# *Juan F. v Rell*
# Exit Plan

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

**Exit Plan Outcome Measures**
**Summary Report**
**Fourth Quarter 2005**
**October 1, 2005 – December 31, 2005**

**February 2006**

Submitted by:
Exit Planning Division
505 Hudson Street 10th Flr
Hartford, CT 06106
Tel: 860-550-6300

**Exit Plan Outcome Measures**
**Summary Report**
**Fourth Quarter 2005**

February 16, 2006

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

Dear Mr. Mancuso,

Attached please find the Exit Plan Outcome Measures Fourth Quarter 2005 Report. This report continues to demonstrate that by working together with families and communities, we have made real progress. I am confident that we are poised to sustain and continue the improvements now underway. Enclosed, please find the following materials:

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

This quarterly report shows the results of 20 of the 22 measures. Results for 3 and 15 are not included in this quarterly report. The Department continues its negotiations with the Plaintiffs regarding a proposed revision of the methodology for measuring these two outcomes. The Department has long felt that the old methodology did not yield information that accurately reflected our work, nor encouraged best practice. The Department believes a qualitative methodology would best reflect practice and the outcomes impacting families and children. As we move forward, we feel confident of the direction of our discussions and appreciate the spirit with which they are taking place.

We are particularly optimistic with this quarter's results as it demonstrates our best effort to date under the Exit Plan and reflects the substantial efforts of staff. At this time, we have achieved 13 outcome measures out of the 20 reported for the Fourth Quarter 2005. We sustained many measures that met goals in the past and achieved two new measures for the first time -- relative search and in-home visitation. We have achieved the goals for timely reunification for two consecutive quarters. We have achieved some consistent and substantial improvements over time with in-home and out-of-home visitation as well as with providing timely multi-disciplinary examinations. In addition, the Department continues to see steady and consistent improvements with some of the most challenging outcomes, including achieving timely permanency for our children (reunification, adoption and transfer of guardianship), reducing reliance on residential placements, and reducing the re-entry of children into care.

Our staff deserve great credit for taking full advantage of the Exit Plan in creating a culture of accountability and making real improvements in the quality of our services. I am confident that their determination and commitment will propel the Department forward as we continue the progress we are making for our most vulnerable children and families.

Sincerely,

Darlene Dunbar, MSW
Commissioner

**Fourth Quarter 2005 Exit Plan Report**
**Commissioner Highlights**

Department staff closed 2005 by accelerating the pace of forward progress even as staff consolidated earlier achievements to make these "routine" aspects of case practice. In several areas of our work measured under the Exit Plan, achieving high performance is becoming standard. For the first time under the Exit Plan, the Department achieved 13 separate outcome measures during the quarter, including two new outcomes achieved for the first time. Of the seven measures (captured during the quarter) that were not attained, five came within two percent or less of the goal, and two others have shown significant improvements since the Exit Plan began only two years ago.

It is encouraging that the measures for search for relatives and in-home visitation were achieved for the first time and that more than two-thirds of the overall outcomes measured in the quarter met goals. Just as important however is that staff have firmly embedded in good practice improvements previously established. In particular, the two measures regarding timely investigations have attained the goals for five consecutive quarters. Reflecting the Department's priority on keeping children safe, area office investigations staff have made timely responses a routine of their work. Four other outcomes have been achieved for at least seven consecutive quarters. In these areas, we are confident that improvements have been institutionalized and now are firmly engrained in our work.

## ACCOMPLISHMENTS

This quarterly report shows we met the following outcomes:

- Commencement Of Investigations: The goal of 90 percent was exceeded for the fifth quarter in a row with a current achievement of 96.1 percent, the highest ever since measurement began for the Exit Plan in the Fourth Quarter of 2004.
- Completion Of Investigations: Workers completed investigations in a timely manner in 94.2 percent of cases, also exceeding the goal of 85 percent for the fifth consecutive quarter and again setting the highest level ever under the Exit Plan.
- Search For Relatives: For the first time under the Exit Plan, this measure exceeded the 85 percent goal and registered at 89.6 percent.
- Maltreatment Of Children In Out-of-Home Care: The Department sustained achievement of the goal of 2 percent or less for the eighth consecutive quarter with an actual measure of 0.6 percent.
- Timely reunification: For the second time under the Exit Plan, this measure exceeded the 60 percent goal with a mark of 61 percent.
- Transfer Of Guardianship: For second quarter of the last three, staff exceeded the 70 percent goal for the timely transfer of guardianship within 24 months by meeting the timeline for 72.4 percent of the children.
- Multiple Placements: For the seventh consecutive quarter, the Department exceeded the 85 percent goal with a rate of 96 percent.
- Foster Parent Training: For the seventh consecutive quarter, the Department met the 100 percent goal.
- Placement Within Licensed Capacity: For the third quarter out of the last four, staff met the 96 percent goal with a rate of 96.2 percent.

- Worker-To-Child Visitation In Out Of Home Cases: For the second quarter of the last three, the Department met the 85 percent goal for maintaining regular visits by meeting requirements in 85.6 percent of out of home cases.
- Worker To Child Visitation In In-Home Cases: For the first time under the Exit Plan, workers met required visitation frequency in 85.6 percent of cases, thereby exceeding the 85 percent standard. The percent of in-home cases where visitation standards were met has more than doubled since the Exit Plan began at the start of 2004.
- Caseload Standards: For the seventh consecutive quarter, no Department social worker carried more cases than the standard under the Exit Plan.
- Discharge Measures: For second consecutive quarter and the third time overall under the Exit Plan, staff met the 85 percent goal by ensuring that 92 percent of children discharged at age 18 from state care had attained either educational and/or employment goals.

While the quarter represents a high-water mark for the Department reaching individual goals – with 13 of 20 measured goals meeting or exceeding the standards – equally important is that some of the most fundamental improvements have become firmly embedded in our work. The two investigations outcomes have been met for five consecutive quarters and demonstrate the Department's focus and value on child safety. Caseload standards have been met for seven consecutive quarters and, as expected, this is producing dividends in meeting other goals. The Department's achievement in reaching visitation standards for both in-home and out-of-home cases is made possible by maintaining reasonable caseloads on a long-term basis. Certainly, the most important reason to have reasonable caseloads is so that workers can have more contact and more quality contact with families. We believe reasonable caseloads and regular, quality contacts with families will in turn lead to further improvements in other areas as well.

Achieving timely permanency for children is another area where improvements are becoming established and institutionalized. More than 25 percent of children adopted have done so in a timely manner in each of the last four quarters, and in three of the last four the percentage has exceeded 30 percent. This represents a steady consolidation of a significant improvement compared to the first two quarters of 2004 when only 10.7 percent and 11.1 percent of children benefited from a timely adoption. Similarly, timely transfer of guardianship has met the goal for two of the last three quarters after having fallen short for the first five quarters of the Exit Plan. Timely reunification – which represents an important form of permanency for the most children – met the goal for the last two quarters.

In addition to these permanency measures, other measures have recorded considerable improvement. One of the most difficult measures to affect is the reduction of repeat maltreatment, in large part because chronic neglect issues from poverty, substance abuse and other underlying issues that can persist despite interventions. During the quarter, the percent of children who suffered repeat maltreatment within six months fell to 7.5 percent, which is the lowest in the two years under the Exit Plan and only half of one percent from the 7 percent goal. Area offices took a variety of steps to improve this outcome, including ensuring that services, especially behavioral health and substance abuse services, are received, that individual needs are met through the use of flexible funds, and that social workers receive expert consultations as they work with families. In

addition, a study of repeat maltreatment statewide and in a number of area offices has established a focus on this important measure and raised awareness of chronic issues that require continuing services and other casework as opposed to requiring a new investigation.

Another measure that has seen significant improvements is in providing timely multi-disciplinary exams to children entering foster care. Due directly to the support of Governor Rell and the Legislature, the number of foster care clinics has increased to 13 from five. The improved access this has afforded has led to a three-fold increase in the percentage of children receiving this evaluation that covers medical, behavioral, and dental health to 72.1 percent in the quarter compared to 19 percent in early 2004.

Finally, staff has continued progress in reducing the number of children in residential care. That number has continued a downward trend to 677 children as of February 12, 2006 compared to 889 children in April 2004 -- a 23.8 percent reduction. While the trend has been very positive, the outcome measure is complicated by the fact that it is a percentage of children in care – not the simple number of children in a residential placement. A small decrease in the total number of children in care during the quarter did not offset reduction in the use of residential placements and the percentage of the measure remained the same at 11.6 percent compared to the previous quarter. However, that remains a sizable improvement compared to a 14.7 percent measure in the third quarter of 2004. The continued operation of the managed service systems across the state, the ongoing development of clinically-intensive group homes, and the beginning of the operations of the Administrative Services Organization in January 2006 all are poised to support staff as they continue to advance on the outcome measure goal. We believe we will continue to have success in ensuring that more children receive treatment in the most appropriate and most community-based level of care consistent with their needs.

## CHALLENGES

Department staff took full advantage of the Fourth Quarter of 2005 to make important strides while making routine aspects of their work some of their earlier achievements. While the Department is very encouraged overall, we also remain aware that important and fundamental challenges remain. The most fundamental of all is to continue to maintain performance levels in the areas of our success. While several measures demonstrate success in institutionalizing our gains, including investigations, caseloads, and reducing maltreatment and multiple placements for children in foster care, we cannot lose sight of the need to demonstrate sustainability across all areas of our work. Constant attention and strong supervision will be vital to achieving this success.

In addition, outcome measures for treatment planning and meeting children's needs also continue to present fundamental issues for our work. Ongoing training on family conferencing is continuing to support our workers in taking a strengths-based approach to treatment planning. Specialized offerings are being provided, which have been sought out by individual area offices to meet their own identified needs. In addition, improved family and child assessments through implementation of Structured Decision Making (SDM) will contribute to more effective and thorough treatment planning. This model uses research-based risk assessment tools to aid workers and supervisors in making critical child safety decisions while increasing consistency and addressing the issues of disproportionality often faced by our child protection systems. Development of the model has begun through work that cuts across the Department and includes front-line social

workers and supervisors. We anticipate training will commence early next year. In addition, improvements to the LINK treatment planning record are expected to result in a process that will be easier and more effective for workers to use.

We are confident that the family conferencing and structured decision making models, together with the new treatment planning format, will together make a fundamental positive impact on our work and result in sustained improvements in the services we offer children and families.

Together with treatment planning, meeting children's needs represents a fundamental test of the quality of our services. With the Administrative Service Organization having started operation at the beginning of 2006 and the continuing success of the Managed Service System in matching the right services to the specific needs of individual children in or at risk of needing residential care, the Department is on the right track in improving this critical measure of the quality and success of our efforts.

Despite the challenges that remain, the close of 2005 witnessed a noteworthy quickening of the pace and a broadening of achievement by Department staff. For the first time, staff attained 13 outcome goals, came close to achieving goals for five measures, and made significant improvements in others. With the strong commitment of a dedicated staff and continued support from Governor Rell and the Legislature, the Department is firmly advancing toward significantly improved services for children and families.

## 4Q October 1-December 31, 2005 Exit Plan Report
# Outcome Measure Overview

| Measure | Measure | Baseline | 1Q 2004 | 2Q 2004 | 3Q 2004 | 4Q 2004 | 1Q 2005 | 2Q 2005 | 3Q 2005 | 4Q 2005 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1: Commencement of Investigation* | >=90% | X | X | X | X | 91.2% | 92.5% | 95.1% | 96.2% | 96.1% |
| 2: Completion of the Investigation | >=85% | 73.7% | 64.2% | 68.8% | 83.5% | 91.7% | 92.3% | 92.3% | 93.1% | 94.2% |
| 3: Treatment Plans** | >=90% | X | X | X | 10% | 17% | X | X | X | X |
| 4: Search for Relatives* | >+85% | 58% | 93% | 82% | 44.6% | 49.2% | 65.1% | 89.6% | 5/15/06* | 7/15/06* |
| 5: Repeat Maltreatment | <=7% | 9.3% | 9.4% | 8.9% | 9.4% | 8.9% | 8.2% | 8.5% | 9.1% | 7.5% |
| 6: Maltreatment of Children in Out-of-Home Care | <=2% | 1.2% | 0.5% | 0.8% | 0.9% | 0.6% | 0.8% | 0.7% | 0.8% | 0.6% |
| 7: Reunification* | >=60% | 57.8% | X | X | X | X | X | X | *64.2%* | *61%* |
| 8: Adoption | >=32% | 12.5% | 10.7% | 11.1% | 29.6% | 16.7% | 33% | 25.2% | 34.4% | 30.7% |
| 9: Transfer of Guardianship | >=70% | 60.5% | 62.8% | 52.4% | 64.6% | 63.3% | 64.0% | 72.8% | 64.3%* | 72.4% |
| 10: Sibling Placement* | >=95% | 57% | 65% | 53% | X | X | X | X | 96% | 94% |
| 11: Re-Entry | <=7% | 6.9% | X | X | X | X | X | X | *7.2%* | *7.6%* |
| 12: Multiple Placements | >=85% | X | X | 95.8% | 95.2% | 95.5% | 96.2% | 95.7% | 95.8% | 96% |
| 13: Foster Parent Training | 100% | X | X | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 14: Placement Within Licensed Capacity | >=96% | 94.9% | 88.3% | 92.0% | 93.0% | 95.7% | 97% | 95.9% | 94.8% | 96.2% |
| 15: Needs Met | >=80% | X | 53% | 57% | 53% | 56% | X | X | X | X |
| 16: Worker-Child Visitation (Out-of-Home)* | >=85% 100% | X | Monthly- 72% Quarterly- 87% | Monthly- 86% Quarterly 98% | Monthly- 73% Quarterly- 93% | Monthly- 81% Quarterly- 91% | Monthly 77.9% Quarterly 93.3% | Monthly 86.7% Quarterly 95.7% | Monthly 83.3% Quarterly 92.8% | Monthly 85.6% Quarterly 93.1% |
| 17: Worker-Child Visitation (In-Home)* | >=85% | X | 39% | 40% | 46% | 33% | X | 81.9% | 78.3% | 85.6% |
| 18: Caseload Standards+ | 100% | 69.2% | 73.1% | 100% | 100% | 100% | 100% | 100% | 99.80% | 100% |
| 19: Reduction in Residential Care | <=11% | 13.5% | 13.9% | 14.3% | 14.7% | 13.9% | 13.7% | 12.6% | 11.6% | 11.6% |
| 20: Discharge Measures | >=85% | 61% | 74% | 52% | 93% | 83% | X | X | 96% | 92% |
| 21: Discharge of Mentally Ill or Retarded Children | 100% | X | 43% | 64% | 56% | 60% | X | X | 78% | 70% |
| 22: Multi-disciplinary Exams (MDE) | >=85% | 5.6% | 19.0% | 24.5% | 48.9% | 44.7% | 55.4% | 52.1% | 54.6% | 72.1% |

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

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

| OM | Comments |
|---|---|
| 4 | Link report posted for 4Q 2005 reflecting status of children entering care for the 2Q 2005 period. This is consistent with the Exit Plan measure definition. Refer to 2Q 2005 column. |
| 7, 11 | LINK data via ROM report (as of 3Q 2005). With a case review to supplement ROM report. In the 3Q report period a case review was not conducted for 11. For 4Q 2005 case reviews were conducted for both 7 (210 cases reviewed) and 11 (166 cases reviewed). |
| 8, 9 | As of the 3Q 2005 the LINK report will include all **n/a** cases (unable to determine date of removal but who have achieved permanency either through adoption or transfer of guardianship) into the data results. Following are the results including the n/a: 1Q 2005 (OM 8- 23.3%; OM 9 – 50.0%) and 2Q 2005 (OM 8 – 30.2%; OM 9 – 48.0%).<br>For 3Q 2005 results, 48 were n/a. A Case review was conducted to determine the status of these n/a cases. The following shows the results of the 48 case review: 14 met, 8 not met and 26 were non-applicable (children were never in foster care nor legally committed to DCF – these were cases where the TOG occurred between other parties). Re-calculated statewide results show:<br>TOG -63.4% met the goal and 36.6% not met.<br><br>For 4Q 2005<br>**Adoption** results, 8 were n/a. A Case review was conducted to determine the status of these n/a cases. Adoption: The following shows the results of the 8case review: 2 met, 5 not met and 1 was non-applicable (an adoption of an adult not conducted by DCF) and dropped from the totals.<br>Re-calculated statewide results show: 30.7% met and 69.3% not met.<br>**TOG:** The following shows the results of the 3 case review: 1 met, 0 not met and 2 were non-applicable (these children were reunified) and dropped from the totals. Re-calculated statewide results show:<br>TOG -72.4 %met the goal and 27.6 % not met. |
| 10 | Case review. Under negotiations with Court Monitor for ROM reporting and supplemental case review. |
| 16, 17 | LINK Report available for 11/15/05. In addition, as of 3Q 2005 the Department will include the one visit per quarter results for OM 16. *This method reports **all** children in care who had 1 (one) visit during the quarter period. The LINK system is unable to determine if the visits were made by the assigned social worker as indicated in the Exit Plan.* |

## Treatment Plans**

(currently under negotiations 3/06)

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

**2004**

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

2005

1Q N/A, 2Q N/A, 3Q N/A, 4Q N/A

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

**2004**

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

2005

1Q N/A, 2Q N/A, 3Q N/A, 4Q N/A

**X** OM 3 and OM 15 - No LINK report expected. Case Review Only. In negotiations with Plaintiffs 3/06.

## Caseload Standards +

**2004**

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

2005

## Caseload Standards +

1Q As of May 15, 2005 the Department continues to meet the 100% compliance mark. The seventeen (17) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).
2Q As of August 15, 2005 the Department continues to meet the 100% compliance mark. The thirty-one (31) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).
3Q As of November 15, 2005 the Department did not meet the 100% compliance mark. Out of the twenty-three cases over 100% caseload utilization two (2) did not meet the exception criteria (cases over 100% and not over for 30 days or more).
4Q As of February 15, 2006 the Department met the 100% compliance mark. The thirty-one (31) cases over 100% caseload utilization meet the exception criteria (cases over 100% and not over for 30 days or more).

| Outcome Measure/ Performance Standard | Fourth Quarter 2005 Performance | Method of Measurement | Key Action Steps | Status |
|---|---|---|---|---|
| | | | | |
| 1. Commencement of Investigation: *to assure that assessments of safety can quickly be determined and increases collaborative interviewing and intervention.*<br><br>90% of all reports must be commenced same calendar day, 24 hours or 72 hours depending on referral code. | **2005**<br>**4Q – 96.1%** | LINK report<br>(ROM supplemental report) | **A)** Developed LINK capacity to document and measure commencement time and modifications to commencement time. Provided corresponding LINK training to staff. | Completed |
| | | | **B)** Revision of policy #34-3-3 "Conducting the Investigation"- To direct that the Social Work Supervisor can approve modification of commencement times. Previously, Program Supervisor approval was required and was inefficient. | Completed awaiting publication. |
| | | | **C)** Area Offices use LINK data reports to assess staffing levels in investigations and take any supervisory or practice improvement steps necessary to ensure performance goals. | Ongoing |
| | | | **D)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing |
| | | | **E)** Area Office Quality Improvement Plans to reflect areas for improvement and progress and under PARS review meet and sustain outcome measure goal. | Ongoing |
| | | | | |
| 2. Completion of Investigation: *to assure that case assessment and disposition is handled in a timely manner.*<br><br>85% of all reports shall have their investigations completed within 45 calendar days of acceptance. | **2005**<br>**4Q – 94.2%** | LINK report<br>(ROM supplemental report) | **A)** Implement a quality review process in each Area Office that serves as a tickler system at 28, 35, and 40 days and calls for any corrective action plans. | Completed |
| | | | **B)** Developed a quality review process for the Special Investigations Unit through Hotline. | Completed |
| | | | **C)** Area Office Quality Improvement Plans to reflect areas for improvement and progress and under PARS review meet and sustain outcome measure goal. | Ongoing |
| | | | **D)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |
| | | | **E)** Developed standards for the release of information that assists with the sharing of information between DCF and community providers and/or other state agencies. | Completed |
| | | | **F)** The department will propose legislation requesting a change in the statutory requirement of completing investigations within 30 days. This request change would extend the statutory requirement to 45 days so that it comports with the Exit Plan. | PASSED: Effective October 1, 2005. Staff informed via all staff Commissioner e-mail and via the newly developed SWS Guide to Exit Plan and Practice Points. |
| | | | | |

| Outcome Measure/ Performance Standard | Fourth Quarter 2005 Performance | Method of Measurement | Key Action Steps | Status |
|---|---|---|---|---|
| 3. Treatment Plans: *to provide a family-centered foundation from which all case service planning will occur-timeframes, roles and responsibilities-and a means for assessing service outcomes and needs met.*<br><br>Within 60 days of case opening in treatment, or 60 days from date of placement- whichever comes sooner. Random reviews done by DCF and Court Monitor. | **2005**<br>**4Q – n/a** | Case Review | **A)** Train and implement in all area offices on the agency's new Family Conferencing Model, develop & implement a method to evaluate its success and/or areas needing improvement through feedback from families, staff, management and providers. | Family Conference Phase I concluded. Family Conference Phase II in process. |
| | | | **B)** Develop a web-based Uniform Case summary-prototype with a first "draft" being presented in Oct. 2005 to commissioner and Sr. Mgt. | UCS developed and in testing with various area office staff. |
| | | | **C)** Development of an enhanced assessment model. Structured Decision-Making (SDM) selected as an agency-wide model. | Several workgroups currently establishing practice parameters with a Steering Committee reviewing and finalizing recommendations. |
| | | | **D)** The Managed Service System develops a process for review and coordination of discharge plans for all children in residential care and to identify all community resources in support of children to remain in their communities. | Ongoing |
| | | | **E)** Continue to advance major training activities treatment planning and concurrent planning and modify current LINK screens for Treatment Plans and enhance methods for case documentation (short-term=Pilot; long term=SharePoint Pilot testing new template and tool underway). | Concurrent planning training under revision following test training conducted with management staff. Trainer under contract. Target date for training: June 2006. Treatment Planning Training completed for the newly revised guide. |
| | | | **F)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |
| | | | **G)** Area offices have broadened the consultation capacity of the Area Resource Group to assist in the development of a treatment plan for complex cases requiring significant supports (i.e. Parents with Cognitive Limitations, Medically Complex cases, etc.). | ARG staff hired at full capacity. Care coordinators hired at full capacity. Global assessment specialists – 6 of 14 positions filled. |
| | | | **H)** Expand Area Office's capacity of tele-conference for the ACR process into the Family Conferencing arena placed in Newsletter and foster parent pay checks. | Completed |
| | | | **I)** Train Area Office staff, particularly Social Work Supervisors, on the treatment plan elements necessary under the Exit Plan, methods and practices useful to successful treatment planning. Newly revised and comprehensive Treatment Plan Guide developed. | Completed and included in SWS Guide. |

| Outcome Measure/ Performance Standard | Quarter 3 2005 Performance | Method of Measurement | Key Action Steps | Status |
|---|---|---|---|---|
| | | | | |
| 4. Search for Relatives: *to increase the availability of supports for children consistent with the goal of keeping them within their community and in maintaining lifelong family ties.*<br><br>DCF shall conduct searches for relatives, extended or informal networks, friends, family, former foster parents or other significant persons known to the child. Must be documented in LINK. | **2005**<br>**4Q – 89.6%**<br><br>Data reflects 2005 Qtr 2 due to 6 months lag | LINK report<br>(ROM supplemental report) | **A)** Implemented the Placement Resource Search window in one central place in LINK for accurate and easily accessible documentation of placement resource search efforts and institute tickler system at fifth month to identify those cases that do not have a window. | Completed. Exception "tracking" report posted on intranet and created for use by the area office staff. |
| | | | **B)** Use family conferencing model to assist in the identification of appropriate relative resources early on in the life of the case. | Ongoing. |
| | | | **C)** Revise Search – Requests for Identifying Information policy (41-40-8) and Affidavit | Final stages of review |
| | | | **D)** Provide training and guidelines to social work staff regarding all possible "search" options (i.e. tools, websites, etc.) and implement the use of Locate Plus software when normal search efforts fail. | Complete. Utilization review for 2005 identified a need for an additional training which was completed 10/05. Utilization review to be conducted for 2006. |
| | | | **E)** Started Casey Family Programs Supporting Kinship Care Collaborative in the Bridgeport area office. | The Project was completed on October 1, 2005 and extended to January 1, 2006. Presentation of findings scheduled for March 10, 2006.<br>Resource Planning Training will be expanding to all area offices if requested. |
| | | | **F)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |
| | | | **G)** Area Office Quality Improvement Plans to reflect areas for improvement and progress, and under PARS review to meet and sustain outcome measure goal. | Ongoing |

| Outcome Measure/ Performance Standard | Quarter 3 2005 Performance | Method of Measurement | Key Action Steps | Status |
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| 5. Repeat Maltreatment: *to reduce incidents of maltreatment and maintain and provide services to children in order for them to remain with their families and in their communities.*<br><br>No more than 7% of children who are victims of substantiated maltreatment during a 6-month period shall be the substantiated victims of additional maltreatment during a subsequent 6-month period. | **2005**<br>**4Q – 7.5%** | LINK report<br>(ROM supplemental report) | **A)** Develop various data analysis tools such as ROM and Chapin Hall to support evidence-based practice and strengthen the method in which social work supervisors and program supervisors direct and assess case decision making and need for services. | ROM is currently up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 1/06, ROM training is offered to all staff as a Training Academy in-service. Since 9/05, 33 ROM trainings (3 hrs each) have been conducted. ROM trainings are offered as follows: Phase I (SWS/PS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles). |
| | | | **B)** Increase the consistency of handling and identifying repeat maltreatment via training and supervision. Correspondingly review and revise policy to reflect practice. | Completed and ongoing. |
| | | | **C)** Development of an enhanced assessment model. Structured Decision-Making (SDM) selected as an agency-wide model. | Several workgroups currently establishing practice parameters with a Steering Committee reviewing and finalizing recommendations. |
| | | | **D)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |
| | | | **E)** Critical Response Reviews/Special Case Reviews Study committee established to look at patterns of incidents, agency process and procedures, and if any training/practice improvement steps are necessary. | Currently a database has been established to collect all findings from the CRRs and SCR (conducted by Child Welfare League of America). Results are used to inform Area Office management teams. |
| | | | **F)** Parent/Child Centers (PEAS) established to provide screening and assessments, targeted hands-on parenting education and family support services to parents, caregivers, family members, and children up to 8 years of age who are referred by the department. | Completed. PEAS assigned to all area offices. |
| | | | **G)** Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices. | Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). |
| | | | **H)** Develop new Intensive Reunification Services through RFP to offer an array of services to families along a continuum that promotes reunification/permanency for children using federal funds. | Completed. Program up and running in Waterbury and Manchester pilot sites. |
| | | | **I)** Expanded intensive in-home services such as IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care through budget options. | For 2006, a new budget option for further program expansion is pending with the legislature. |

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| 6. Maltreatment in care - Out-of-home: *to assure children's safety while in out-of-home care, improve placement stability, and reduce additional trauma.*<br><br>No more than 2% of children in out of home care shall be the victims of substantiated maltreatment by substitute caretaker. | **2005**<br>**4Q – 0.6%** | LINK report<br>(ROM supplemental report) | **A)** Develop various data analysis tools such as ROM and Chapin Hall to support evidence-based practice and strengthen the method in which social work supervisors and program supervisors direct and assess case decision making and need for services. | ROM is currently up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 1/06, ROM training is offered to all staff as a Training Academy in-service. Since 9/05, 33 ROM trainings (3 hrs each) have been conducted. ROM trainings are offered as follows: Phase I (SWS/PS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles). |
| | | | **B)** Provide consistency with investigating and tracking of foster care maltreatment<br>1. Develop proposal for centralized foster care investigations unit - 11/04.<br>2. Develop a workplan for implementation of the unit - 5/05.<br>3. Begin implementation and site relocation - 8/05. | Fully completed. |
| | | | **C)** Develop and implement a corrective action plan protocol for all regulatory violations and all out-of-home substantiations. Incorporate any corrective action plans into Foster Family Support Plan. | OFAS to implement any policy/protocol revisions. |
| | | | **D)** Moved special investigations management from Hotline to a direct report under Bureau Chief for Child Welfare. | Completed |
| | | | **E)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |

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| 7. Reunification: *to reduce the length of time children are in care, minimize trauma from separation, allow opportunities for children to maintain connectedness to family and community, help parents safeguard their homes, and recognize the importance of expediting permanency planning.*<br><br>60% of children who are reunified with parents/guardians shall be reunified within 12 months of their most recent removal from home. | **2005**<br>**4Q – 60.4%** | ROM report with supplemental case review. | **A)** Area Office Quality Improvement Plans to reflect areas for improvement and progress and under PARS review meet and sustain outcome measure goal. | Ongoing |
| | | | **B)** Implement Multidisciplinary Assessment for Permanency (MAP) for each area office. Legal consult completed for all children in out of home care at 6 months (prior to the ACR). This brings together legal, medical, behavioral health, and cps staff to identify outstanding issues that need to be addressed before filing the permanency plan. | All area offices have integrated MAP into practice. QID/ACR divisions conducting ongoing evaluation to determine feasibility to broaden use of MAP. |
| | | | **C)** Expansion of Supportive Housing Contract – Connection Inc. by $2.1 million; increase capacity to serve 345 families in Hartford, Bridgeport, Danbury and Torrington areas. Establish priority access for family preservation/reunification referrals. | Completed. Connections (main contract) provides quarterly and yearly reports. DCF monitoring program and in 2005 demonstrated a 90% success rate. |
| | | | **D)** Implementation of formalized supervisory conference- SWS to discuss viability of current permanency goal for all children in OOH care at 3 months. | IS department has developed an ongoing exception report for use by the Area Offices. This is currently posted on the DCF intranet site. |
| | | | **E)** Develop ROM reports to strengthen the tracking of Federal ASFA timelines (reunification within 12 months of most recent placement) and the identification of family/child characteristics or gaps in services that become barriers to the successful achievement of this outcome measure. | ROM is currently up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 1/06, ROM training is offered to all staff as a Training Academy in-service. Since 9/05, 33 ROM trainings (3 hrs each) have been conducted. ROM trainings are offered as follows: Phase I (SWS/PS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles). |
| | | | **F)** Develop new Intensive Reunification Services through RFP to offer an array of services to families along a continuum that promotes reunification/permanency for children using federal funds. Targeted for Waterbury, Manchester. | Completed. Program up and running in Waterbury and Manchester pilot sites. |
| | | | **G)** Expand intensive in-home services such as IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care through budget options. Second expansion submitted for additional expenses. | For 2006, a new budget option for further program expansion is pending with the legislature. |
| | | | **H)** Concurrent Planning Training will be offered to staff (targeting social workers with OOH cases) that focuses on enhancing skills. Curriculum secured through the NRC. | Concurrent planning training under revision following test training conducted with management staff. Trainer under contract. Target date for training: June 2006. |
| | | | **I)** Ensure Flex Funds policy and guidelines support reunification efforts and post-reunification needs by meeting emergency needs that if not addressed result in crisis and often re-entry into care. | Completed. |
| | | | **J)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |

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| | | | **K)** Provide training and guidelines to social work staff regarding all possible "search" options (i.e. tools, websites, etc.) and implement the use of Locate Plus software when normal search efforts fail. | Complete. Utilization review for 2005 identified a need for an additional training which was completed 10/05. Utilization review to be conducted for 2006. |
| | | | **L)** Parent/Child Centers (PEAS) established to provide screening and assessments, targeted hands-on parenting education and family support services to parents, caregivers, family members, and children up to 8 years of age who are referred by the department. | Completed. PEAS programs assigned to area offices. |
| | | | **M)** Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices. | Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). |

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| 8. Adoption: *promotes and emphasizes permanency for children in out-of-home care, decreases trauma, and focuses DCF and courts in an effort to make adoptions more timely and successful.*<br><br>32% of the children who are adopted shall have their adoptions finalized within 24 months of most recent removal from home. | **2005**<br>**4Q – 30.7%** | LINK report<br>(ROM supplemental report) | **A)** Implement Multidisciplinary Assessment for Permanency (MAP) for each area office. Legal consult completed for all children in out of home care at 6 months (prior to the ACR). This brings together legal, medical, behavioral health, and cps staff to identify outstanding issues that need to be addressed before filing the permanency plan. | All area offices have integrated MAP into practice. QID/ACR divisions conducting ongoing evaluation to determine feasibility to broaden use of MAP. |
| | | | **B)** Continued reinforcement by permanency managers clarifying the "perceived wait period" for adoption finalization (staff was reporting that they had to "wait" 12 months after placement to finalize adoption--effort is aimed at clearing up confusion with the law). | Ongoing. 3 memos distributed between 2004 and May 2005 clarifying perceived wait period reinforcement of parameters to be completed by area office management. |
| | | | **C)** Decentralize the processing of finalizing adoptions. Each area office will be responsible for this function to streamline. Subsidy requests will continue to be processed through OFAS. Training and implementation completed. | Completed |
| | | | **D)** Secured budget option to create greater incentives for adoption – including support to adoptive parents, tuition for college and enhanced SW training. | Implemented and ongoing. |
| | | | **E)** Concurrent Planning Training will be offered to staff (targeting social workers with OOH cases) that focuses on enhancing skills. Curriculum secured through the NRC. | Concurrent planning training under revision following test training conducted with management staff. Trainer under contract. Target date for training: June 2006. |
| | | | **F)** Allocation of $500,000 for specific recruitment activities: Expand the support and development of recruitment initiatives to meet the special cultural and ethnic needs of our children that will provide stable and long-lasting permanency using in-house, private contract and faith-based networks. | Expanded Queen Esther model to 4 additional sites statewide. Employed NRC to engage DCF in planning effort involving Central Office and Area Office staff. Implementation underway. |
| | | | **G)** Data reports (i.e. LINK Reports, ROM tool and Chapin Hall) to track individual/unit performance, identify trends and target supervisory discussions for children in Out-of-Home care. | Additional LINK reports and contracts need to be finalized. ROM is currently up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 1/06, ROM training is offered to all staff as a Training Academy in-service. Since 9/05, 33 ROM trainings (3 hrs each) have been conducted. ROM trainings are offered as follows: Phase I (SWS/PS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles). |
| | | | **H)** Resource Family Development model to promote long-lasting support resources for children in out of home care. This program promises early identification of permanent resources and helps to reduce placement instability. Foster parents commit to serve as mentors and provide ongoing support and connection to birth families while providing permanent care to children. Initial pilots to be established in at least 2 area offices - 8/05.The Department has moved towards this model and imbedded the core values into materials and speaking points for recruitment efforts, marketing materials, and in the PRIDE curriculum (revised and being offered as of June 2005). | Commissioner e-mail distributed to all staff 11/8/05 - describing the model. |
| | | | **I)** Revise Permanency Planning policy to standardize the approval process for selecting appropriate families for available children and ensuring successful and timely identification of adoptive parents. | In final stages of review. |

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| | | | **J)** Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices. | Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). |
| | | | **K)** Collaborative with Casey Family Services to increase adoption-competent mental health practitioners in the community to increase support for adoptive families. | Completed. Post-adoption support services available through UCONN Health Center. |
| | | | **L)** DCF contracted with CAFAP to operate KID HERO line to allow for longer hours and quicker turn around for foster parent inquiries. | Completed March 1, 2005. |
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| 9. Transfer of Guardianship: *promotes and emphasizes permanency for children in out-of-home care, decreases trauma, and allows children to maintain connection with family.*<br><br>70% of all children, whose custody is legally transferred, shall have the guardianship transferred within 24 months of the child's most recent removal from home. | **2005**<br>**4Q – 72.4%** | LINK report<br>(ROM supplemental report) | **A)** Area Office Quality Improvement Plans to reflect areas for improvement and progress. | Ongoing |
| | | | **B)** Implement a Licensing Review Team for consideration of waivers for relative caregivers who have been denied licensure due to substantiated CPS history and/or criminal history. | Completed. |
| | | | **C)** Revised subsidized guardianship policy (41-50-1 through 41-50-14) to reflect current practice and ASFA timeframes. | Completed. |
| | | | **D)** Revise Permanency Planning Team policy (48-14-6 through 48-14-6.5) to reflect the approval process for subsidized guardianships. | Finalized and distributed policy. |
| | | | **H)** Concurrent Planning Training will be offered to staff (targeting social workers with OOH cases) that focuses on enhancing skills. Curriculum secured through the NRC. | Concurrent planning training under revision following test training conducted with management staff. Trainer under contract. Target date for training: June 2006. |
| | | | **F)** Legislation passed that shortened the timeframe for relative foster care eligibility into the subsidized guardianship program to a minimum of 6 months (from 12 months) in placement. | Completed |
| | | | **G)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |
| | | | **H)** Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices. | Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). |
| | | | **I)** Implement Multidisciplinary Assessment for Permanency (MAP) for each area office. Legal consult completed for all children in out of home care at 6 months (prior to the ACR). This brings together legal, medical, behavioral health, and cps staff to identify outstanding issues that need to be addressed before filing the permanency plan. | All area offices have integrated MAP into practice. QID/ACR divisions conducting ongoing evaluation to determine feasibility to broaden use of MAP. |

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| 10. Sibling Placement: *maintains life's longest lasting relationship, increases family connections, and decreases trauma.*<br><br>95% of siblings entering out of home placement shall be placed together unless there are documented reasons for separate placements. | **2005**<br>**4Q – 94%**<br><br>Data reflects 2005 Qtr 2 due to 6 months lag | LINK report<br>(ROM supplemental report) | **A)** Expand the support and development of recruitment initiatives to meet the special cultural and ethnic needs of our sibling groups that will provide permanency using in-house, private contract and faith-based networks. Enhance contract support for specialized foster care recruitment. | Ongoing. |
| | | | **B)** Informed staff to use the definition and intent of outcome #10, what is used to define "sibling," and what is an acceptable therapeutic reason to not place siblings together. | Completed |
| | | | **C)** Utilization of Flex Funds policy and guidelines support sibling placement efforts by meeting emergency needs. | Ongoing |
| | | | **D)** Locate Plus to help locate non-custodial parents and relatives in order to improve opportunity for resources and achieve permanency. | Complete. Utilization review for 2005 identified a need for an additional training which was completed 10/05. Utilization review to be conducted for 2006. |
| | | | **E)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |
| | | | **F)** Develop a Sibling Visitation Project to support monthly visits for separated, sibling groups in out of home care. | Recommendations under review with the Bureau of Child Welfare. |

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| 11. Re-Entry into DCF Custody: *to reduce incidents of maltreatment and the number of children in out of home care, and maintain and provide services to children in order for them to remain with their families and in their communities.*<br><br>Of all children who enter DCF custody, seven (7) % or fewer shall have re-entered care within 12 months of the prior out of home placements. | **2005**<br>**4Q – 7.6%** | ROM report with supplemental case review. | **A)** Develop various data analysis tools such as ROM and Chapin Hall to support evidence-based practice and strengthen the method in which social work supervisors and program supervisors direct and assess case decision making and need for services. | ROM is currently up for testing with 17 total reports, 10 Exit outcome related and 7 reports meeting the Exit Planning Data reporting criteria. As of 1/06, ROM training is offered to all staff as a Training Academy in-service. Since 9/05, 33 ROM trainings (3 hrs each) have been conducted. ROM trainings are offered as follows: Phase I (SWS/PS oriented sessions), Phase II (SW oriented session) and Phase III (practical application of ROM principles). |
| | | | **B)** Operational plans for the use of transition plans at case closing to help maintain supports and reduce likelihood of re-entry into care. | Hartford Pilot project proposal developed and reviewed. Awaiting finalizations. RFP and implementation June 2006. |
| | | | **C)** Developed new Intensive Reunification Services through RFP that offers an array of services to families along a continuum that promotes reunification/permanency for children using federal funds. 2 Pilots in Manchester and Waterbury. Contract Awarded. | Completed. Program up and running in Waterbury and Manchester pilot sites. |
| | | | **D)** Expand intensive in-home services such as IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care through budget options. | For 2006, a new budget option for further program expansion is pending with the legislature. |
| | | | **E)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |
| | | | **F)** An RFP was distributed and applications received for Parent/ Child Centers which will provide screening and assessments, targeted hands-on parenting education and family support services to parents, caregivers, family members, and children up to 8 years of age who are referred by the department. | Completed. PEAS programs assigned to 10 area offices. |
| | | | **G)** Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices. | Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates).. |
| | | | **H)** Utilize Flex Funds to support reunification by meeting emergency needs to prevent crisis and/or re-entry. | Ongoing. |
| | | | **I)** Expansion of Supportive Housing Contract – Connection Inc. by $2.1 million; increase capacity to serve 345 families in Hartford, Bridgeport, Danbury and Torrington areas. Establish priority access for family preservation/reunification referrals. | Completed. Connections (main contract) provides quarterly and yearly reports. DCF monitoring program and in 2005 demonstrated a 90% success rate. |

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| 12. Multiple Placements: *to promote stability and the reduction of incidence of trauma, to assure consistent services to children and further the goal of permanency.*<br><br>At least 85% of the children in DCF custody shall not experience more than 3 placements during a 12-month period. | **2005**<br>**4Q – 96%** | LINK report<br>(ROM supplemental report) | **A)** Allocation of $500,000 for specific recruitment activities: Expand the support and development of recruitment initiatives to meet the special cultural and ethnic needs of our children that will provide stable and long-lasting permanency using in-house, private contract and faith-based networks. | Expanded Queen Esther model to 4 additional sites statewide. Employed NRC to engage DCF in planning effort involving Central Office and Area Office staff. Implementation underway. |
| | | | **B)** Collect Data on shelter placements to better manage an emerging pattern of multiple shelter placements. | Ongoing. |
| | | | **C)** Revise disruption conference policy (36-55-20) to utilize the Area Resource Groups at various stages in the life of the case. | Under review. |
| | | | **D)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |
| | | | **E)** Central Placement Team (CPT) enhancements to better manage available beds, improved placement determinations, not just based on level of care but on programming needs and to implement a no unilateral eject/reject policy for residential facilities and group homes is being instituted along with that reorganization to ensure placements. | Ongoing |
| | | | **F)** Resource Family Development model to promote long-lasting support resources for children in out of home care. This program promises early identification of permanent resources and helps to reduce placement instability. Foster parents commit to serve as mentors and provide ongoing support and connection to birth families while providing permanent care to children. Initial pilots to be established in at least 2 area offices - 8/05. The Department has moved towards this model and imbedded the core values into materials and speaking points for recruitment efforts, marketing materials, and in the PRIDE curriculum (revised and being offered as of June 2005). | Commissioner e-mail distributed to all staff 11/8/05 - describing the model. |
| | | | **G)** Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices. | Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). |

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| 13. Foster Parent Training: *to increase the capacity of foster families to meet the needs of our children and to assure a sense of partnership and support.*<br><br>Foster parents shall be offered 45 hours post licensing training within 18 months of initial licensure and at least 9 hours each subsequent year. Does not apply to relative, special study or independently licensed foster parents- they require 8 hours pre-service. | **2005**<br>**4Q - 100%** | CAFAP Report | **A)** Convened foster parent advisory group to evaluate pre and post licensing training. To be convened by POC lead twice a year to evaluate quarterly planning efforts by CAFAP. | Ongoing |
| | | | **B)** Develop alternative methods for training (i.e. online), increase training for Spanish-speaking providers, use seminars or conferences in the community such as Board of Education, hospitals, & partner agencies. Sponsored events. | Ongoing. Current emphasis on improving communication materials and classes for Spanish speaking providers. CAFAP in process of translating flyers in Spanish. |
| | | | **C)** Developed training modifications based on CAFAP report and findings. In service was held on 2/21/05 for nine new trainees in areas where curriculum is needed for further development. | Ongoing |
| | | | **D)** CAFAP will submit training certification data to Assistant Bureau Chief of Child Welfare for enhanced tracking of post-licensing training. This will ensure licensing completion. | Ongoing. |
| | | | **E)** DCF to develop other training avenue through the Training Academy and other sponsored training. CAFAP to promote through their areas of communication. | Ongoing. DCF training academy catalog classes now open to foster parent participation. |
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| 14. Placement within Licensed Capacity: *to reduce the level of stress that can result in disruption and maltreatment, to maintain stability of placement and reduce trauma, and to focus DCF in its effort to recruit foster families.*<br><br>At least 96% of children placed in foster homes shall operate within their licensed capacity, except when necessary to accommodate siblings. | **2005**<br>**4Q – 96.2%** | LINK report<br>(ROM supplemental report) | **A)** Use family conferencing model to assist in the identification of appropriate relative resources early on in the life of the case. | Ongoing. |
| | | | **B)** Allocation of $500,000 for specific recruitment activities: Expand the support and development of recruitment initiatives to meet the special cultural and ethnic needs of our children that will provide stable and long-lasting permanency using in-house, private contract and faith-based networks. | Expanded Queen Esther model to 4 additional sites statewide. Employed NRC to engage DCF in planning effort involving Central Office and Area Office staff. Implementation underway. |
| | | | **C)** When there is a need to approve overcapacity placement the Department shall document the need and develop a support plan in LINK narrative for the home to assure stability. | Completed. |
| | | | **D)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |
| | | | **E)** Provide training and guidelines to social work staff regarding all possible "search" options (i.e. tools, websites, etc.) and implement the use of Locate Plus software when normal search efforts fail. | Complete. Utilization review for 2005 identified a need for an additional training which was completed 10/05. Utilization review to be conducted for 2006. |
| | | | **F)** Resource Family Development model to promote long-lasting support resources for children in out of home care. This program promises early identification of permanent resources and helps to reduce placement instability. Foster parents commit to serve as mentors and provide ongoing support and connection to birth families while providing permanent care to children. Initial pilots to be established in at least 2 area offices - 8/05. The Department has moved towards this model and imbedded the core values into materials and speaking points for recruitment efforts, marketing materials, and in the PRIDE curriculum (revised and being offered as of June 2005). | Commissioner e-mail distributed to all staff 11/8/05 - describing the model. |
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| 15. Needs Met: *to prioritize service needs, identify service gaps, eliminate service redundancy, and facilitate access in order to assure a family's physical and emotional well-being and ultimately build their capacity as a family.*<br><br>At least 80% of families' and children's medical, dental, mental health and other service needs as specified in the treatment plan must be documented in LINK. | **2005**<br>**4Q - n/a** | Qualitative case reviews will be used to measure this outcome for all Quarter reports. No LINK reports available. | **A)** Development of an enhanced assessment model. Structured Decision-Making (SDM) selected as an agency-wide model. | Several workgroups currently establishing practice parameters with a Steering Committee reviewing and finalizing recommendations. |
| | | | **B)** The Managed Service System develops a process for review and coordination of discharge plans for all children in residential care and to identify all community resources in support of children to remain in their communities. | Ongoing in all area offices. |
| | | | **C)** Budget option approved to expand Intensive In-Home to offer an array of services to families along a continuum that promotes reunification/permanency for children and expand intensive in-home services such as, IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care. | For 2006, a new budget option for further program expansion is pending with the legislature |
| | | | **D)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing |
| | | | **E)** Pursuant to federal law, DCF has established a referral protocol for all children under the age of 3 involved in a substantiated CPS case to Birth to Three for evaluation. | Completed |
| | | | **F)** Bi-monthly meetings with the MHPDs of ARG to involve, when appropriate, updates about new, expanded and available health care services to improve awareness and expedite access. Area offices have broadened the consultation capacity of the Area Resource Group to assist in the development of a treatment plan for complex cases requiring significant supports (i.e. Parents with Cognitive Limitations, Medically Complex cases, etc.). | Complete hiring of psychologists |
| | | | **G)** Expand new diagnostic facilities by 5-14 to eliminate wait-lists and transportation barriers for children. | All up and running. |
| | | | **H)** Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices. | Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). |
| | | | **I)** Parent/ Child Centers (PEAS) established to provide screening and assessments, targeted hands-on parenting education and family support services to parents, caregivers, family members, and children up to 8 years of age who are referred by the department. | Completed. PEAS assigned to all area offices. |
| | | | **J)** Implement a no unilateral eject/reject policy for residential facilities and group homes | Completed. |
| | | | **K)** Central Placement Team (CPT) enhancements to better manage available beds, improved placement determinations, not just based on level of care but on programming needs and to implement a no unilateral eject/reject policy for residential facilities and group homes is being instituted along with that reorganization to ensure placements. | Ongoing |

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| 16, 17. Worker-Child Visitation- Out of Home/Worker-Child Visitation- In Home: *to establish an ongoing means to assess family status, including safety issues, and monitoring progress towards treatment plan goals.*<br><br>#16: DCF shall visit at least 85% of children in out of home care at least once a month except for probate, interstate and voluntary.<br><br>#17: DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases. | **2005 4Q**<br><br>**#16:**<br>Monthly: 85.6%<br>Quarterly: 91.9%<br><br>**#17:**<br>Quarterly: 85.6% | LINK report<br>(ROM supplemental report) | **A)** Agreement reached with Court Monitor to allow for private agency SW's visits to count and for information concerning these visits to be documented in LINK. Clarify DCF representation and include visits made by FASU (Out-of-Home). Per Monitor Agreement, define the role of the ICPC and other "DCF representatives" in achieving visitation requirements. | Completed |
| | | | **B)** Assignment of 5 positions to be posted to out-of-state residential facilities as the responsible party for visiting all the DCF youth in the assigned residential facilities. Role announced in March newsletter to staff. | Completed |
| | | | **C)** To assure greater success for social workers in meeting the visitation requirements, achievement of caseload standards occurred August 15, 2004 and the receipt of 100 new state vehicles was acquired by November 1, 2004. | Completed |
| | | | **D)** Re-establish the use of face-to-face contact narratives via a LINK build in December. "Attempted face to face no contact" via LINK build - April 2005. | Completed. |
| | | | **E)** Area Office Quality Improvement Plans to reflect areas for improvement and progress and incorporated into PARS reviews to ensure performance. | Ongoing |
| | | | **F)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |
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| 18. Caseload Standards: *to increase the quality of our interventions and supports to children and their families.*<br><br>Current standards remain - 100%. | **2005 4Q – 100%** | LINK report<br>(ROM supplemental report) | **A)** Continuous tracking and quality improvement process utilizing data reports on caseload standards (AO/CO). | Ongoing |
| | | | **B)** Converted the existing durational social work positions into 25 permanent social work positions. Remaining 15 will stay as durational and filled by department as needed. | Tied to current services proposal for 06/07 |
| | | | **C)** Monitor social worker staffing levels through Human Resources, maintain a candidate pool and streamline hiring process for these positions. | Reports on vacancies and offers are ongoing. Live Scan for quicker background checks in operation, and changes were made to application to allow for background checks to begin prior to hiring. |

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| | | | **D)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |
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| 19. Reduction in Residential: *to increase opportunities for children to be in more clinically appropriate and least restrictive settings for services, to allow them to be closer to their families and communities, and to increase family involvement.*<br>\<br>Residential placements must not exceed 11% of the total number of children in out of home care. | **2005**<br>**4Q - 11.6%** | LINK report<br>(ROM supplemental report) | **A)** The Managed Service System develops a process for review and coordination of discharge plans for all children in residential care and to identify all community resources in support of children to remain in their communities. | Ongoing in all area offices. |
| | | | **B)** The no unilateral eject/no unilateral reject process was initiated in early 2006 with the advent of the Administrative Service Organization as well as the revision of the entire referral process to out-of-home care. Some of the most critical aspects of this process include such things as: the requirement of the Comprehensive Global Assessment (CGA); matching youth to appropriate provider vacancies using the CGA and the provider submitted Admission Criteria Forms; discussion of the referral with the provider by the CPT Director to ensure match; pre-placement meetings with all requisite individuals at the provider site (instead of multiple interviews and referrals); and more aggressive attempts to salvage placements by ARG, Enhance Care Coordinators, Psychologists/Licensed Social Workers, etc. before a youth is disrupted. | Ongoing. |
| | | | **C)** Budget expanded Intensive In-Home to offer an array of services to families along a continuum that promotes reunification/permanency for children and expand intensive in-home services such as, IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care. Second expansion submitted for additional expenses. | For 2006, a new budget option for further program expansion is pending with the legislature |
| | | | **D)** Development of a CT Behavioral Health Partnership between Department of Children and Families, Department of Social Services, Value Options and the Behavioral Health Oversight Council. The Administrative Services Organization (ASO) provides administrative assistance in clinical, utilization, and quality management as it takes the place of Medicaid Managed Care. It serves HUSKY A, B, and DCF involved children not eligible for Medicaid in accessing (fee for service) behavioral health services such as: inpatient and outpatient psychiatric, medication evaluation/management, substance abuse/detoxification, and psychological/neuropsychological testing. Data reporting will support the identification of gaps and best practices. | Implemented 2/1/06. Currently authorizing residential and group home placements. Inpatient service authorizations will begin 4/1/06. In place are system managers (work with Area Offices on the service management), care specialists (provide service authorization), and peer specialists (family members and community advocates). |
| | | | **E)** Group Home development is underway which will significantly expand the number of group homes in the state. This activity is proposed to be sustained through the initial emphasis on out of state children. | To date 16 group homes have been open. Another 8 are expected by end of the fiscal year. Budget Option to annualize cost and continue development. |
| | | | **F)**Beginning in March 2005 and continuing to date, Behavioral Health Program Directors meet biweekly with state facility superintendents and staff from the Bureau of Behavioral Health, Medicine and Education to review discharge plans for youth “overstays” in the facilities, safe homes, shelters, and private hospitals; Managed Service Systems, co-chaired by Area Directors and Enhanced Care | Ongoing |
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| 20. Discharge Measures: *to ensure life skills and work/educational credentials before transitioning out of DCF so that they may have success as independent members of their communities.*<br><br>For 85% of adolescents. Must be documented in LINK. Re; Diplomas, college, GED, employment, or military. | **2005**<br>**4Q - 92%** | Case Review | **A)** Develop alternative approaches aimed at doing outreach in the community (e.g. employers, support services, mentors, special training for foster/adoptive parents). Collaborate with the Department of Labor on youth employment opportunities under WIA to support young adults in their lifelong interests. | Establish pilot with CT. Voices for Children in Hartford (40 slots) and Bridgeport (35 slots) (CT. Expansion to New Haven proposal (50 slots.) |
| | | | **B)** Repositioned Adolescent Services within Department to bring greater focus to the needs of this target population and will enhance services and program support for independent living. | Completed |
| | | | **C)** Work with Adolescent Units to resurrect adolescent advisory boards utilizing a regional format. | Ongoing |
| | | | **D)** Implement pilot program at High Meadows with an emphasis on job coaching and job training to help with transition. | Implemented December 1, 2005 with 8 youth participating. |
| | | | **E)** TLAP Expansion - budget doubled from 3 to 6 the number of TLAP programs. | RFP being developed |
| | | | **F)** Develop system to identify Adolescents (18+ years) that are in ILP/CHAPS program for reporting purposes. | Ongoing |
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| 21. Discharge of Mentally Ill or Retarded Children: *to ensure the continuity of services for those transitioning out of DCF, to increase their ability to live with or near their families, and to have success in life.*<br><br>100% of referrals need to be made to DMHAS and DMR. | **2005**<br>**4Q - 70%** | Case Review | **A)** Provide clarification for Interagency Coordination Policy (42-20-35) and referral of children under the age of 16 to social work staff. | In final stages of review. |
| | | | **B)** Distribute DMR and DMHAS policies, eligibility criteria, and referral process to all area office staff and provide with a regional contact from each agency for each of our area offices. | Ongoing. Developed an ongoing early identification process for youth at age 15 which is tracked through Central Office database. |
| | | | **C)** Developed new methodology to collect information for Outcome Measure 21. The new process is based on the need for timely identification of youth with either major mental illnesses or developmental disabilities, who need to be referred to either DMHAS or DMR for ongoing services at the time of transition from DCF. This methodology includes a protocol for:<br>▪ Use of standardized Department-wide clinical criteria to determine if referrals are needed and,<br>▪ The timely completion of referrals prior to age-out and/or transition, to assure adequate time for transition activities from the child to the adult agency. | Ongoing |
| | | | **D)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |
| | | | **E)** Reallocated funds to DMR to develop programs for voluntary services clients with MR. | Completed. In process of transfer – final transfer anticipated for 4/1/06. |

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| 22. Multi-Disciplinary Exams: *to assure early identification and intervention for medical/dental/behavioral needs and therefore the overall well being of children in our care.*<br><br>85% of children entering custody must have an MDE within 30 days. | **2005**<br>**4Q – 72.1%** | LINK report<br>(ROM supplemental report) | **A)** Expanded new diagnostic facilities from 5 to 14 sites statewide for children and enhance uniformity of service and quality of assessments. | Completed. |
| | | | **B)** Central Office will work with any Area Office not meeting goal as reported. Central Office Liaison teams assigned to all 14 area offices. The teams include: Positive Outcomes for Children leads, Quality Improvement Division liaison, Training Academy liaison, and LINK staff. Together with the Quality Improvement Program Supervisor and Area Director, the Central Office Liaison team assists in conducting case reviews, conducting learning forums and presentations and informing the area office of outcome measure data results. | Instituted 7/04 and ongoing. |
| | | | **C)** Develop Social Work Supervisor Guide clarifying documentation and exception criteria. | Completed and ongoing. |
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