

“Execution is the great unaddressed issue in the business world today. Its absence is the single biggest obstacle to success and the cause of most of the disappointments that are mistakenly attributed to other causes.”

Execution: The Discipline of Getting Things Done

By

Larry Bossidy and Ram Charam

Department of Children and Families Performance Report

EXPANDED MANAGEMENT TEAM MEETING

APRIL 10, 2014

Performance Expectation #1

STATEWIDE	POC	ROM data		Court Monitor's Data		
Measure	Measure	Q1 2014	Q4 2013	Q3 2013	Q2 2013	Q1 2013
1: Commencement of Investigation	>=90%	93%	94.70%	96.00%	96.20%	95.50%
2: Completion of the Investigation	>=85%	77.3%	83.70%	92.50%	92.20%	89.10%
3: Treatment Plans	>=90%			65.50%	63.00%	56.40%
4: Search for Relatives	>=85%	86.7%	88.30%	90.20%	85.30%	92.20%
5: Repeat Maltreatment of In-Home Children	<=7%	5.3%	4.50%	4.90%	5.70%	4.40%
6: Maltreatment of Children in Out-of-Home Care	<=2%	0.2%	0.20%	0.20%	0.20%	0.20%
7: Reunification	>=60%	60.4%	62.50%	62.40%	62.80%	56.30%
8: Adoption	>=32%	44%	33.90%	32.80%	31.60%	29.50%
9: Transfer of Guardianship	>=70%	67.6%	63.80%	77.30%	65.60%	77.60%
10: Sibling Placement	>=95%		89.90%	92.50%	88.00%	89.50%
11: Re-Entry into DCF Custody	<=7%	4.7%	4.90%	5.50%	8.60%	7.40%
12: Multiple Placements	>=85%		97.10%	96.60%	96.70%	96.40%
13: Foster Parent Training	100%		100%	100%	100%	100%
14: Placement Within Licensed Capacity	>=96%		95.70%	96.20%	96.40%	97.10%
15: Children's Needs Met	>=80%			67.30%	74.10%	61.80%
16: Worker-Child Visitation (Out-of-Home)	>=85%(M)	92.8%	95.40%	94.60%	95.80%	95.90%
17: Worker-Child Visitation (In-Home)	>=85%	81.6%	85.3%	86.10%	88.60%	88.10%
18: Caseload Standards	100%		97.60%	99.90%	99.90%	99.80%
19: Reduction in the Number of Children Placed in Residential Care	<=11%	4.1%	4.20%	4.30%	4.90%	5.10%
20: Discharge Measures	>=85%		94.50%	85.70%	86.30%	86.50%
21: Discharge of Mentally Ill or Mentally Retarded Children	100%		100.00%	100.00%	100.00%	90.00%
22: Multi-disciplinary Exams (MDE)	>=85%	84.8%	85.10%	94.10%	93.60%	95.00%
Total # of Outcomes Met			17	18	16	15
ROM data for only January and March 2014.						

Performance Expectation #2

OM #3 Treatment Plans

STATEWIDE	POC	ROM data	Court Monitor's Data			
Measure	Measure	Q1 2014	Q4 2013	Q3 2013	Q2 2013	Q1 2013
3: Treatment Plans	>=90%			65.50%	63.00%	56.40%

OM #15 Needs Met

STATEWIDE	POC	ROM data	Court Monitor's Data			
Measure	Measure	Q1 2014	Q4 2013	Q3 2013	Q2 2013	Q1 2013
15: Children's Needs Met	>=80%			67.30%	74.10%	61.00%

Performance Expectation #2

OM3 Elements Report - Percentages For State Date Range 10/1/2013 To 12/31/2013

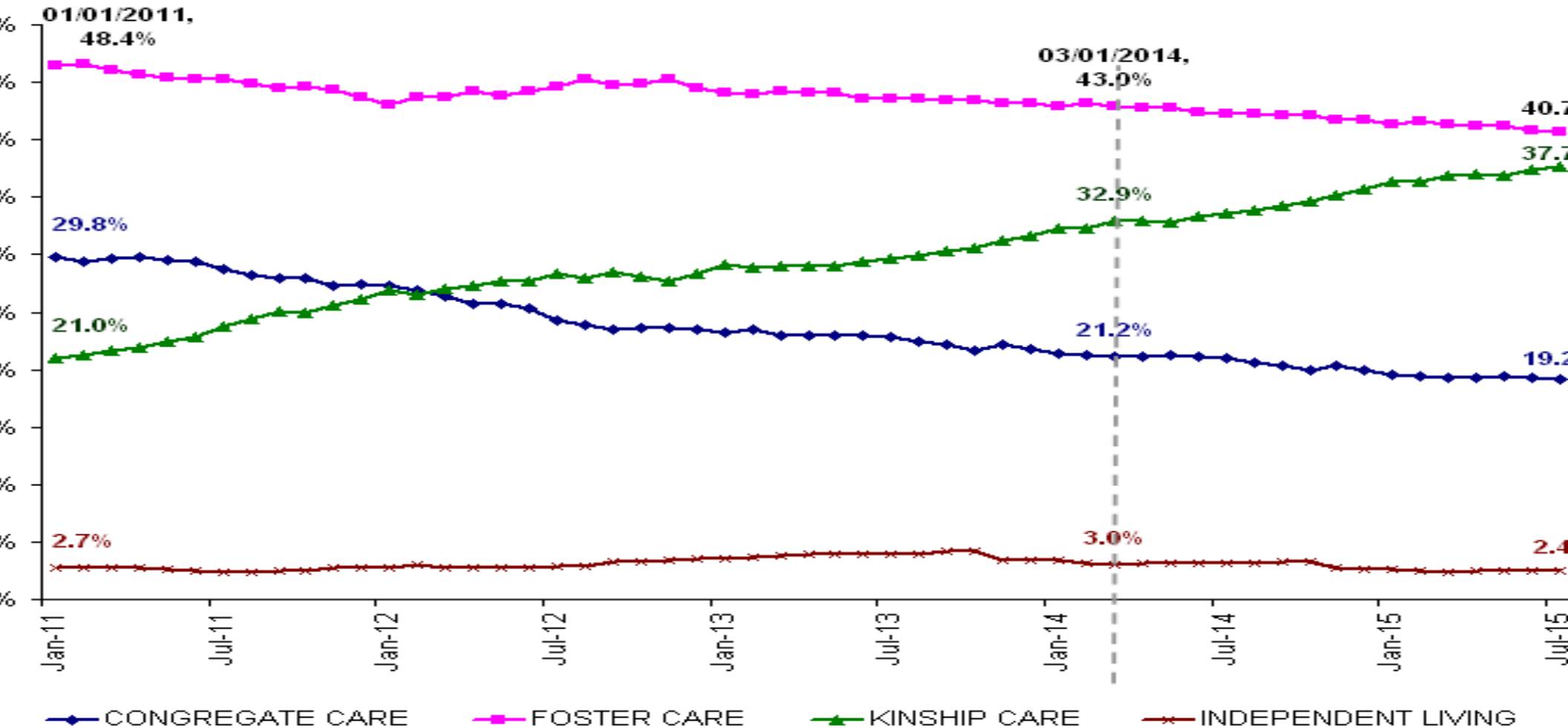
	State		Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
	Total	Strength	Strength	Strength	Strength	Strength	Strength	Strength
	#	%	%	%	%	%	%	%
All Elements Adequately Meet Expectations	2,854	<u>67%</u>	<u>55%</u>	<u>79%</u>	<u>72%</u>	<u>59%</u>	<u>70%</u>	<u>69%</u>
Reason for Involvement	2,695	<u>96%</u>	<u>94%</u>	<u>99%</u>	<u>98%</u>	<u>93%</u>	<u>99%</u>	<u>95%</u>
Identifying Information	2,695	<u>98%</u>	<u>99%</u>	<u>100%</u>	<u>100%</u>	<u>96%</u>	<u>97%</u>	<u>99%</u>
Engagement of Child and Family	2,695	<u>90%</u>	<u>84%</u>	<u>92%</u>	<u>94%</u>	<u>87%</u>	<u>93%</u>	<u>90%</u>
Assessment to Date of Review	2,696	<u>86%</u>	<u>76%</u>	<u>92%</u>	<u>89%</u>	<u>79%</u>	<u>90%</u>	<u>90%</u>
Determining the Goals/Objectives	2,695	<u>88%</u>	<u>79%</u>	<u>93%</u>	<u>93%</u>	<u>81%</u>	<u>92%</u>	<u>93%</u>
Progress	2,695	<u>95%</u>	<u>91%</u>	<u>99%</u>	<u>96%</u>	<u>91%</u>	<u>97%</u>	<u>99%</u>
Action Steps to Achieving Goals Identified	2,695	<u>91%</u>	<u>86%</u>	<u>96%</u>	<u>89%</u>	<u>86%</u>	<u>94%</u>	<u>96%</u>
Planning for Permanency	2,695	<u>95%</u>	<u>92%</u>	<u>98%</u>	<u>96%</u>	<u>93%</u>	<u>97%</u>	<u>97%</u>
90 Day CTM Required	2,112	<u>1%</u>	<u>2%</u>	<u>1%</u>	<u>0%</u>	<u>3%</u>	<u>1%</u>	<u>1%</u>
No Case Plan	2,854	<u>6%</u>	<u>7%</u>	<u>5%</u>	<u>2%</u>	<u>5%</u>	<u>11%</u>	<u>5%</u>

Performance Expectation #2

OM3 Elements Report - Percentages For State Date Range 1/1/2014 To 2/28/2014

	State		Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
	Total	Strength	Strength	Strength	Strength	Strength	Strength	Strength
	#	%	%	%	%	%	%	%
All Elements Adequately Meet Expectations	1,769	70%	54%	72%	90%	55%	69%	76%
Reason for Involvement	1,662	96%	99%	96%	100%	91%	97%	94%
Identifying Information	1,662	97%	99%	100%	100%	89%	98%	99%
Engagement of Child and Family	1,662	92%	89%	95%	96%	85%	90%	95%
Assessment to Date of Review	1,662	89%	83%	91%	96%	80%	93%	90%
Determining the Goals/Objectives	1,662	91%	86%	96%	97%	81%	94%	93%
Progress	1,662	96%	91%	98%	98%	89%	98%	97%
Action Steps to Achieving Goals Identified	1,662	91%	81%	95%	95%	82%	98%	93%
Planning for Permanency	1,662	96%	97%	95%	99%	93%	96%	96%
90 Day CTM Required	1,330	2%	1%	1%	0%	5%	2%	0%
No Case Plan	1,769	6%	13%	6%	0%	6%	13%	1%

Population Projections



Performance Expectation #3

"Kinship Care Rates"

January 1, 2014

	Overall Placement	% of Goal	1 st time placement	% of Goal
Statewide	32.3%	+2.3%	36.8%	-3.2%

March 31, 2014

	Overall Placement	% of Goal	1 st time placement	% of Goal
Statewide	32.8%	+2.8%	36.1%	-1.3%

Performance Expectation #5

Permanency Teaming for Older Youth: Case Plan Goals: Children 17 and Younger

01/01/14	Region 1	%	Region 2	%	Region 3	%	Region 4	%	Region 5	%	Region 6	%	Unassigned	%	Grand Total
	71	21%	134	29%	204	31%	240	30%	174	28%	153	33%		0%	9
A	85	25%	98	21%	103	16%	134	17%	111	18%	98	21%	1	2%	6
	30	9%	28	6%	34	5%	22	3%	38	6%	34	7%	58	97%	2
rm Foster Care Relative	4	1%	6	1%	11	2%	21	3%	9	1%	12	3%		0%	
ation	108	32%	173	37%	275	42%	304	38%	225	37%	139	30%	1	2%	12
of Guardianship: Non-Subsidized	3	1%	4	1%		0%	4	1%	4	1%	2	0%		0%	
of Guardianship: Subsidized	35	10%	27	6%	24	4%	74	9%	52	8%	31	7%		0%	2
total	336	100%	470	100%	651	100%	799	100%	613	100%	469	100%	60	100%	33
03.01.2014	Region 1	%	Region 2	%	Region 3	%	Region 4	%	Region 5	%	Region 6	%	Unassigned	%	Grand Total
	72	20%	135	29%	206	30%	243	31%	174	28%	150	32%		0%	9
A	83	23%	92	20%	99	15%	124	16%	107	17%	92	19%	1	2%	5
	46	13%	18	4%	50	7%	33	4%	53	9%	33	7%	60	97%	2
rm Foster Care Relative	4	1%	7	2%	11	2%	21	3%	8	1%	12	3%		0%	
ation	119	33%	178	39%	291	43%	299	38%	223	36%	153	32%	1	2%	12
of Guardianship: Non-Subsidized	3	1%	4	1%		0%	4	1%	4	1%	3	1%		0%	
of Guardianship: Subsidized	36	10%	28	6%	25	4%	72	9%	52	8%	30	6%		0%	2
total	363	100%	462	100%	682	100%	796	100%	621	100%	473	100%	62	100%	34

APPLA Case Plan Goal by Race and Ethnicity

Race and Ethnicity	1/1/2014				3/1/2014			
	APPLA	%	CIP %	Grand Total	APPLA	%	CIP %	Grand Total
HISPANIC, ANY RACE	219	34.8%	32%	1089	210	35%	32%	1124
Non-Hispanic -	NULL	0.0%	0%	3		0%	0%	5
Non-Hispanic, AMERICAN INDIAN OR ALASKAN NATIVE	1	0.2%	0%	1	1	0%	0%	1
Non-Hispanic, ASIAN	1	0.2%	0%	8	1	0%	0%	9
Non-Hispanic, BLACK/ AFRICAN AMERICAN	176	27.9%	26%	868	166	28%	25%	872
Non-Hispanic, MULTI-RACE	41	6.5%	7%	240	39	7%	7%	252
Non-Hispanic, NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	1	0.2%	0%	2	1	0%	0%	2
Non-Hispanic, UNKNOWN	2	0.3%	0%	10		0%	0%	1
Non-Hispanic, WHITE	189	30.0%	35%	1176	2	0%	0%	13
Grand Total	630	100.0%	100%	3398	178	30%	34%	1180

Performance Expectation #4 & #6 "Reducing Congregate Care and Kids in Care"

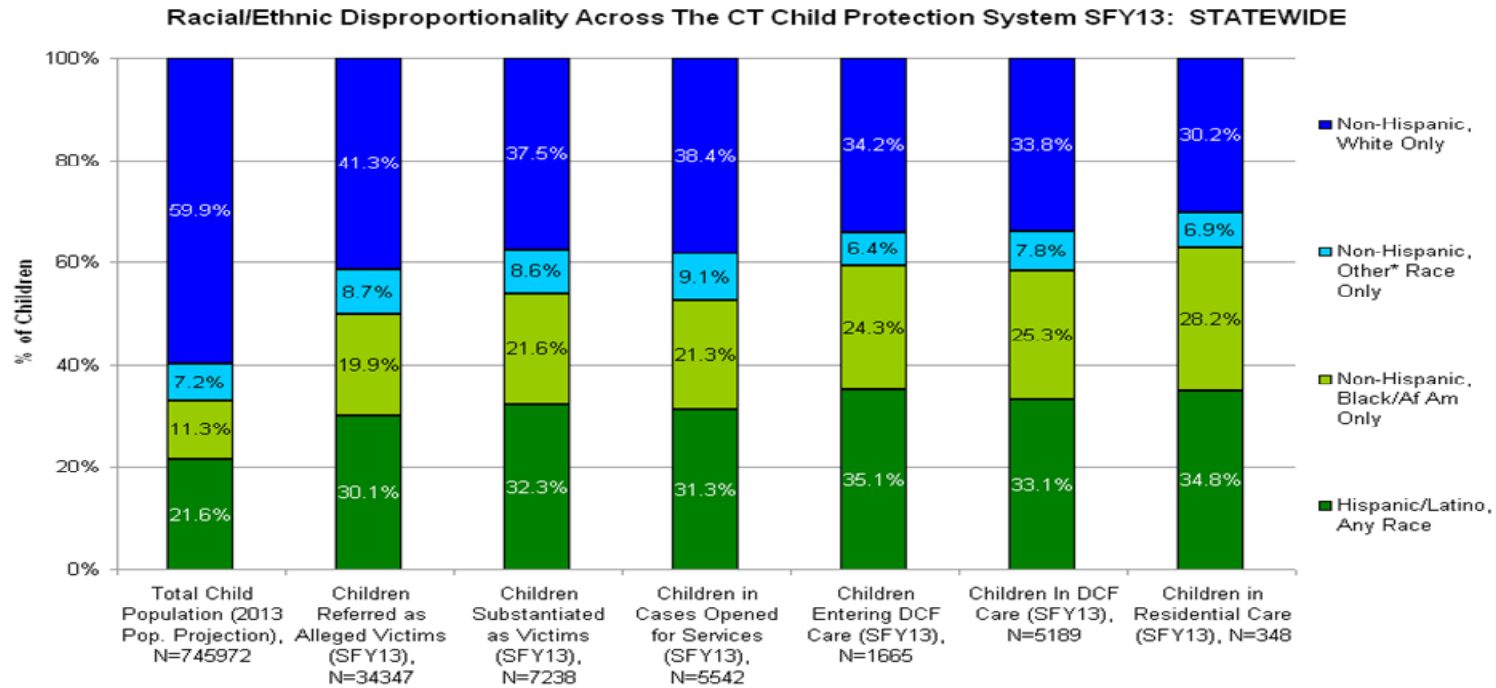
January 1, 2014

	Total # in care	Total % Cong.	Total # in Cong.
Statewide	3942	21.4%	844

March 31, 2014

	Total # in care	Total % Cong.	Total # in Cong.	Cong. +/-	Kids in Care +/-
Statewide	4011	21.2%	850	6	+69

Performance Expectation #7 Reduce Racial and Ethnic Disparities of Children in DCF Care



*Other Race includes: American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Other, Multi-Racial, and Missing/Unknown.UTD

Data Run Date:
Statewide: 9/26/13

APPLA CASE GOAL: April 1, 2014
Source: CIP Dashboard

APPLA CASE GOAL- ALL CIP										
Race + Ethnicity	Region		Region		Region		(blank)	Grand Total	APPLA %	CIP %
	1	2	3	4	5	6				
HISPANIC, ANY RACE	49	49	33	93	54	74	0	352	34%	32%
Non-Hispanic, AMERICAN INDIAN OR ALASKAN NATIVE	0	0	1	0	0	0	0	1	0%	0%
Non-Hispanic, ASIAN	2	1	1	2	1	0	0	7	1%	0%
Non-Hispanic, BLACK/AFRICAN AMERICAN	67	73	26	88	23	25	1	303	29%	26%
Non-Hispanic, MULTI-RACE	7	9	12	11	16	6	0	61	6%	7%
Non-Hispanic, NATIVE HAWAIIAN /OTHER PACIFIC ISLANDER	0	0	0	1	0	0	0	1	0%	0%
Non-Hispanic, UNKNOWN	1	1	0	0	0	0	0	2	0%	0%
Non-Hispanic, WHITE	9	43	101	37	71	56	1	318	30%	34%
APPLA Total	135	176	174	232	165	161	2	1045	100%	100%
%	13%	17%	17%	22%	16%		15%		0%	100%

SE GOAL- ALL CIP								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	(blank)	Grand Total
p	3	5	5	7	2	4	0	26
	132	171	169	225	163	157	2	1019
tal	135	176	174	232	165	161	2	1045

APPLA CASE PLAN GOAL- CIP <18			
Region	7-12	>=13	Grand Total
Region 1	3	80	83
Region 2	5	78	83
Region 3	5	92	97
Region 4	7	113	120
Region 5	2	102	104
Region 6	4	86	90
(blank)	0	1	1
Grand Total	26	552	578

Performance Expectation #9

Improve the Quality and Satisfaction Rate of Foster Home Placements

Reasons Homes Closed	FC	AD	SS	Indep	Rel	Total
1. Finalized an adoption	3	3	1	3	6	16
2. Transfer of Guardianship	0	0	0	1	7	8
3. Retired In Good Standing	6	3	0	1	0	10
4. Transferred to TFC Agency	0	0	0	1	0	1
5. Family Relocated - Out Of State	0	0	0	0	0	0
6. Personal Issues (including health issues, change family demographics, death in family)	6	6	0	0	1	13
7. Retiring (disinterest in providing care to children/burn out: no negative implication to DCF)	2	1	0	0	0	3
8. Child reunified	0	0	0	1	4	5
9. Child transitioned to CHAPS/independent living/college	1	0	1	0	0	2
Sub Total	18	13	2	7	18	58
10. No longer able to meet DCF Requirements	0	0	0	0	1	1
11. Licensing Concerns Voluntary Closure	0	0	0	0	0	0
12. Unwilling to meet child's needs	0	0	0	0	0	0
13. Child left the home (disrupted / run away)	0	0	3	0	1	4
14. Foster home reports negative impact to family due to DCF child	0	0	0	0	0	0
15. Closed after an investigation	0	0	0	0	0	0
16. Revocation of License	0	0	0	0	0	0
17. Missing Data	4	2	3	1	1	11
Sub Total Closed	4	2	6	1	3	16
Grand Total Closed	22	15	8	8	21	74

Performance Expectation #10

Sound Fiscal Management

Regional Teams

- ▶ Percent reduction in overtime
- ▶ Percent of wrap expenditures that stay within budget

Institutional Teams

- ▶ Percent reduction in overtime
- ▶ Percent of Other Expenses (OE) that remains within budget

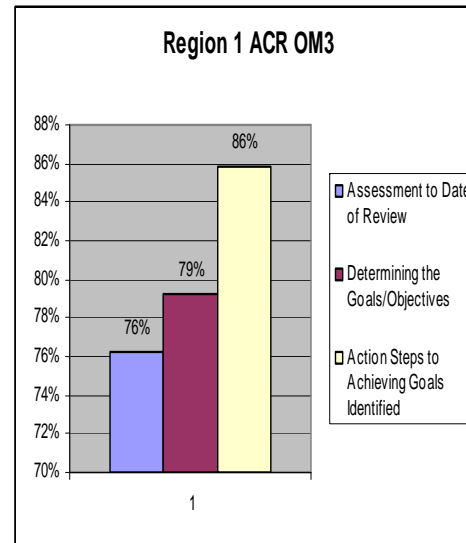
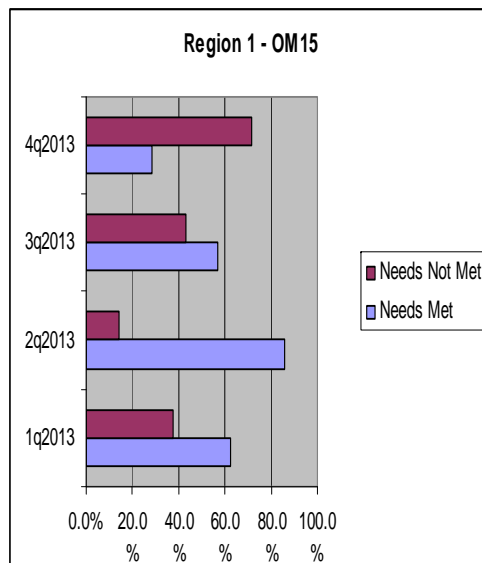
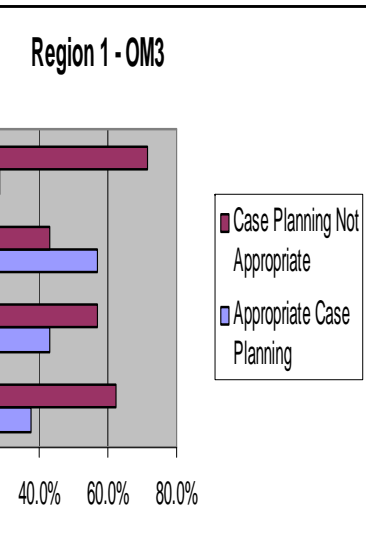
Central Office Teams

- ▶ Percent of Contracts that are fully utilized
- ▶ Percent of under-utilized contracts that are amended to better utilize funds

Region 1

REGION 1: Performance Expectation: *Achieving and Sustaining Outcome #3 and 15 by June 30, 2014*

January 1, 2014 Baseline Data utilizing common performance measures:



Share Point Baseline 290 Cases Region 1

Reason for Involvement	94%
Identifying Information	99%
Engagement of Child and Family	84%
Assessment to Date of Review	76%
Determining the Goals/Objectives	79%
Progress	91%
Action Steps to Achvng Goals Id'd	86%
Planning for Permanency	92%
90 Day CTM Required	2%
No Case Plan	7%

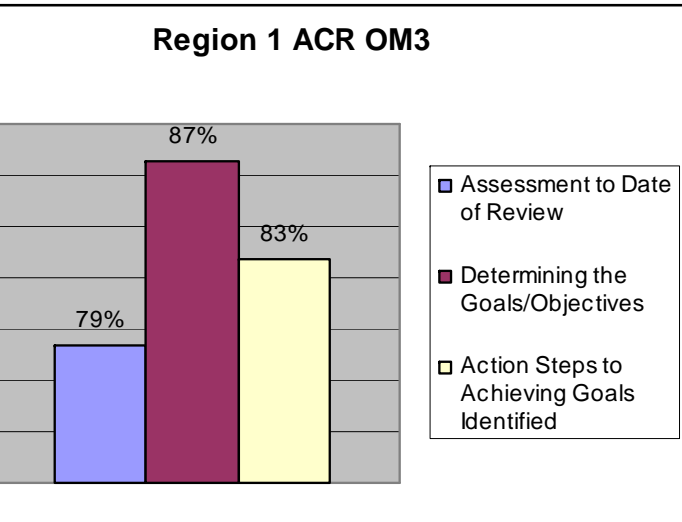
REGION 1: Performance Expectation: *Achieving and Sustaining Outcome #3 and 15 by June 30, 2014*

Three Strategies developed to achieve performance expectation:

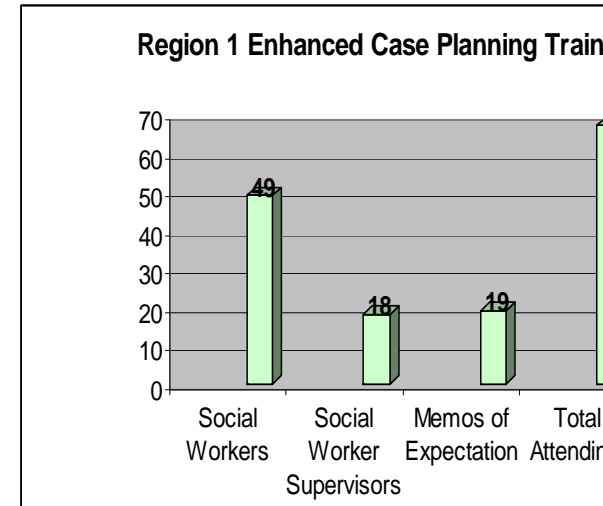
- ▶ 1. OM3 - Create and communicate new efforts to improve case practice through formal and informal processes.
- ▶ 2. OM3 - Develop a culture of best practice around case planning.
- ▶ 3. OM15 - Develop a culture of best practice around needs met for children.

REGION 1: Performance Expectation: *Achieving and Sustaining Outcome #3 and 15 by June 30, 2014*

March 31, 2014 Performance Expectation Data



312 Cases Region 1
 Reason for Involvement 99%
 Identifying Information 99%
 Engagement of Child and Family 90%
 Assessment to Date of Review 79%
 Determining the Goals/Objectives 87%
 Progress 91%
 Action Steps to Achvng Goals IDd 83%
 Planning for Permanency 95%
 90 Day CTM Required 0%
 No Case Plan 14%



REGION 1: Performance Expectation: *Achieving and Sustaining Outcome #3 and 15 by June 30, 2014*

Why Behind the Data: Per Share Point OM3 data from 1Q 2014 (Jan. - March); Region 1 has seen improvement in the majority of the elements and has exceeded or come close to 90%.

Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:

Designated three days of protected time for social workers one-on-one with the QI staff to focus specifically on case planning.

Implement a QI improvement practice to randomly review 10 cases, which have been referred to the RRG and transferred to ongoing services to review appropriate follow up with progress of interventions related to the needs met of child and families.

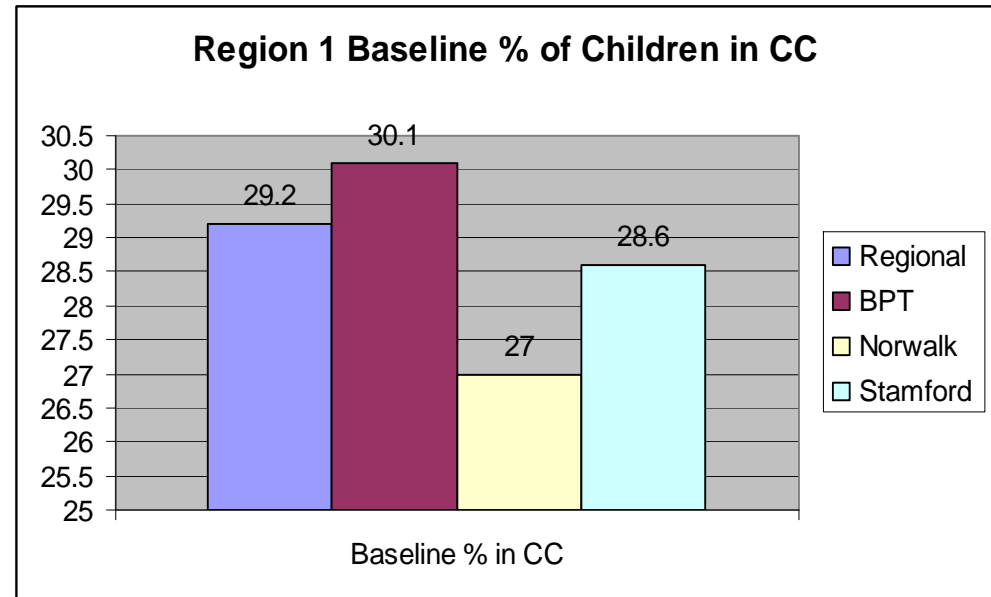
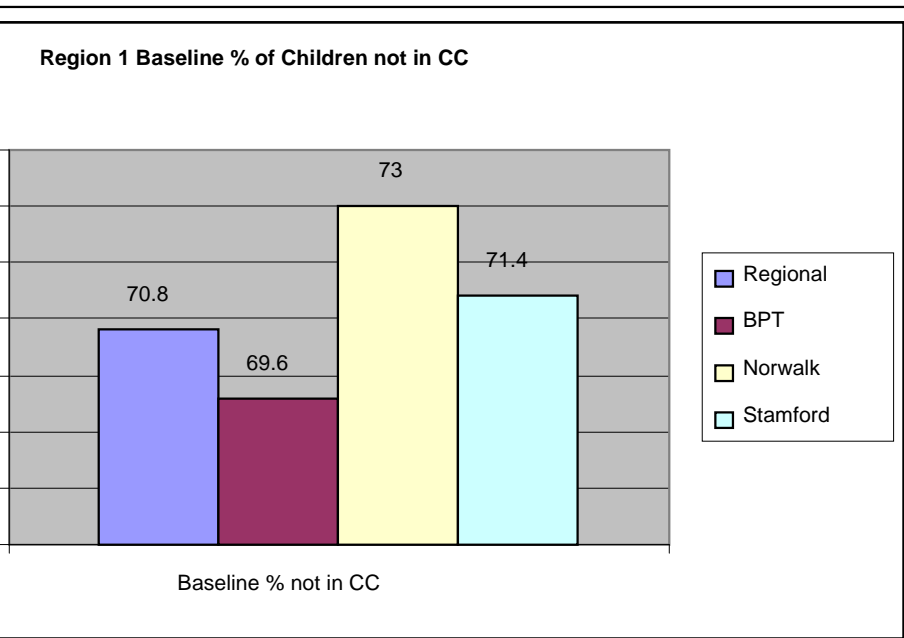
The Region will also implement a Case Specific Review, which will focus on group learning and case supervision to include the court monitor, program managers, QI staff and supervisors.

The training has begun on 4/7/14 for the SWS at SOTA in New Haven. The remainder of the training is scheduled to be completed this month.

REGION 1

Performance Expectation: *Congregate care rate at 10% or below*

January 1, 2014 Baseline Data utilizing common performance measures



REGION 1

Performance Expectation: *Congregate care rate at 10% or below*

Strategies developed to achieve performance expectation:

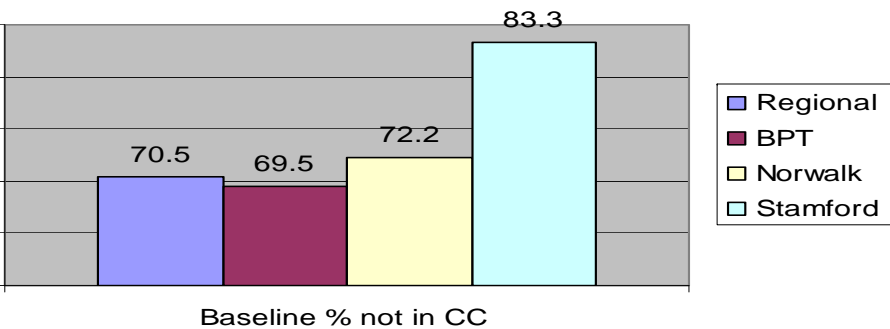
- ▶ 1. Region 1 will create and implement the TDM process for targeted children in congregate care by the end of April.

REGION 1

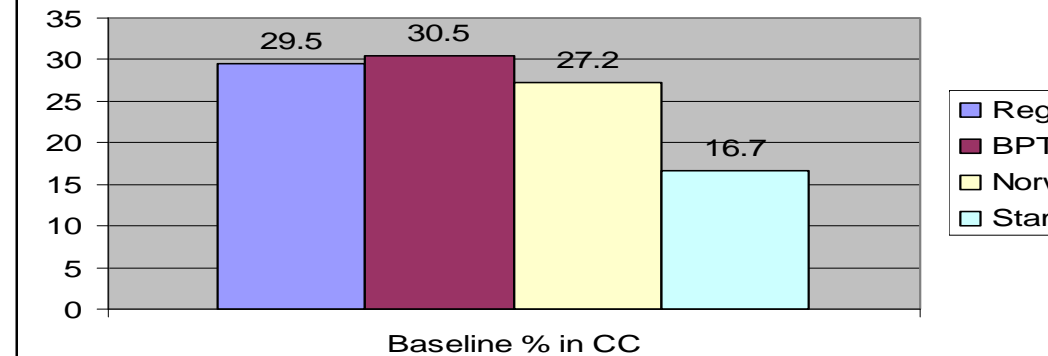
Performance Expectation: *Congregate care rate at 10% or below*

March 31, 2014 Performance Expectation Data

Region 1 Percent of Children not in CC
(3/31/14)



Region 1 Percent of Children in CC (3/31/14)



REGION 1

Performance Expectation: *Congregate care rate at 10% or below*

Story Behind the Data:

Region 1 has remained steady in the percentage of children placed in a congregate care setting between 1/1/14 and 3/31/14. The Bridgeport and Norwalk offices have also remained steady; there has been a significant percentage decrease in the Stamford office (-11.9%). Currently there is one CRG liaison for each child placed in a congregate care setting; this child is reviewed quarterly for progress and for the continued need of congregate case level of services.

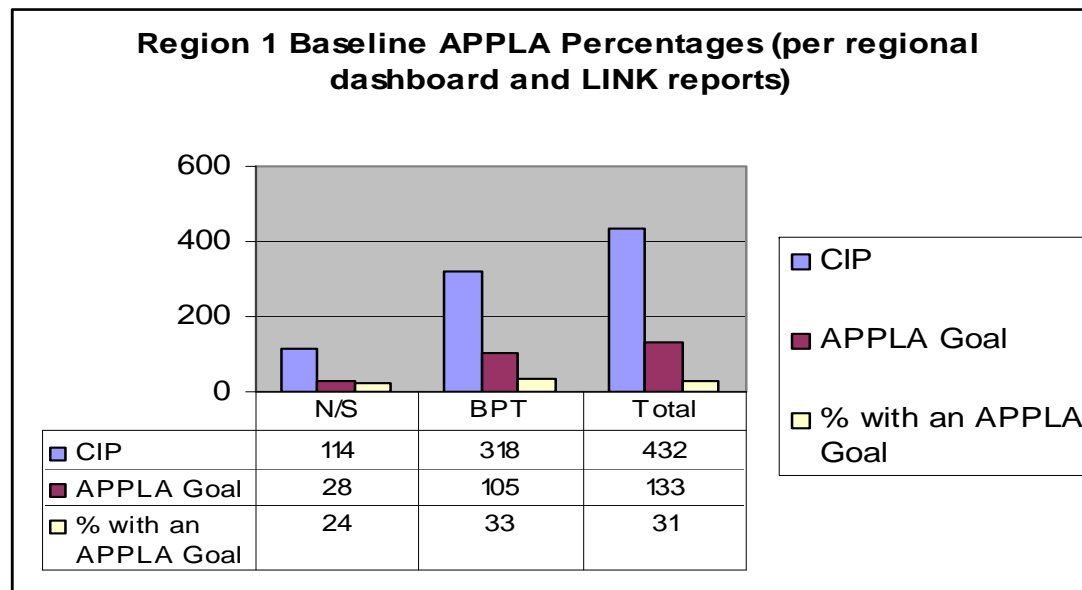
Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:

Region 1 will implement a the new family conference review process in an effort to provide further monitoring of children in congregate care settings; as this is a new strategy, it will be monitored and assessed to determine the level of impact it has with transitioning children from a congregate care setting. Region 1 has identified that a large number of CIP youth in CC, who fall into the 17-21 year old range. As a result, region 1 is developing specific strategies for older adolescent preparing to age-out. These strategies will include in-depth case reviews, family conferences and incorporation of foster state agencies.

REGION 1

Performance Expectation: *Permanency teaming for older youth to reduce APPLA goals by 50%*

January 1, 2014 Baseline Data utilizing common performance measures:



REGION 1

Performance Expectation: *Permanency teaming for older youth to reduce APPLA goals by 50%*

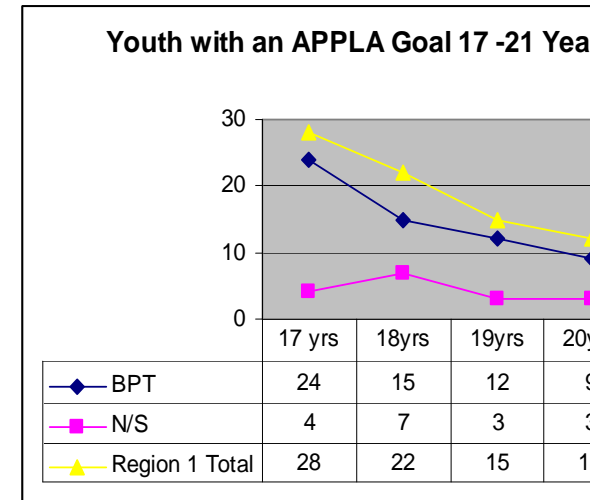
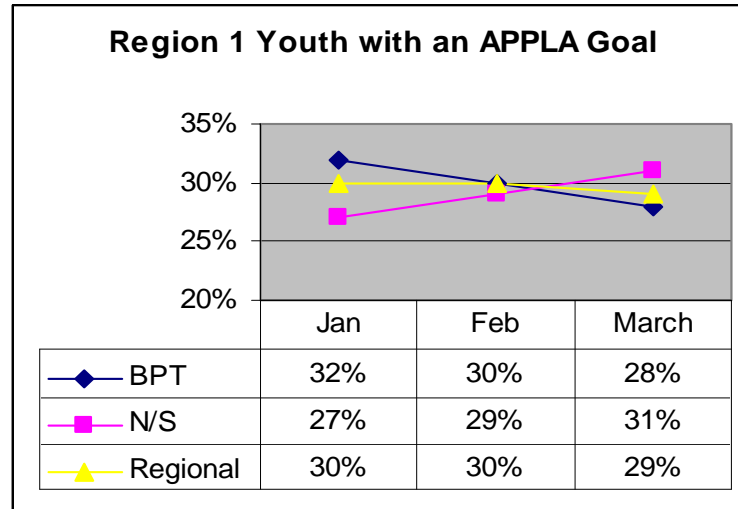
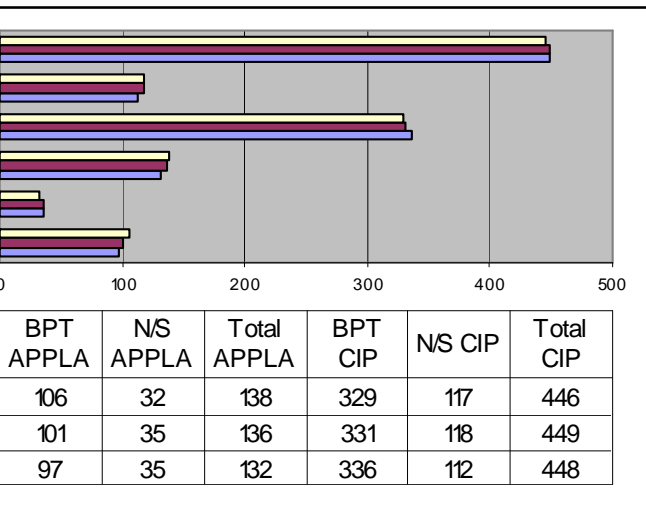
Three Strategies developed to achieve performance expectation:

- ▶ 1. Region 1 will train, implement and utilize the Permanency Child and Family Team Meetings.
- ▶ 2. Create, implement and utilize the APPLA team meetings.
- ▶ 3. Create and implement a protocol to insure annual reviews of APPLA approvals.

REGION 1

Performance Expectation: *Permanency teaming for older youth to reduce APPLA goals by 50%*

March 31, 2014 Performance Data



REGION 1

Performance Expectation: *Permanency teaming for older youth to reduce APPLA goals by 50%*

Story Behind the Data: Baseline CIP data from January 1, 2014 compared to March 31, 2014 indicates an increase for children in placement. The total of children in placement with an APPLA goal increased slightly during the month of January; however, there has been a steady total decline for both February and March of 2014 for the Regional totals. The Norwalk/Stamford office remained steady for APPLA cases; however, showed a decline in total CIP, which shows an increase in the overall percentage.

Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:

Region 1 will use desk duty staff and the permanency exchange resource staff to mine potential APPLA cases for life long family ties. APPLA team meetings will be commenced in May of 2014. The team composition will include the RRG, program managers and social work supervisors.

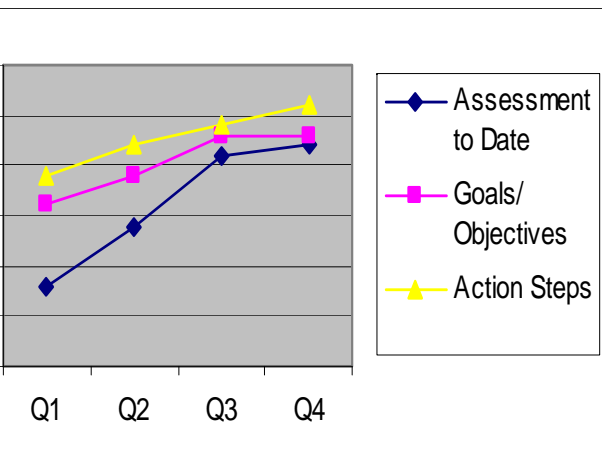
The focus of the APPLA team meetings will be to triage the older adolescents which have remained in care the longest, specifically those placed in therapeutic group homes, as they could need unique interventions

Region 2

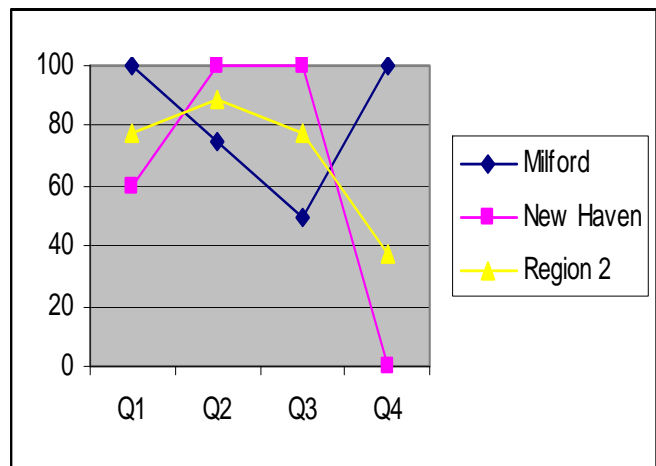
Performance Expectation: Achieving and Sustaining Outcome Measures 3 and 15 by 6/30/14

Performance Data January 1, 2014

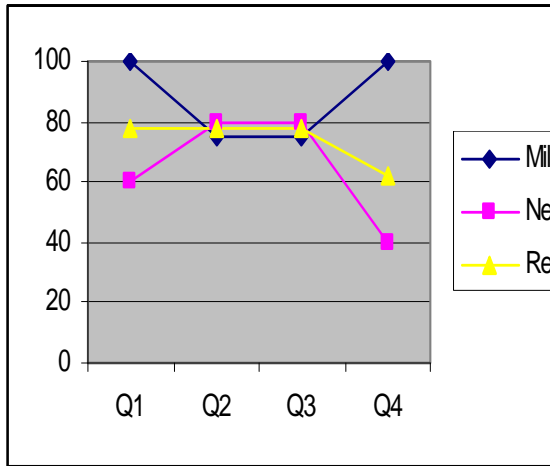
Priority Elements 2013



OM 3 2013



OM 15 2013



Performance Expectation: Achieving and Sustaining Outcome Measures 3 and 15 by 6/30/14

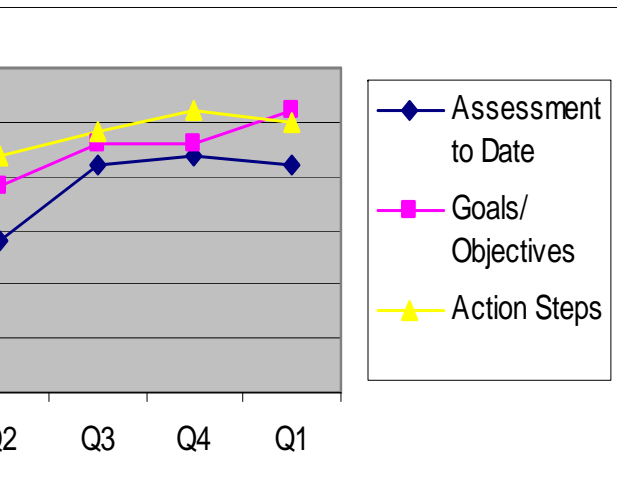
Strategies developed to achieve performance expectation:

1. Improve the consistency and quality of case planning and subsequent service delivery through the provision of remedial case plan training.
2. Improve the consistency and quality of case planning and subsequent service delivery through a systematic review of OM 3 and 15 Court Monitor Quarterly Review results.
3. Improve the consistency and quality of case planning and subsequent service delivery through the application of the group supervision model on identified case

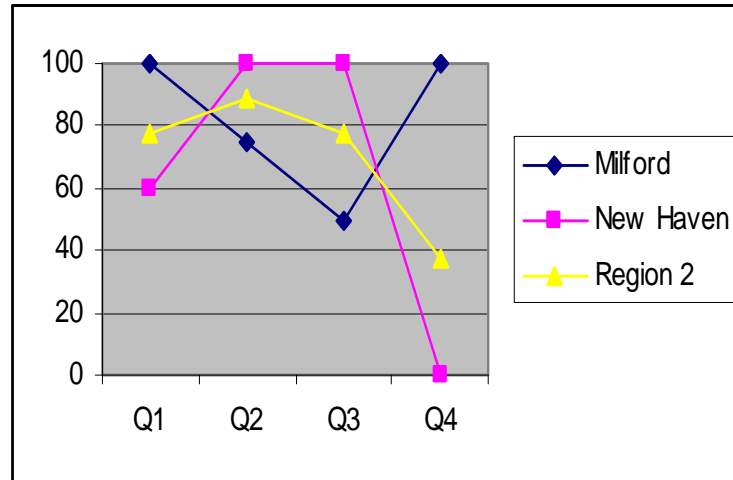
Performance Expectation: Achieving and Sustaining Outcome Measures 3 and 15 by 6/30/14

Performance Data March 31, 2014

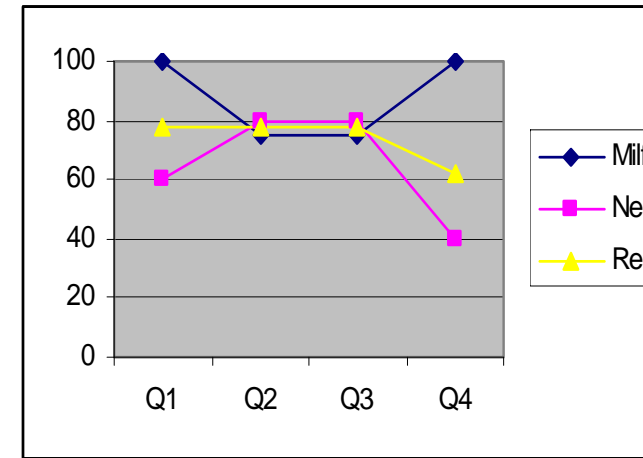
Priority Elements Q2/13- Q1/14



OM 3 2013



OM 15 2013



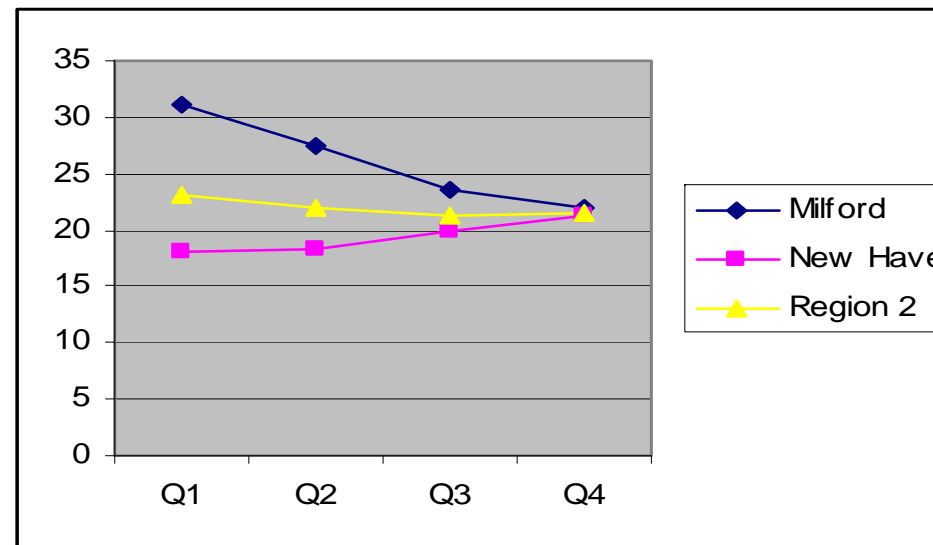
Performance Expectation: Achieving and Sustaining Outcome Measures 3 and 15 by 6/30/14

- ▶ **Story Behind the Data:** Sample size may result in volatility in performance on OM 3 & 15 Court Monitor Quarterly Review results. Area Office/Regional intake, caseloads and staffing patterns may impact implementation and performance.
- ▶ **Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:**
Not at this time.

Performance Expectation: Reduction in Congregate Care to a Rate of 10% or Below

% of CIP in Congregate Care 2013

	Q1	Q2	Q3	Q4
Milford	31.0	27.5	23.6	21.9
New Haven	18.1	18.4	19.8	21.2
Region 2	23.0	21.9	21.3	21.5



Performance Expectation: Reduction in Congregate Care to a Rate of 10% or Below

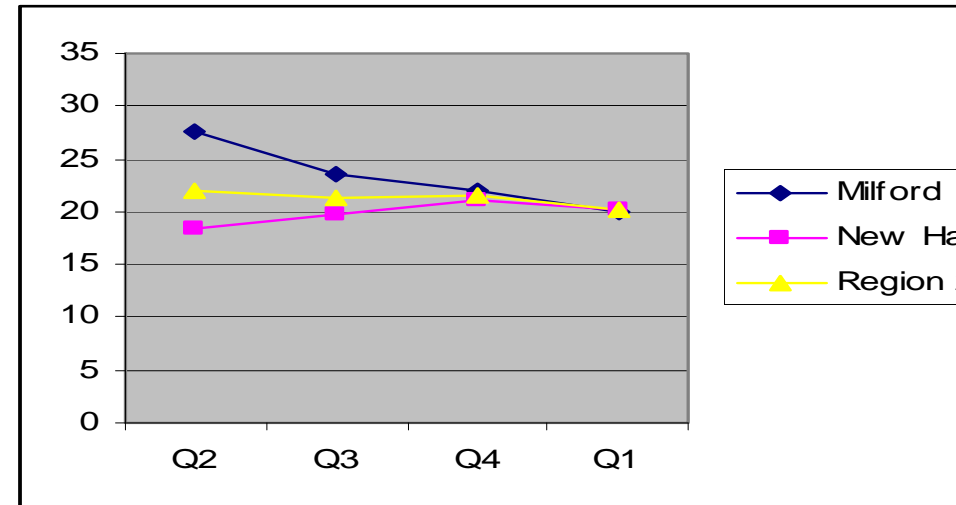
Strategies developed to achieve performance expectation:

- ▶ 1. Reduce congregate care through a Multi Disciplinary Case Conference (CPD/ARG/CPS/FASU) on all children entering STAR and Safe Home placement to inform case plan/next steps.
- ▶ 2. Enhanced STAR and Safe Home case reviews facilitated by Clinical Program Director to inform case plan/next steps.

Performance Expectation: Reduction in Congregate Care to a Rate of 10% or Below

% of CIP in Congregate Care Q2/13-Q1/14

	Q2	Q3	Q4	Q1
Milford	27.5	23.6	21.9	19.9
New Haven	18.4	19.8	21.2	20.2
Region 2	21.9	21.3	21.5	20.1



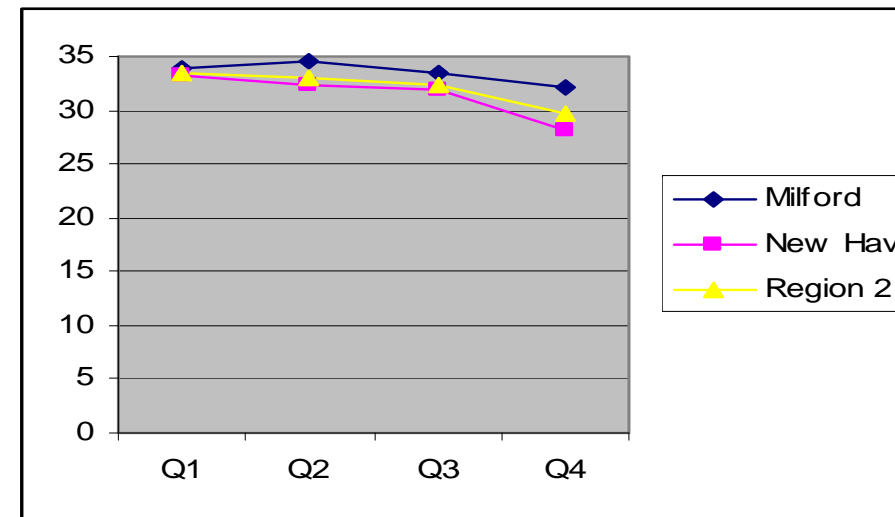
Performance Expectation: Reduction in Congregate Care to a Rate of 10% or Below

- ▶ **Story Behind the Data:** Area Office/Regional intake, caseloads and staffing patterns may impact implementation and performance.
- ▶ **Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:**
Not at this time.

Performance Expectation: Permanency Teaming for Older Youth to Reduce APPLA Goals by 50%

% of CIP with APPLA Goal 2013

	Q1	Q2	Q3	Q4
Milford	33.8	34.6	33.5	32.2
New Haven	33.3	32.3	31.8	28.2
Region 2	33.5	33.1	32.4	29.6



Performance Expectation: Permanency Teaming for Older Youth to Reduce APPLA Goals by 50%

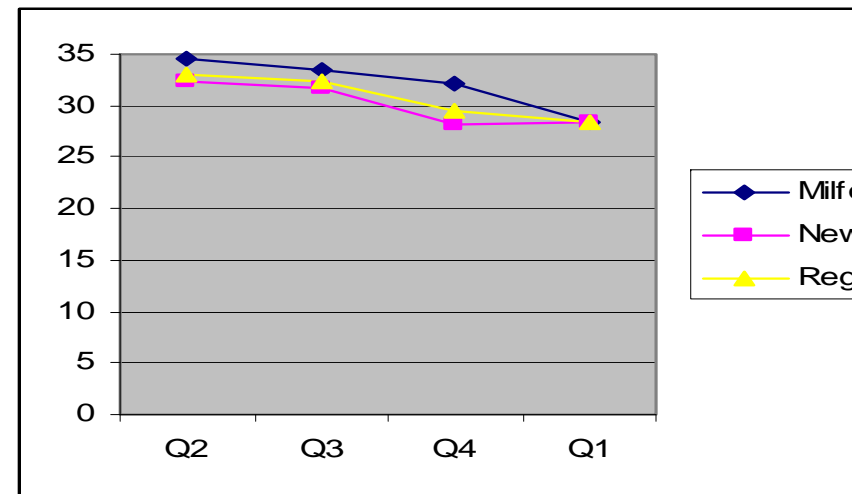
Strategies developed to achieve performance expectation:

- ▶ 1. Reduce APPLA goals through an audit on all cases involving children with an APPLA goal who are 17 years of age or younger to identify barriers to permanency and existing and/or prospective resources.
- ▶ 2. Multi-Disciplinary Case Conference (internal) as designated by audit to inform case plan/next steps.
- ▶ 3. Permanency Teaming (P-CFT) as designated by audit to inform case plan/next steps.

Performance Expectation: Permanency Teaming for Older Youth to Reduce APPLA Goals by 50%

% of CIP with APPLA Goal Q2/13- Q1/14

	Q2	Q3	Q4	Q1
Milford	34.6	33.5	32.2	28.5
New Haven	32.3	31.8	28.2	28.5
Region 2	33.1	32.4	29.6	28.5



Performance Expectation: Permanency Teaming for Older Youth to Reduce APPLA Goals by 50%

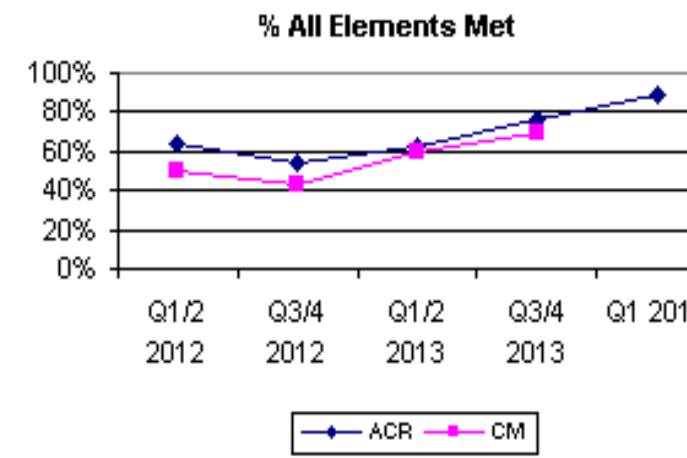
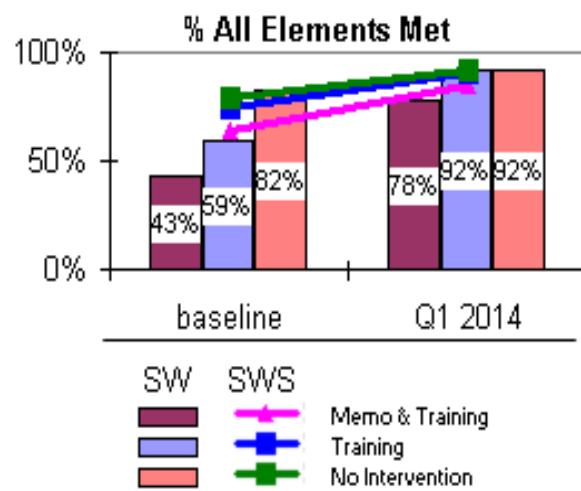
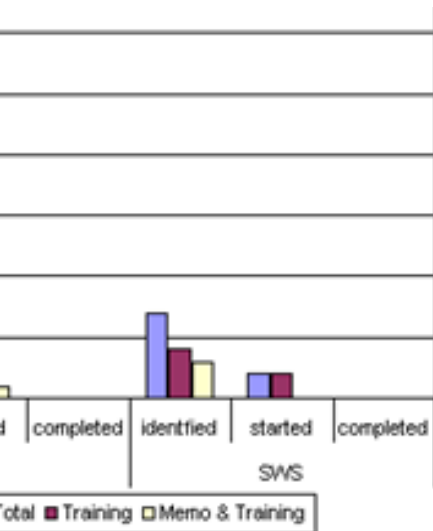
- ▶ **Story Behind the Data:** Area Office/Regional intake, caseloads and staffing patterns may impact implementation and performance.
- ▶ **Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:**
Not at this time.

Region 3

Operational Strategy Reporting: #2 Achieving and Sustaining Outcome Measures 3 Case Planning by June 30, 2014

- ▶ **Strategies 1 & 2:** Ongoing Commitment and Accountability to "Case Plan Everything" and Targeted intervention focusing on tailored training and accountability for underperforming staff.
- ▶ **Strategy 3:** ACR leadership in evaluating and assessing performance, using RBA and tied to our Regional Steering Team and AO Quality Improvement case planning teams.

Operational Strategy Reporting: #2 Achieving and Training Outcome Measures 3 Case Planning by June 30, 2014



Operational Strategy Reporting: #2 Achieving and Sustaining Outcome Measures 3 Case Planning by June 30, 2014

Story Behind the Data:

Marked improvement for the target group (36 staff, including 11 that received a memo of expectation) from the baseline period (9/2013-11/2013) to 1Q 2014 despite that the intervention has not been fully implemented yet. Memos were provided to all of the 11 staff and training has begun for 8 of the 36 staff. The trend since beginning the targeted intervention in December 2013 is consistent with the trajectory of improvement that preceded it. Increased focus on accountability likely has contributed to the steady progress and in particular with the target group of staff. Given the high investment on the part of supervisors and managers, we know that progress is also attributable to these individuals who are being even more scrupulous to ensure that case plans are of high quality.

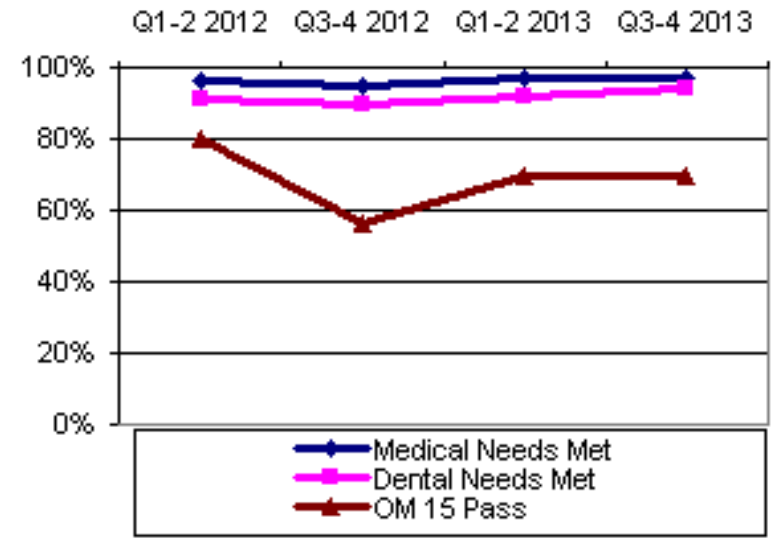
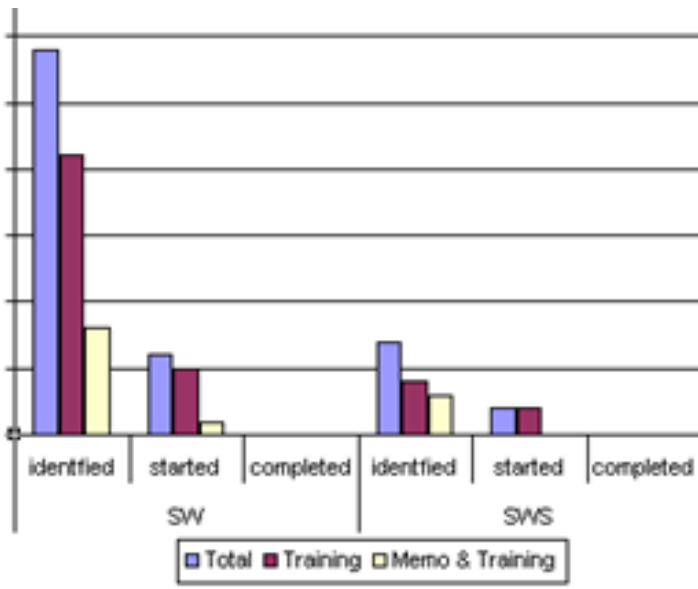
Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance

No modification to strategy, though our intention for this targeted intervention is to guard from it being a "one and done" effort at ensuring accountability to performance. Case Plan Everything stipulates, among other things, that we will constantly be examining performance from a strengths-based and accountability-based perspective. This will be especially important for new staff and others that have not had as much experience with case plan reviews.

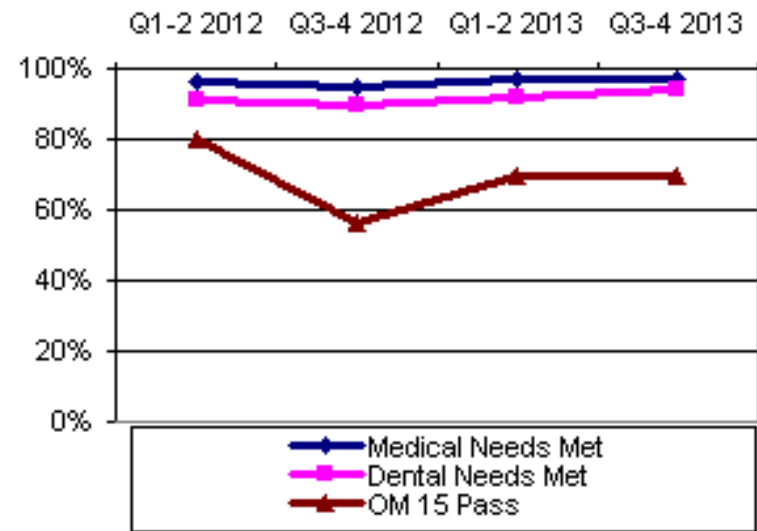
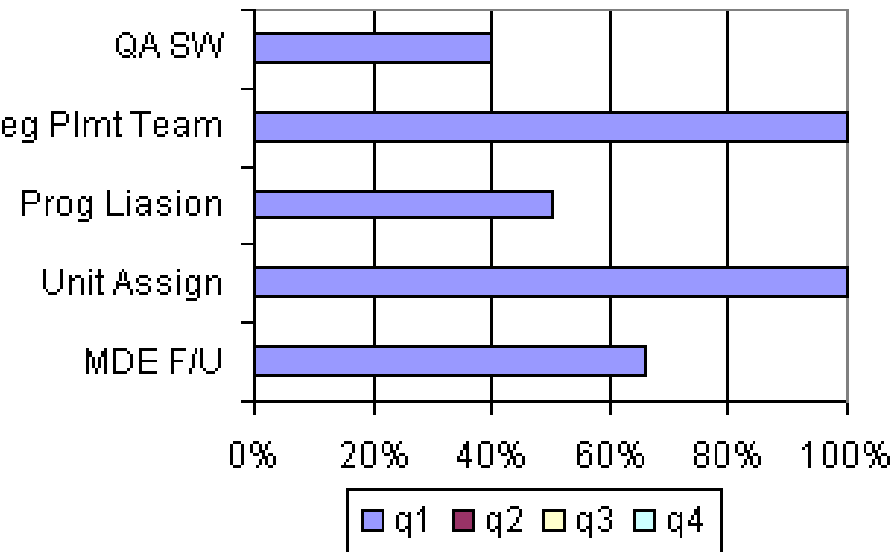
Operational Strategy Reporting: #2 Achieving and Sustaining OM15 Needs Met by June 30, 2014

- ▶ **Strategy 1:** *Targeted intervention focusing on tailored training and accountability for underperforming staff.*
- ▶ **Strategies 2 & 3:** *Regional Implementation of QA Systems to identify and track unmet needs through review of MDE Reports and ACRI's and Redefining RRG roles to create better integration in the work and to assist with identifying and addressing unmet needs*

Operational Strategy Reporting: #2 Achieving and Sustaining OM15 Needs Met by June 30, 2014



Operational Strategy Reporting: #2 Achieving and Sustaining OM15 Needs Met by June 30, 2014



Operational Strategy Reporting: #2 Achieving and Sustaining OM15 Needs Met by June 30, 2014

Story Behind the Data: Our review of performance reflected that our biggest struggle is with services to achieve permanency and mental health, behavioral health and substance abuse services and in particular, with in-home cases. A number of strategies were identified, including some that have been implemented and these that are partly implemented. QA SW in Willimantic, with limited service to the region, has proven beneficial for ensuring needs are met, particularly with medical and dental needs.

Identify whether you need to modify your strategy, and if so, what you propose to do and how you expect it to impact performance: Given status of implementation of strategies (some partly implemented, others recently implemented), more time is needed to assess impact. QA SW operates in Willimantic with some service to the region, and the plan to extend service to Middletown and add a QA SW to Norwich is dependent on getting adequate staffing.

Performance Expectation: Congregate care rate at 10% or below

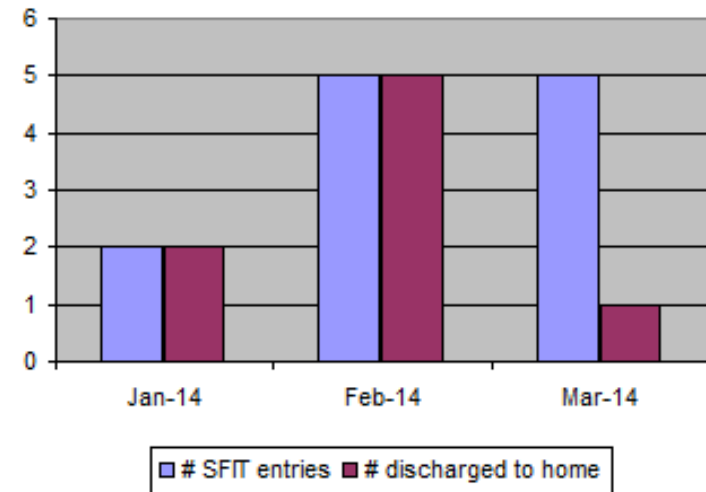
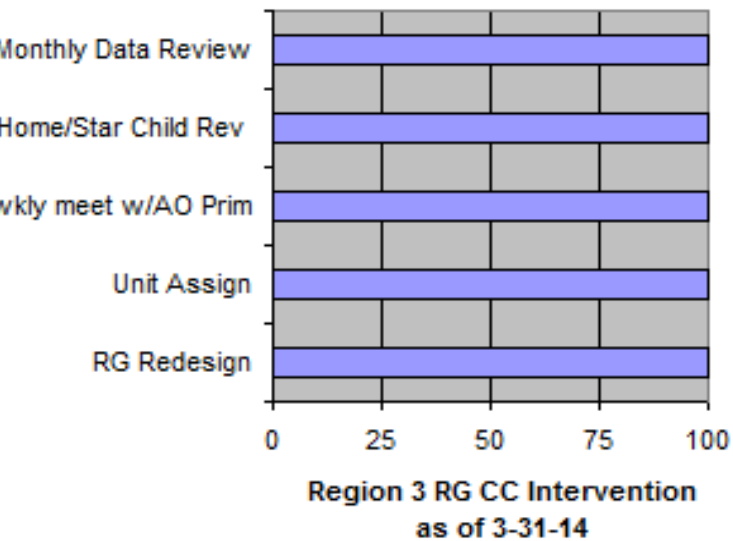
Key Strategies developed to achieve performance expectation:

Efforts to discharge children in congregate care through assignment of RRG to each child in Cong Care for discharge planning and Localizing (& improving) USE protocol.

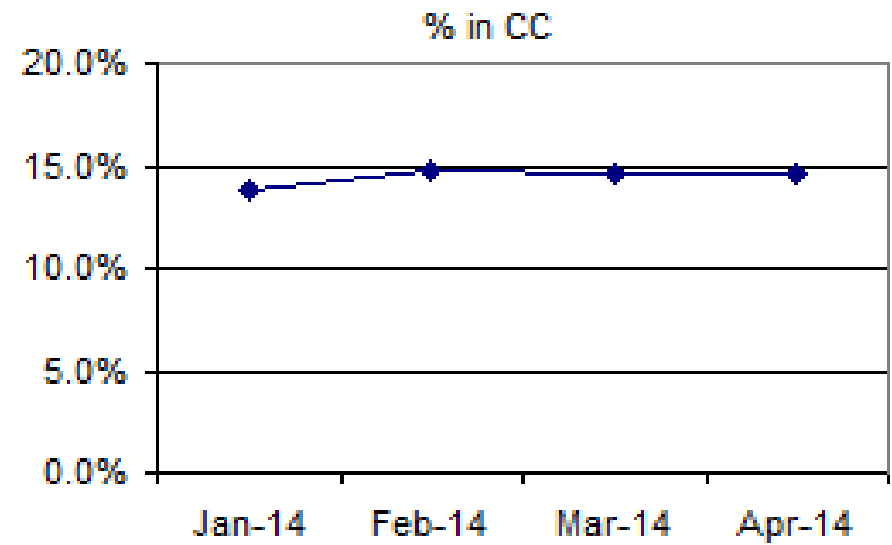
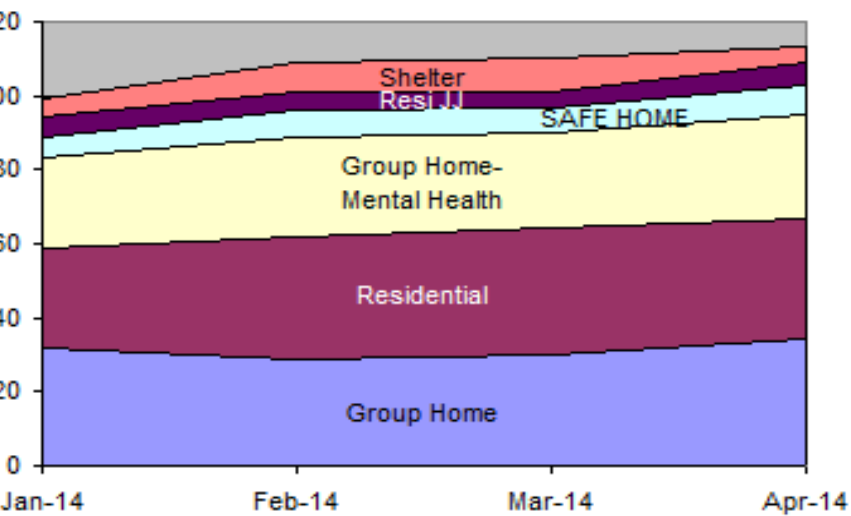
Efforts to prevent entry into congregate care through relying on regional placement team staff to coordinate team effort among case carrying staff, RRG, VO and regional fiscal lead and investment in quality short-term stabilization and treatment options.

Investment into Recruitment and into Adequate Programs through continued effort to improve effectiveness of the S-FIT model with Waterford Country School, Community Bridge contract, Family and Community Ties, Foster Care development work with J recruitment work with FC Collaborative and FC agencies.

Performance Expectation: Congregate care rate at 10% or below



Performance Expectation: Congregate care rate at 10% or below



Performance Expectation: Congregate care rate at 10% or below

History Behind the Data: Increased demand and limited supply

- Failure of FCT program: average # is 2. If at 10, CC rate would be down 1.3 points
- Rapid escalation of VS placements into CC: ~ 75% increase in 90 days.
- Direct placement of placement by Probation into residential facilities
- Lack adequate resources for highly skilled and individualized services for child and family
- Myriad fiscal/structural/systemic challenges

Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to improve performance: Maintain strategy and bolster efforts by:

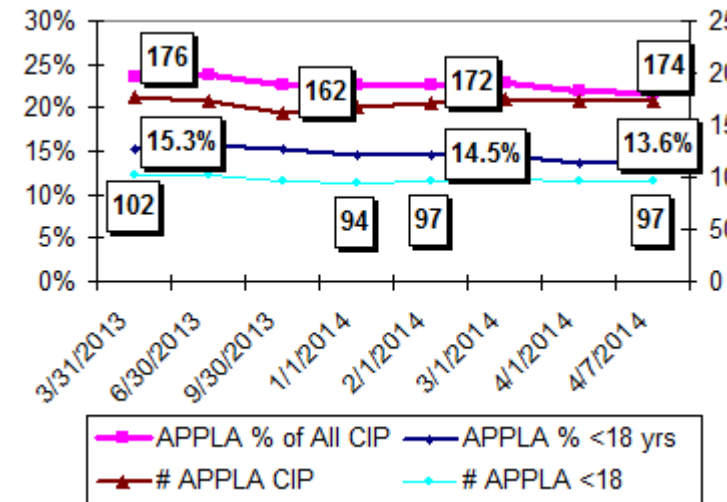
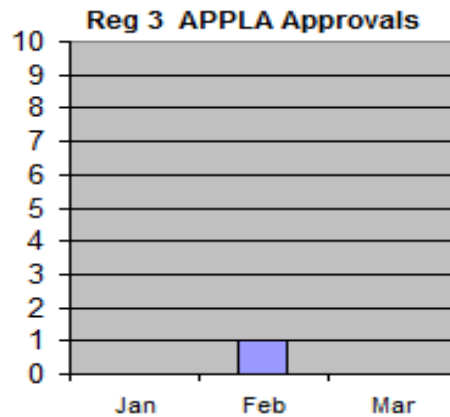
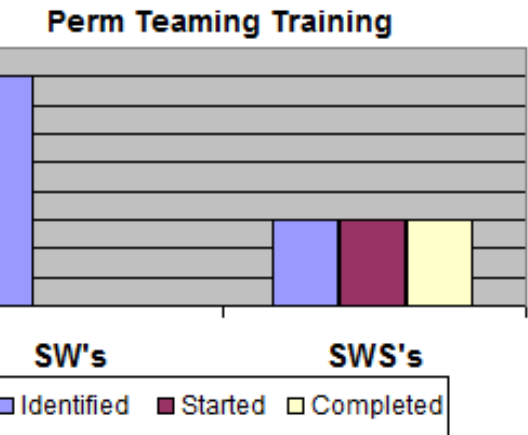
- Improve efforts for timely transitions to DDS and DMHAS.
- Establish Child Specific Recruiting Teams facilitated by CFTM staff to targeted children.
- Collaboration of Regional fiscal, clinical & program staff to establish scope of services & rates for the highly skilled, individualized services for families & their children.
- Research and develop intervention plan to reduce VS entries into CC.
- Expand education & training for staff & SFIT on brief family centered work & preparing children/youth for permanency.

Performance Expectation: Permanency teaming for older youth to reduce APPLA goals by 50% to a statewide standard of 13% (50% of 26%)

Strategies developed to achieve performance expectation:

- ▶ 1. Permanency Teaming Staff Training
- ▶ 2. Region 3 APPLA Approval Protocol:
 - Use of Perm Assessment tool, BEST, 3-5-7 and accompanying Recipes for Success designed to support an ongoing permanency discussion.
 - Child and family team meeting held that includes the youth's informal and formal network of support and Permanency team review and support
 - AD and RA approval for initial approvals as well as 6 month reviews coinciding with ACR and annual reviews coinciding with Permanency Plan reviews in Juvenile Court, as well as Commissioner approval for any child under 15.

Performance Expectation: Permanency teaming for older youth to reduce APPLA goals by 50% to a statewide standard of 13% (50% of 26%)



Performance Expectation: Permanency teaming for older youth to reduce APPLA goals by 50% to a statewide standard of 13% (50% of 26%)

Behind the Data:

Reduction in children (#) with APPLA is contained within children 13-17 years; increase in 18+ CIP with APPLA. The drop in percentage points is more significant because of an overall increase in CIP. No impact can be expected yet from Permanency teaming training given status of implementation. (Prioritized SW's will be trained April 2014.) During 2014 one APPLA approval was granted in Region 3, and 2 requests that were denied were subsequently ordered by Judge.

Justify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:

Training plan will not be altered. Supervisors and Managers in each office are receiving an overview by Kristina Steyer on the permanency tools used as part of the protocol. Further emphasis on the use of the tools will come with competency training.

During April's Regional Steering Team (RST), status of APPLA and protocol will be discussed. Leads will be charged with ensuring that the APPLA review process is consistent region wide and that it strongly reflects the intent of the protocol and permanency teaming. As part of this, the PRT methodology will also be considered as a means to further strengthen the "APPLA firewall" to ensure a robust and concerted effort exists before a case is made for an APPLA designation.

Region 4

Performance Expectation # 2: Achieving and Sustaining Outcome Measures 3 and 15 Region 4: April 10, 2014 (CIP & IH)

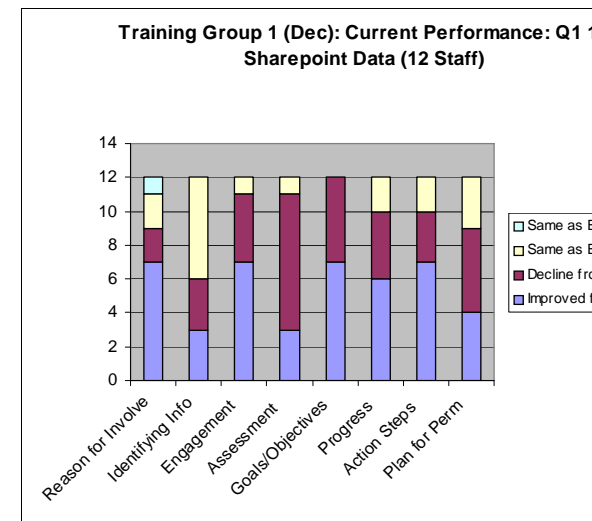
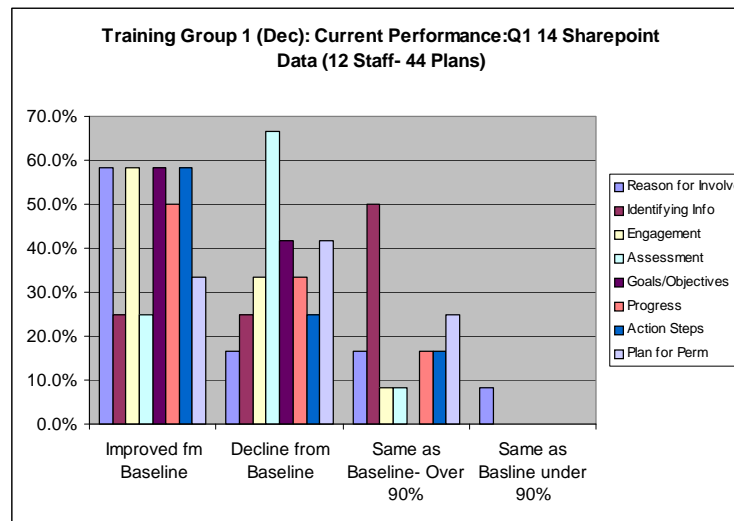
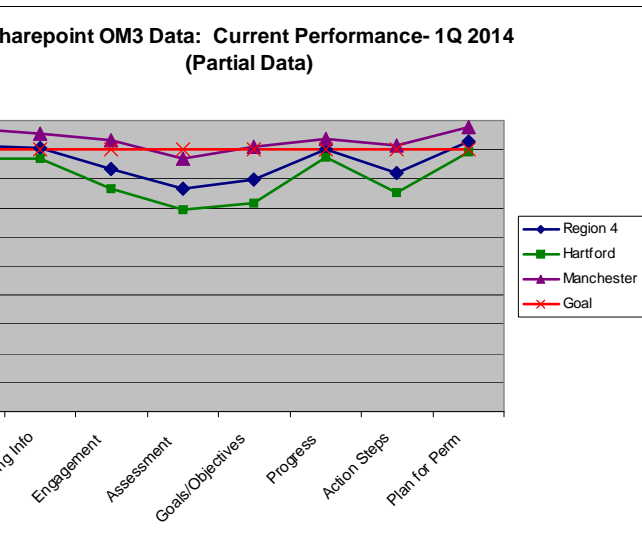
Strategies developed to achieve performance expectation:

- ▶ 1. Targeted intervention to improve the quality of case planning through Enhanced Case Planning "training" for underperforming staff
- ▶ 2. Facilitate quarterly meetings between Court Monitor reviewers and AO staff where case-specific review findings are discussed

Performance Expectation # 2: Achieving and Sustaining Outcome Measures 3 and 15

Region 4: April 10, 2014 (CIP & IH)

March 31, 2014 Performance Expectation Data



Performance Expectation # 2: Achieving and Sustaining Outcome Measures 3 and 15 Region 4: April 10, 2014 (CIP & IH)

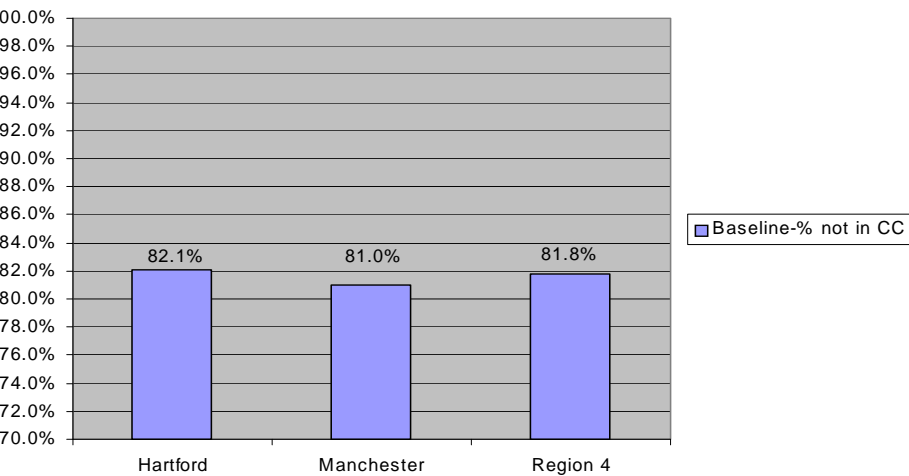
Story Behind the Data: Region 4's baseline Sharepoint data reflects four of the OM3 elements below the 90% goal. Follow-up data reflects that the region stayed the same or improved in 3 elements; however, saw a decreased performance in 5 of the 8. It is important to note that the March follow-up report represents only partial data. At the time of this reporting, there are 56 ACRI's pending for Hartford (13% of their quarterly total) and 10 for Manchester (3.8%) which may impact the numbers. In December 2013, staff who were issued memos participated in Enhanced Case Planning "training". A follow-up review of their Sharepoint Data was conducted for 1Q 2014, understanding that for many of the case plans, there had not been 90 days between training and the ACR. Data reflects improved performance for 50% or more of the participants in 5 of the OM3 Elements, but decreased performance on "Assessment" for more than 60% of these staff. Again, we can only say our results thus far are preliminary as we still have incomplete data. Once all ACRI's have been entered for Q1 14, we can reevaluate. With regard to Court Monitor results, Region 4 saw improved performance in Q4 13 in OM 15, particularly for Hartford. Q1 14 Court Monitor Data is not yet available.

Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance: We do not believe modifications to these strategies are needed at this time, but we will continue to assess as complete data becomes available. Regionally we are exploring the addition of at least one strategic intervention specific to supervision, but this is still developing.

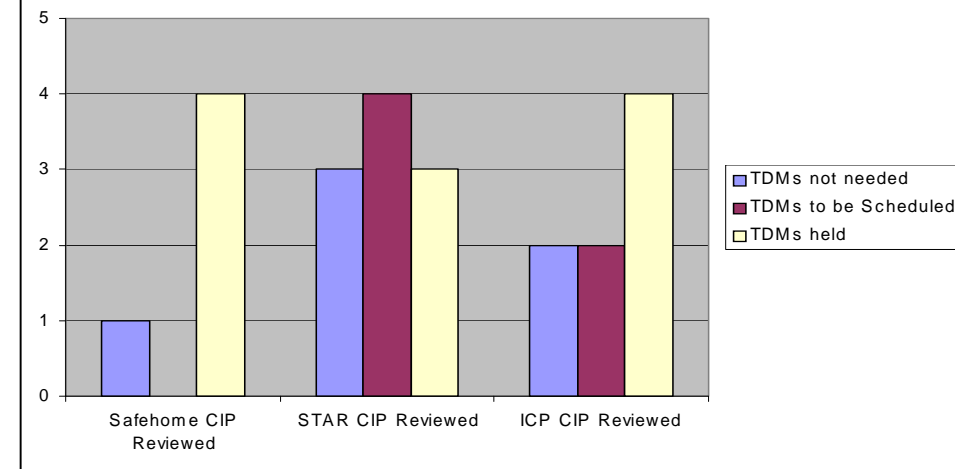
Performance Expectation #4: Congregate Care rate at 10% or Below April 10, 2014

January 1, 2014 Baseline Data utilizing common performance measures

Percent of Children in Family-Based/Non-CC Settings: Baseline



TDM's Facilitated During 1Q 2014 to Review CC Placements



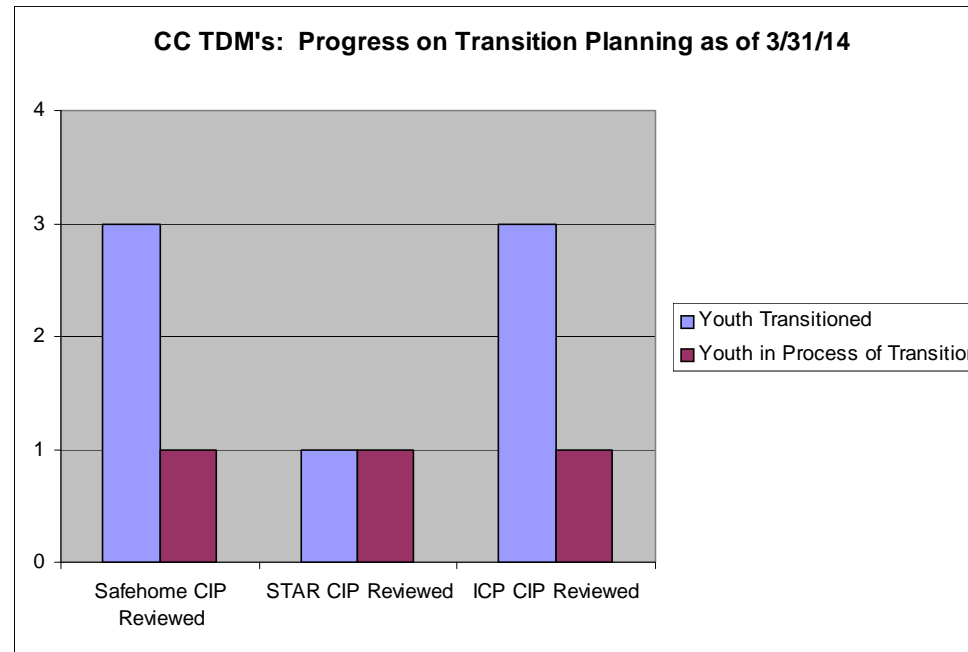
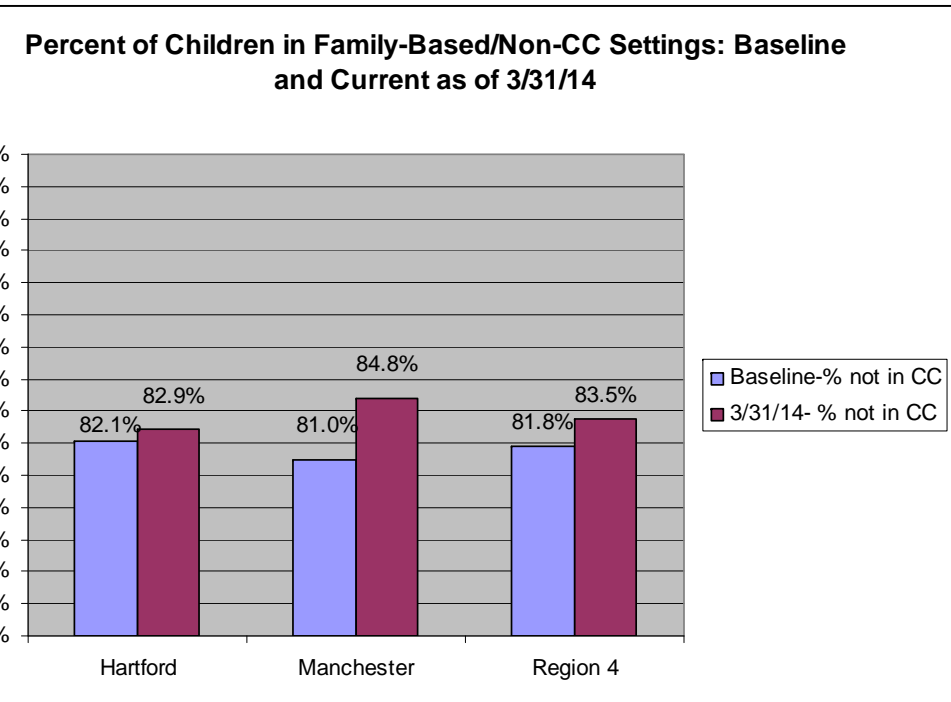
Performance Expectation #4: Congregate Care rate at 10% or Below April 10, 2014

Strategies developed to achieve performance expectation:

- ▶ 1. Conduct discharge plan reviews of children and youth in Safehome and STAR placements and facilitate TDM's as needed to transition youth from these settings.

Performance Expectation #4: Congregate Care rate at 10% or Below April 10, 2014

March 31, 2014 Performance Expectation Data



Performance Expectation #4: Congregate Care rate at 10% or Below April 10, 2014

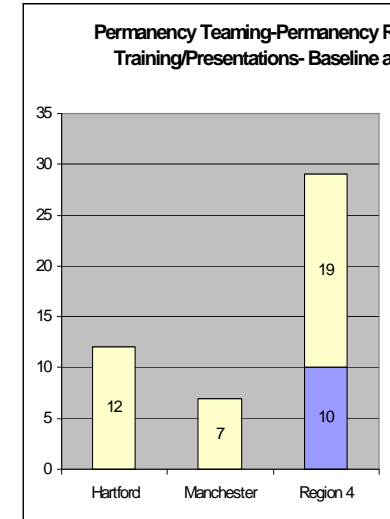
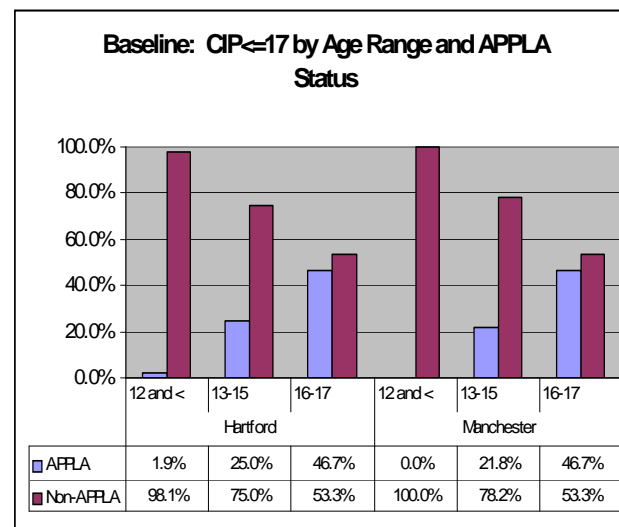
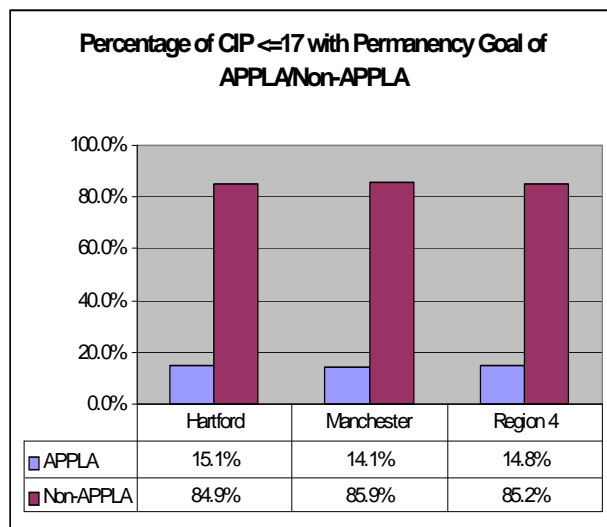
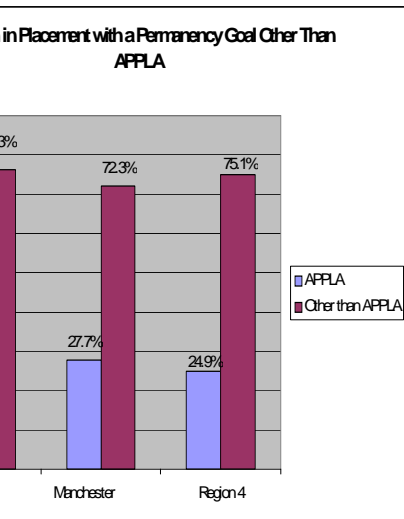
Story Behind the Data: Region 4 experienced a slight decrease in the percentage of children placed in CC settings between 1/1/14 and 3/31/14, with the most notable decrease in Manchester (-3.8%). One strategy implemented during this time has been the use of TDM's for a targeted group of children placed in Safehomes, STAR homes, and the Village ICP program. Of the 23 children reviewed as part of this process, 4 have already transitioned from these settings or are in the process of transition.

Identify whether you need to modify your strategy, and if so, what you propose to do and how you expect it to impact performance:

Currently there is no need to modify this strategy. This is a new process implemented within the quarter and as such, we will need to continue to monitor and assess in the coming months.

Performance Expectation #5: Permanency Teaming for Older Youth to Reduce APPLA Goals by 50%

January 1, 2014 Baseline Data utilizing common performance measures



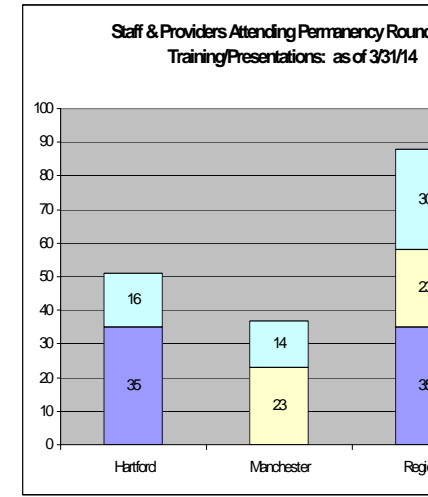
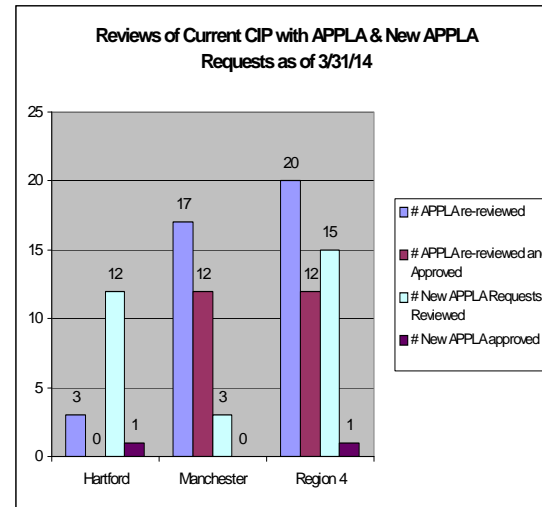
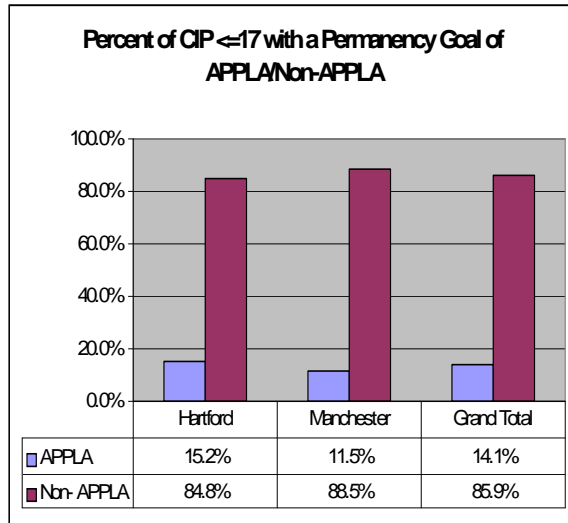
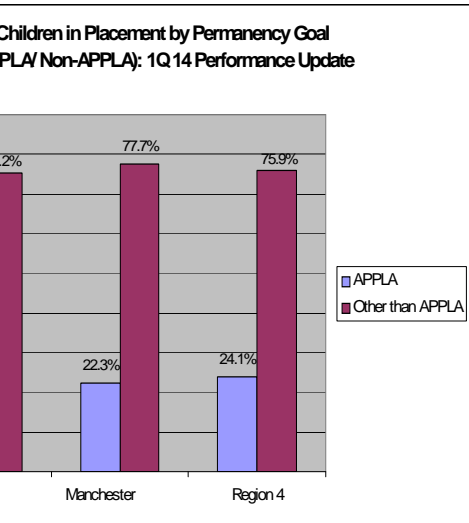
Performance Expectation #5: Permanency Teaming for Older Youth to Reduce APPLA Goals by 50%

Strategies developed to achieve performance expectation:

1. Establish a process to re-review current CIP with an APPLA permanency goal
2. Regional Permanency Roundtables, prior to APPLA approval, will increase the number and percentage of older youth with a permanency goal other than APP

Performance Expectation #5: Permanency Teaming for Older Youth to Reduce APPLA Goals by 50%

March 31, 2014 Performance Expectation Data



Performance Expectation #5: Permanency Teaming for Older Youth to Reduce APPLA Goals by 50%

Story Behind the Data: : Region 4 has seen a slight increase in the percentage of CIP ages and younger with a non-APPLA goal, particularly in the Manchester Office, however it is too early to gauge the overall effectiveness of our strategies. We do know that in re-reviewing current CIP with an APPLA goal, there was success in that 30% were not re-approved. Over staff and 4 providers have been exposed and/or trained in Permanency Roundtables or Permanency Teaming. Additionally, 51 staff and 13 providers are scheduled to be trained in April. We expect that as the training continues and we continue to re-review current CIP with APPLA and team the new requests, the numbers will reflect positively in that more CIP will have a permanency goal other than APPLA. Manchester has held 2 Permanency Roundtables to date; in those 3 APPLA's were reviewed and all 3 were denied. Hartford has its first roundtable scheduled for April 15, 2014.

Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance: Currently there are no efforts underway to modify strategies as these have been only recently implemented and therefore, impact is yet to be determined. We will continue to assess performance moving forward and can then better identify if there are elements of our strategies needing to be modified.

Region 5

Performance Expectation # 2: Outcome Measure 3 & 15

January 1, 2014 Baseline Data utilizing common performance measures

- ▶ January 2014
- ▶ Reason for Involvement 95%
- ▶ Identifying Information 97%
- ▶ Engagement 88%
- ▶ Assessment 93%
- ▶ Goals/Objectives 92%
- ▶ Progress 97%
- ▶ Action Steps 97%
- ▶ Planning for Permanency 95%

OM# 15 Court Monitor Data as of
4th Q 2013

Danbury	50%
Torrington	0%
Waterbury	40%
Reg 5	33.30%

Performance Expectation # 2: Outcome Measure 3 & 15

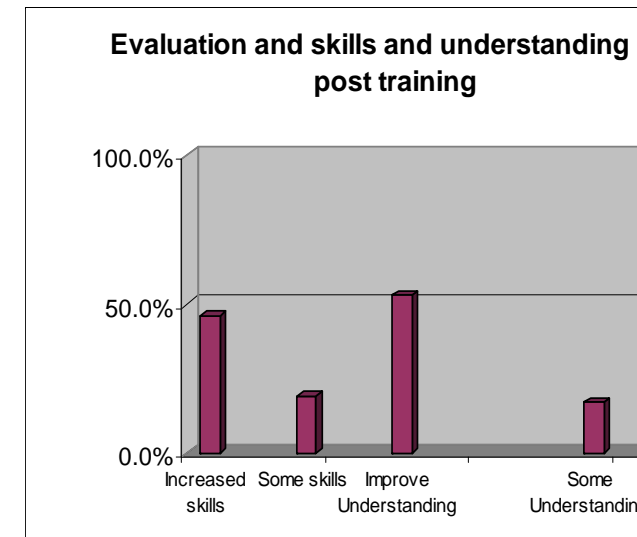
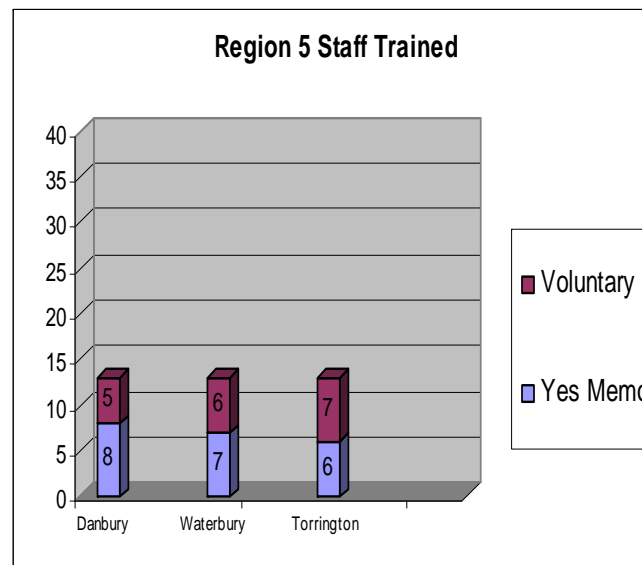
Three Strategies developed to achieve performance expectation:

- ▶ 1. Utilizing a team approach (CPS/FASU/RRG/ACR) with the Case Plan Enhancement Supportive Training.
- ▶ 2. Assessment Conferences, RRG and CPS collaborating, getting the case plan off to a strengths based start, ensuring individualized, specific services are in place and the needs, goals and objectives are clearly written.
- ▶ 3. Court Monitor learning forum with the quarterly reviews for all staff, and monthly collaboration with ACR and CPS reviewing cases and sharing strengths based plans, and those with ANI's.

Performance Expectation # 2: Outcome Measure 3 & 15

March 31, 2014 Performance Expectation Data

March 2014	
Reason for Involvement	97%
Identifying Information	95%
Engagement	88%
Assessment	88%
Goals/Objectives	96%
Progress	93%
Action Steps	91%
Planning for Permanency	94%



Performance Expectation # 2: Outcome Measure 3 & 15

- ▶ **Story Behind the Data:** The staff identified for the training and the voluntary staff completed their training in March 2014, we are expecting to see an increase in the data in April and May, staff reported an increased understanding and skill level after the training.
- ▶ **Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:** We will not change the strategies at this time.

Performance Expectation # 6: Reductions at Children in Congregate Care

January 1, 2014 Baseline Data utilizing common performance measures

- ▶ January 2014
- ▶ Baseline Dashboard Congregate Care 19.9%
- ▶ Congregate Care Total 136

Performance Expectation # 6: Reductions at Children in Congregate Care

Key Strategies developed to achieve performance expectation:

1. RRG is assigned to every Child in congregate care, review of children weekly with CPS, RRG, FASU and Value Options focusing on the plan for discharge and supporting team regarding any barriers, length of stay, goals accomplished, aftercare planning etc.
2. All CANS are specific to child needs and clinical interventions, aimed to reducing the length of stay
3. Considered Removal Teamings to engage the child/youth and family and their supports to develop strategies and reduce barriers for placement.

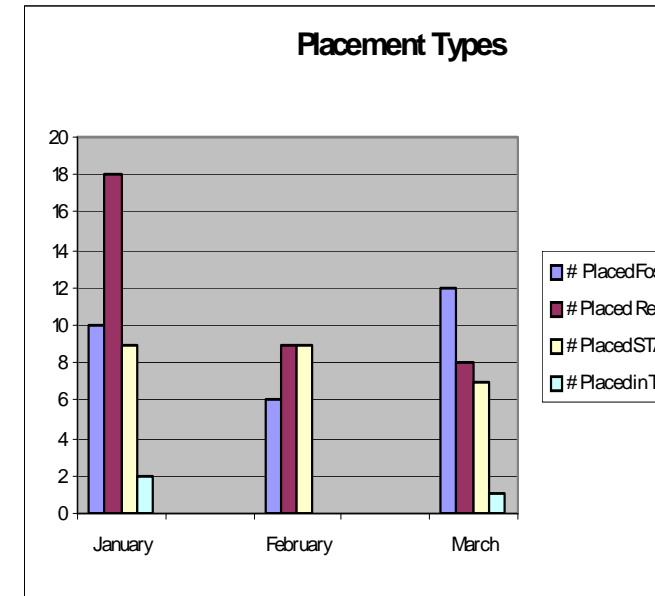
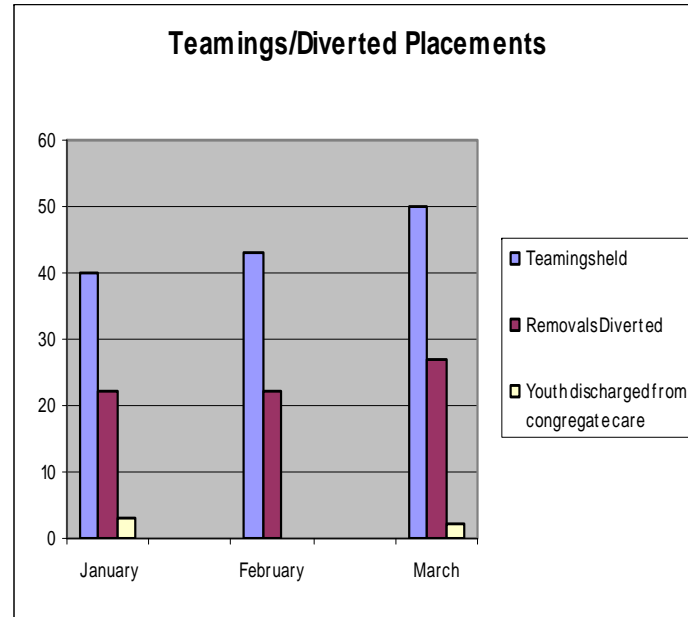
Performance Expectation # 6: Reductions at Children in Congregate Care

March 31, 2014 Data

March 2014

Congregate Care
Dashboard 19%

Congregate Care
Total 131



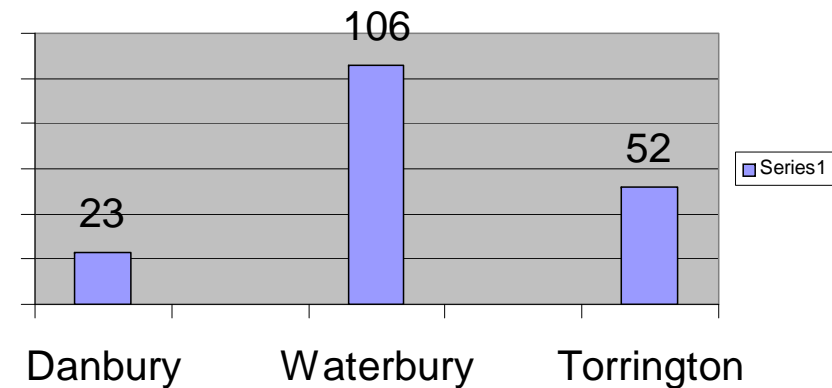
Performance Expectation # 6: Reductions at Children in Congregate Care

Story Behind the Data: Based on our regular analysis of the data, we were able to note that there are issues with the firewall system for relatives, workers not accepting of the DCF core foster families and TFC homes offered to the youth. The impact was an increase in star and safe home utilization and an increase in the number of youth going in to CC. In spite of this small reduction in congregate care, we are tightening up the Lexus Nexus and firewall system, acceptance of foster families and TFC homes offered for the youth in need.

Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance: At this time there are no modifications to the strategies.

Performance Expectation # 5: Permanency Teaming for Youth: Reduce APPLA goals by 50%

APPLA Cases Jan 2014



Feedback indicates that staff have taken effective measures to evaluate barriers to legal permanency. The APPLA portal and CIP report is the measurement source to support the APPLA reduction.

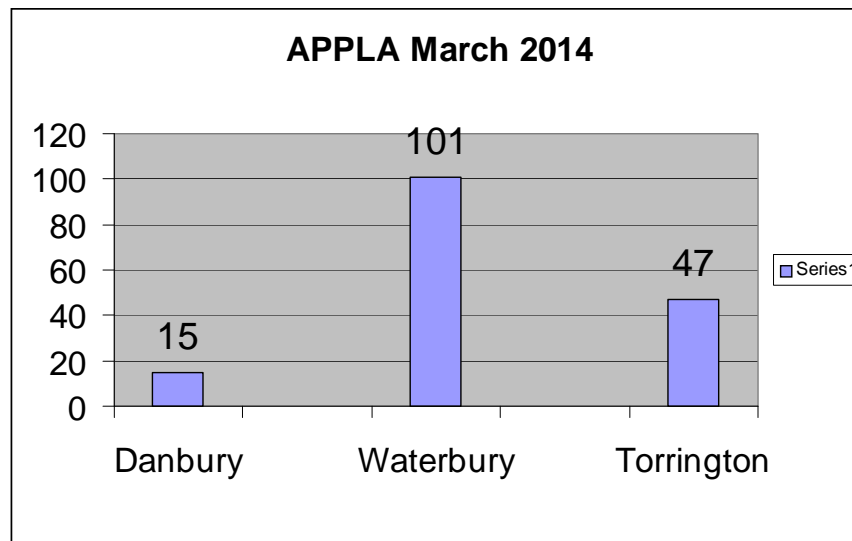
Performance Expectation # 5: Permanency Teaming for Youth: Reduce APPLA goals by 50%

Three Strategies developed to achieve performance expectation:

- ▶ 1. Children with APPLA goals currently in review with PM, AD and RD, permanency goals are being changed to reflect an accurate focus and direction for each youth.
- ▶ 2. Regional Implementation for the Permanency Child and Family Teaming.
- ▶ 3. Collaborative approach to permanency for youth in foster care that involves sharing responsibility for decision making and permanency.

Performance Expectation # 5: Permanency Teaming for Youth: Reduce APPLA goals by 50%

March 31, 2014 Performance Expectation Data



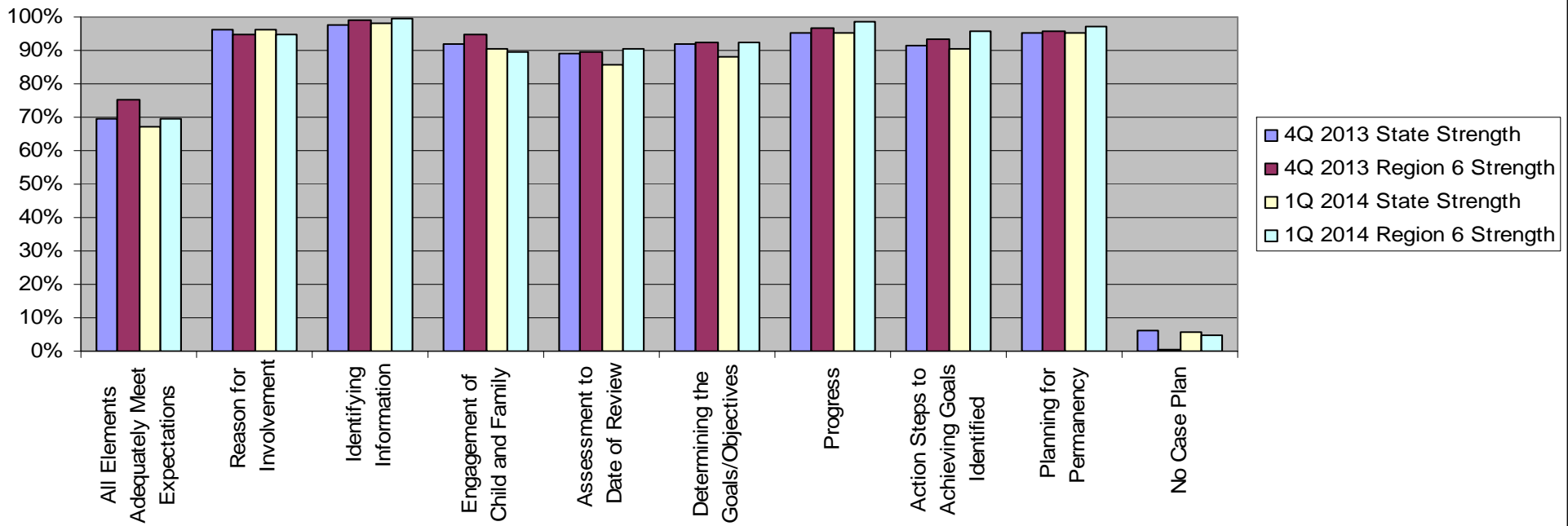
Performance Expectation # 5: Permanency Teaming for Youth: Reduce APPLA goals by 50%

- ▶ **Story Behind the Data:** _Staff have reviewed every case with an APPLA goal to determine if this is suitable, taking into consideration the age of the youth, and the ongoing efforts made to find connections with the youth.
- ▶ **Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:**
_At this time we are not modifying the strategies, yet we are analyzing the strategies and APPLA portal vs. the CIP case plan APPLA goals to ensure accuracy and approval

Region 6

OM #3 Region 6 Update

OM3 Case Planning 4th Quarter 2013 - 1st Quarter 2014



Operational Strategy Reporting: Performance Expectation:

OM #3

Region 6 Update

April 10, 2014

- ▶ **Three strategies developed to achieve performance expectation:**
- ▶ 90-Days Reviews/Assessment Meetings in New Britain
- ▶ TDM staff person coordinates Assessment Conferences and MAP meetings in Meriden
- ▶ ACRI Data Review/follow up (Region)

OM #3

Region 6 Update

Story behind the Data: Enhanced Case Planning - 12 staff in both offices went for training Priority #1's along with their receiving Memo's of Expectation. This training will be on-going needed. High caseloads have had an affect on quality. NBAO has stabilized the number staff transferring out. Critical thinking around cases that is more standards-driven and less compliance-driven must occur for performance to improve.

Identify whether you need to modify your strategy, and if so, what you propose to do, and you expect it to impact performance:

Enhanced Case Planning at SWS and SW levels

Establishment of Managed System Services (MSS) and CC MSS weekly meetings

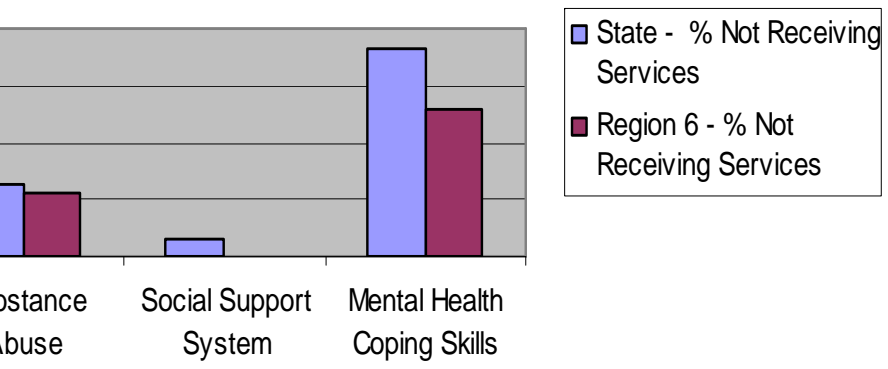
Mary Corcoran scheduled for both offices within the next month to review previous Court Monitor's findings.

Operational Strategy Reporting: Performance

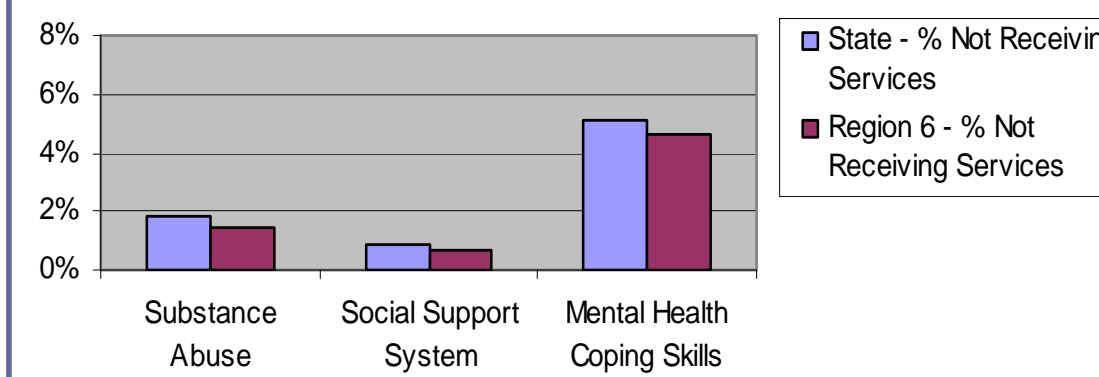
Expectation: OM #15

Region 6 Update April 10, 2014

OM #15
4th Quarter 2013



OM #15
1st Quarter 2014



Operational Strategy Reporting: Performance Expectation: OM #15 Region 6 Update April 10, 2014

Three Strategies developed to achieve performance expectation:

- ▶ SAMSS meetings and now MSS and CC MSS meetings
- ▶ Tidbit Wednesday's - topics that inform better practice
- ▶ Monthly provider case reviews - all contracted services

Operational Strategy Reporting: Performance Expectation: OM #15 Region 6 Update April 10, 2014

► Story behind the Data:

TFC weakest LOC

Not utilizing network to its full capacity and managing aggressively

EDT and MSS are underutilized in NBAO because of management changes - already being corrected

► Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:

MSS - designed to calibrate services more effectively and assist staff on how best to meet the needs of the child/family

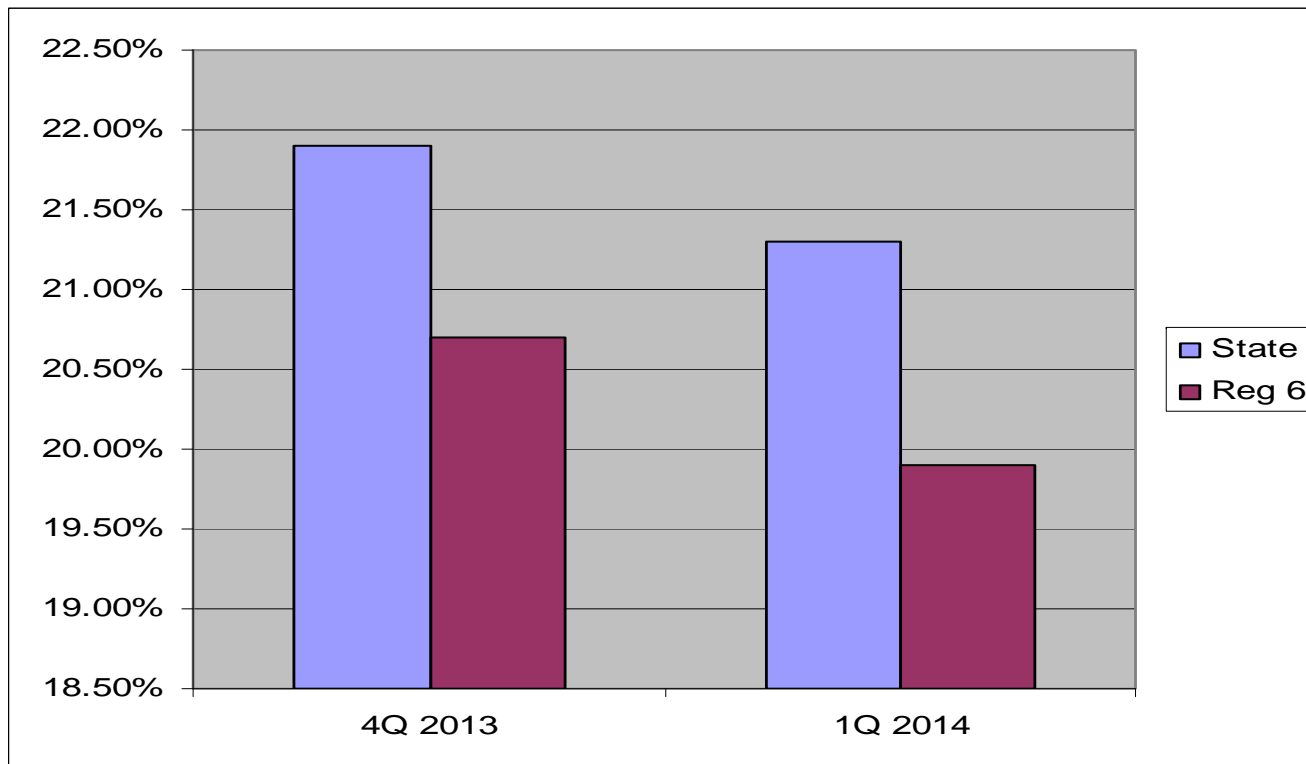
Review utilization: Management Team needs to look at the SAMSS utilization and become more familiar with what the region is purchasing and is anyone better off?

SAMSS meetings - Clinical PD and Office Director now attending - it will gain more traction and improve practice (same is true for MSS)

Operational Strategy Reporting: Performance

Expectation: Congregate Care

Region 6 Update April 10, 2014



	4Q 2013	1Q 2014
State	21.90%	21.30%
Reg 6	20.70%	19.90%

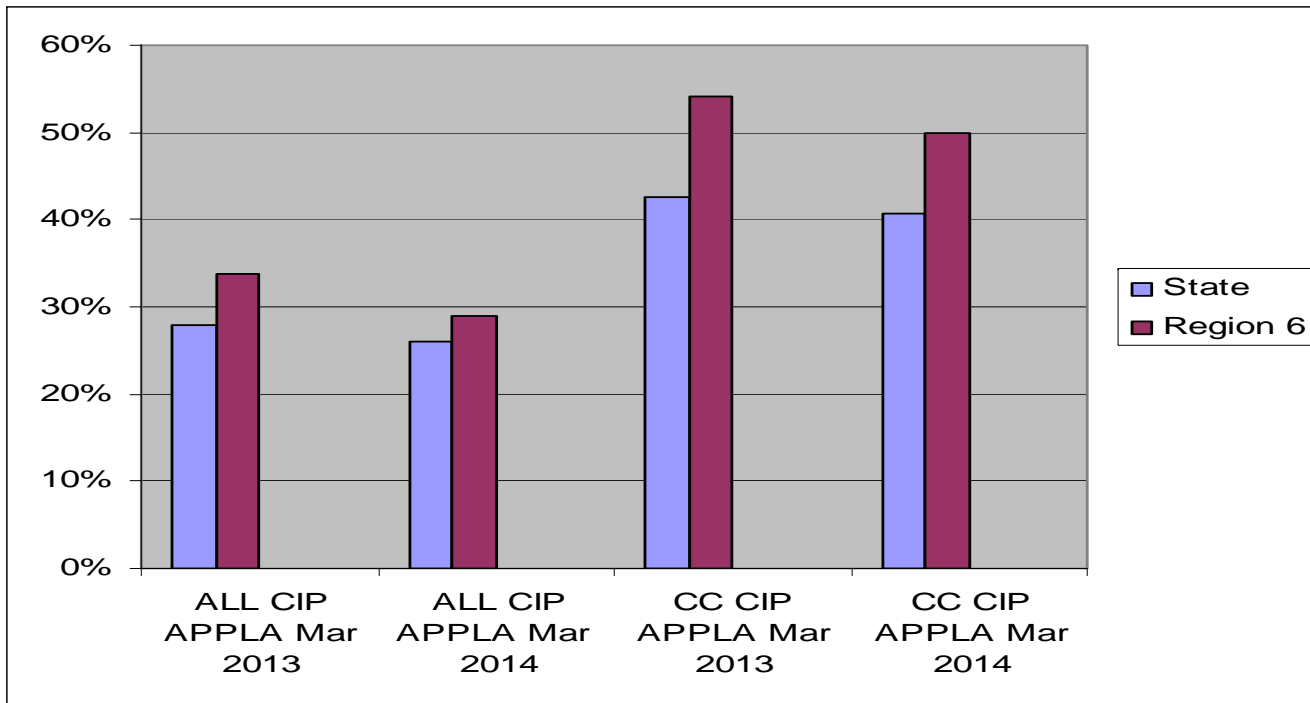
Operational Strategy Reporting: Performance Expectation: Congregate Care Region 6 Update April 10, 2014

- ▶ **Three Strategies developed to achieve performance expectation:**
- ▶ TDMs on a regular basis on all kids in Congregate Care
- ▶ Extreme relative recruitment efforts in Meriden and in process for NB
- ▶ CR - CFT

Operational Strategy Reporting: Performance Expectation: Congregate Care Region 6 Update April 10, 2014

- ▶ **Story Behind the Data:**
- ▶ New Britain has older kids in care; Meriden younger kids
- ▶ FCT Placements are showing increased disruptions.
- ▶ New Britain needed to pull out TDM person and Case Removal Facilitator to carry case load and supervise social workers.
- ▶ **Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:**
- ▶ Meetings with CRI
- ▶ Meetings with new FCT providers
- ▶ Increase recruitment efforts including all State of CT Employees in the month of May, receiving recruitment flyers on paydays.
- ▶ RRG staff to conduct TDM meetings.
- ▶ When staffing levels improve; TDM facilitator will resume full duties.

Operational Strategy Reporting: Performance Expectation: APPLA Region 6 Update April 10, 2014



ALL CIP APPLA
ALL CIP APPLA
CC CIP APPLA
CC CIP APPLA

Mar 2013
Mar 2014
Mar 2013
Mar 2014

Region 6
33.80%
28.90%
54.20%
50%

Operational Strategy Reporting: Performance Expectation: APPLA Region 6 Update April 10, 2014

94

- ▶ **Three Strategies developed to achieve performance expectation:**
- ▶ Teaming
- ▶ Individualized Recruitment
- ▶ MSS

Operational Strategy Reporting: Performance Expectation: APPLA Region 6 Update April 10, 2014

95

Story behind the Data:

Regional Congregate Care/Group Homes; TFC with no permanency; kids in APPLA placement with TPR

Case Planning training held with make-up dates of April 30th and May 1st

Many APPLA's approved prior to 2013 that need review and management

Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:

Need to follow up information on approved APPLA's

Formalize APPLA process

ACR reviewers need to have RA approval sheet before agreeing to an APPLA goal

APPLA's need to be audited, re-teamed and permanency goals need to increase

Clinical and Community Consultation Support Division

Kinship Care and Permanency Teaming

Strategies to Achieve Performance Expectations:

Provide ongoing technical assistance to regions and partner agencies to arm them with the tools and strategies to support and enhance a permanency practice approach

Build community based capacity to support natural network outreach, inclusion and permanency preparation through multiple scopes of service.

Advance the policy and practice guide development in partnership with the regions

Develop coaching/technical assistance capacity to support implementation following training

Congregate Care Reduction and Sound Fiscal Management

Strategies to Achieve Performance Expectations

Regularly examine and assess the current service array and spending plan in concert with regional and fiscal partners

Identify gaps and opportunities to successfully meet consumers needs.

Education

Education Impact on Performance Expectations 2, 4, 5

Impact of Education Consultant/Specialist efforts on Performance Expectations 2, 4 and 5 is indirect.

Assumption: More timely records acquisition and analysis, and more robust case consultation will enable Social Workers to advocate more effectively with schools, improving programming and student outcomes.

Baseline Data

As of 2012-13 School Year:

- ▶ Children in Care were only about 65% as likely to be proficient or better on state measures of academic achievement.
- ▶ 24% of Children in Care chronically absent.
- ▶ 28% of Children in Care suspended from school.

Over-arching Strategies

1. Develop and implement protocol for gathering & analyzing educational records.
2. Develop and implement protocol for case plan consultation regarding achievement, attendance & behavior.
3. Solicit feedback from ACR Facilitators and Social Workers re: quality of records support and case plan development.

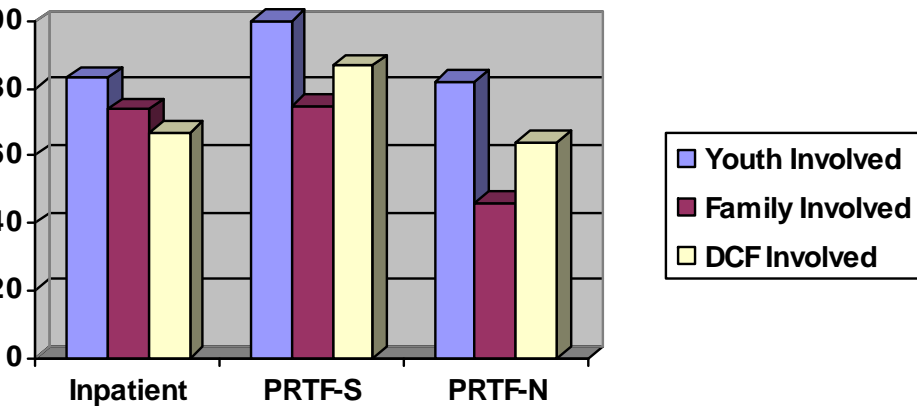
Strategy Modifications

1. Modify Consultant/Specialist assignments such that each works on behalf of a distinct set of children, from records acquisition through case planning.
2. Assuming no change in staffing, develop system to identify and focus staff resources on more urgent/critical cases.
3. Collaborate with I.T. to align Link data with "Raise the Grade" requirements and to make systematic use of data provided by SDE and local school districts.
4. Collaborate with O.R.E. to devise process for collecting and reporting on quantity and quality of records acquisition and case planning efforts.

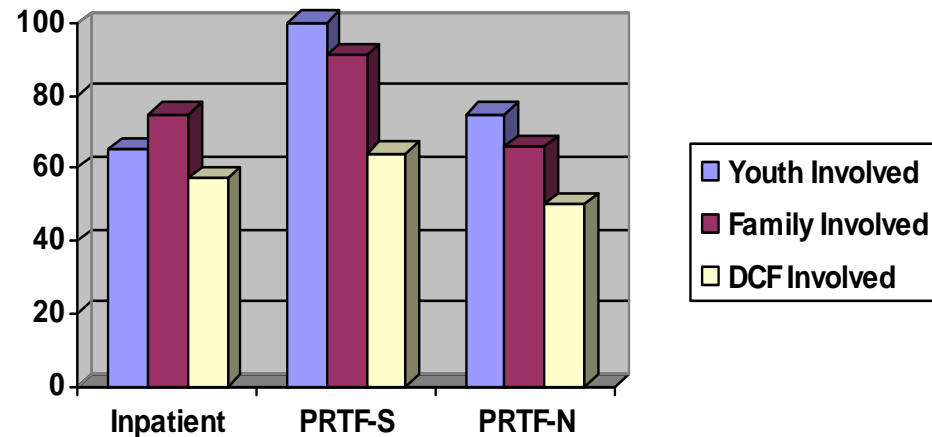
Albert J. Solnit Center

Performance Expectation: #2 Achieving and Sustaining OM 3 and 15 Albert J. Solnit Children's Center April 2014

Youth, Family & DCF-AO Involvement in Treatment Conference: Jan 2014



% Youth, Family & DCF-AO Involvement in Treatment Conference: Mar 2014



of youth admitted to the AJSCC have a medical and dental assessment within 7 days of their admission. A multi-disciplinary mental health assessment is completed within 14 days. A tracking method of ensuring passing of documentation to the area office does not exist.

Performance Expectation: #2 Achieving and Sustaining OM 3 and 15 Albert J. Solnit Children's Center April 2014

- ▶ **Strategies developed to achieve performance expectation:**
- ▶ All clinical, medical and educational documentation will be forwarded to the youth's area office social worker in a timely manner, as outlined in the AJSCC policy and procedure.
- ▶ Develop mechanisms that ensure the sharing of youth's medical, mental health and dental documentation happens with the area office social worker.
- ▶ Follow up on the action steps developed in the 2013 meeting with facility and area office clinical staff so that a crosswalk of required youth meetings occurs while a youth is placed at AJSCC so that a duplication of meetings does not occur and staff are able to actively participate in treatment and discharge meetings AEB increase in area office participation in planning meetings.
- ▶ % Youth, Family & DCF-AO Involvement in Treatment Conference: Mar 2014
- ▶ Revise "Perceptions of Care" evaluations so that area office workers can provide direct feedback to the facility regarding the sharing of information/documentation.

Performance Expectation: #2 Achieving and Sustaining OM 3 and 15 Albert J. Solnit Children's Center April 2014

107

▶ **Story behind the data:**

The PRTF's at the Solnit Center have a higher percentage of youth and family involvement in treatment conferences; as the data continues to be looked at month to month, measures should be put into place to measure the quality of this involvement. We will do this via the Perceptions of Care and/or Ohio Scales.

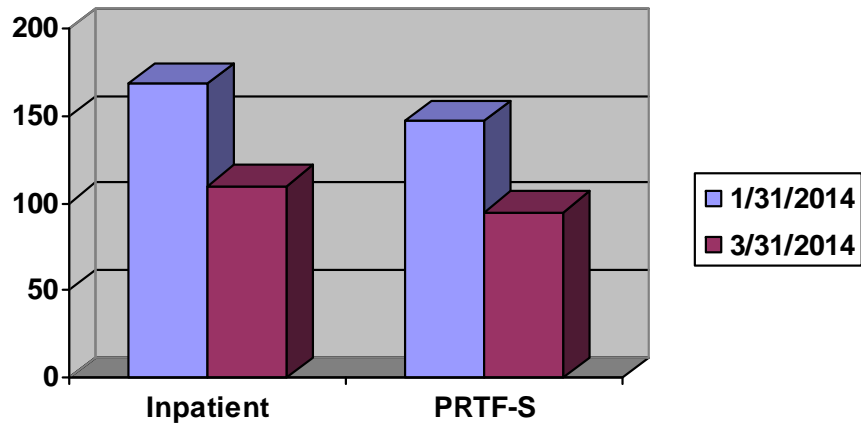
▶ **Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:**

We will begin tracking the distribution of medical, mental health and dental reports in the grid below for future quarters.

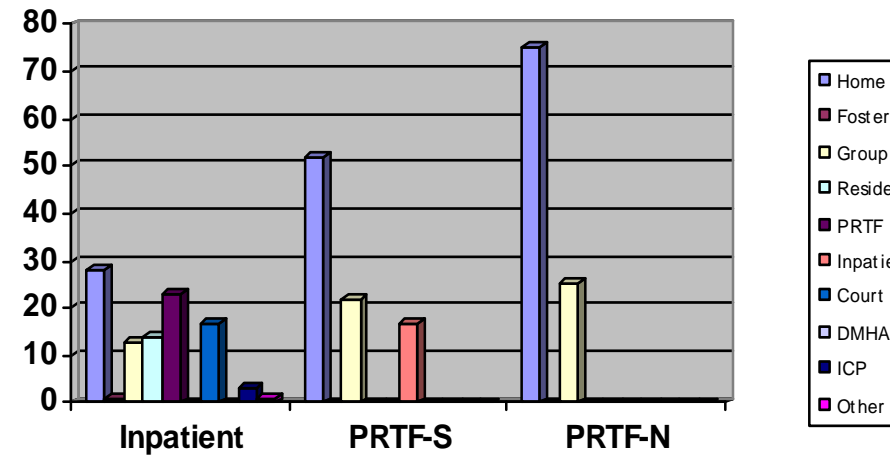
Performance Expectation: #4 Reduction in Congregate Care

Albert J. Solnit Children's Center
April 2014

Average Length of Stay for Youth in Facility



Discharge Destination (by Percentage) of Youth Discharged During Quarter 1/14-3/14



Performance Expectation: #4 Reduction in Congregate Care

Albert J. Solnit Children's Center

April 2014

109

Three Strategies developed to achieve performance expectation:

- ▶ Ensure the triage process at both campuses approves access to our facility to those youth who meet medical necessity (Court Order, Restoration, Probate, CON)
- ▶ Continue to track the length of stay (Inpt., PRTF-S and PRTF-N) with the goal of a decrease in trend line; which ensures that youth are not remaining in our care longer than needed. Make programmatic changes if needed upon review of data.
- ▶ Continue to track discharge placements with the goal of an increase trend line in youth going home; which ensures that youth are living in the community more often than in out of home care.

Performance Expectation: #4 Reduction in Congregate Care

Albert J. Solnit Children's Center

April 2014

110

Story Behind the Data: All youth admitted to either level of care, at both campuses in the last 4 quarters have met medical necessity. Length of stay is a "moment of time" and alternative ways to assess LOS is needed in the future. PRTF discharges home at a higher rate than inpatient however, Solnit inpatient has a high percentage of youth who transition to the PRTF

Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance: No modifications at this moment.

Performance Expectation: #5 Permanency Teaming for Older Youth: Reduce APPLA Albert J. Solnit Children's Center April 2014

111

AJSCC has not been tracking youth with APPLA goals upon admission.

Strategies developed to achieve performance expectation:

- ▶ 1. The AJSCC will begin tracking data on youth admitted to Solnit with an APPLA goal.
- ▶ We will add
 - ▶ Permanency Goal to our referral form and
 - ▶ Permanency Planning to our Evaluation Conference format.
- ▶ We will use this data to inform whether or not interventions are needed to assist in achieving this goal for the Department.

Performance Expectation: #5 Permanency Teaming for Older Youth: Reduce APPLA Albert J. Solnit Children's Center April 2014

112

- ▶ **Story Behind the Data:** Historically Solnit has not intentionally tracked information/data on youth/family Permanency Status. Moving forward we will begin collecting this data on referral and adapting policies and practices so that it is addressed during evaluation planning and treatment planning and will be shown in newly developed graphs.
- ▶ **Identify whether you need to modify your strategy, and if so, what you propose to do, and how you expect it to impact performance:** No modifications.

Connecticut Juvenile Training School

Connecticut Juvenile Training School

Achieving and sustaining outcomes measures #3 and #15

Baseline Data and Operations

JTS does not currently have a system in place to track and report on the Performance Expectations.

Upon admission all youth receive a clinical, medical and educational assessment to assess their current functioning and to develop a treatment plan.

The treatment plan is developed in conjunction with the juvenile justice social worker to assist with case management.

The treatment plan is reviewed and approved by the supervising clinician or clinical director.

A medical and dental treatment plan is also developed to address and meet the needs of the youth while in placement.

Connecticut Juvenile Training School Achieving and sustaining outcomes measures #3 and #15

Strategies to achieve performance expectations:

Formally implement the 30 day post audit review to determine if the treatment plan/needs met were achieved during the youth's stay at CJTS. This will include the clinical interventions as well as the medical and dental treatment plans.

Develop a data summary based on the audit review to assist with modifying interventions within CJTS as needed.

Identify gaps in the treatment plan/needs met and develop action plan to address.

Revise entrance/returnee surveys completed by youth upon admission to include services in the community and whether youth participated in these services.

Congregate care rate at 10% or below

Admissions by Type 2012 & 2013

Type of Admission	2012	2013
New Commitment	94 (47%)	130 (52%)
Congregate Care*	44 (22%)	53 (21%)
Parole Admission	63 (31%)	69 (27%)
Total	201 (100%)	252 (100)

* Congregate Care # includes admissions from MYI and detention

Congregate care rate at 10% or below

Strategies to achieve performance expectation:

- ▶ Finalize and implement with the regions the CJTS and the Pueblo Girls Program discharge criteria to ensure all juvenile justice staff utilize the discharge model for decision making.
- ▶ Provide quarterly data on length of stay by admissions category and by regions.
- ▶ Establish a regional quarterly review of length of stay and overall congregate care reductions with each region so that obstacles are identified and community services aligned to increase number of youth in the community.

Permanency teaming for older youth to reduce APPLA goals by 50%:

# of Dually Committed	2012	2013	2014 (as of 3/31)
Total # of Girls DC	29	24	19
Total # of Boys DC	19	32	29
# of Boys at CJTS that are DC	14	26	23
# of Girls at the CJTS Girl's Unit	N/A	N/A	2

Permanency teaming for older youth to reduce APPLA goals by 50%:

Strategies to achieve performance expectations:

- ▶ The decisions regarding permanency will now be tracked by the clinician assigned to the case and documented in the case record.
- ▶ Upon admission, dually committed youth will be identified and tracked separately with a permanency goal as its primary discharge focus.
- ▶ Quarterly review of all youth with permanency goals will be implemented into the clinical staff meeting, reported out to the CJTS leadership meeting and then documented in a quarterly report to the regions.

Health and Wellness

2. Achieving and Sustaining Outcome #3 and 15 by June 30, 2014

Strategies to Achieve Performance Expectation

Building on OM 22, implement enhanced MDE practice which includes expectation that children's case plans include recommendations for the MDE

Implement H&W Practice Guide with attention to health passport, routine health care, consents and dovetailing with Performance Expectation # 1, OM 13, ensure consistent training of foster parents

Ensure each child has up-to-date Health Records available in LINK (and up-to-date health passports - see above and previously mentioned foster parent training)

Health Advocate Unit partner with CT Dental Health Partnership (CT DHP) to improve oral health and meet child specific oral health needs

Health Advocate unit will partner with DCF Adolescent Unit to support development of a Life Skills curriculum for the effective transition of youth to adulthood which includes content on H&W topics and ACA

Develop regional systems of health services and supports: H&W partner with CT-AAP to develop plan for collaborating with CT pediatricians - to include: plan for training on H&W Practice Guide and plan for developing regional partnerships

2. Achieving and Sustaining Outcome #3 and 15 by June 30, 2014

Performance on Strategies

- ▶ Training has occurred on the screens to be used.
- ▶ The policies and practice guide is near finalization along with associated forms.
- ▶ Training is being developed which will include AO-specific MDE protocol.
- ▶ Practice Guide soon to be released.
- ▶ Training for AOs is being developed.
- ▶ MOU with DSS has been executed.
- ▶ Presentations are ongoing in AOs on Oral Health Care for DCF children (8 out of 15 AOs have had presentations).
- ▶ Quarterly data sharing process has been initiated to ascertain children in care who have not received dental care in 6 months.
- ▶ Participates on the Life Skills Initiative Steering Committee.
- ▶ Adapting DMHAS "List" program for DCF children's H&W needs.
- ▶ Meeting held to discuss pediatricians concerns.

Congregate care rate at 10% or below

Strategies to achieve Performance Expectation

- ▶ Medically complex unit will continue to work with FASU to assist in identification of homes for children with complex medical needs
- ▶ Medically complex unit will assist AO in addressing issues associated with home or vehicle modifications

Congregate care rate at 10% or below

Performance on Strategies

- ▶ MC Unit meets quarterly with AO's MC staff.
- ▶ 2 classes on Medically Complex Certification and 8 Module 11.
- ▶ MC Unit staff provide AO FASU with names of
- ▶ individuals certified to care for children with significant medical complexity
- ▶ MC unit participates on the Home and Vehicle
- ▶ Modification Committee and offers consultation to workers and families

Permanency teaming for older youth to reduce APPLA goals by 50% to a statewide standard of 13% (50% of 26%)

Strategies to Achieve Performance Expectation

- ▶ Health Advocates will work with adolescent unit on development of Life Skills curriculum which includes attention to health and empowering youth to address their specific health care needs

Permanency teaming for older youth to reduce APPLA goals by 50% to a statewide standard of 13% (50% of 26%)

Performance on Strategies

- ▶ Practice Guide soon to be released.
- ▶ Training for AOs is being developed.

Fiscal

2 Achieving and Sustaining Outcome #3 and 15 by June 30, 2014

3 Strategies developed to achieve performance expectations:

- ▶ 1. Hire and training of the Grants and Contracts Specialist
- ▶ 2. Budget and resource alignment to support necessary activities to achieve goal
- ▶ 3. Renovation and acquisition of office space that allows for activities to support the expectation.

2 Achieving and Sustaining Outcome #3 and 15 by June 30, 2014

Performance Data: SFY14 Quarter 3

- ▶ All Grants and Contracts Specialist have been hired and are in the midst of being trained. Each Specialist has identified the greatest area of need and is working with CO to support these efforts and put in place systems to assist.
- ▶ Governor's Budget is presented to Appropriations' Committee. OFA/OPM communications, Fiscal Notes, reports prepared to support receiving resources to support this goal
- ▶ Norwalk construction proceeding on schedule. Renovation of several offices to be able to accommodate new initiatives, including teaming.

#4 Congregate care rate at 10% or below:

Strategies developed to achieve performance expectations:

Introduce budget plan to invest funds in alternatives to congregate care

Rebuild LINK to provide better technical systems to provide better data in the measurement of this goal.

Evaluate contracted services / Produce re-procurement strategies to achieve this goal.

Rate setting moves to rate structures that support this goal.

Support State Institutions in developing new levels of care and improving programming.

#4 Congregate care rate at 10% or below:

Performance Data: SFY14 Quarter 3

Budget option accepted by both OPM and Appropriations' Committee to fund service types that reduce congregate care.

RFP was issued and evaluated. Interviews with potential vendors are scheduled.

Contracts is evaluating each service being created and re-procured to see that program design and business factors are conducive to achieving this goal.

Rate setting is using new processes for setting rates that create a business models that make conversion possible.

Engineering and Fiscal support the construction at CJTS of new buildings.

Total renovation of renovation of the Girls' Unit completed.

#5 Permanency teaming for older youth to reduce APPLA goals by 50%, measured by Link Permanency reports.

Strategies developed to achieve performance expectations

1. Physical plant changes to allow for Teaming in the Area Offices.
2. Revenue Enhancement and IS project to receive reimbursement for clients in care who are over age 18.
3. LINK Rebuild project for more accurate measurement and expansion of modules to support this area.

#5 Permanency teaming for older youth to reduce APPLA goals by 50%, measured by Link Permanency reports.

Performance Data: SFY14 Quarter 3

1. Norwalk renovation completion. Several offices in planning stages to alter the physical plant to support this goal.
2. IS project in progress. Revenue enhancement pursuing State Plan amendment change and working with Judicial.
3. RFI issues. Review stage.

Legal

#2 Achieving and Sustaining Outcome Measures #3 and #15 by June 30

- ▶ The Office of Legal Affairs continues to be available to Area Office staff to provide legal consultations regarding permanency goals and actions required to meet legal sufficiency
- ▶ Identify areas where redundant efforts can be eliminated, *e.g.*, submission of the case plan in lieu of court reports (permanency reviews).
- ▶ Decrease amount of time completing document reviews.
- ▶ Issuance of policy regarding permanency, case plans and ACRs.

#2 Achieving and Sustaining Outcome Measures #3 and #15 by June 30

Performance Data: SFY14 Quarter 3

Central Office Legal is assisting with development of policy regarding case planning and permanency. Continued use of MAPS to identify whether case needs are being met and ensuring Area Office management is advised of areas where services are lacking.

Separate documents will not have to be completed when one document can serve the same purpose

Time spent on social work on court documents will be decreased allowing for additional case activity time.

Reduction of number of children in congregate care

- ▶ The Office of Legal Affairs will review all permanency plans and discuss at all MAPs various placement options, with particular attention to children in congregate care settings.
- ▶ The Office of Legal Affairs will promulgate permanency policy.

Reduction of number of children in congregate care

Proposed Performance Measures

- ▶ Documentation of how many placement changes were made as a result of least restrictive placement discussions.
- ▶ Promulgation of policy.

Permanency Teaming for Older Youth to reduce APPLA goals by 50 %

- ▶ The Office of Legal Affairs shall conduct MAPS on every case where APPLA is the identified permanency plan.
- ▶ Central Office Legal will issue policy regarding the permanency teaming process.
- ▶ Area Office legal staff will keep a tickler system to notify social work staff of permanency due dates.

. Permanency Teaming for Older Youth to reduce APPLA goals by 50 %

Performance Data: SFY14 Quarter 3

- ▶ MAPS\ are held in most cases.
- ▶ Some offices have a tickler system in place.
- ▶ Permanency policy is underway.

Proposed Additional Performance Measures

- ▶ Gather statistics in SharePoint regarding APPLA reviews at MAPs.
- ▶ Measure whether permanency plans are timely filed.
- ▶ Issuance of permanency policy.

Adolescent and Juvenile Justice Services

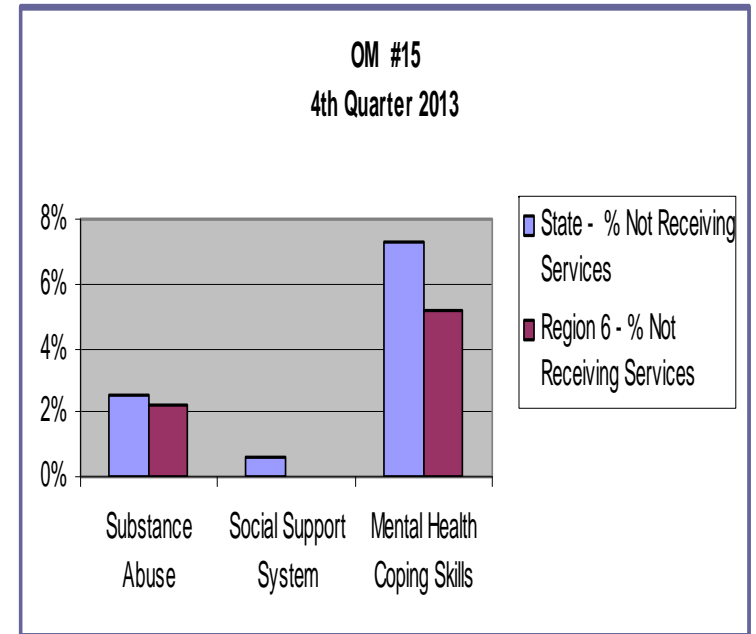
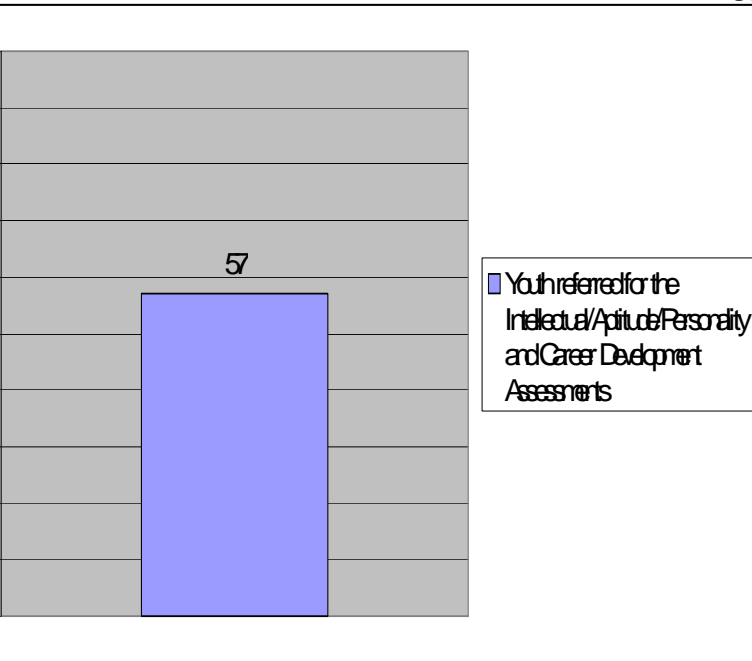
OM 15 - NEEDS MET - EDUCATION

Strategies to Achieve Performance Expectation

- ▶ A scholastic and career planning assessment will be completed on Child Welfare youth age 15 and older

OM 15 - NEEDS MET - EDUCATION

Performance charts: March 2013 to March 2014



OM 15 - NEEDS MET - EDUCATION

Brief description of the Story Behind the Data:

- ▶ The scholastic assessment demonstrates that many of our youth are not college ready. As a result, we are able to intervene sooner and influence their educational trajectory. In effect, the assessment will guide students to trade schools, community colleges, or 4 year career path(s). New Adolescent policy requires all 15 year olds receive the intellectual/aptitude/personality assessment. There were 162 fifteen year olds with a first time placement in 2013; 147 in 2012, and 173 in 2011. Each year this assessment process will provide with data on all 15 years olds, college seniors as well as youth who fail there first college experience. It is hypothesized this technology will ultimately results in fewer 800s for the PSE population.

Achieving and Sustaining Outcome Measures 3 and 15 Adolescent and Juvenile Services Division

Strategy to Achieve Performance Expectation:

- ▶ OM 15 -Provide opportunities for youth to develop their racial, ethnic, and gender identity.

Achieving and Sustaining Outcome Measures 3 and 15 Adolescent and Juvenile Services Division

Performance charts:

Track participation of the different activities/trainings/conferences and their survey results.

Achieving and Sustaining Outcome Measures 3 and 15 Adolescent and Juvenile Services Division

Brief description of the Story Behind the Data

- ▶ The Division will review and analyze data from the surveys after youth participate in the sponsored activity or discussion. It may be a challenge to offer opportunities that represent all cultural and ethnic groups. Surveys may be given in hardcopy or may be available via social media. Not every youth will complete a survey or provide feedback, as the surveys would be voluntary and anonymous.

OM 15 - NEEDS MET

Strategy to Achieve Performance Expectation

Enhance the use of Adolescent Walk Home policy

OM 15 - NEEDS MET

Performance charts

In partnership with the ACR units and ORE, review the assessment of relatives and other potential permanency resources section of the CIP case plan.

OM 15 - NEEDS MET

Brief description of the Story Behind the Data

- ▶ ACR staff currently review the Assessment of Relatives and Other Potential Permanency Resources section of the CIP case plan. The ORE will review case records for documentation of the Adolescent Walk Home policy.
- ▶ An anonymous youth survey will be developed to assess the number of youth who have contact with their biological families through social media or other informal channels. This data will be used to guide expectation regarding the operationalization of the Walk-Home Policy.

Achieving and Sustaining Reduction in APPLA Adolescent and Juvenile Services Division

- ▶ **Strategies to Achieve Performance Expectation:**
- ▶ Assign Permanency Specialists to regional offices.
- ▶ Increased funding from the Dave Thomas Foundation (Approx. 1,000,000 dollars), Wendy's Wonderful Kids to enhance child specific recruitment for complex youth. The increase in resources will begin on July 1, 2014.

Achieving and Sustaining Reduction in APPLA Adolescent and Juvenile Services Division

Performance charts:

Track number of case assignments to Permanency specialists. In the long run, we hope we hope to see a decrease in APPLA.

- * **44** children served to date
- * **21** children matched with families
- * **6** children with families waiting for court finalization
- * **14** children adopted

Source: Wendy's Wonderful Kids Program

Achieving and Sustaining Reduction in APPLA Adolescent and Juvenile Services Division

Brief description of the Story Behind the Data

- ▶ MTFC was an unused resource in DCF. There are some issues with the provider that the Division is tracking. The hope is to increase family based options for youth.
- ▶ Permanency Specialists were untapped resources at CO. After securing specialized training, they can assist the regions in family finding work. Wendy's Wonderful Kids was also an underutilized resource for matching youth and families.

Achieving and Sustaining Reductions of Children in Congregate Care

Adolescent and Juvenile Services Division

Strategies to Achieve Performance Expectation:

- ▶ Re-open MTFC slots for JJ population in partnership with Region 5.
- ▶ Set up a tickler system with Value Options to alert the Regions when a youth has been in congregate care 3 months.

Achieving and Sustaining Reductions of Children in Congregate Care Adolescent and Juvenile Services Division

Performance charts:

Track number of
accepted referrals to
MTFC.

Partner with Value Options to
identify the number of youth in
congregate care at the 3
month mark and
analyze/compare length of
stay before/after the
implementation of a tickler
system.

Achieving and Sustaining Reductions of Children in Congregate Care Adolescent and Juvenile Services Division

Brief description of the Story Behind the Data

- ▶ MTFC was an unused resource in DCF. There are some issues with the provider that the Division is tracking. The hope is to increase family based options for youth.

Copies of This Presentation

For a copy of this presentation, please visit the Commissioner's SharePoint site, located at DCF SharePoint Central.

The presentation is posted in the Operational Strategies section, which can be accessed from the menu in the left column of the site.

“The gap nobody knows is the gap between what a company’s leaders want to achieve and the ability of their organization to achieve it.”

Execution: The Discipline of Getting Things Done

By

Larry Bossidy and Ram Charam