Monitor's Office
Juan F. v Rell Exit Plan
Quarterly Report
June to September 2004

December 16, 2004

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Executive Summary

The Department of Children & Families (DCF) continued to make consistent forward progress toward exit from the *Juan F.* Consent Decree during the quarter ending in September 2004. DCF has complied with five (5) outcomes during this quarter. On four (4) of the 22 outcome measures, DCF has maintained compliance for two (2) consecutive quarters. Some of these outcome measures are based only on a review of a small snapshot of cases that cannot be generalized to the full population; however, they indicate solid progress since the reviewed cases were randomly selected and the sample size ranged from 50 to 75 cases. The most important measures in this group are caseload standards, and repeat maltreatment of children in out-of-home care, both of which DCF has maintained for two (2) consecutive quarters, and which is based on 100% of all open DCF cases since it is derived from LINK, the Department's information system:

Outcome Measure (Standard)	Second Quarter Score	Third Quarter Score
Repeat maltreatment of children in out-of-home care (<=2%)	0.8%	0.8%
Foster & adoptive parent offered training (100%) [1]	100%	100%
Caseload standards met (100%)	100%	100%
Discharge measures achieved (>=85%)	52%	93.0%
Multiple placements (>=85%)	95.8%	95.2%

DCF has made progress toward achieving five (5) additional outcome measures. The most notable of these are the dramatic improvements on completing investigations in a timely fashion; the number of adoptions completed within 24 months of the child's most recent entry into DCF custody; the completion of transfers of guardianships within 24 months of the child's most recent entry into DCF custody; and, the number of multi-disciplinary examinations completed on time:

Outcome Measure (Standard)	Second Quarter Score	Third Quarter Score
Completion of the investigation (>=85%)	68.8%	83.5%
Adoption completed (>=32%)	11.1%	29.6%
Transfer of guardianship (>=70%)	52.4%	64.6%
Placement of children within licensed capacity (>=96%)	92%	93%
Multi-disciplinary examinations on time (>=85%)	24.5%	48.9%

[1] Based on report from the Connecticut Association of Foster and Adoptive Parents (CAFAP).

Accurate and comprehensive reporting on nine (9) outcome measures is dependent on LINK additions or modifications before reliable reports are possible. All the LINK improvements are scheduled to be complete by mid-2005. Those outcome measures are:

- Commencement of the investigation;
- Search for relatives;
- Reunification within 12 months;
- Siblings placed together;
- Re-entry into DCF custody;
- Discharge measure on children that exit from DCF services;
- Appropriate measures taken prior to discharge of mentally ill or retarded children from DCF custody;
- Worker-child visitation for children placed in out-of-home care; and,
- Worker-child visitation for in-home cases.

The Monitor's Office and DCF will jointly conduct a larger case review in mid 2005 for those measures on which LINK is not able to report. The larger case review will also provide an opportunity to collect qualitative information related to all of the outcome measures. Some of the currently reported measures are based on small random snapshots. Whether or not children's needs are met is based on a review of only 69 cases, for example. On the two (2) following outcome measures, only the case review process will be the source:

- Whether treatment planning processes are comprehensive and completed on time; and,
- Whether all identified needs of children are met.

When DCF certifies to the Monitor's Office that it has achieved compliance on all outcome measures for two (2) consecutive quarters, the Monitor's Office will select a 96% statewide statistically valid sample to inform the Court as to whether the Defendants have, in fact, achieved and maintained compliance with all 22-outcome measures.

DCF has regressed slightly on four (4) of the outcome measures:

Outcome Measure (Standard)	Second Quarter Score	Third Quarter Score
Repeat maltreatment of children (<=7%)	8.8%	9.4%
Children's needs met (>=80%)	57.0%	53.0%
Reduction in the number of children placed in residential care as a percentage of the total number of children in DCF out of home care (>=11%)[2]	14.3%	14.7%
Appropriate discharge of mentally ill or retarded children (100%)	64.0%	56.0%

[2] The number of children placed out-of-state has decreased by 46 since January 1, 2004. The number of children in DCF custody has also declined from 6805 as of May 31, 2004 to 6463 as of November 30, 2004.

Overall, the results demonstrate consistent forward progress. Time will be required to complete the process that has begun so well.

The dramatic increase in the number of adoptions completed within 24 months of the child's most recent entry into DCF custody is based on a total of 209 adoptions completed during the quarter. However, this degree of progress in one quarter (29.6%) is surprising. The backlog of adoptions has been processed out of the central office, and both the probate courts and the Superior Court for Juvenile Matters have taken actions to expedite adoptions. Because the expectations of most were that more time would be required to reach and sustain this measure, DCF is commended for its progress on finalizing so many adoptions within 24 months during this quarter. A few more quarters of observation are needed to determine if this adoption progress represents the upward trend this quarter's data suggests. The source of this data is LINK, and therefore, includes all children adopted during the quarter.

The progress in completing multi-disciplinary examinations (MDEs) is noted. This improvement appears to be the result of an increased documentation rather than an actual increase in the number of MDEs. The DCF has made plans to increase the number of sites conducting MDEs and the number of hours such examinations can be performed. This is crucial for progress on the timely and comprehensive completion of the treatment planning process. Attendance at treatment planning conferences, administrative case reviews, and case record documentation all demonstrate that this early planning process requires major attention from the DCF leadership team, which has recently initiated a new family conferencing model in an attempt to improve performance. Without adequate assessment of the needs of children and families at the outset, valid treatment planning and sufficient service planning and delivery is impossible.

More funds will be required in the short-term as the Department completes its LINK information system and DCF transitions from a system heavily reliant on long-term institutional care to a community-based, family-centered system actually based on the individual needs of children and families. At the present time, DCF applies an undifferentiated treatment and service model for a dramatically differentiated group of families and children. Individualized, tailored services for each child and family are necessary. In the long run, the funding required should lessen.

The Department's budget projections for current services and its budget options must be approved if the outcome measures of the Exit Plan are to be achieved. The Department requires more funding to transition from an institutional system to a community-based, family-centered system.

Governor M. Jodi Rell has demonstrated her commitment to achieve the outcome measures and thus end the jurisdiction and management of the Federal Court by personally breaking through bureaucratic obstacles when that is consistent with her other responsibilities. For example, when new staff was hired, but no cars were purchased for them to do their work, Governor Rell cut through the red tape and 100 cars were delivered by October 31, 2004 as she promised.

One of the members of the Transition Task Force that is managing DCF, Secretary of OPM, Marc Ryan, is leaving Connecticut State Government. The expertise and commitment he has brought to the management process will be sorely missed. It is in part a tribute to him that a solid management team is developing at DCF central and area offices. The consistent leadership of the Transition Task Force and the Commissioner and her deputies, assisted by the services of Ray Mancuso, Deputy Monitor, must be maintained.

In the next quarters, the Department must dramatically:

- Improve its treatment planning processes and the coordination among the private providers that serve Connecticut's most vulnerable families and children;
- Improve its coordination and delivery of services among State Agencies to provide the most efficient delivery of services;
- Improve the management and coordination of expensive residential services by bringing Connecticut's children home and by developing a continuum of services, of which residential care is a crucial part;
- Improve its ability and comfort with using existing funding more flexibly and efficiently;
- Improve its recruitment, training and retention of foster and adoptive parents;
- Improve adoption opportunities by removing disincentives to adoption by providing the same services and payments for foster children and adoptive children;
- Overhaul shelter facilities and programs so they become part of the treatment continuum rather than a mere place for children to live while waiting for critically needed services to become available

There is no doubt that continued consistent and persistent attention must be paid to each of the outcome measures to achieve exit from the Juan F. Consent Decree. Nothing stated here is meant to diminish the strong start the Department and the Transition Task Force has begun. Rather, it recognizes the amount of work that remains to be done.

In addition to the focus on individual outcome measures, a far-reaching series of major changes and reforms are necessary. Several of those have begun during this quarter. In April 2004, the Department convened a group of providers, advocates and DCF staff for the purpose of presenting information about the specific service needs of the children served by the Department and to request creative proposals to meet those needs. The proposals were intended to help the Department achieve multiple exit outcome measures including meeting the needs of children and the reduction of the overuse of residential care. The Department has notified five (5) providers that they will enter into negotiations with each of them to create community-based group homes for youth currently in residential care facilities with a strong emphasis on the those children placed out of Connecticut. These five (5) group homes will begin serving 25 youth in 2005. The Department is also planning six (6) additional group homes to serve 30 additional youth beginning in 2006.

The early completion of MDEs (multi-disciplinary examinations) is essential for a successful treatment planning process. DCF has prepared a Request for Proposal for release in December 2004. The RFP is intended to expand the MDE provider system to all area offices. Start-up for the expanded services is targeted for April 2005.

Connecticut is also in the process of deciding the most appropriate place in State Government for the provision of services to developmentally disabled children and voluntary service cases involving no child abuse and/or neglect. DCF is currently meeting the needs of these children, but the combined expertise of other agencies could meet their needs more effectively.

As part of its continuing effort to achieve greater efficiency and effectiveness, the Transition Task Force approved the reorganization and division of the New Haven Area Office in September 2004. A New Haven Area Office and the Valley/Shore Area Office with satellite operations will be established early in 2005.

Too many of Connecticut's children are placed out-of-state in residential facilities and they are visited too seldom. DCF has established five (5) Social Worker positions to meet the visitation requirements for children placed out of Connecticut. These workers will be expected to visit these children twice a month and to assist in the process of bring them home to appropriate Connecticut services[3].

At this stage in the exit process, the treatment planning process is the area in the most dire necessity for sustained, solid improvement and consistency across DCF area offices and significantly impacts outcome measures. The difficulty of revamping the treatment planning process cannot be over-stated. It is a huge task that will require a major change throughout DCF. The treatment planning process consists of more than 20 separate

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elements that must be completed to meet the outcome measure. Approximately 10% of the small sample reviewed achieved this standard. The Monitor's staff has noted that far too many DCF Social Workers and Supervisors seem to consider the treatment planning process and resulting plan to be of little value, rather than the primary document detailing the purposes and goals for DCF's involvement with the child and/or family. Attendance of attorneys, parents, children and other significant parties in the administrative case review is poor, and, it is not even clear they are consistently invited to participate in many of the treatment planning conferences/administrative case reviews. A major change in both the process, and the attitude toward it, is essential. The Department needs to improve by:

- Encouraging participation of families and providers via timely invitation and use of available technology,
- Clearly identifying service needs,
- Working to families' strengths,
- Clearly identifying responsible parties and timelines for completing tasks, and clarifying how progress will be measured,
- Making timely changes to the draft plans and finalizing the process via SWS approval so that all participants have an official document of reference for case direction in the six months following the treatment planning process or administrative case review.

The Department has initiated a managed service system to improve the provision of appropriate levels of care in a timely manner and to reduce the number of children and families waiting for appropriate services. DCF will convene providers weekly to coordinate services in private facilities, safe homes, and residential facilities based on the needs of each individual child and family. This collaboration should also reduce the uneven use of programs throughout the system. Programs that cannot currently provide the services needed by the children in DCF custody will have to modify their programs to meet the existing needs. Additional enhanced care coordinators will be hired to complete comprehensive assessment, treatment and service plans and to assist the DCF Area Offices and providers to identify and develop appropriate services and supports to successfully transition and/or maintain children in their communities. This system will also help improve the treatment planning process.

DCF's shelter system is in dire need of an overhaul. These programs were not developed or funded to meet the growing mental health needs of the populations they are now expected to serve. Lengthy stays waiting for the availability of more appropriate placements and services are commonplace.

What follows is the report submitted to the Monitor's Office by DCF. It is unedited, except in cosmetic ways. Table 1 of that report summarizes the Department's degree of progress toward achieving each measure. The table also indicates which outcome measures are based on 100% of all cases through LINK or based on a review of a small number of cases.

The Department's working document, Exit Plan - Status of Work is also attached. This document is just one of the ongoing mechanisms that the Department is employing to facilitate both improvements to their operations and to assure success with the exit plan. There are a wide array of similar activities that promote agency readiness, such as the development of a communications plan targeting both internal and external audiences, the development of specific Area Office plans, and the embedding of exit plan activities in management review and Quality Improvement Plans for each Area Office.

The progress made by DCF during the first three (3) quarters is impressive.

Table 1: Exit Outcomes Overview
Third Quarter Report (July 1- September 31, 2004)

Measure	Measure	Target Dates	Baseline	Jan-Mar 04	Apr-Jun 04	Jul-Sep 04
1: Commencement of Investigation	>=90%	9/1/04	X	X	2/15/05 *	2/15/05*
2: Completion of the Investigation	>=85%	1/1/05	73.7%	64.2%	68.8%	83.5%
3: Treatment Plans	>=90%	7/1/05	X	Qualitative**	Qualitative **	10%
4: Search for Relatives	85%	12/1/04	58%	93%	2/15/05*	5/15/05*
5: Repeat Maltreatment	<=7%	7/1/05	9.2%	9.4%	8.8%	9.4%
6: Maltreatment of Children in Out-of-Home Care	<=2%	5/1/06	1.2%	0.5%	0.8	0.8%
7: Reunification	>=60%	5/1/06	57.8%	11/15/04*	2/15/05*	5/15/05*
8: Adoption	>=32%	5/1/06	12.5%	10.7%	11.1%	29.6%
9: Transfer of Guardianship	>=70%	5/1/06	60.5%	62.8%	52.4%	64.6%
10: Sibling Placement	>=95%	5/1/06	57%	65%	2/15/05 *	5/15/05*
11: Re-Entry into DCF Custody	<=7%	5/1/06	6.9%	11/15/04*	2/15/05*	5/15/05*
12: Multiple Placements	>=85%	1/1/04	X	X	95.8%	95.2%
13: Foster Parent Training	100%	12/1/04	X	X	100%	100%
14: Placement Within Licensed Capacity	>=96%	1/1/05	94.9%	88.3%	92.0%	93.0%
15: Needs Met	>=80%	5/1/06	X	53%	57%	53.0% (69 cases)
16: Worker-Child Visitation (Out-of-Home)	>=85% 100%	4/1/05	X	72% monthly 87% quarterly	86% monthly 98% quarterly	73% monthly 93% quarterly
17: Worker-Child Visitation (In-Home)	>=85%	10/1/05	X	39%	40%	46%
18: Caseload Standards	100%	7/30/04	348+	298+	100%	100%
19: Reduction in the Number of Children Placed in Residential Care	<=11%	5/1/06	13.5%	13.9%	14.3%	14.7%
20: Discharge Measures	>=85%	12/1/05	61%	74%	52%	93%
21: Discharge of Mentally Ill or Retarded Children	100%	1/1/05	X	43%	64%	56%
22: Multi-disciplinary Exams (MDE)	>=85%	5/1/06	5.6%	19.0%	24.5%	48.9%

Results based on Case Reviews Note: Case reviews are conducted from a small case sample and provides a "snapshot" of current practice.

Exit Outcomes Overview
Third Quarter Report (June 1- August 31, 2004)

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.

* OM1 – LINK reports available for the 4Q 2004 (2/15/05) reports.
OM 4 – Case Review for 1Q due 11/15/04, 2Q due 2/15/05, 3Q due 5/15/05. First LINK report 4Q due 8/15/05
OM7, 11 –
OM10 – December LINK enhancement and case review reports submitted for 2/15/05, 5/15/05, and 8/15/05. First LINK report for 11/15/05.

** Treatment Plans were evaluated based on four (4) major categories (including 15 elements a-o):

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)

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)

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%)

***OM 3 and 15 (X) – no LINK report expected. Case Review Only.

+ **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).

Commissioner Dunbar's Statement on the Exit Plan Outcome Measures 2004 Third Quarter Report

The Department has continued to move forward in its commitment to meeting the 22 measures outlined in the Exit Plan that benefit Connecticut's children and families. All levels of the Department continue to use the Exit Outcome Measures and the Positive Outcomes for Children (POC) Plan as the guiding platform by which our social work practice and service provision are created, delivered and enhanced.

The Exit Outcomes are now integrated into the Performance Appraisal System (PARS) of Area Directors and each Area Office has developed a Quality Improvement Plan highlighting their individual efforts to achieve our Exit Plan Outcome Measures. Additionally, the POC leadership team has completed a comprehensive Status of Work Matrix that continuously documents all activities and resource needs associated with the plan. This work has given rise to the recent designation of a communication plan project lead to implement a variety of strategies to efficiently communicate the POC activities and provide information to the general public and staff.

Also, as an overarching undertaking, each Area Office has established a Quality Assurance/Improvement infrastructure which consists of Quality Improvement managers, Quality Improvement teams (various area office staff), teams from the Quality Improvement Division (central office), and the Positive Outcomes for Children Leadership team. The teams develop quality assurance processes and support plans that the particular office's Quality Improvement Plan and directly correlates with Exit Plan data results.

Finally, with respect to cultural competency, the Division of Multicultural Affair's recently implemented several contracted translation/interpreter services covering 150 languages and the hearing impaired, which can be utilized 24 hrs a day/7 days a week. This brings the Department closer to achieving success across the outcome measures in a culturally competent manner. DCF staff are aware of this service and there is a listing of services and a "how-to-use guide" available via the DCF intranet. This service also provides translation of documents, including reports (as requested by parents).

With this backdrop, the Third Quarter Report results further demonstrate our staff's efforts and accomplishments in moving the Department closer to achieving the Exit Plan Outcome Measures. Below are several highlights that depict the progress and results emanating from our work.

- Completion of investigations has increased substantially from the baseline measure.
- Adoptions had a significant increase from the Second Quarter Report.
- Achievement of the outcome goal for Discharge Measures improved substantially.
- Steady progress continued for Placement within Licensed Capacity and achievement of this measure is very close.

- Outcomes for Multiple Placements, Foster Parent Training, and Caseload Standards met the goal for two consecutive quarters.

More specifically, the Department has experienced steady progress towards achieving Exit Outcome #2: Completion of Investigations, with a 19.3 % increase from the First Quarter (64.2%) to the Third Quarter report (83.5%). The most recent data reports for the month of **October show that 12 of the 13 area offices achieved the measure with all 12 achieving compliance at above 90%.**

In another area, one of the most significant improvements occurred with Exit Outcome #8: Adoption. This measure increased by 18.5% from the Second Quarter (11.1%) to the Third Quarter (29.6%). Although this shows great progress, we are cautious in examining this "jump" and are analyzing the data elements to further support efforts made in this area. The Department had expected progress but believed the progress would be at a slower but steady pace. Currently, we are analyzing the data to identify commonalities and differences among the population meeting the adoption goal and those not meeting the goal.

Our greatest improvement was in Exit Outcome #20: **Discharge Measures showing a significant increase of 41% from the Second Quarter (52%) to Third Quarter (93%) report.** During a quality review of the data, it was discovered that an entire sub-population was excluded from the first and second quarter reports. All adolescents already enrolled in a university or college had not been originally captured in this measure. With this inclusion, the data results accurately represented the agency's performance.

For Exit Outcome #14: Placement within License Capacity, this report indicates that the Department is at 93% with the outcome goal of 96%. This measure has demonstrated a steady increase, and the Department expects this to continue with the **development of new relative search efforts through the use of Family Conferencing and Locate Plus.** These efforts will efficiently aid in our ability to locate parents and relatives for assessment as possible placement resources for children.

Sustaining exit outcome goals once achieved is a no less serious task. We have established a quality assurance process to monitor performance and involve Central Office staff working with Area Office staff to identify areas of strength and to ensure that new activities do not inadvertently impact exit outcome measures, particularly among those at which we have been successful. This vigilance will continue to be at the center of our work. For example, in the area of multiple placements, an outcome measure we have had success with, we continue to expand our efforts at specialized recruitment to create more opportunity to better match foster placements and better accommodate the changes in the population of children now entering care.

In the area of Exit Outcome #3: Treatment Plans, we have **developed and begun implementation of the Family Conferencing Model**, which focuses on several exit outcomes and best practices that will enhance our ability to engage, empower, and

partner with families and therefore improve the practice of treatment planning. This model is in process in two area offices (Manchester and Norwich) with two additional offices (Meriden and Middletown) beginning with their model design period. Introductory meetings also have been held in the Bridgeport and Stamford/Norwalk office.

Several elements to support this important training process are also underway, including enhancements and/or revisions of all automated documents related to treatment planning. And, various individual Area Offices have begun to monitor, analyze and provide training in treatment plan development. For example, the Hartford Area Office Quality Improvement Team has completed a 75 case review and is compiling their findings to best identify areas that are deficient and coordinate training/support.

With respect to Exit Outcome #22: Multidisciplinary Exams (MDE), the Department is making considerable progress, moving from 24.5% to 48.9% from the Second Quarter to the Third Quarter. There are three major efforts underway to achieve this measure. First, the Department improved its internal referral system and emphasized the importance of these referrals, a task that is largely responsible for the increase in this quarterly report. Second, we have worked with existing MDE providers to assure their capacity and performance. Third, this month the Department will issue an RFP to increase the number of MDE providers by early spring, thereby providing statewide capacity of this service and putting the Department in a good position to achieve this measure.

Overall, the Third Quarter Report demonstrates transition from idea development to action, and from action to achievement. Still the Department continues to actively focus efforts on achieving the most challenging measures. For example, to assist in the development of expanded placement resources to adequately address Exit Outcome # 10: Sibling Placement, the Department has invested in the use of Locate Plus, a search engine generally used by law enforcement to locate fathers, mothers, and relatives. Siblings are more likely to be placed together and have increased placement stability if placed with relatives. System training has been provided to staff on how to conduct diligent search efforts and when to use Locate Plus.

Also, the documentation of sibling placement will be made much easier with the December LINK enhancement. This new screen will enable staff to document the occurrence of sibling placements and more efficiently report on any clinical reasons for not placing siblings together. It also allows for documentation of siblings who are reunified at a later time.

Through qualitative case reviews, the Department continues to examine progress in Exit Outcome # 17: Worker-Child visitation (in-home). The measure calls for staff to visit the home monthly and see each "active case participant". In a situation where there are a number of family household members this can be quite challenging. It is often that some children will not be present during a visit. Older children may be involved in after school activities, attending therapy sessions, or visiting with friends. Less involved adults who are also household members may be not be regularly present. In other words, despite the

social worker's regular weekly visitation not all "active case participants" will be seen weekly. The Department is taking a closer look at the frequency of visits and who is seen during these visits to better determine our actual performance on this measure and what other steps we can take to improve our performance.

Also, in the area of residential reduction, the Third Quarter report indicates the percentage has remained largely unchanged. Yet, overtime a closer look of all children in care reveals a different story. Because the measure is written as a percentage, as the number of children in care substantially decreased, but at a slower rate for those in residential care versus other settings, the real reduction in the number of those in residential care is not reflected in the percentage calculation. This affirms the need to look at the measure in a careful way. Concerns of this nature were sounded early on by the Department and we have taken the time to establish both an actual number in residential placement overtime and a percentage of all those in out-of-home placement. Below is a chart, which affords a deeper look at the agency's performance and its current emphasis on community-based options.

Month	Number of children in Placement	Number of children in residential care
May 31, 2004	6,805	1,194
August 31, 2004	6,567	1,153
November 30, 2004	6,463	1,130

Finally, it is worth noting the challenges related to the discharge of children with mental health or mental retardation. Improvements are needed to assure the timely documentation and early identification of youth in need of this type of transition planning. The Area Offices recently have been provided with a list of all youth from age 16 who are recognized as either mentally ill or mentally retarded. Each case is being reviewed carefully and discharge plans are being developed. Staff has been provided with all criteria for access to services at the Department of Mental Health and Addiction Services (DMHAS) and Department of Mental Retardation (DMR) to facilitate these referrals and work continues with both sister agencies to improve our program and fiscal protocols around transitions. We expect to see a steady improvement towards this in the upcoming months.

In closing, the Department has experienced tremendous change and growth, and is poised for much of the same as we press forward with our work. We recognize and value the accomplishments to date and draw inspiration from the momentum that has been created. But we also are grounded in the reality of the complexity and difficulty associated with achieving the measures, particularly when understood not as simple math equations, but as a fundamental and sustainable shift, in the way we serve kids and families in Connecticut.

Outcome Measure/ Definition	Outcome Performance Goal or 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.	X	LINK reports begin: 5/15/05 (1Q 2005) LINK build scheduled for December includes the development of a Response Modification Window. The Department will produce a test report 2/15/05 to review initial commencement link build from 8/29/04. Currently, using the LINK report Investigations - Open Investigation to provide estimate response time averages.	**A.)** Develop LINK capacity to document and measure commencement time and modifications to commencement time. Provide 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.	Baseline - 73.7% 1st Quarter - 64.2% 2nd Quarter - 68.8% **3rd Quarter - 83.5%**	LINK reports began: 5/15/04 (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.) Develop 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.) Develop standards for the release of information that will assist 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 responsibilites-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.	Baseline - X **1st Quarter:** Background (53%), Assessment (52%), Treatment (47%), Progress (18%). **2nd Quarter:** Background (60%), Assessment (37%), Treatment (43%), Progress (32%). **3rd Quarter:** Background (65%), Assessment (53%), Treatment (56%), Progress (13%).	Qualitative case reviews will be used to measure this outcome for all Quarter reports. Treatment Plans were evaluated based on four (4) major categories (including elements a-o). No LINK reports currently available, however 3Q findings will be submitted by 11/15/04	**A.)** Modify current LINK treatment plan to reflect Family Centered Practice, make it available through E-help to provide staff with guidelines, enhanced tools for case documentation, and provide training on the utilization of translation services and improve the LINK screens for treatment plans to make them more efficient and user-friendly.
				B.) 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.
				C.) Develop an electronic "case face sheet" for quick access to priority information in a more readable and user-friendly format for all parties involved in a case.
				D.) Develop a comprehensive assessment process and a uniform set of assessment tools in order to enhance the role of the social work supervisor to improve the effectiveness of identifying underlying issues with the family and in making case decisions. Ultimately, all documentation and data collected by the Department from a family-centered approach will be prioritized, deficit areas will be identified, redundancy eliminated, and consistent language and definitions will be used.
				E.) Develop and implement a step-by-step process assessment guide for all staff regarding their responsibilities towards family centered practice and how they can enhance the overall assessment process.

				F.) Development of an enhanced assessment model and 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.
				G.) Advance major training endeavors including family conferencing, treatment planning and concurrent planning.
				H.) Central office will work with any Area Office not meeting goal as reported.
				I.) Area offices have developed an 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.).
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.	Baseline: 58% 1st Quarter: 93%	LINK report begins: 2/15/05 (covering the reporting period of: 2Q 2004). LINK build completed 8/29/04. Qualitative case review will be conducted for 1Q, 2Q and 3Q 2004. The 2Q and 3Q will be a test period both Qualitative and LINK reports will be reviewed. 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 Regarding Diligent Search for Parent's Identity and Location policy (46-3-18) to be more reflective of our current practice.
				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 meet and sustain outcome measure goal.
5. Repeat Maltreatment: *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.*	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.	Baseline: 9.3% 1st Quarter - 9.4% 2nd Quarter - 8.9% 3rd Quarter - 9.4%	LINK reports began: 5/15/04 (1Q 2004) and will continue for the remainder of the exit plan timeframes.	**A.)** Develop various data analysis tools such as ROM, Chapin Hall, Pew Partnership and Survival Analysis 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.) 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 supervision model.
				D.) Central Office will work with any Area Office not meeting goal as reported.
				E.) Critical Response Reviews/Special Case Reviews--Study committtee established to look at patterns of incidents, agency process and procedures, and if any training/practice improvement steps are necessary.
				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.
				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.

6. Maltreatment in care - Out-of-home: *to assure children's safety whil 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.	Baseline: 1.2% 1st Quarter - 0.5% 2nd Quarter - 0.8% **3rd Quarter - 0.8%**	LINK reports began: 5/15/04 (1Q 2004) and will continue for the remainder of the exit plan timeframes.	**A.)** Develop various data analysis tools, to be used by SWS and PS, such as: ROM, Chapin Hall, Pew Partnership and Survival Analysis, to better identify trends and enhance 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.) Move special investigations management from Hotline to a direct report under Bureau Chief for Child Welfare.
				E.) Enhance the Special Investigation Unit's process of investigating facility reports, both public and private, as well as assuring LINK documentation of abuse/neglect reports against DCF employees.
				F.) 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 permanancy planning.*	60% of children who are reunified with parents/guardians shall be reunified within 12 months of their most recent removal from home.	Baseline: 57.8% 1st Quarter - X 2nd Quarter - X 3rd Quarter - X	LINK reports begin: 11/15/04 (for 1Q 2004). There is a 6 month lag beyond the end of the reporting period to determine the children discharged during the period.	**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.
				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.
				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.
				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.) 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 permanancy 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.	Baseline: 12.5% 1st Quarter - 10.7% 2nd Quarter - 11.1% **3rd Quarter - 29.6%**	LINK repoorts began: 5/15/04 (1Q 2004) and will continue for the remainder of the exit plan timeframes.	**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) Memo distributed by BCW and 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.) Collaboration with Probate Court staff to streamline adoption packets submitted for finalization. Probate Court is circulating for review and comment and will be reporting back to DCF.
				D.) 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.
				E.) Submitted legislative proposals/budget options to create greater incentives for adoption – including support to adoptive parents.

				F.) Concurrent Planning Training will be offered to permanency/treatment staff. Department is currently developing the curriculum and a workplan will be developed with the NRC. A budget option also seeks to support this effort for the next two fiscal years.
				G.) Allocation of $500,000 (budget option) 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 longlasting permanency using in-house, private contract and faith-based networks.
				H.) 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.
				I.) 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.
				J.) 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.
				K.) 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.
				L.) 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.

				M.) Review foster and adoption training curriculum and area office outreach and engagement activities for prospective families.
9. Transfer of Guardianship: *promotes and emphasizes permanancy 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.	Baseline: 60.5% 1st Quarter - 62.8% 2nd Quarter - 52.4% 3rd Quarter - 64.6%	LINK reports began: 5/15/04 (1Q 2004) and will continue for the remainder of the exit plan timeframes.	**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.) Train and reinforce the practice of concurrent planning to assure a timely permanency plan should reunification not be possible.
				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.

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.	Baseline: 57% 1st Quarter: 65%	LINK report begins: 5/15/05 (1Q 2005). LINK build scheduled for December 2004. Qualitative reviews will be held for 1Q, 2Q, 3Q and 4Q 2004. Both qualitative and LINK reports will be held and 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.) 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.	Baseline: 6.9% 1Q LINK report will be submitted 11/15/04	LINK reports begin: 11/15/04 (for 1Q 2004). There is a 6 month lag beyond the end of the reporting period to determine the children discharged and re-entering care during the period.	**A.)** Develop various data analysis tools such as ROM, Chapin Hall, Pew Partnership and Survival Analysis 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.) Implement 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.
12. Multiple Placements: *to promote stability and the reduction of incidence of trauma, to assure consistent services to children and further the goal of permanancy.*	At least 85% of the children in DCF custody shall not experience more than 3 placements during a 12-month period.	Baseline: X 1st Quarter - X 2nd Quarter - 95.8% 3rd Quarter - 95.2%	LINK reports began: 8/15/04 (2Q 2004) and will continue through the remainder of the exit plan timeframes.	**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) reorganization will allow the area offices to recommend placement but level of care will be determined centrally. A no unilateral eject/ reject policy for residential facilities and group homes will be 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.	Baseline: X 1st Quarter - X 2nd Quarter - 100% 3rd Quarter - 100%	Qualitative case reviews (via CAFAP report) will be used to measure this outcome for all Quarter reports. No LINK reports available.	**A.)** Implement a foster parent advisory group to evaluate pre and post licensing training. To be convened by OFAS.
				B.) Develop alternative methods for training: online, increased training for Spanish-speaking providers, use of seminars or conferences in the community (such as Board of Education, hospitals, & partner agencies).
				C.) Develop training modifications based on CAFAP report and findings.
				D.) Area Office Quality Improvement Plans to reflect areas for improvement and progress, and under PARS review meet and sustain outcome measure goal.
14. Placement within Licensed Capacity: *to reduce the level of stress that can result in disruption and maltreatment, to maintain stabilty of placement and reduce trauma, and to focus DCF in its effort to recruit faoster families.*	At least 96% of children placed in foster homes shall operate within their licensed capacity, except when necessary to accommodate siblings.	Baseline: 94.9% 1st Quarter - 88.3% 2nd Quarter - 92% 3rd Quarter - 93%	LINK repoorts began: 5/15/04 (1Q 2004) and will continue for the remainder of the exit plan timeframes.	**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 prioritze 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.	Baseline: X 1st Quarter - 53% 2nd Quarter - 57% 3rd Quarter - 53%	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 and 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.
				B.) 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.
				C.) Central Office will work with any Area Office not meeting goal as reported.
				D.) Pursuant to federal law, DCF is establishing a referral protocal for all children under the age of 3 involved in a substantiated CPS case to Birth to Three for evaluation.
				E.) Increase medical, behavioral health, substance abuse, and mental health support capacity through the establishment of new Area Resource Group (ARG) staff. 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.
				F.) Expand new diagnostic facilities by 8-10 to eliminate wait-lists and transportation barriers for children.
				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.) 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.
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.	#16: **1st Quarter:** Monthly (72%) Quarterly (87%) #16: **2nd Quarter:** Monthly (86%) Quarterly (98%) #16: **3rd Quarter:** Monthly (73%) Quarterly (93%) #17: **1st Quarter:** Monthly (39%) #17: **2nd Quarter:** Monthly (40%) #17: **3rd Quarter:** Monthly (46%)	LINK reports begins: 5/15/05 (1Q 2005). LINK build scheduled for December 2004. Qualitative reviews will be held for 1Q, 2Q, 3Q and 4Q 2004. Both qualitative and LINK reports will be held and reviewed for 1Q and 2Q 2005 for testing purposes.	**A.)** Clarify DCF staff/representative and include visits made by FASU, ARG, etc. that can be documented in LINK and defined as a visit. Per Monitor Agreement, define the role of the ICPC and other "DCF representatives" in achieving visitation requirements.
				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 .
				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.
				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.
				E.) Re-establish the use of face-to-face contact narratives via a LINK build in December.
				F.) Review of existing "time study" report to address and identify areas of support to social worker (i.e. clerical, case aids, mobile technology) in order to bring greater efficiency to work requirements.
				G.) Area Office Quality Improvement Plans to reflect areas for improvement and progress and incorporated into PARS reviews to ensure performance.
				H.) 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%.	Baseline: 69% 1st Quarter - 74% 2nd Quarter - 100% 3rd Quarter - 100%	LINK reports began: 5/15/04 (1Q 2004) and will continue for the remainder of the exit plan timeframes.	**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.
				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 communites, and to increase family involvement.*	Residential placements must not exceed 11% of the total number of children in out of home care.	Baseline: 13.5% 1st Quarter - 13.9% 2nd Quarter - 14.3% 3rd Quarter - 14.7%	LINK reports began: 5/15/04 (1Q 2004) and will continue for the remainder of the exit plan timeframes.	**A.)** Develop a clinical profile for every child targeted for discharge from residential placement.
				B.) Implementation of the Managed Service System (MSS) to develop 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. Utilize clinical psychologists to review and consult on all children needing residential placement.
				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) reorganization will allow the area offices to recommend placement but level of care will be determined centrally. A no unilateral eject / reject policy for residential facilities and group homes will be instituted along with that reorganization.
				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.
				J.) Develop a database that can track the events and activities of the Managed Serviced System.
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.	Baseline: 61% 1st Quarter - 74% 2nd Quarter - 52% 3rd Quarter - 93%	LINK report begins: 5/15/05 (1Q 2005). LINK build scheduled for December 2004. Qualitative reviews will be held for 1Q, 2Q, 3Q and 4Q 2004. Both qualitative and LINK reports will be held and reviewed for 1Q and 2Q 2005 for testing purposes.	**A.)** Develop a tracking mechanism in LINK to assess educational and vocational needs in the adolescent treatment plan.
				B.) 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 opportunites under WIA to support young adults in their lifelong interests.
				C.) Bureau of Adolecent Services will bring greater attention to the needs of this target population and will enhance services and program support for independent living.

				D.) Central Office will work with any Area Office not meeting goal as reported.
				E.) Utilize Flex Funds to support reunification by meeting emergency needs to prevent crisis and/or re-entry.
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.	Baseline: X 1st Quarter - 43% 2nd Quarter - 64% 3rd Quarter - 56%	LINK report begins: 5/15/05 (1Q 2005). LINK build scheduled for December 2004. Qualitative reviews will be held for 1Q, 2Q, 3Q and 4Q 2004. Both qualitative and LINK reports will be held and 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.) Explore with DMR a reallocation of funds to develop programs for MR children to be provided by DMR.
22. Multi- Disciplinary Exams: *to assure early identification and intervention for medical/dental/behavioral needs and therefor the overall well-being of children in our care.*	85% of children entering custody must have an MDE within 30 days.	Baseline: 5.6% 1st Quarter - 19% 2nd Quarter - 24.5% 3rd Quarter - 48.9%	LINK reports began: 5/15/04 (1Q 2004) and will continue for the remainder of the exit plan timeframes.	**A.)** Expansion of hours and creating 9 new diagnostic facilities 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.