

2016 DCF Program Report Card: High Risk Infant Program (DCF)

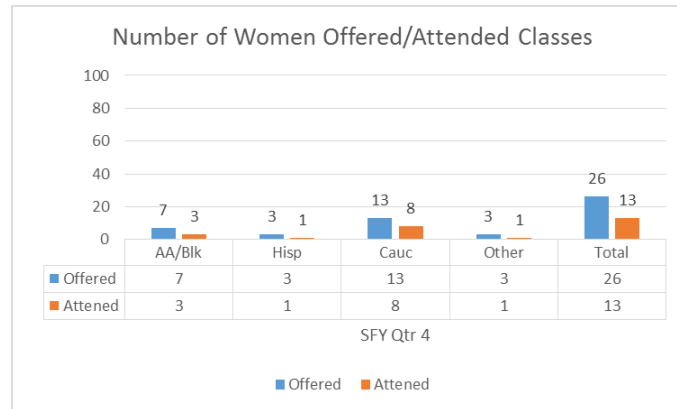
Quality of Life Result: All Connecticut's Children will grow up in stable environments, safe, healthy and ready to lead successful lives.

Contribution to the Result: High risk infant program is designed to provide assessment, prenatal education, care planning, case management, referral and service linkage for women who are pregnant and incarcerated. These services assist women through the child placement planning process, child birth/delivery, and post-partum educational and support services.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 16	\$72,138	0	n/a	\$72,138
Estimated SFY 17	\$72,138	0	n/a	\$72,138

Partners: L&M Hospital, York Correctional Facility, DCF, families using the service

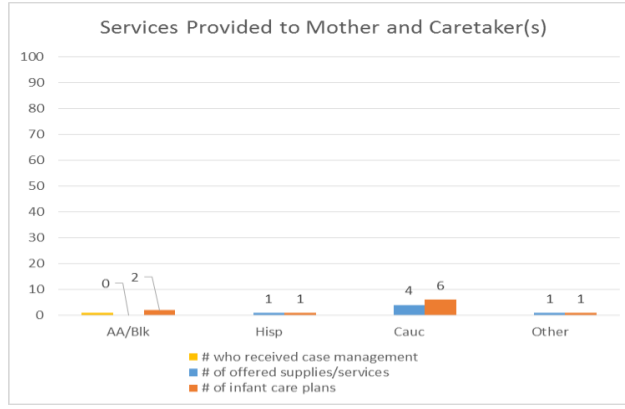
How Much Did We Do?



Story behind the baseline:

The program is designed to assist expecting mothers who are incarcerated with services. These services include a combination of educational/supportive child birth classes, assessments, case planning and supportive services for families and alternate caretakers. The program helps mothers identify appropriate responsible adults to care for their children while they are incarcerated and avoid children being placed in DCF custody simply because the mother is incarcerated. One contractor, L&M hospital provides this service. In Qtr. 4, 26 women were invited to participate in prenatal class of which 13 or 50% attended the classes. Many of the women who are pregnant are released prior to delivery to alternative programs. Incarcerated women are admitted and released involuntary and this has impact on who gets services.

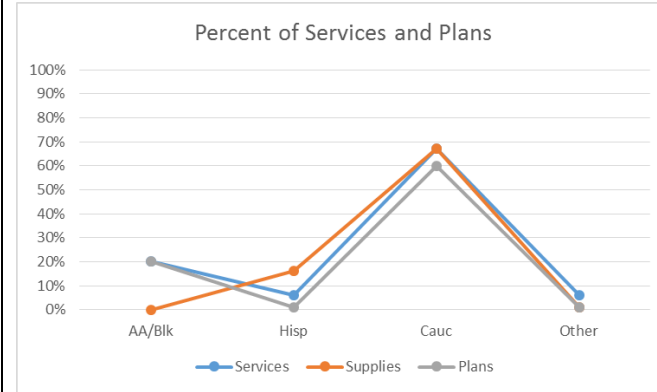
How Much Did We Do?



Story behind the baseline:

The provider supports expecting mothers through the process of planning for their children. The provider conducts an initial assessment to determine need for services. A total of 31 expected mothers received services this quarter. Overall Caucasian women received more serviced than other racial/ ethnic groups in the data noting there were more pregnant Caucasian women incarcerated than any other racial group presented this quarter. Over time there will an opportunity to look at the trends based on race and ethnicity.

How Well Did We Do?



Story behind the baseline:

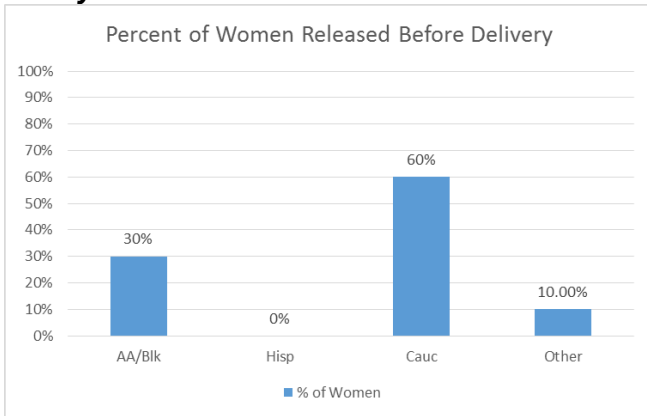
The case manager develops services plans with the expecting mothers and helps potential caretakers with supplies, resources and probate court matters. Many of the expecting mothers are released to the Community. Of those women who took advantage of the services 15 mothers had case management services, 10 had infant care plans and 6 families were offered supplies to meet the needs of the babies. Only 4 of the babies born did not enter DCF care and 30% women were released into the community to some sort of program.

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Quality of Life Result: All Connecticut's Children will grow up in stable environments, safe, healthy and ready to lead successful lives.

Trend: ◀▶

Is Anyone Better Off?



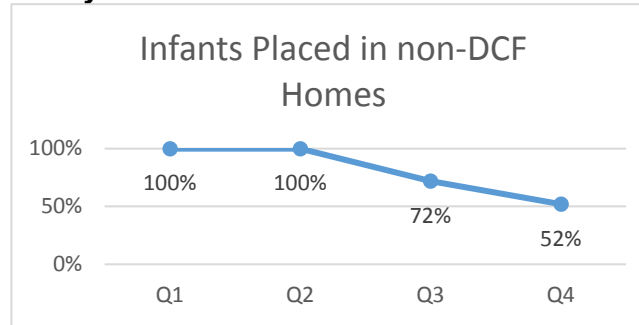
Story behind the baseline:

The program supports that belief that children are better with their birth mothers. CSSD takes the lead to defer expecting mothers to community based programs so that they can stay with their babies. The provider tracks and is expected to provide services to the expected mother until she is released from York, has the baby and returns to the community or remain in York after the baby is born. The providers tracks the reason mothers are released and shares this information in quarterly stakeholders meetings. During quarter 4, 30% of the pregnant women incarcerated were released home to step down programs, bonded out or reached their end of sentence. The data is compared by race/ethnicity based on the 30 % that who were released.

Trend: ◀▶

Trend: ◀▶

Is Anyone Better Off?



Quarter	Q1	Q2	Q3	Q4
# born		6	7	9
# .s not placed w/DCF		6	5	5

Story behind the baseline:

Children are better off when they live in healthy families. Of the 5 babies that were placed in DCF care, 2 were Caucasian and 3 were African American/Black. Reasons for DCF placements include:

- One Mother placed baby for adoption;
- One baby placed in relative foster care;
- One baby had special medical needs and was placed in a medical foster home;
- Two babies the Mother was not able to identify an appropriate caretaker, protective service risks.

Trend: ▼

Trend: ▲

Proposed Actions to Turn the Curve:

- Monitor the enhanced data collecting system and improve as necessary.
- Work with provider using data to ensure that program is meeting its contractual requirements and goals.
- Insist on accountability of data reporting and service delivery.
- Work with L&M to improve staff training, supervision and support.
- Develop a corrective action plan.

Data Development Agenda:

A comprehensive data collections tool has been developed and implemented in collaboration with the L&M Case Manager, DOC and the PDOC. Currently the data development plan is to monitor the tool to ensure that the information is reported accurately and timely.