 89.9 percent of children.
- Repeat Maltreatment: For the first time under the Exit Plan, the goal of 7 percent was is achieved with 6.3 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 ninth consecutive quarter with an actual measure of 0.4 percent, the lowest ever under the Exit Plan.

- Timely Reunification: For the third consecutive quarter, this measure exceeded the 60 percent goal with a mark of 66.4 percent, the highest recorded under the Exit Plan.
- Timely Adoption: For the second time in the last three quarters and the third time overall, staff exceeded the 32 percent goal for the timely completion of adoptions within 24 months by meeting the timeline for 40.8 percent of the children, the highest recorded under the Exit Plan.
- Re-entry Into Care: For the first time, the Department met the 7 percent goal for re-entry into care by recording a measure of 6.7 percent.
- Multiple Placements: For the eighth consecutive quarter, the Department exceeded the 85 percent goal with a rate of 96.2 percent.
- Foster Parent Training: For the eighth consecutive quarter, the Department met the 100 percent goal.
- Worker-To-Child Visitation In Out Of Home Cases: For the second consecutive quarter and three of the last four, the Department met the 85 percent goal for maintaining regular visits by meeting requirements in 86.8 percent of out of home cases, the highest to date.
- Worker To Child Visitation In In-Home Cases: For the second consecutive quarter, workers met required visitation frequency in 86.2 percent of cases, thereby exceeding the 85 percent standard and reaching the highest level to date. The percent of in-home cases where visitation standards were met has more than doubled since the Exit Plan began at the start of 2004.
- Caseload Standards: For the eighth consecutive quarter, no Department social worker carried more cases than the standard under the Exit Plan.
- Discharge Measures: For the third consecutive quarter and the fourth 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.
- Multi-disciplinary Exams: For the first time, Department staff met the 85 percent goal by ensuring that 91.1 percent of children entering care received a timely multi-disciplinary exam.

Despite having reached our highest level of performance to date, we remain focused on improving the quality of our work – even in areas where we are exceeding Exit Plan standards. The percentage of children adopted in a timely manner reached its highest level in the quarter at 40 percent or more than 5 percent higher than any previous quarter, and a total of 134 children were adopted during the quarter. Nevertheless, we are working with the Technical Assistance Committee and the plaintiff's attorneys to do a better job of attaining timely permanence for each child in our care. In addition to reviewing the work of other states and identifying options to better support families who do adopt, the Department is ensuring that the permanency goal of every child is appropriate and that we take action to remove barriers to permanency. Where barriers do not exist, the Department will determine why permanency has not been achieved and will set a timeline for achieving it. Finally, for children in care for 15 months or longer and whose parental rights have not been terminated, we will find out why and take appropriate action. If we look at the data, we see clear gains in the area of attaining permanency overall. However, we will not be satisfied until we have done everything possible for each and every child in our care.

In addition to areas where we are meeting the goals, other measures are now close and/or show tremendous improvements since the Exit Plan began in early 2004. Reducing reliance on residential placements is within 0.3 percent of attaining the 11 percent goal. That represents less than 20 children. Progress is carrying forward into the second quarter of 2006. As of May 10, exactly 11 percent of children in care are in a residential placement reflecting continued efforts of the managed service system and the effects of the Administrative Services Organization that began January 2006. This means 224 additional children are in a more appropriate and less restrictive level of care compared to April 11, 2004 and that 25 percent fewer children are in a residential placement than at that time just 25 months ago.

Improvements in the discharge of children with mental illness and mental retardation also reflect systematic efforts. While not yet meeting a 100 percent goal, the percentage of children with a proper referral to the departments of Mental Health and Addiction Services or Mental Retardation has more than doubled since early 2004. A centralized system designed to support area office staff in making these referrals has largely contributed to bringing us to 95 percent up from 43 percent in the first quarter of 2004.

Overall, this report demonstrates our staff has internalized and embraced what were created as outcome measures and transformed them into organizational values. Changes designed to improve services have become routine in the work of our staff and institutionalized in our practice. The continued progress that has brought us to the highest level of achievement to date is a reflection of our staff's determination as well as the State's commitment on the part of its leadership and the corresponding dedication of its resources.

CHALLENGES

While Department staff have taken great advantage of opportunities to make important improvements, we also recognize that great challenges remain. Continuing to consolidate gains is essential and particularly difficult because some measures are particularly prone to fluctuations given the staff's commitment to each and every child we serve. Staff continue to make great efforts to find permanency for children who may be in our care longer than the timeframes reflected in the outcome measures. While finding permanency for these children can actually make achievement of outcome goals more difficult, permanency for all our children remains a top priority. Meeting the needs of children will continue to be put ahead of meeting measures.

In addition, two outcome measures stand out as presenting special challenges – treatment planning and meeting children's needs. Because of their great complexity, both these measures require case reviews and so are not captured in this quarterly report. In a recent communication, the Court Monitor's Office indicated that it is in the final stages of methodological development to implement a new review process for these two measures that will be relied upon for the 2006 Second Quarter report. These changes are important to the Department as the original methods of measurement were rigid, overly prescriptive and lacked clear definitions to guide practice improvements. We are hopeful that these new methodologies will more appropriately capture the quality of staff work in these areas.

At the same time, we know these measures require special attention and effort on our part, and they are receiving both. Staff is continuing to benefit from the use of a new treatment plan template that was introduced last fall and ongoing training in family conferencing across all area offices is enhancing staff capacity to ensure a strengths-based approach that involves families throughout the life of the case.

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 this fiscal year and next. 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 and the traditional shelters, which have struggled to meet the changing needs of children, will be replaced by a system of 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.

All these developments – family conferencing, SDM, an array of new and expanded services -- give the Department an extraordinary opportunity to continue to progress toward excellence in our work with children and families. Together with the methodological changes in measuring outcomes for treatment planning and meeting children’s needs, we believe that rapid improvements will result even in these two most challenging areas.

While we are poised to continue our progress, I do not want to look past the accomplishments staff have made to date. There is no question that the intense efforts and unwavering commitment of staff has brought the Department to the highest level of performance in its history. Through our work as partners with children, families and communities, I am confident that we will continue what has already proven to be extraordinary improvements in the quality of our services.

1Q January 1 – March 31, 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
1: Commencement of Investigation*	>=90%	X	X	X	X	91.2%	92.5%	95.1%	96.2%	96.1%	96.2%
2: Completion of the Investigation	>=85%	73.7%	64.2%	68.8%	83.5%	91.7%	92.3%	92.3%	93.1%	94.2%	94.2%
3: Treatment Plans**	>=90%	X	X	X	10%	17%	X	X	X	X	X
4: Search for Relatives*	>+85%	58%	93%	82%	44.6%	49.2%	65.1%	89.6%	89.9%	7/15/06*	11/15/06*
5: Repeat Maltreatment	<=7%	9.3%	9.4%	8.9%	9.4%	8.9%	8.2%	8.5%	9.1%	7.3%	6.3%
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%
7: Reunification*	>=60%	57.8%	X	X	X	X	X	X	64.2%	61%	66.4%
8: Adoption	>=32%	12.5%	10.7%	11.1%	29.6%	16.7%	33%	25.2%	34.4%	30.7%	40.8%
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%
10: Sibling Placement*	>=95%	57%	65%	53%	X	X	X	X	96%	94%	75%
11: Re-Entry	<=7%	6.9%	X	X	X	X	X	X	7.2%	7.6%	6.7%
12: Multiple Placements	>=85%	X	X	95.8%	95.2%	95.5%	96.2%	95.7%	95.8%	96%	96.2%
13: Foster Parent Training	100%	X	X	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%
15: Needs Met	>=80%	X	53%	57%	53%	56%	X	X	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%	Monthly 85.6% Quarterly 91.9%	Monthly 86.8% Quarterly 93.1%
17: Worker-Child Visitation (In-Home)*	>=85%	X	39%	40%	46%	33%	X	81.9%	78.3%	85.6%	86.2%
18: Caseload Standards+	100%	69.2%	73.1%	100%	100%	100%	100%	100%	99.80%	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%
20: Discharge Measures	>=85%	61%	74%	52%	93%	83%	X	X	96%	92%	85%
21: Discharge of Mentally Ill or Retarded Children	100%	X	43%	64%	56%	60%	X	X	78%	70%	95%
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%

Results based on Case Reviews ****For 1Q and 2Q 2005 case reviews were not 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	Comments
4	Link report posted for 1Q 2006 reflecting status of children entering care for the 3Q 2005 period. This is consistent with the Exit Plan measure definition. Refer to 3Q 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 4Q 2005 case reviews were conducted for both 7 (210 cases reviewed) and 11 (166 cases reviewed). For 1Q 2006 case reviews were conducted for both 7 (166 cases reviewed) and 11 (106 cases reviewed).
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 following shows the results of the 48 case review: 14 met, 8 not met 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). Re-calculated statewide results show: TOG -63.4% met the goal and 36.6% not met. For 4Q 2005 **Adoption** results, 8 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 8case review: 2 met, 5 not met and 1 was non-applicable (an adoption of an adult not conducted by DCF) and dropped from the totals. Re-calculated statewide results show: 30.7% met and 69.3% not met. **TOG:** The following shows the results of the 3 case review: 1 met, 0 not met and 2 were non-applicable (these children were reunified) and dropped from the totals. Re-calculated statewide results show: TOG -72.4 %met the goal and 27.6 % not met. For 1Q 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: 0 met, 4 not met and 5 were non-applicable (1 adoption did not occur, 4 adoptions were via probate for step-parent/co-parents no cps involvement) and dropped from the totals. Re-calculated statewide results show: 40% met and 60% not met. **TOG:** The following shows the results of the 3 case review: 0 met, 2 not met and 1 was non-applicable (voluntary probate not a CPS case) and dropped from the totals. Re-calculated statewide results show: TOG -60.7%met the goal and 39.3 % 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**

** 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, 2Q N/A, 3Q N/A, 4Q N/A

2006

1Q N/A

X OM 3 and OM 15 - No LINK report expected. Case Review Only. In negotiations with Plaintiffs.

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 +

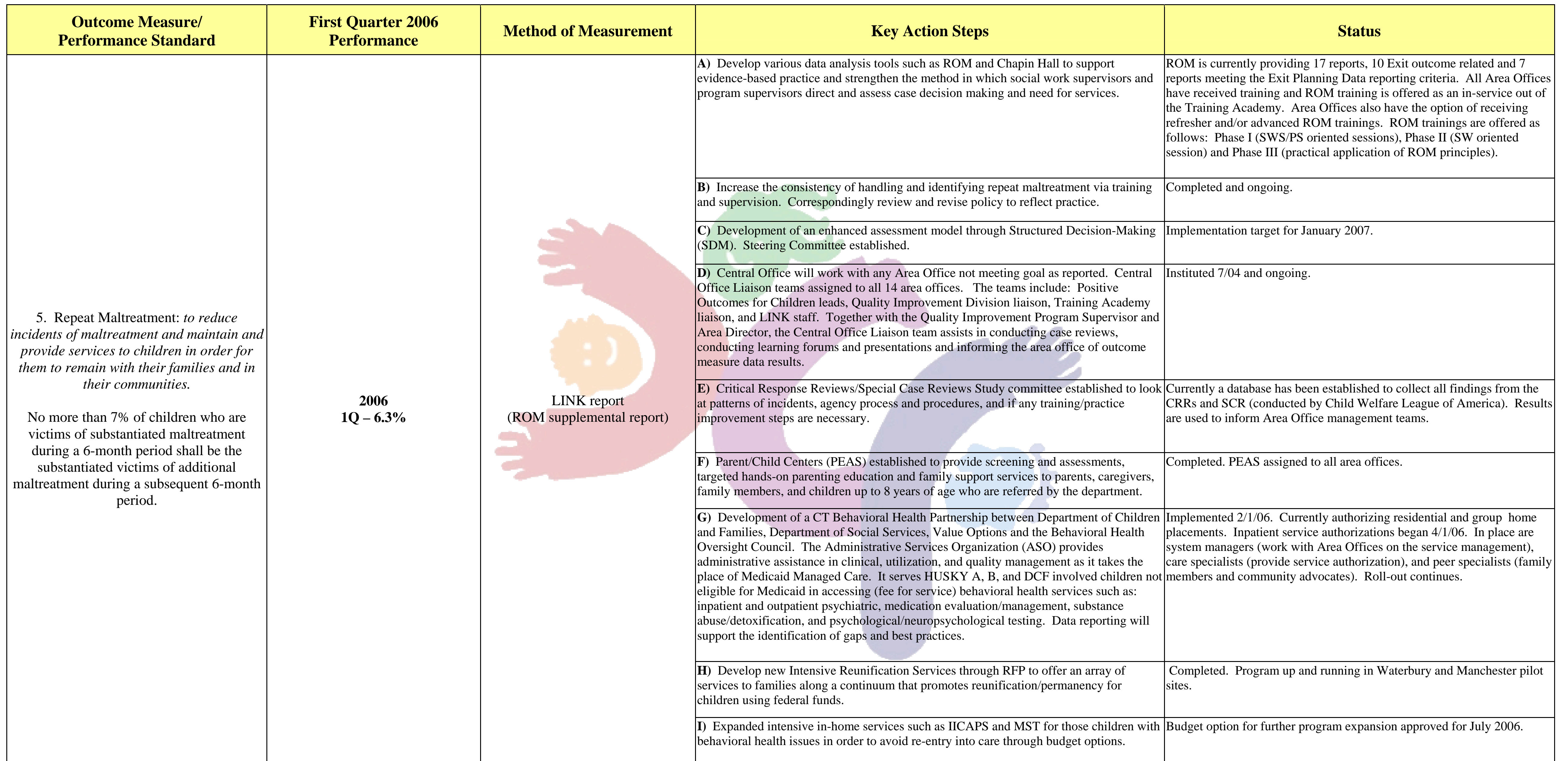
1Q As of May 15, 2005 the Department continues to meet the 100% compliance mark. The seventeen (17) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).
2Q As of August 15, 2005 the Department continues to meet the 100% compliance mark. 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).
4Q As of February 15, 2006 the Department met 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).

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).

Outcome Measure/ Performance Standard	First 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** **1Q – 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.	Completed awaiting publication.
			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** **1Q – 94.2%**	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 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.

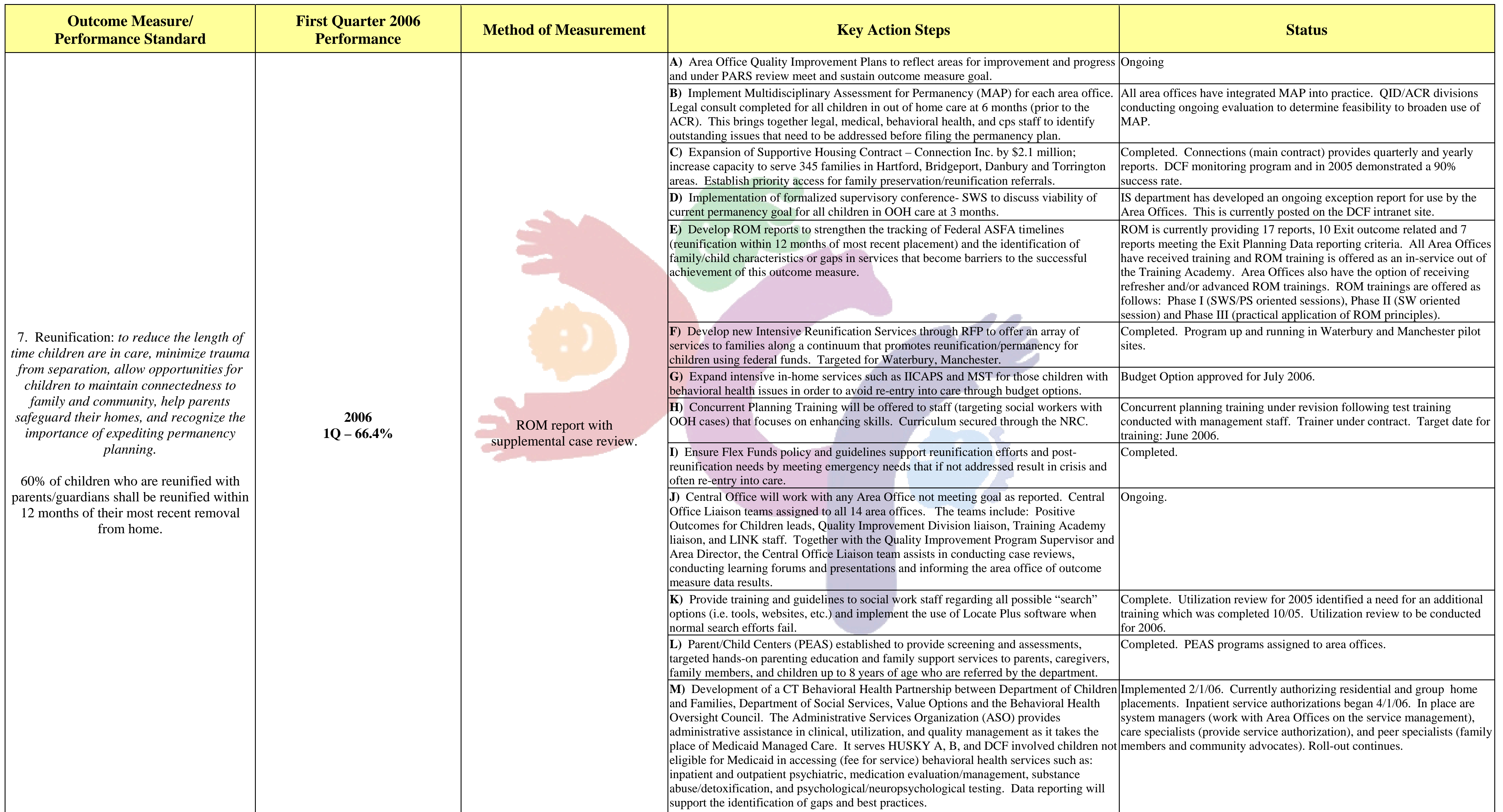
Outcome Measure/ Performance Standard	First Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
3. Treatment Plans: *to provide a family-centered foundation from which all case service planning will occur-timeframes, roles and responsibilities-and a means for assessing service outcomes 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.	**2006** **1Q – 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.
			B) Develop a web-based Uniform Case summary-prototype that provides a quick case summary view and helps to improve data entry.	UCS developed and in testing with various area office staff.
			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=SharePoint Pilot testing new template and tool underway).	Concurrent planning training under revision following test training conducted with management staff. Trainer under contract. Target date for training: June 2006. 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 are next to be added along with the completion of hiring all Global Assessment Specialists.
			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.	Completed and included in SWS Guide.

Outcome Measure/ Performance Standard	First Quarter 2006 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.	**2006** **1Q – 89.9%** Data reflects 2005 Qtr 3 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. 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

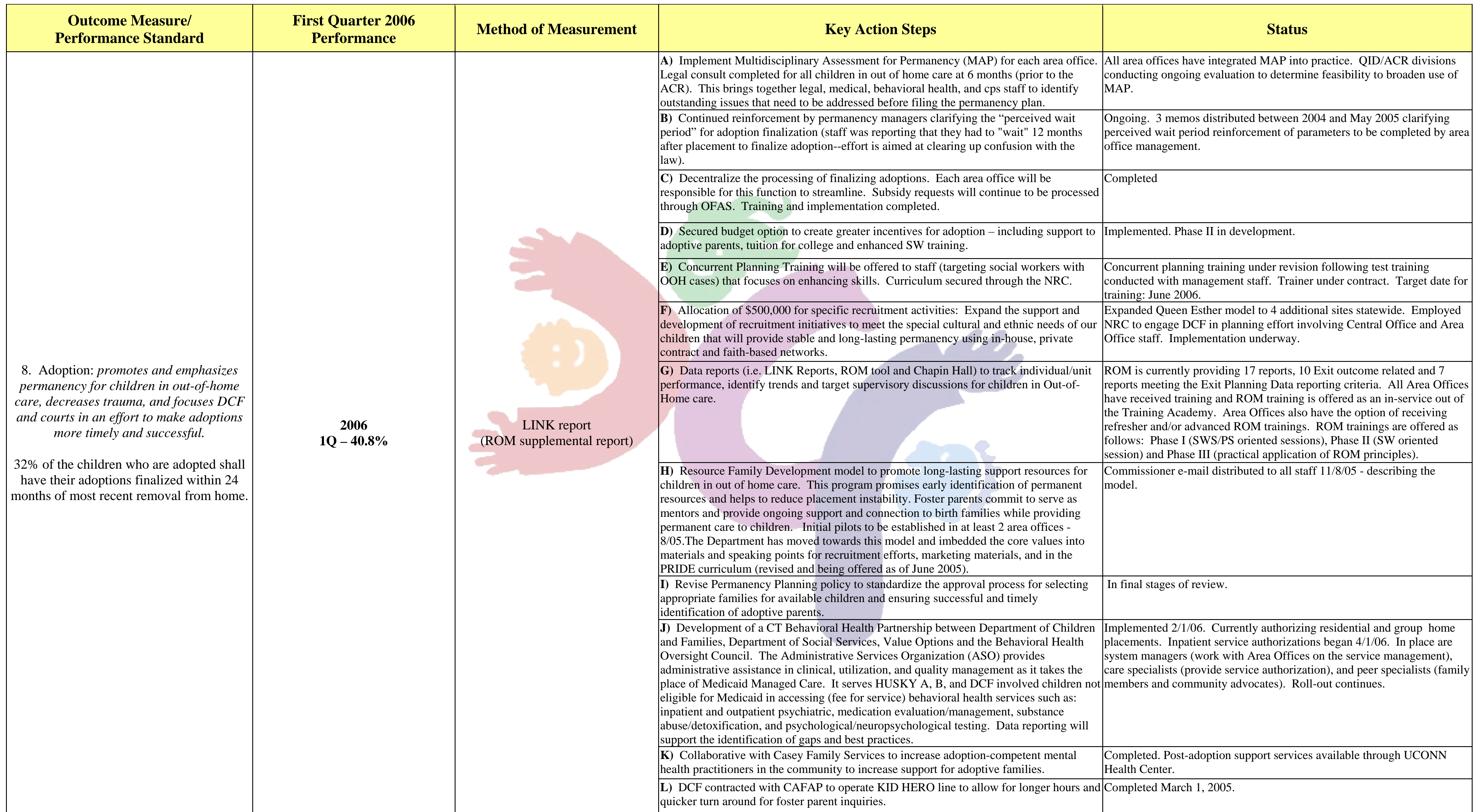


Outcome Measure/ Performance Standard	First Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
5. Repeat Maltreatment: *to reduce incidents of maltreatment and maintain and provide services to children in order for them to remain with their families and in their communities.* No more 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** **1Q – 6.3%**	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 17 reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. All Area Offices have received training and ROM training is offered as an in-service out of the Training Academy. Area Offices also have the option of receiving refresher and/or advanced ROM trainings. ROM trainings are offered as follows: Phase I (SWS/PS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles).
			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 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 option for further program expansion approved for July 2006.

Outcome Measure/ Performance Standard	First 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** **1Q – 0.4%**	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 17 reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. All Area Offices have received training and ROM training is offered as an in-service out of the Training Academy. Area Offices also have the option of receiving refresher and/or advanced ROM trainings. ROM trainings are offered as follows: Phase I (SWS/PS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles).
			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.



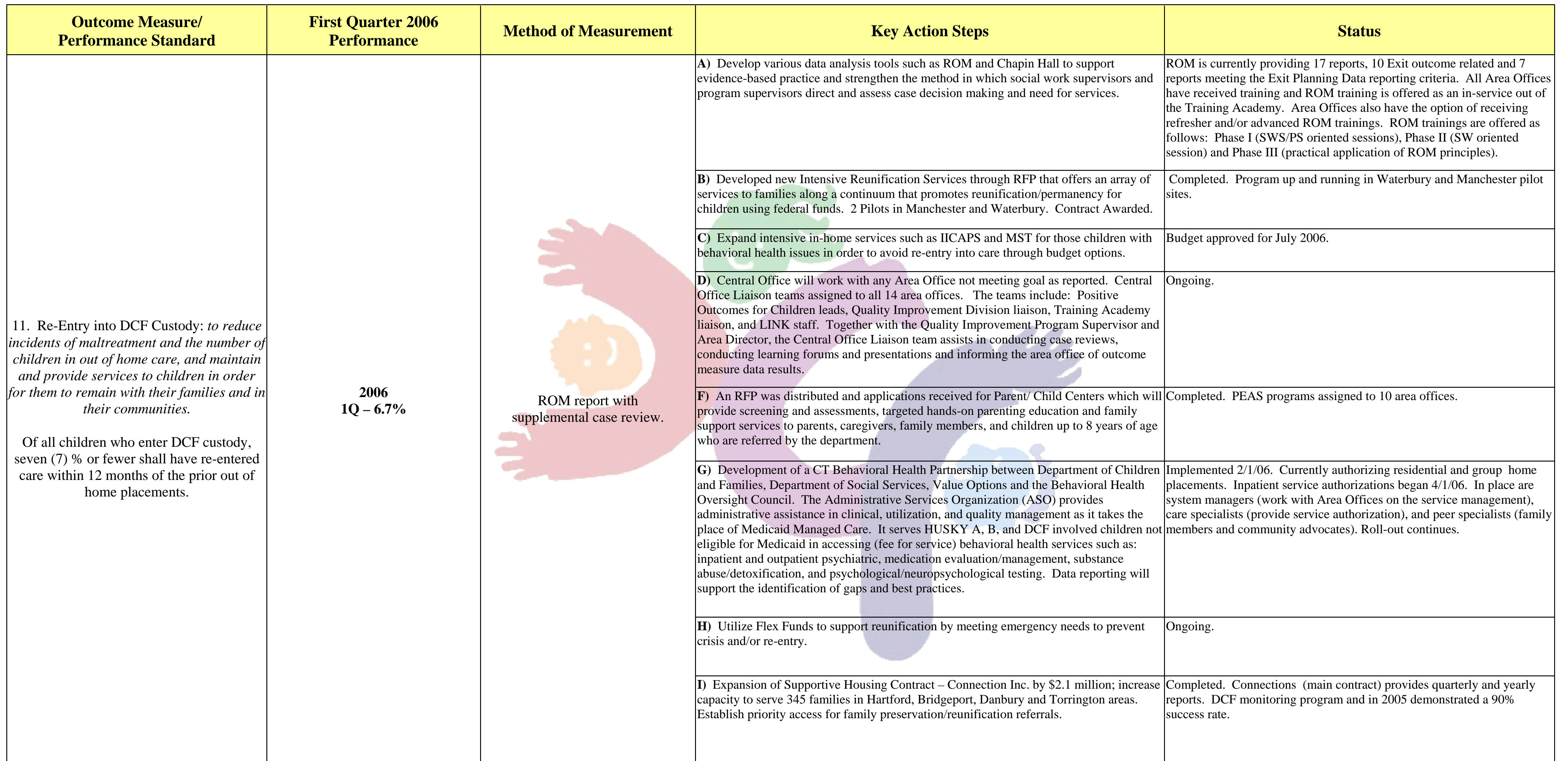
Outcome Measure/ Performance Standard	First Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
7. Reunification: *to reduce the length of time children are in care, minimize trauma from separation, allow opportunities for children to maintain connectedness to family and community, 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.	**2006** **1Q – 66.4%**	ROM report with supplemental case review.	**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.	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 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 17 reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. All Area Offices have received training and ROM training is offered as an in-service out of the Training Academy. Area Offices also have the option of receiving refresher and/or advanced ROM trainings. ROM trainings are offered as follows: Phase I (SWS/PS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles).
			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 Option approved for July 2006.
			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 under revision following test training conducted with management staff. Trainer under contract. Target date for training: June 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.	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.



Outcome Measure/ Performance Standard	First 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** **1Q – 40.8%**	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.
			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 under revision following test training conducted with management staff. Trainer under contract. Target date for training: June 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.	ROM is currently providing 17 reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. All Area Offices have received training and ROM training is offered as an in-service out of the Training Academy. Area Offices also have the option of receiving refresher and/or advanced ROM trainings. ROM trainings are offered as follows: Phase I (SWS/PS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles).
			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.	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	First Quarter 2006 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.	**2006** **1Q – 60.7%**	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 under revision following test training conducted with management staff. Trainer under contract. Target date for training: June 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.	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	First 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** **1Q – 75%** Data reflects 2005 Qtr 3 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.	Recommendations under review with the Bureau of Child Welfare.

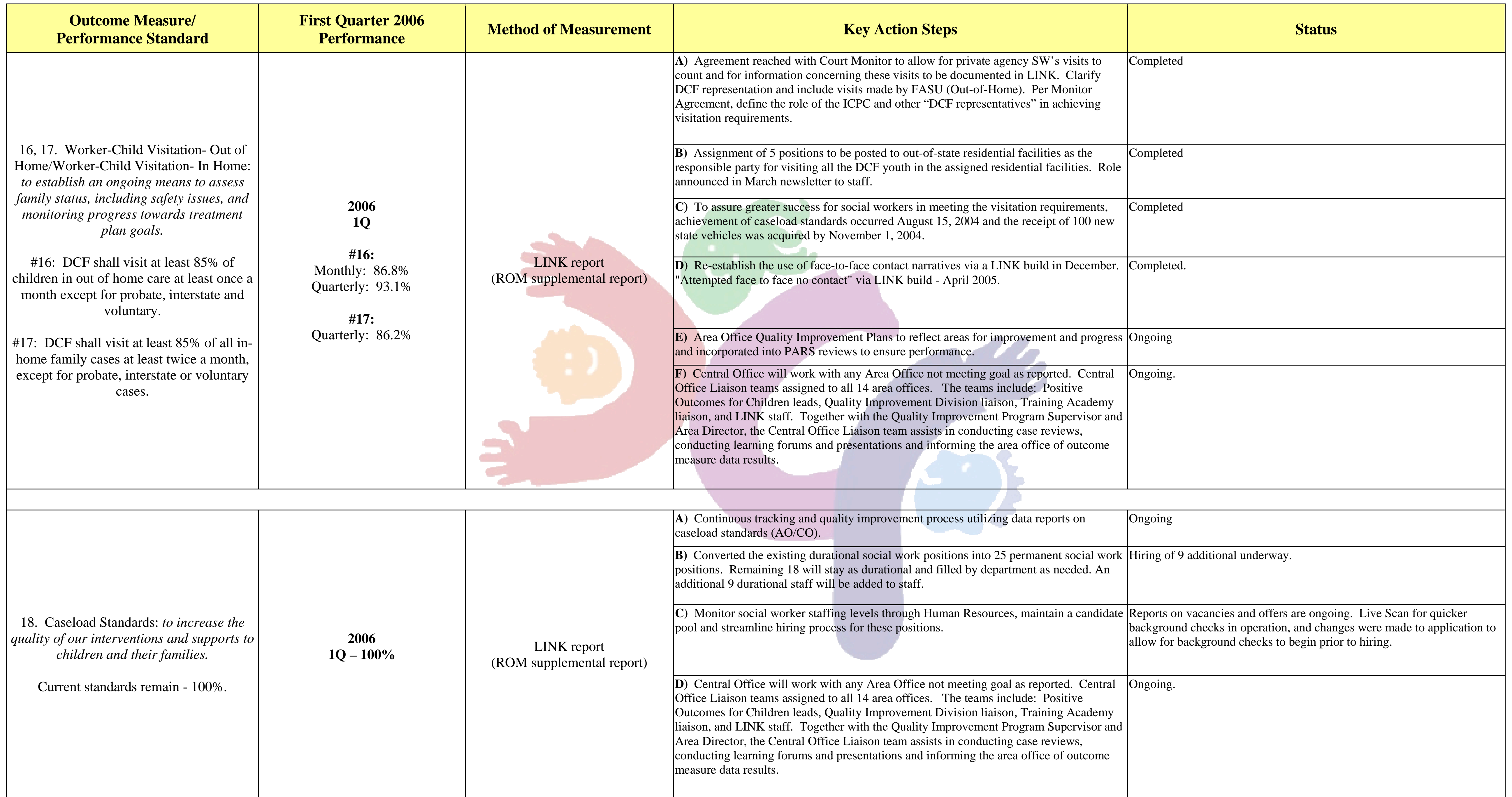


Outcome Measure/ Performance Standard	First Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
11. Re-Entry into DCF Custody: *to reduce incidents of maltreatment and the number of children in out of home care, and maintain and provide services to children in order for them to remain 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.	**2006** **1Q – 6.7%**	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 17 reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. All Area Offices have received training and ROM training is offered as an in-service out of the Training Academy. Area Offices also have the option of receiving refresher and/or advanced ROM trainings. ROM trainings are offered as follows: Phase I (SWS/PS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles).
			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 for July 2006.
			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.
			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.	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) 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.	Completed. Connections (main contract) provides quarterly and yearly reports. DCF monitoring program and in 2005 demonstrated a 90% success rate.

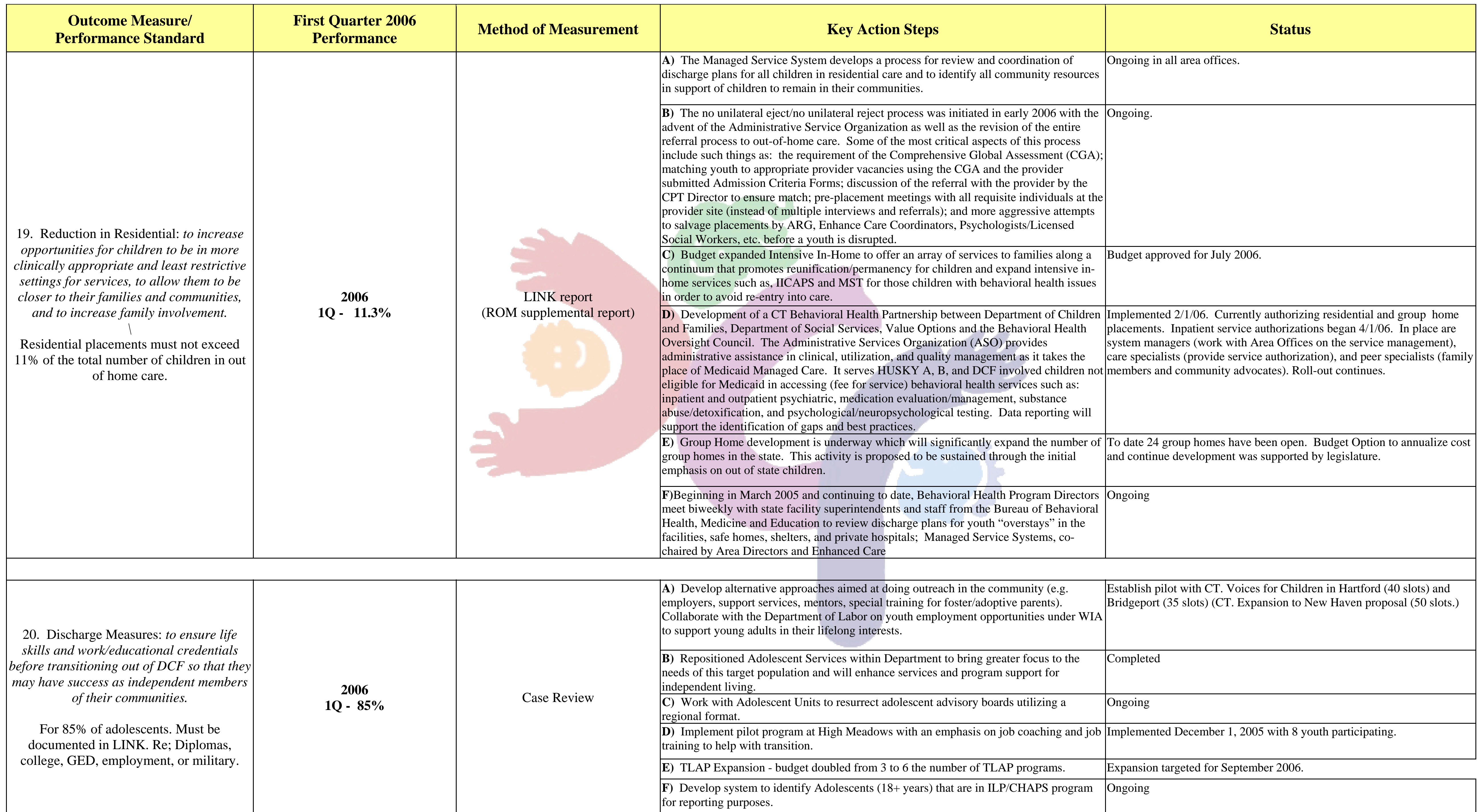
Outcome Measure/ Performance Standard	First Quarter 2006 Performance	Method of Measurement	Key Action Steps	Status
12. Multiple Placements: *to promote stability and the reduction of incidence of trauma, to assure consistent services to children and further the goal of permanency.* At least 85% of the children in DCF custody shall not experience more than 3 placements during a 12-month period.	**2006** **1Q – 96.2%**	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.	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 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.	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	First 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** **1Q - 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** **1Q – 95.2%**	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.	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 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	First 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** **1Q - 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 for July 2006.
			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	First 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** **1Q** **#16:** Monthly: 86.8% Quarterly: 93.1% **#17:** Quarterly: 86.2%	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** **1Q – 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 18 will stay as durational and filled by department as needed. An additional 9 durational staff will be added to staff.	Hiring of 9 additional underway.
			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	First Quarter 2006 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.	**2006 1Q - 11.3%**	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 for July 2006.
			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
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 1Q - 85%**	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 New Haven 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.	Implemented December 1, 2005 with 8 youth participating.
			E) TLAP Expansion - budget doubled from 3 to 6 the number of TLAP programs.	Expansion targeted for September 2006.
			F) Develop system to identify Adolescents (18+ years) that are in ILP/CHAPS program for reporting purposes.	Ongoing

Outcome Measure/ Performance Standard	First 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** **1Q - 95%**	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 MR.	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** **1Q – 91.1%**	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.