Juan F. v Rell
Exit Plan

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

Exit Plan Outcome Measures
Summary Report
1st Quarter 2005
January 1, 2005 – March 31, 2005

May 2005

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

Exit Plan Outcome Measures
Summary Report
1st Quarter 2005

May 15, 2005

D. Ray Sirry, PhD, LSW, ACSW
DCF Court Monitor's Office
300 Church Street
Wallingford, CT 06492

Dear Dr. Sirry,

We are very pleased to submit the Exit Plan Outcome Measures First Quarter 2005 Report, which identifies areas of continued progress and demonstrates the Department's commitment toward achieving the Exit Plan goals of improving the quality of service for children and families. Enclosed, please find the following materials:

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

This quarterly report shows consistent progress in the achievement of several outcome measures. This includes measures most important for promoting child safety such as timely commencement and completion of abuse and neglect investigations, as well those that promote child well-being such as timeliness of adoptions and avoiding placements that are over the licensed capacity. We are very proud of the diligent efforts of our staff that have helped to make this progress possible.

As we continue to show progress, we also are very aware of how data issues can impact outcome measures reporting. Emphasis on understanding and analyzing data results and their qualifiers are vital to our success. In our last quarterly report, we discussed our plan to identify issues and correct data related to outcome measures 7-Reunification and 11–Re-entry into DCF Custody. Per our agreement with your office, we are currently analyzing the results and developing a protocol to resolve the barriers. We will continue to keep you informed of our progress.

A joint comprehensive case review with your office has already begun looking at the First and Second Quarters of 2005. We have assigned several staff from our Continuous Quality Improvement Division to assist with this case review. With this review in mind, we agreed that the Department will report in the following manner:

- For the 2005 first and second quarter reports, your office will receive measures 3, 4, 10, 15, 16, 17, 20, and 21 via the comprehensive case review. Reports for all other measures will be based on LINK reports.
- For the 2005 third quarter report, your office will continue to receive measures 3, 10, 15, 20 and 21 via the case review. Reports for all other measures will be based on LINK data (now including measures 4, 16, and 17).

The Department is optimistic as we look at the results of this quarterly report. Of the 12 outcomes included in this report, we met the goal in eight. Further, we showed improvement in the other three outcomes. However, we understand that much work remains and that the difficulty of meeting and sustaining the measures continues to be great. For this reason, initiatives are underway to improve measures that present particular challenges. Among the most important of these are the allocation of adequate financial resources through the state budget process and the agency-wide trainings on family conferencing, treatment planning, and concurrent planning.

Notwithstanding the significant challenges of meeting and sustaining these 22 outcome measures, there is no question that the overall direction of the Department is very positive and that we are advancing toward the intended result – improving the lives of Connecticut children and families.

Sincerely,

Darlene Dunbar, MSW
Commissioner

1st Quarter 2005 Exit Plan Report
Commissioner Highlights

This 1st Quarter 2005 Exit Plan Report details continued improvements in the quality of service for children and families, as well as progress toward the achievement of outcome measures. The Department continues to make steady forward progress by sustaining standards previously met for six outcomes and meeting goals for the first time for two additional outcomes this quarter. Of the 12 outcomes measured in this report, the goal was met in eight. Further, improvements were made in the remaining four. We are optimistic that this is a trend that will continue as we build upon the positive momentum of the Exit plan's first year. To date, the Department has met one measure for all five quarters, three measures for the last four consecutive quarters, two measures for the last two quarters, and two measures for the first time. The Department has shown that when we meet an outcome goal, we are able to sustain the high level of performance.

ACCOMPLISHMENTS

This quarterly report shows we met the following outcomes:

- Commencement of Investigations. The goal of 90 percent was exceeded for the second quarter in a row with a current achievement of 92.5 percent.
- Completion of Investigations. Workers completed investigations in a timely manner in 92.3 percent of cases, exceeding the goal of 85 percent for the second consecutive quarter.
- Adoption. The quarter featured a substantial increase in the timeliness of adoptions -- rising to 33 percent compared to 16.7 percent in the previous quarter and exceeding the 32 percent goal.
- Maltreatment of Children in Out-of-Home Care. The Department sustained achievement of the goal of 2 percent or less with an actual measure of 0.8 percent.
- Placement Within License Capacity. The Department exceeded the 96 percent goal for the first time this quarter with a 97 percent achievement rate.
- Multiple Placements. For the fourth consecutive quarter, the Department exceeded the 85 percent goal with a rate of 96.2 percent.
- Foster Parent Training. For the fourth consecutive quarter, the Department met the 100 percent goal.
- Caseload Standards. For the fourth consecutive quarter, the Department met the goal of having no caseload carrying social workers exceed caseload standards for more than a 30-day period.

Some of these achievements are particularly important for the safety and well-being of children. Continued success in the two outcome measures regarding investigations reflects the focus that the Department maintains on child safety as our primary responsibility. Strong management protocols have assured that staffing and assignment capacity are appropriate for the high volume of reports of abuse and neglect we receive. The performance also demonstrates effective coordination between the Hotline, where reports come in to Central Office, and the Area Offices, where staff conduct the vast majority of investigations. We are confident that this success will be sustained.

We also are gratified that our efforts to achieve more timely adoptions for children have shown dramatic improvement in the quarter. The percentage of children adopted who waited 24 months or less nearly doubled compared to the previous quarter and, for the first time, we exceeded the goal of 32 percent. We do expect that this measure will show performance fluctuation, as it is dependent on several systems (DCF, Juvenile Court, Probate Court) and complicated by the fact that many children have been "in waiting" for adoption more than 24 months. While we can't attribute the improvements to one particular strategy, we believe a combination of efforts have brought greater attention to the timeliness of adoption and clarified some long standing misconceptions that have slowed the process.

Concurrent planning enables more timely adoptions by starting permanency work earlier in the life of a case. Training in this important practice is under development, in collaboration with the Superior Court for Juvenile Matters and the National Resource Center of Family-Centered Practice (supported by the federal Administration of Children and Families). The training of DCF staff, Juvenile Court personnel and foster parents is expected to begin this summer and completed in the fall. The Resource Center will provide technical assistance to ensure that the principles of concurrent planning are incorporated into daily practice. This will strengthen practice in the area of timely permanency (reunification, adoption, transfer of guardianship). There also have been positive collaborations with Juvenile Court to expedite this process and a decentralization of the internal process for reviewing and submitting adoption petitions. It also is important to note that, while the Department met the goal statewide, several offices did particularly well. The Danbury, Hartford, Middletown, and Norwich offices met the measure at 50 percent and the Meriden office met the measure in 100 percent of their cases.

While timely permanency serves a vital function to promote child well-being, we are mindful that we must not pursue this goal at the expense of children for whom we cannot possibly achieve the measure, because they already have waited for more than two years to be adopted. We must remain as committed to achieving permanency for children in out of home care beyond 24 months as we are for those just entering the system. For example, in Hartford during the first quarter, 7 of the 14 children adopted were already waiting for more than two years. Although these adoptions did not help the Department achieve the outcome measure, we did achieve the best outcome for the children: a permanent home.

We also are encouraged that for the first time we met the goal for placing children in homes that are within their licensed capacity. Recruitment and retention of foster homes is a major area of focus at the Department, and we are working with national experts to improve our targeted recruitment efforts designed to meet specific needs of children in every community across Connecticut. While we make efforts to expand this resource for those we serve, we recognize that exceeding capacity in any particular home has negative consequences for children.

In four of the 12 measures in this report, the Department did not meet the goal. However, each of these four measures did show at least modest improvement. The largest area for improvement among these four measures was in providing multi-disciplinary exams (MDE) for children first entering care. This quarter, 55.4 percent of children received the MDE, a 10.7 percent increase from the previous quarter. The goal is 85 percent and, because we recognize much improvement is needed, we are currently developing 12 new or enhancing current foster care clinics, which

will replace the five existing programs to make services more readily accessible on a statewide basis. Three of the new clinics are now operational, and the balance have either signed contracts or are in the contract development phase. Nonetheless, with existing resources, the Middletown office made significant progress, reaching 91.7 percent.

CHALLENGES

While we are heartened with our progress, we are fully aware of the difficult challenges ahead, especially relating to measures for the reduction in residential placements, the development of comprehensive treatment plans, time to adoption, repeat maltreatment, and assuring that all identified needs are met.

The outcome regarding residential placements presents unique challenges. We can see clear progress as the number of Juan F. children (796) in a residential placement on May 8, 2005 declined nearly 10.5 percent compared to April 11, 2004 when there were 889 children in residential placement. However, because the measure captures the percentage of children in DCF care who are in a residential placement – not the number – the measure has shown limited change to 13.7 percent from 13.9 percent in the first quarter of 2004. Because the overall number of children in DCF care has declined, reducing the percentage who are in residential care becomes more difficult.

A variety of initiatives are underway to continue to reduce residential placements, including the development of small group homes for children with serious emotional disorders. Four therapeutic group homes will open by June and seven more in State Fiscal Year 2006. It is anticipated that a significant number of additional group homes will be developed in the next two years as well. In addition, treatment foster care homes are being recruited and will be supported by Family Support Teams to provide wrap-around services to enable some children in residential programs to live in the community.

While making strides in reducing residential placements, the Department remains strongly committed to ensuring children have continuity in their relationships and remain connected to their communities. To this end, we continue to work to return children currently in out-of-state residentials back to Connecticut where they are closer to their families. Close proximity allows for regular and intensive treatment inclusive of all family members and helps create better discharge plans. Some progress has been made with 374 children in an out of state placement on May 8, 2005 compared to 456 children on November 10, 2004.

To continue this trend, numerous initiatives are underway. For example, each area office has and will continue to identify specific children to return to Connecticut from an out of state placement. We are working together with in state residential treatment centers to provide clinical enhancements that will allow these facilities to serve youth now out of state and in the future prevent additional children from leaving the state. Other activities include improving information to make decisions on child placement, focusing on children in placement for long periods, developing collaborative community systems to meet children's needs, and developing new resources such as the therapeutic group homes. Although this effort may not directly lead to a reduction in residential placements, it reflects our priority of focusing on what is in the best interest of the child.

Comprehensive treatment planning forms the foundation of our work. Much work has and will be done in this area. Statewide, practical staff training on treatment planning has been completed in each area office during this quarter, focusing on developing a comprehensive assessment and case goals, outlining the roles of social workers and social work supervisors in treatment plan development, and achieving a working knowledge of the required elements that help build a treatment plan assessment. To sustain this learning, formal and informal treatment planning learning forums will continue in each area office on an individualized basis. Additionally the Training Academy has continued its "Collaborative Treatment Planning" training with Marsha Salas and is working to sustain this training effort by certifying Training Academy staff in this training program and integrating elements of this training into the pre-service curriculum. This training should be completed by the end of September 2005.

Further, the Department has embraced "family conferencing" as an approach to our work that will facilitate and support comprehensive treatment planning. This model expands family involvement and helps ensure that family strengths are identified and built upon in the treatment planning process. Training has been completed in eight of our 14 offices and has begun in three others. All area offices will be completed by October.

The Department continues to recognize that quality data allows for a more accurate picture of our practice and achievements, particularly for Outcomes 7 (Reunification) and 11 (Re-entry). For this reason, we are looking to correct some of the data discrepancies in LINK that directly impact reporting of these measures. A work plan to remedy this issue is being developed and will be provided to the Court Monitor's Office.

In addition, during this quarter, we have placed greater emphasis on support to area office staff. Currently, area offices have a support team of liaisons from the following central office areas: Continuous Quality Improvement, Positive Outcomes for Children, LINK, and now the Training Academy. Training Academy liaisons have joined the area office teams in order to identify training needs and develop learning forums. Collectively, this team assists the area office to establish a solid system for quality improvement and staff development. A comprehensive planning session is scheduled for next month for these teams to set specific action steps for Exit Plan activities over the next 6-12 months.

During the quarter, testing for a new data system, known as "Results Oriented Management" (ROM), was begun. The system, once operationalized, will provide information to managers and supervisors that will help the Department meet goals across the various outcome measures. The system will reveal trends, case specific information related to those trends, and offer research tools and training to improve outcomes. Implementation of the system will be phased in over the coming weeks and will be fully operational this summer.

At the time of this writing, the Department is in negotiations with members of the General Assembly to secure additional resources related to our Exit Plan measures. With the support of Governor M. Jodi Rell, we are seeking among other things an expansion of in-home services, incentives for adoption, expansion of group homes, and workforce development initiatives.

These and other important initiatives are underway throughout the Department to meet the exit plan goals for improving quality services for children and families. I want to thank our committed and talented staff for their hard work and achievement. Together, we have made great strides to advance our common goals, and we are focused on the considerable work that remains. This process of setting clear outcomes and implementing work plans to accomplish them is instituting a culture of accountability and responsibility, and it is producing positive results. We have much work to accomplish in a short time. However, we have built a stable foundation on which we can sustain this progress, and we are poised to continue to improve the lives of children and families in Connecticut.

1Q January 1 – March 31, 2005 Exit Plan Report

Outcome Measure Overview

Measure	Measure	Target Dates	Baseline	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005
1: **Commencement of Investigation***	>=90%	2/15/05	X	X	X	X	91.2%	92.5%
2: **Completion of the Investigation**	>=85%	2/15/05	73.7%	64.2%	68.8%	83.5%	91.7%	92.3%
3: **Treatment Plans****	>=90%	8/15/05	X	X	X	10%	17%	X
4: **Search for Relatives***	>=85%	8/15/05	58%	93%	82%	X	8/15/05	11/15/05
5: **Repeat Maltreatment of In-Home Children**	<=7%	5/15/06	9.3%	9.4%	8.9%	9.4%	8.9%	8.2%
6: **Maltreatment of Children in Out-of-Home Care**	<=2%	8/15/04	1.2%	0.5%	0.8%	0.9%	0.6%	0.8%
7: **Reunification***	>=60%	2/15/06	57.8%	X	X	X	X	X
8: **Adoption**	>=32%	2/15/06	12.5%	10.7%	11.1%	29.6%	16.7%	33%
9: **Transfer of Guardianship**	>=70%	2/15/06	60.5%	62.8%	52.4%	64.6%	63.3%	64.0%
10: **Sibling Placement***	>=95%	2/15/06	57%	65%	53%	5/15/05	8/15/05	11/15/05
11: **Re-Entry into DCF Custody***	<=7%	5/15/06	6.9%	X	X	X	X	X
12: **Multiple Placements**	>=85%	5/15/04	X	X	95.8%	95.2%	95.5%	96.2%
13: **Foster Parent Training**	100%	10/15/04	X	X	100%	100%	100%	100%
14: **Placement Within Licensed Capacity**	>=96%	5/15/05	94.9%	88.3%	92.0%	93.0%	95.7%	97%
15: **Children's Needs Met**	>=80%	2/15/06	X	53%	57%	53%	56%	X
16: **Worker-Child Visitation (Out-of-Home)***	>=85% 100%	5/15/05	X	Monthly-72% Quarterly-87%	Monthly-86% Quarterly-98%	Monthly-73% Quarterly-93%	Monthly-81% Quarterly-91%	X
17: **Worker-Child Visitation (In-Home)***	>=85%	10/15/05	X	39%	40%	46%	33%	X
18: **Caseload Standards+**	100%	5/15/04	348	298	12	16	16	17
19: **Reduction in the Number of Children Placed in Residential Care**	<=11%	5/15/06	13.5%	13.9%	14.3%	14.7%	13.9%	13.7%
20: **Discharge Measures**	>=85%	5/15/05	61%	74%	52%	93%	83%	X
21: **Discharge of Mentally Ill or Retarded Children**	100%	5/15/05	X	43%	64%	56%	60%	X
22: **Multi-disciplinary Exams (MDE)**	>=85%	10/15/05	5.6%	19.0%	24.5%	48.9%	44.7%	55.4 %

Results based on Case Reviews ****For 1Q and 2Q 2005 case reviews will be conducted for outcome measures #: 3, 4, 15, 16, 17, 20 and 21 via the Court Monitor's Case Review with a release date of October 1, 2005.*****

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

* OM 4 Case reviews. First LINK Report 4Q 2004 (Six Month Lapse) due 8/15/05.
OM 7, 11 Interim report due 4/15/05, LINK report available for 3Q due 11/15/05.
OM 10 Case Reviews. First LINK Report for 3Q 2005 due 11/15/05.
OM 16, 17 Case reviews. LINK Report available for 3Q 2005 due 11/15/05.

Treatment Plans**

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

2004

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

2005

1Q Court Monitor Comprehensive Case Review due 10/1/05.

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 Court Monitor Comprehensive Case Review due 10/1/05.

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

Caseload Standards +

2004

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

2005

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

Outcome Measure/ Performance Standard	Current Performance % & Trends	Method of Measurement and Qualifiers	Key Action Steps
1. Commencement of Investigation: *to assure that assessments of safety can quickly be determined and increases collaborative interviewing and intervention.* 90% of all reports must be commenced same calendar day, 24 hours or 72 hours depending on referral code.	**Meeting Goal** 2004 4th Quarter - 91.2% **2005** **1st Quarter - 92.5%**	LINK reports begin: 2/15/05 (for 4Q 2004) LINK build in December includes the development of a Response Modification Window.	**A)** Developed LINK capacity to document and measure commencement time and modifications to commencement time. Provided corresponding LINK training to staff.
			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.
			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.
			D) Central Office will work with any Area Office not meeting goal as reported.
			E) Area Office Quality Improvement Plans to reflect areas for improvement and progress, and under PARS review meet and sustain outcome measure goal.
2. Completion of Investigation: *to assure that case assessment and disposition is handled in a timely manner.* 85% of all reports shall have their investigations completed within 45 calendar days of acceptance.	**Meeting Goal** Baseline - 73.7% 2004 1st Quarter - 64.2% 2nd Quarter - 68.8% 3rd Quarter - 83.5% 4th Quarter - 91.7% **2005** **1st Quarter – 92.3%**	LINK reports began: 5/15/04 (for 1Q 2004) and will continue for the remainder of the exit plan timeframes.	**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.
			B) Developed a quality review process for the Special Investigations Unit through Hotline.
			C) Area Office Quality Improvement Plans to reflect areas for improvement and progress and under PARS review meet and sustain outcome measure goal.
			D) Central Office will work with any Area Office not meeting goal as reported.
			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.
			F) The department has proposed legislation requesting a change in the statutory requirement of completing investigations within 30 days. This request extends the statutory requirement to 45 days so that it comports with the Exit Plan.

3. Treatment Plans: *to provide a family-centered foundation from which all case service planning will occur-timeframes, roles and responsibilities-and a means for assessing service outcomes and needs met.* Within 60 days of case opening in treatment, or 60 days from date of placement- whichever comes sooner. Random reviews done by DCF and Court Monitor.	**In Need of Improvement** Baseline - X 2004 **1st & 2nd Quarter: X** **3rd Quarter: 10%** **4th Quarter: 17%** **2005** **1st Quarter -X**	Qualitative case reviews will be used to measure this outcome for all Quarter reports. Approved treatment plans were evaluated based on four (4) major categories.	**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.
			B) Develop a web-based Uniform Case summary-prototype with a first "draft" being presented in October 2005 to Commissioner and Senior Management.
			C) Development of an enhanced assessment model. Begin steps towards a professional evaluation of a comprehensive assessment process. Consult on benefits of Structured Decision Making (SDM).
			D) Timely service delivery to reflect a collaborative approach with external providers. The Managed Service System (MSS) 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.
			E) Continue to advance major training endeavors including family conferencing, treatment planning and concurrent planning.
			F) Central office will work with any Area Office not meeting goal as reported.
			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.).
			H) Expand Area Office's capacity of teleconference for the ACR process into the Family Conferencing arena notice placed in Newsletter and foster parent pay checks.
			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.
			J) Modify current Link screens for treatment plan and enhance methods for case documentation.
4. Search for Relatives: *to increase the availability of supports for children consistent with the goal of keeping them within their community and in maintaining lifelong family ties.* DCF shall conduct searches for relatives, extended or informal networks, friends, family, former foster parents or other significant persons known to the child. Must be documented in LINK.	**Moderate Progress** Baseline: 58% 2004 1st Quarter: 93% 2nd Quarter: 82% 3rd & 4th Quarter: X **2005** **1st Quarter: X**	LINK report testing begins: 2/15/05 (covering the reporting periods of: 2Q, 3Q 2004). Qualitative case reviews will continue for 2Q and 3Q 2004 (due for 2005). This measures requires relative search through the 1st six months following removal from home. Thus, a 6 mos. lag must be allowed in order to capture the data accurately.	**A)** Implement the Placement Resource Search window in one central place in LINK for accurate and easily accessible documentation of placement resource search efforts.
			B) Use family conferencing model to assist in the identification of appropriate relative resources early on in the life of the case.
			C) Revise Search - Requests for Identifying Information policy (41-40-8) and Affidavit
			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.
			E) Started Casey Family Programs Supporting Kinship Care Collaborative in the Bridgeport area office (12 month project).
			F) Central Office will work with any Area Office not meeting goal as reported.
			G) Area Office Quality Improvement Plans to reflect areas for improvement and progress, and under PARS review to meet and sustain outcome measure goal.

5. Repeat Maltreatment: *to reduce incidents of maltreatment and maintain and provide services to children in order for them to remain with their families and in their communities.* No more than 7% of children who are victims of substantiated maltreatment during a 6-month period shall be the substantiated victim of additional maltreatment during a subsequent 6-month period.	**In Need of Improvement** Baseline: 9.3% 2004 1st Quarter - 9.4% 2nd Quarter - 8.9% 3rd Quarter - 9.4% 4th Quarter: 8.9% **2005** **1st Quarter: 8.2%**	LINK 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 decisions and need for services.
			B) Increase the consistency of handling and identifying repeat maltreatment via training and supervision. Correspondingly review and revise policy to reflect practice.
			C) Evaluate validity of current risk assessment tool, conduct literature review, examine models/tools from research in other states to develop a safety protocol and risk assessment tool to identify underlying issues of maltreatment and appropriate interventions. Research effort should also include the development of a structured decision making (SDM) supervision model.
			D) Central Office will work with any Area Office not meeting goal as reported.
			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.
			F) Parent/Child Centers established to provide screening and assessments, targeted hands-on parenting education and family support services to parents, caregivers, family members, and children up to 8 years of age who are referred by the department.
			G) KidCare rollout to broaden the range of services and supports designed to help children with behavioral challenges. Meet their needs in their home, school and community environment.
			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.
			I) Expand intensive in-home services such as IICAPS and MST for those children with behavioral health issues in order to avoid re-entry into care through budget options.
6. Maltreatment in care - Out-of-home: *to assure children's safety while in out-of-home care, improve placement stability, and reduce additional trauma.* No more than 2% of children in out of home care shall be the victims of substantiated maltreatment by substitute caretaker.	**Meeting Goal** Baseline: 1.2% 2004 1st Quarter - 0.5% 2nd Quarter - 0.8% 3rd Quarter - 0.9% 4th Quarter: 0.6% **2005** **1st Quarter: 0.8%**	LINK 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 decisions and need for services.
			B) Centralize foster care abuse/neglect investigations in order to bring greater uniformity and accountability.
			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.
			D) Moved special investigations management from Hotline to a direct report under Bureau Chief for Child Welfare.
			E) Central Office will work with any Area Office not meeting goal as reported.

7. Reunification: *to reduce the length of time children are in care, minimize trauma from separation, allow opportunities for children to maintain connectedness to family and community, help parents safeguard their homes, and recognize the importance of expediting permanency planning.* 60% of children who are reunified with parents/guardians shall be reunified within 12 months of their most recent removal from home.	**Some Progress** Baseline: 57.8% 2004 1st Quarter - X 2nd Quarter - X 3rd Quarter - X 4th Quarter: X **2005** **1st Quarter: X**	A work plan to correct some of the data discrepancies in LINK that directly impact reporting is being developed and will be provided to the Court Monitor's Office by 7/05.	**A)** Area Office Quality Improvement Plans to reflect areas for improvement and progress, and under PARS review meet and sustain outcome measure goal.
			B) Implement Multidisciplinary Assessment for Permanency (MAP) for each area office. Legal consult completed for all children in out of home care at 6 months (prior to the ACR). This brings together legal, medical, behavioral health, and cps staff to identify outstanding issues that need to be addressed before filing the permanency plan implemented in Jan. 2004.
			C) Expansion of Supportive Housing Contract – Connection Inc. by $2.1 million; increase capacity to serve 365 families in Hartford, Bridgeport, Danbury and Torrington areas. Establish priority access for family preservation/reunification referrals.
			D) Implementation of formalized supervisory conference- SWS to discuss viability of current permanency goal for all children in OOH care at 3 months.
			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.
			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 and Middletown.
			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.
			H) Concurrent Planning Training will be offered to staff (targeting social workers with OOH cases) that focuses on enhancing skills. Curriculum through the NRC has been identified. Identify potential modifications to the program as well as time frames for the training. Budget option submitted under Workforce Development.
			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.
			J) Central Office will work with any Area Office not meeting goal as reported.
			K) Implement use of Locate Plus to help locate non-custodial parents in order to improve opportunity for reunification.
			L) Redesign Project Safe to improve outcomes of this jointly managed program - DCF/DMHAS, provides access to substance abuse services for adults in families in our CPS system.
			M) 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.
			N) KidCare rollout to broaden the range of services and supports designed to help children with behavioral challenges. Meet their needs in their home, school and community environment.

8. Adoption: *promotes and emphasizes permanency for children in out-of-home care, decreases trauma, and focuses DCF and courts in an effort to make adoptions more timely and successful.* 32% of the children who are adopted shall have their adoptions finalized within 24 months of most recent removal from home.	**Some Progress** Baseline: 12.5% 2004 1st Quarter - 10.7% 2nd Quarter - 11.1% 3rd Quarter - 29.6% 4th Quarter: 16.7% **2005** **1st Quarter: 33%**	LINK 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.
			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).
			C) Decentralize the processing of finalizing adoptions. Each area office will be responsible for this function. Subsidy requests will continue to be processed through OFAS. Training and implementation completed.
			D) Submitted legislative proposals/budget options to create greater incentives for adoption – including support to adoptive parents, tuition for college and enhanced SW training.
			E) Concurrent Planning Training will be offered to permanency/treatment staff. Department is currently developing the curriculum and a work plan will be developed with the NRC. A budget option also seeks to support this effort for the next two fiscal years.
			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.
			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.
			H) Resource Family Development 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.
			I) Revise Permanency Planning Team policy (48-14-6 through 48-14-6.5) to standardize the approval process for selecting appropriate families for available children and ensuring successful and timely identification of adoptive parents.
			J) KidCare rollout to broaden the range of services and supports designed to help children with behavioral challenges. Meet their needs in their home, school and community environment.
			K) Collaborative with Casey Family Services to increase adoption-competent mental health practitioners in the community to increase support for adoptive families. Engaged with two state universities to develop certification programs (Springfield - UCONN).
			L) Review foster and adoption training curriculum and area office outreach and engagement activities for prospective families.

			M) DCF contracted with CAFAP to operate KID HERO line to allow for longer hours and quicker turn around for foster parent inquiries.
			N) Developed a shared spreadsheet between DCF and Juvenile court for Adoption tracking that identifies key milestones in the process.
9. Transfer of Guardianship: *promotes and emphasizes permanency for children in out-of-home care, decreases trauma, and allows children to maintain connection with family.* 70% of all children whose custody is legally transferred, shall have the guardianship transferred within 24 months of the child's most recent removal from home.	**Some Progress** Baseline: 60.5% 2004 1st Quarter - 62.8% 2nd Quarter - 52.4% 3rd Quarter - 64.6% 4th Quarter: 63.3% **2005** **1st Quarter: 64%**	LINK Report	**A)** Area Office Quality Improvement Plans to reflect areas for improvement and progress.
			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.
			C) Revised subsidized guardianship policy (41-50-1 through 41-50-14) to reflect current practice and ASFA timeframes.
			D) Revise Permanency Planning Team policy (48-14-6 through 48-14-6.5) to reflect the approval process for subsidized guardianships.
			E) Develop policy and guidelines for use of Flex Funds to support transfer of guardianship so that children remain with their families and within their communities.
			F) Concurrent Planning Training will be offered to permanency/treatment staff. Department is currently developing the curriculum and a work plan will be developed with the NRC. A budget option also seeks to support this effort for the next two fiscal years.
			G) Propose legislation to shorten the timeframe for relative foster care eligibility into the subsidized guardianship program to a minimum of 6 months (from 12 months) in placement.
			H) Central Office will work with any Area Office not meeting goal as reported.
			I) KidCare rollout to broaden the range of services and supports designed to help children with behavioral challenges. Meet their needs in their home, school and community environment.
			J) 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.
10. Sibling Placement: *maintains life's longest lasting relationship, increases family connections, and decreases trauma.* 95% of siblings entering out of home placement shall be placed together unless there are documented reasons for separate placements.	**In Need of Improvement** Baseline: 57% 2004 1st Quarter: 65% 2nd Quarter: 53% 3rd & 4th Quarter: X **2005** **1st Quarter: X**	Qualitative reviews will be held for 1Q, 2Q, 3Q and 4Q 2004. LINK report begins: 5/15/05 (for 1Q 2005). LINK reports will be reviewed for 1Q and 2Q 2005 for testing purposes.	**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.
			B) LINK build to assure accurate and consistent documentation of sibling placement. Staff training to reinforce 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 (LINK build training for December).
			C) Utilization of Flex Funds policy and guidelines support sibling placement efforts by meeting emergency needs.
			D) Implement use of Locate Plus to help locate non-custodial parents and relatives in order to improve opportunity for resources.
			E) Central Office will work with any Area Office not meeting goal as reported.

11. Re-Entry into DCF Custody: *to reduce incidents of maltreatment and the number of children in out of home care, and maintain and provide services to children in order for them to remain with their families and in their communities.* Of all children who enter DCF custody, seven (7)% or fewer shall have re-entered care within 12 months of the prior out of home placements.	**In Need of Improvement** Baseline: 6.9% 2004 - X **2005** **1st Quarter: X**	A work plan to correct some of the data discrepancies in LINK that directly impact reporting is being developed and will be provided to the Court Monitor's Office by 7/05.	**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.
			B) Convene work group to develop a budget option and operational plans for the use of transition plans at case closing to help maintain supports and reduce likelihood of re-entry into care.
			C) 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.
			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.
			E) Area Office Quality Improvement Plans to reflect areas for improvement and progress.
			F) Central Office will work with any Area Office not meeting goal as reported.
			G) 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.
			H) KidCare rollout to broaden the range of services and supports designed to help children with behavioral challenges. Meet their needs in their home, school and community environment.
			I) Utilize Flex Funds to support reunification by meeting emergency needs to prevent crisis and/or re-entry.
			J) Expansion of Supportive Housing Contract – Connection Inc. by $2.1 million; increase capacity to serve 365 families in Hartford, Bridgeport, Danbury and Torrington areas. Establish priority access for family preservation/reunification referrals.

12. Multiple Placements: *to promote stability and the reduction of incidence of trauma, to assure consistent services to children and further the goal of permanency.* At least 85% of the children in DCF custody shall not experience more than 3 placements during a 12-month period.	**Meeting Goal** Baseline: X 2004 1st Quarter - X 2nd Quarter - 95.8% 3rd Quarter - 95.2% 4th Quarter: 95.5% **2005** **1st Quarter: 96.2%**	LINK Report	**A)** Expand the support and development of foster and adoptive recruitment initiatives to meet the special cultural and ethnic needs of our children that will provide permanency using in-house, private contracts and faith-based networks.
			B) Collect Data on shelter placements to better manage an emerging pattern of multiple shelter placements.
			C) Revise disruption conference policy (36-55-20) to utilize the Area Resource Groups at various stages in the life of the case.
			D) Central Office will work with any Area Office not meeting goal as reported.
			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.
13. Foster Parent Training: *to increase the capacity of foster families to meet the needs of our children and to assure a sense of partnership and support.* Foster parents shall be offered 45 hours post licensing training within 18 months of initial licensure and at least 9 hours each subsequent year. Does not apply to relative, special study or independently licensed foster parents- they require 8 hours pre-service.	**Meeting Goal** Baseline: X 2004 1st Quarter - X 2nd Quarter - 100% 3rd Quarter - 100% 4th Quarter: 100% **2005** **1st Quarter: 100%**	Qualitative case reviews (via CAFAP report) will be used to measure this outcome for all Quarter reports. No LINK reports available.	**A)** Convene foster parent advisory group to evaluate pre and post licensing training. To be convened by POC lead twice a year to evaluate quarterly planning efforts by CAFAP.
			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.
			C) Develop training modifications based on CAFAP report and findings. In service was held on Feb. 21 for nine new trainees in areas where curriculum is needed for further development. Additional 18 were trained on modules 5 & 6 which had been postponed over the last 2.5 years.
14. Placement within Licensed Capacity: *to reduce the level of stress that can result in disruption and maltreatment, to maintain stability of placement and reduce trauma, and to focus DCF in its effort to recruit foster families.* At least 96% of children placed in foster homes shall operate within their licensed capacity, except when necessary to accommodate siblings.	**Almost Achieved** Baseline: 94.9% 2004 1st Quarter - 88.3% 2nd Quarter - 92% 3rd Quarter - 93% 4th Quarter: 95.7% **2005** **1st Quarter: 97%**	LINK Report	**A)** Use of Family Conferencing to increase identification of relative caregivers and/or supports prior to accessing foster care and thereby reducing demand for foster home placement.
			B) Expand the support and development of foster and adoptive recruitment initiatives to meet the specific cultural and ethnic needs of our children that will provide permanency using in-house, private contracts and faith-based networks.
			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.
			D) Central Office will work with any Area Office not meeting goal as reported.

15. Needs Met: to prioritize service needs, identify service gaps, eliminate service redundancy, and facilitate access in order to assure a family's physical and emotional well-being and ultimately build their capacity as a family. At least 80% of families' and children's medical, dental, mental health and other service needs as specified in the treatment plan must be documented in LINK.	In Need of Improvement Baseline: X 2004 1st Quarter - 53% 2nd Quarter - 57% 3rd Quarter - 53% 4th Quarter: 56% **2005** **1st Quarter: X**	Qualitative case reviews will be used to measure this outcome for all Quarter reports. No LINK reports available.	**A)** Development of an enhanced assessment model. Begin steps towards a professional evaluation of a comprehensive assessment process. Consult on benefits of SDM.
			B) Timely service delivery to reflect a collaborative approach with external providers. 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.
			C) Budget option submitted 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.
			D) Central Office will work with any Area Office not meeting goal as reported.
			E) Pursuant to federal law, DCF is establishing a referral protocol for all children under the age of 3 involved in a substantiated CPS case to Birth to Three for evaluation.
			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.).
			G) Expand new diagnostic facilities by 8-10 to eliminate wait-lists and transportation barriers for children.
			H) KidCare rollout to broaden the range of services and supports designed to help children with behavioral challenges. Meet their needs in their home, school and community environment.
			I) 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.
			J) 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.

16, 17. Worker-Child Visitation- Out of Home/Worker-Child Visitation- In Home: *to establish an on-going means to assess family status, including safety issues, and monitoring progress towards treatment plan goals.* #16: DCF shall visit at least 85% of children in out of home care at least once a month except for probate, interstate and voluntary. #17: DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases.	**In Need of Improvement** 2004 #16: 1st Quarter: Mthly (72%); Qtrly (87%) #16: 2nd Quarter: Mthly (86%); Qtrly (98%) #16: 3rd Quarter: Mthly (73%); Qtrly (93%) #16: 4th Quarter: Mthly (81%); Qtrly (91%) #17: Monthly 1st Quarter: (39%) 2nd Quarter: (40%) 3rd Quarter: (46%) 4th Quarter: (33%) **2005** **#16 & # 17** **1st Quarter: X**	Qualitative reviews will be held for 1Q, 2Q, 3Q and 4Q 2004. LINK reports begins: 5/15/05 (for 1Q 2005). LINK reports will be reviewed for 1Q and 2Q 2005 for testing purposes.	**A)** Clarify DCF staff/representative and include visits made by ARG, on-call, etc. that can be documented in LINK and defined as a visit (In-Home). **B)** 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 case work-specific visits made by FASU (Out-of-Home). Per Monitor Agreement, define the role of the ICPC and other "DCF representatives" in achieving visitation requirements. **C)** 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. **D)** 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. Increasing the number of Alpha-Smarts available for staff use. **E)** Re-establish the use of face-to-face contact narratives via a LINK build in December. "Attempted face to face no contact" narrative via LINK build - April 2005. **F)** Area Office Quality Improvement Plans to reflect areas for improvement and progress and incorporated into PARS reviews to ensure performance. **G)** Central Office will work with any Area Office not meeting goal as reported.
18. Caseload Standards: *to increase the quality of our interventions and supports to children and their families.* Current standards remain - 100%.	**Meeting Goal** Baseline: 69% 2004 1st Quarter - 74% 2nd Quarter - 100% 3rd Quarter - 100% 4th Quarter - 100% **2005** **1st Quarter: 100%**	LINK Report	**A)** Continuous tracking and quality improvement process utilizing data reports on caseload standards (AO/CO). **B)** Convert the existing durational social work positions into 25 permanent social work positions. Remaining 15 will stay as durational and filled by department as needed. **C)** Monitor social worker staffing levels through Human Resources and streamline hiring process for these positions. **D)** Central Office will work with any Area Office not meeting goal as reported.

19. Reduction in Residential: *to increase opportunities for children to be in more clinically appropriate and least restrictive settings for services, to allow them to be closer to their families and communities, and to increase family involvement.* Residential placements must not exceed 11% of the total number of children in out of home care.	**Moderate Progress** Baseline: 13.5% 2004 1st Quarter - 13.9% 2nd Quarter - 14.3% 3rd Quarter - 14.7% 4th Quarter : 13.9% **2005** **1st Quarter: 13.7%**	LINK Report	**A)** Develop a clinical profile for every child targeted for discharge from residential placement.
			B) Timely service delivery to reflect a collaborative approach with external providers. 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.
			C) Final approvals for out-of-state placement must be presented to the TTF and all in-state placements require final approval by Chief of Program Operations.
			D) 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.
			E) Develop a DCF facility integration process concerning clinical decisions to address higher acuity needs and to review children currently placed at High Meadows and CCP.
			F) Budget option submitted 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.
			G) KidCare rollout to broaden the range of services and supports designed to help children with behavioral challenges. Meet their needs in their home, school and community environment.
			H) SIPS and Special Development initiatives are underway which will significantly expand the number of group homes in the state. This activity is proposed to be sustained through a budget option and the initial emphasis will be on out of state children.
			I) Identify children placed in out of state residential facilities that could potentially be placed in facilities within CT. Behavioral Health Unit to work with current residential providers to develop appropriate treatment programs for those children returning

20. Discharge Measures: *to ensure life skills and work/educational credentials before transitioning out of DCF so that they may have success as independent members of their communities.* For 85% of adolescents. Must be documented in LINK. Re; Diplomas, college, GED, employment, or military.	**Moderate Progress:** Baseline: 61% 2004 1st Quarter - 74% 2nd Quarter - 52% 3rd Quarter - 93% 4th Quarter: 83% **2005** **1st Quarter: X**	Qualitative reviews will be held for 1Q, 2Q, 3Q and 4Q 2004. LINK report begins: 5/15/05 (1Q 2005). LINK reports will be reviewed for 1Q and 2Q 2005 for testing purposes.	**A)** Work with IT/ Link to capture all activities adolescents are participating in regarding education/ vocation and independent living
			B) Develop alternative approaches through 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
			C) Reposition 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.
			D) Work with Adolescent Units to resurrect adolescent advisory boards utilizing a regional format.
			E) Identify models and available resources to assist adolescents on improving their life skills and support vocational and educational goals.
			F) Meet with Bureau Chief of Child Welfare to discuss issue of unit assignments in the Area Offices for adolescents and develop a communication plan on how to train staff regarding adolescent outcomes.
			G) TLAP Expansion - budget option to double from 3 to 6 the number of TLAP programs.
			H) Develop and implement LINK enhancement to identify Adolescents (18+ years) that are in ILP/CHAPS program for reporting purposes.

21. Discharge of Mentally Ill or Retarded Children: *to ensure the continuity of services for those transitioning out of DCF, to increase their ability to live with or near their families, and to have success in life.* 100% of referrals need to be made to DMHAS and DMR.	**Moderate Progress** Baseline: X 2004 1st Quarter - 43% 2nd Quarter - 64% 3rd Quarter - 56% 4th Quarter: 60% **2005** **1st Quarter: X**	Qualitative reviews will be held for 1Q, 2Q, 3Q and 4Q 2004. LINK report begins: 5/15/05 (1Q 2005). Both qualitative and LINK reports will be reviewed for 1Q and 2Q 2005 for testing purposes.	**A)** Provide clarification for Interagency Coordination Policy (42-20-35) and referral of children under the age of 16 to social work staff. **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. **C)** Use LINK build to develop a method to track and verify that the referral to DMR and/or DMHAS has occurred when services are required. **D)** Central Office will work with any Area Office not meeting goal as reported. **E)** Propose a reallocation of funds to DMR to develop programs for voluntary services clients with MR - MOU to capture relationship in final stages of production.
22. Multi- Disciplinary Exams: *to assure early identification and intervention for medical/dental/behavioral needs and therefore the overall well-being of children in our care.* 85% of children entering custody must have an MDE within 30 days.	**Moderate Progress** Baseline: 5.6% 2004 1st Quarter - 19% 2nd Quarter - 24.5% 3rd Quarter - 48.9% 4th Quarter: 44.7% **2005** **1st Quarter: 55.4%**	LINK Report	**A)** Expand new diagnostic facilities by 8-10 to eliminate wait-lists and transportation barriers for children. **B)** Provision of ongoing LINK training: Standardize MDE documentation and referral process in each area office. **C)** Implement a vendor performance process and development of a standardized MDE. **D)** Central Office will work with any Area Office not meeting goal as reported.

Juan F. v Rell Exit Plan
Quarterly Report
January 1, 2005 – March 31, 2005

June 17, 2005

Respectfully submitted:
DCF Court Monitor's Office
300 Church Street ~ 4th Floor
Wallingford, CT 06492
Tel: 203-741-0458
Fax: 203-741-0462
E-Mail: Ray.Sirry@po.state.ct.us

Table of Contents
Monitor's Office Quarterly
Exit Plan Report Summary

***Juan F.* v Rell Exit Plan Quarterly Report**
January 1, 2005 – March 31, 2005

Highlights

1. The Department of Children and Families (DCF) continues to make significant advances toward achieving the outcome measures and improving service delivery to Connecticut's children and families. A number of noteworthy improvements and developments will provide a solid foundation to continue the Department's reform efforts.

2. The approval of $55 million additional funding for the DCF in the FY06 budget proposed by Governor Rell and approved by the General Assembly provides tangible evidence that Connecticut intends to exit from the Consent Decree through improving services to children.

3. The DCF has achieved compliance with six (6) outcome measures:
   - Commencement of investigations (92.5%);
   - Completion of investigations (92.3%);
   - Maltreatment of children in out-of-home care (0.8%);
   - Multiple placements (96.2%);
   - Foster parent training (100%); and,
   - Caseload standards (100%).

4. The DCF has now maintained compliance for at least two (2) consecutive quarters with each of the outcome measures referenced in 3 above.

5. During this quarter, the DCF has achieved compliance with two (2) measures with which they had not previously been in compliance: (see Table 1)
   - Adoption (33%); and
   - Placement within licensed capacity (97%).

6. The Monitor will continue to focus on the following areas of concern in the next quarter:
   - Improving performance on worker visitation; and,
   - Completing the review of data elements necessary to ensure that the accuracy of the data for outcome measures 7 (Reunification) and 11 (Re-entry into DCF custody) improves.

7. Despite the generous influx of new monies, and the Department's progress toward achieving the outcome measures, emerging information confirms the need for more preventive services, additional specialized placement resources, internal reallocation of funds, and for services to eliminate extensive wait lists. Otherwise outcome measure 15 (Children's needs met) will be very difficult, if not impossible, to meet.

The Department's full unedited, but verified, report to the Court Monitor is incorporated at the end of this Monitor's Report to the Court. Table 1 on the following page shows the DCF's compliance history over the past five quarters.

Table 1: 1Q January 1 – March 31, 2005 Exit Plan Report

Outcome Measure Overview

Measure	Measure	Target Dates	Baseline	1Q 2004	2Q 2004	3Q 2004	4Q 2004	1Q 2005
1: **Commencement of Investigation***	>=90%	2/15/05	X	X	X	X	91.2%	92.5%
2: **Completion of the Investigation**	>=85%	2/15/05	73.7%	64.2%	68.8%	83.5%	91.7%	92.3%
3: **Treatment Plans****	>=90%	8/15/05	X	X	X	10%	17%	X
4: **Search for Relatives***	>=85%	8/15/05	58%	93%	82%	X	8/15/05	11/15/05
5: **Repeat Maltreatment of In-Home Children**	<=7%	5/15/06	9.3%	9.4%	8.9%	9.4%	8.9%	8.2%
6: **Maltreatment of Children in Out-of-Home Care**	<=2%	8/15/04	1.2%	0.5%	0.8%	0.9%	0.6%	0.8%
7: **Reunification***	>=60%	2/15/06	57.8%	X	X	X	X	X
8: **Adoption**	>=32%	2/15/06	12.5%	10.7%	11.1%	29.6%	16.7%	33%
9: **Transfer of Guardianship**	>=70%	2/15/06	60.5%	62.8%	52.4%	64.6%	63.3%	64.0%
10: **Sibling Placement***	>=95%	2/15/06	57%	65%	53%	5/15/05	8/15/05	11/15/05
11: **Re-Entry into DCF Custody***	<=7%	5/15/06	6.9%	X	X	X	X	X
12: **Multiple Placements**	>=85%	5/15/04	X	X	95.8%	95.2%	95.5%	96.2%
13: **Foster Parent Training**	100%	10/15/04	X	X	100%	100%	100%	100%
14: **Placement Within Licensed Capacity**	>=96%	5/15/05	94.9%	88.3%	92.0%	93.0%	95.7%	97%
15: **Children's Needs Met**	>=80%	2/15/06	X	53%	57%	53%	56%	X
16: **Worker-Child Visitation (Out-of-Home)***	>=85% 100%	5/15/05	X	Monthly-72% Quarterly-87%	Monthly-86% Quarterly-98%	Monthly-73% Quarterly-93%	Monthly-81% Quarterly-91%	X
17: **Worker-Child Visitation (In-Home)***	>=85%	10/15/05	X	39%	40%	46%	33%	X
18: **Caseload Standards+**	100%	5/15/04	348	298	12	16	16	17
19: **Reduction in the Number of Children Placed in Residential Care**	<=11%	5/15/06	13.5%	13.9%	14.3%	14.7%	13.9%	13.7%
20: **Discharge Measures**	>=85%	5/15/05	61%	74%	52%	93%	83%	X
21: **Discharge of Mentally Ill or Retarded Children**	100%	5/15/05	X	43%	64%	56%	60%	X
22: **Multi-disciplinary Exams (MDE)**	>=85%	10/15/05	5.6%	19.0%	24.5%	48.9%	44.7%	55.4 %

Results based on Case Reviews ****For 1Q and 2Q 2005 case reviews will be conducted for outcome measures #: 3, 4, 15, 16, 17, 20 and 21 via the Court Monitor's Case Review with a release date of October 1, 2005.*****

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

* OM 4 Case reviews. First LINK Report 4Q 2004 (Six Month Lapse) due 8/15/05.
OM 7, 11 Interim report due 4/15/05, LINK report available for 3Q due 11/15/05.
OM 10 Case Reviews. First LINK Report for 3Q 2005 due 11/15/05.
OM 16, 17 Case reviews. LINK Report available for 3Q 2005 due 11/15/05.

Treatment Plans**

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

2004
1Q Background Information (53%), Assessment Information (52%), Treatment Services (47%), and Progress Toward Case Goals (18%). (Approved and Not Approved treatment plans)
2Q Background Information (60%), Assessment Information (37%), Treatment Services (43%), and Progress Toward Case Goals (32%). (Approved and Not Approved treatment plans)
3Q Background Information (66%), Assessment Information (52%), Treatment Services (55%), and Progress Toward Case Goals (35%). (Approved treatment plans only – 86)
4Q Background Information (69%), Assessment Information (67%), Treatment Services (54%), and Progress Toward Case Goals (34%). (Approved treatment plans only – 86)

2005
1Q Court Monitor Comprehensive Case Review due 10/1/05.

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 Court Monitor Comprehensive Case Review due 10/1/05.

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

Caseload Standards +

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

2005
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

Data Sources

Beginning in May 2005 the Court Monitor's Office initiated a joint comprehensive review of investigation and on-going service cases. Several staff from the DCF Continuous Quality Improvement Division are assisting the Monitor's Office in conducting this review. Since the period being reviewed encompasses the first and second quarters (February 15, 2005 to May 15, 2005), it was jointly agreed the smaller case reviews would be suspended for those quarters. Thus, the Department has only reported on 12 of the 22 measures this quarter. The 12 measures reported on do not require case reviews and are predominately produced from LINK reports.

Monitor's 2005 Case Review

Work on the Monitor's 2005 Case Review of the DCF's progress toward achieving the 22 outcome measures has already begun. Integral to this process is a comprehensive qualitative review, as mandated by the Exit Plan. Its purpose is to reach a deeper understanding of the information and issues behind the quantitative data, further define the areas in which the Department is doing well, and articulate those areas that need more work. Beginning in late 2004, the Monitor's Office began to solicit input from Area and Central Office staff, Plaintiffs and the Child Advocate's Office. The data collection protocols were reviewed by the Defendants and the Plaintiffs prior to finalizing the documents. The review itself began in May 2005. The report will be issued by the Monitor's Office in September 2005. Although the Monitor's Office is responsible for the review, it has been developed and is being conducted collaboratively with the Department.

The case review will focus primarily on outcome measures #3 (Treatment plans) and #15 (Needs met) because these measures will never be captured through LINK reporting due to their qualitative nature. This statistically valid statewide sample will review the period of February 15, 2005 through May 15, 2005. Record reviews of ongoing service cases commenced on June 1, 2005 and are LINK based. Each review will include a thorough reading of the LINK record, treatment plans and Treatment Planning Conference and Administrative Case Review documentation for a period of 60 days to 12 months prior to May 15, 2005. 569 cases will be reviewed. This is a 95% statistically valid statewide sample with an error rate of +/- 4%.

In addition, a separate review of 50 randomly selected investigation cases has been conducted regarding the quality of practice for the investigation outcome measures 1 & 2. The sample was drawn from all reports accepted at the DCF Hotline during January 1, 2005 - March 31, 2005.

Finally, the remaining 18 measures will be reviewed for qualitative benchmarks through a series of questions developed in conjunction with the DCF. These data elements will be collected only when applicable to a given case selected for the outcome measure #3 and outcome measure #15 case record review. And, while the data collected for these measures may not be statistically valid, it will offer the Monitor's Office an opportunity to evaluate the quality of case practice as well as provide information related to continuous quality improvement efforts.

To supplement the LINK record review, a random sub-sample of 100 Ongoing Services Social Workers will be interviewed. This component is important to gather worker insight that may not be available through a record-only review process. Likewise, 25 Investigation Social Workers will be randomly selected from the investigation sample to participate in an interview process. Interviews will be held in May, June and July.

Social Workers will be contacted after the reviewer has completed the record review. It is expected that the interview will take between 45 - 90 minutes. The data from this process will be reported in aggregate form and will not identify any individual worker. A team of 4 reviewers will conduct the interviews. Each interviewer will be assigned to specific cases from the sub-sample sets so that they will have read the LINK documentation and will be able to conduct the interviews with basic knowledge of the case-specifics. The interviews will be held at a location and time most convenient to the worker.

Exit Plan Outcome Measures

For the fourth consecutive quarter, the Department has met outcome measure 18-(Caseload standards). During the past quarter, the Department did not have any worker exceed the caseload standard for more than a 30-day period. This remains an integral foundation for meeting the overall goals of the Exit Plan and the Department's focus on this work component has been impressive.

The Department achieved compliance with outcome measure #8 (Adoption), for the first time this quarter. This accomplishment is significant and demonstrates increased focus on timely permanency work by DCF staff. It remains to be seen if future quarterly data will demonstrate whether it is sustainable. As noted in the Department's report, this permanency measure is dependent on a number of systems besides DCF including Juvenile Court, Probate Court and the Attorney General's Office.

The recently approved budget included a number of significant adoption initiatives that Governor Rell had proposed, including:

- Eliminating the reimbursement differential between foster care and subsidized adoptions.
- Readily available post adoption services to minimize adoption disruptions; and
- Post secondary educational benefits will be made available to adoptees so that these children will have the best chance of ending the cycle of poverty permanently.

These major accomplishments in collaboration with increased and sustained recruitment and retention activities should have very positive impact on timely permanency efforts for children. The Monitor's review of the first quarter adoption data demonstrates that the Department is not merely focusing on permanency for those children that will meet the measure but rather continue to complete adoptions on a significant number of children who have been placed beyond the outcome goal of 24 months.

The DCF also met compliance goals for outcome measure 14 (Placement within licensed capacity) for the first time. While the Department has made some progress in limiting the

instances in which they exceed foster home capacity, significant additional work is required to build a reliable recruitment and retention system. This is acknowledged in the Department's report.

Four measures that were not in compliance this quarter all showed improved performance with respect to the previous quarter data. Outcome measure 22 (Multi-disciplinary exams – MDE's) has continued to show improvement. Over the past year the Department's efforts enabled the number of completed and timely MDE's to increase by almost 40%. The expansion of the number of sites providing MDE's has begun. A number of new sites are already serving children and two more contracts will soon be finalized. In conjunction with the Department's much improved efforts to provide on-going assessment of children in its care, this expansion of early assessment and needs identification is another pivotal milestone that will assist the Department in identifying and meeting children's needs in a sustained systemic manner.

Finally, the Department's efforts to provide accurate data for outcome measures 7 (Reunification) and 11 (Re-entry into DCF's custody) have been hampered by inconsistent data. The work to identify and resolve this problem has taken longer than anticipated, but it appears that the short-term (data entry issues) and long-term (systemic changes) approaches identified by the Department will address the problem in the next six months.

Other Notable Accomplishments

The Department has made great strides in developing individual assessments of children in their care. This has been accomplished through a number of initiatives. Each area office is conducting regular Managed Service System (MSS) meetings where the needs of children in placement, primarily residential, are triaged and action plans are developed. The MSS process is done jointly with DCF providers and has provided a new opportunity for collaborative and timely advocacy on behalf of children. In addition, weekly meetings are convened by the Bureau Chief of Behavioral Health with the Mental Health Program Directors from each office and their Area Resource Group Staff. These meetings are utilized to triage and develop action plans for all of the children placed in SAFE Homes, shelters and the three (3) state facilities. Both of these processes in conjunction with increased utilization of individual case conferences have allowed the Department to be better positioned today then ever before to articulate the individual and aggregate needs of the children in their care.

The development of new therapeutic group homes, the expansion of in-home services, and a renewed focus on implementing prevention strategies are only a few of the tangible results from the Department's focused efforts with respect to individualized assessments.

Similarly, the move to adopt an Administrative Service Organization (ASO) for Connecticut Community Kid Care was buoyed by the General Assembly's approval of the behavioral health waiver and the inclusion of funding for this initiative for FY06 and FY07. Through the use of an ASO the Department of Children and Families and the Department of Social Services will integrate the administration of behavioral health services funded through the two Departments under Husky A, Husky B, and Voluntary Services program. The use of an ASO will give the behavioral health system the capability to:

- Improve access to services, quality of services, and outcomes;
- Coordinate care for youths in transition to the adult system;
- Coordinate care for children who fall through the cracks;
- Develop community based alternatives to institutional care; and
- Measure the system's performance

The ability to meet children's needs has been greatly enhanced by the states decision to utilize an ASO system. The efforts to bring this to fruition are the result of the dedication and hard work of a large cadre of professionals and parents committed to improving the service delivery system.

Respectfully submitted,

D. Ray Sirry
Juan F. Court Monitor