**State of Connecticut**
# DEPARTMENT OF CHILDREN AND FAMILIES

## Positive Outcomes for Children

## PLAN

## MAY 2004

Introduction: The Department of Children and Families strives to achieve and sustain all 22 outcome measures, as included in the Court Monitor's Exit Plan, dated December 23, 2003. This document summarizes the Department's plan in three (3) sections:

Section 1: Cross-cutting Initiatives
Section 2: Essential Aspects of All 22 Measures
Section 3: Additional Steps to Achieve Each Outcome Measure

## Section 1: CROSS-CUTTING INITIATIVES

The Department of Children and Families (DCF) has identified initiatives and supports, which are essential to the achievement of Connecticut's 22 Exit Plan Outcome Measures. Within the following four categories, a brief summary of cross-cutting initiatives is provided:

(A) develop a comprehensive assessment process,
(B) strengthen the treatment planning process,
(C) strengthen the role of supervision, and
(D) develop a managed service system.

### A. Develop a comprehensive assessment process[i]

DCF must understand each family, holistically. Good case decisions must be made within an overarching assessment process. First, information must be gathered (via consultation, screenings, tools), and then social workers' interpretation of the information must consistently be of high quality with supervision. DCF will develop a comprehensive assessment process with technical assistance from the National Resource Center on Child Maltreatment.

The agency needs a whole toolbox of instruments, starting with the *development of an empirically valid risk assessment and safety protocol*[ii]. The tool will identify not only safety risks, but also the underlying risk indicators related to abuse and neglect, including mental illness, substance abuse, and domestic violence, to name a few. DCF will create procedures by which staff can increase accuracy and consistency in practice, related to client risk factors in both investigation and treatment phases of a case.

The process of good assessment is done through consultation with a supervisor, and, at times, with multidisciplinary consultants. *Implementation of Multidisciplinary Consultations*[iii] is critical at numerous points, throughout the life of a case. Bringing the right people together at the right times will strengthen DCF's ability to address complex issues, which ultimately require the expertise and input from multiple sources. Sentinel events in the case may trigger the multidisciplinary consultations, such as at the point of a child's removal from their home, hospitalization, disruption from placement settings, or to address excessive lengths of stay, or intense barriers to reunification or adoption.

### B. Strengthen the Treatment Planning process[iv]:

Treatment plans must be updated frequently to accurately reflect current assessments, the family's emerging input, case progress, status of referrals and specific services provided, changes to the goals, case decisions or expectations.

With the assistance of the Casey Foundation, DCF will select a family conferencing model[v]. DCF's work must recognize individualized needs and family strengths to be child centered, family focused. It is important to ***engage family members and their natural supports***. DCF will seek relatives and cultivate the child's existing relationships to consider placement resources and as a source of emotional support to the child. Software such as "Locate Plus[vi]" will help social workers to search for relatives.

The format of the treatment plan (document) will be adapted[vii] to be more family and user-friendly. Treatment plans must provide direction to all case activities, and include observable, measurable goals. DCF's treatment plan for each family must be consistent with court expectations, and must also be relevant to the treatment plans of service providers and facilities. As a guiding document, the treatment plan will be especially addressed in supervision meetings.

As treatment goals are being accomplished, and cases approach the point of ending DCF involvement, *Transition Plans*[viii] should summarize the activities that would reduce the risk of repeat maltreatment or re-entry to care. DCF will document relative and community supports as well as appropriate provider services (contracted services or non-contracted resources) that may be engaged to continue to improve the overall functioning of the client/family.

**C. Strengthen the Role of Supervision for Results-Oriented Case Practice[ix]:**

*Case Consultative Supervision*[x] will center around the treatment plan, with emphasis on assessments, concurrent planning, and the achievement of outcomes. Supervision will assure that purposeful visits between the social worker and family members are goal-oriented, facilitate change, and relate directly to the treatment plan. Supervision will reinforce that the treatment plan is a family driven document that is also fluid, updated as often as necessary, to reflect changing circumstances and to evaluate client progress. Data from the agency's computerized case management system (LINK reports) and from the "Results Oriented Management" tool (ROM reports) must be interpreted during supervisory meetings in a way that informs action.

**D. Development of a Managed Service System[xi]:**
The Development of a Managed Service System within each of the 13 areas served by DCF will support the Department's efforts to relieve systemic gridlock and to provide every child with the type of care and intensity of service that maximize opportunities for growth and healthy development within a safe and nurturing environment at the least restrictive appropriate level of care. Through improved local management of fiscal and programmatic resources, the Department will enhance the ability of our provider system, local community collaboratives and families to meet the needs of children and youth. The Department will expand its capacity via services of all types, including in-home services to families to prevent child removals, substance abuse, domestic violence, and to provide out-of-home care, mental health, medical, education, and reunification/ permanency services.

- Each area office will, in collaboration with local providers, develop an operational structure[xii] to manage services systemically in order to assure timely access to services at all levels of care.
- The development of new types of service and the allocation of resources[xiii] will be predicated upon local and statewide needs assessments, and will be contingent upon the ability of providers to demonstrate responsiveness to the complex needs of children and youth in a timely and effective manner.
- Initially, multiple opportunities for service system enhancements will be made available including requests for Proposals for Group Homes[xiv], Family Support Teams[xv], Treatment Foster Care and Treatment Group Home alternatives to various Riverview cohorts[xvi]. In addition, Supportive Housing[xvii] will be expanded and certain aspects of Foster Care may be privatized[xviii]; further, flexible funds[xix] will be made available to enhance the ability of local communities to serve children in less restrictive, more local, settings. Over time, additional opportunities for service system enhancement will be promulgated.

## Section 2: ESSENTIAL ASPECTS of ALL 22 OUTCOME MEASURES

Although not explicitly stated in each initiative separately, each of DCF's practice improvements involve policy revisions & continuous quality improvement supports; and workforce development for the right staff preparation and guidance.

### Policy Revisions & Continuous Quality Improvement

With evolving case practice expectations, policy revisions[xx] must be made to provide consistent direction to DCF staff. Quality Improvement [xxi]activities will be designed to create a dynamic continuous quality improvement feedback loop of "plan, do, check, act".

Each Area Office needs good data and technical support to be better informed in making case decisions, to stay focused on its outcomes performance, and take actions to redirect or increase the degree of progress. The "Results Oriented Management Tool (ROM)[xxii]", provides the outcomes, drilled down to the case-specific level, with the option to select additional views by social worker, unit performance, office performance or state performance levels. Staff at all levels can use the ROM to explore explanatory factors (linked to evidence-based best practices), which are quite possibly affecting their own case progress. The ROM package includes web-based ROM training modules and DCF will tailor the prototype from the University of Kansas to suit Connecticut's data dictionary. Aspects of DCF's computerized case management records (LINK[xxiii]) will also require updates and enhancements to support the achievement of the outcomes.

Area Office Quality Improvement Teams (QIT) and Outcome Project Leads[xxiv] will use the results of the ROM reporting and case reviews[xxv]. To inform and improve practice, the agency will increase its analytical and evaluative capabilities[xxvi] with the help of Chapin Hall (University of Chicago), Pew Partnership and experts on longitudinal research and survival analysis.

### Workforce Development

Staff must embrace the agency's core mission and principles and gain new skills in order to achieve the 22 Exit Outcomes. Major shifts in treatment planning, supervision, and policy will require a large-scale effort at all levels of the agency, which will change the culture. In addition to training staff[xxvii], particular attention must be dedicated to managing human resources[xxviii], including hiring, coaching and mentoring programs, performance evaluations, appropriate progressive discipline, staff morale and leadership succession.

## Section 3: Additional Steps to Achieve Each Outcome Measure

**Outcome Measure #1: Commencement of Investigation - 90% of all reports must be commenced same calendar day, 24 hours or 72 hours depending on referral code**[xxix]

**Goal 1**: Timely commencement of investigations, as documented consistently in LINK.

- Information systems will conduct LINK build Phase II training for social work staff by September 2004. This training ensures staff will integrate modifications in LINK into daily practice.

- Investigation Managers in each area office will develop a process for the submission of completed work that includes the SW submitting the investigation protocol for SWS approval, the hard copy case record with an attached cover sheet form containing the following elements: Date of report acceptance, down grade: y/n, response time, documented commencement date.

- As a component of their Quality Improvement Plan, Area Directors will track longitudinal performance at the worker and unit level. A status report will be distributed bi-weekly to Investigations Program Supervisors. If performance falls below the measure, the Area Director will develop a remediation plan within one week.

- Upon review of each quarter's progress toward reaching 90%, the Bureau Chief of Child Welfare and the Area Directors will report the barriers to achievement, such as conflicting policy or culture of the work.

**Outcome Measure #2: Completion of Investigation - At least 85% of all reports of alleged child maltreatment accepted by the DCF Hotline shall have their investigations completed within 45 calendar days of acceptance by the Hotline**[xxx].

**Goal 1**: Timely completion of investigations

- Social Work Supervisors will hold formal case supervision sessions on all incomplete investigations at 28 days and develop a plan for completion. This plan will be documented in Link under supervisory conference narratives.

- Investigation Program Supervisors will hold a formal supervisory conference with Supervisors on any incomplete investigations, within their unit, that are 35 days old. A decision will be made regarding steps to accomplish completion, and the Program Supervisor will document decisions in Link under Managerial Review/Consult narrative.

- Area Directors will meet with Investigation Program Supervisors on any investigation that is 40 days old, develop a plan for completion, implementation, and schedule follow-up review within 48 hours. The decisions reached will be documented in Link by the Area Director under Managerial Review/Consult.

- As a component of their Area Quality Improvement Plan, Area Directors will assure that performance at unit/worker level is monitored and will distribute a monthly status

report on this measure for review and discussion. If areas are found to require significant improvements, Area Director will submit a remediation plan to the Bureau Chief of Child Welfare for review and approval.

- Upon review of each quarter's progress toward reaching 90%, the Bureau Chief of Child Welfare and the Area Directors will report the barriers to achievement, such as conflicting policy or culture of the work.

**Outcome Measure #3: Treatment Plans – At least 90% of the cases shall have clinically appropriate, individualized family and child specific treatment plans developed in conjunction with parents, children, providers and others involved with the case and approved by the DCF supervisor within sixty days of case opening or child's placement out-of-home whichever comes sooner, and for each six months period thereafter**[xxxi].

**Goal 1:** DCF's treatment-planning tool will support changed practice and case supervision (see Initiatives B & C).

**Goal 2:** DCF will develop a comprehensive assessment process (see initiative A)

**Goal 3**: Cases will include treatment plans, which are clinically appropriate and individualized

- Training will be developed and implemented to increase social worker and supervisor capacity, including but not limited to assessment, child development, family conferencing, and individualized service delivery.

- DCF will enhance its service directory and will consult with knowledgeable sources such as Infoline and local networks to locate sources of assistance and specialized services to meet families' needs.

**Goal 4**: Treatment plans will be developed in participation with parents, children, service providers and others involved with the case

- Training will be developed and implemented to increase social worker and supervisor capacity for collaborative treatment planning

- DCF will review and adapt the current treatment plan document to eliminate jargon and more clearly communicate with family members.

- The Director of Multicultural Affairs with Area Directors and Fiscal staff will initiate planning and associated actions to increase the pool of service providers offering services conducted by bi-lingual staff or with interpreter services, and translations of treatment plans into languages, appropriate to family members.

- The Director of Personnel with Area Directors and the Affirmative Action Office will create a formal staff recruitment plan to meet the needs of DCF's diverse client population.

- DCF will initiate a dialogue with union representatives on potential expansion of DCF work hours.

**Goal 5**: Treatment plans will be approved by social work supervisors within 60 days of case opening or child's placement out of home, whichever comes sooner and each 6 months thereafter.

- The Bureau Chief of Child Welfare will develop an internal tracking mechanism to assure timeframes are met on in-home cases

- The Bureau Chief of Continuous Quality Improvement will assure that timeframes are met on out-of-home cases

**<u>Outcome Measure #4: Search for Relatives</u> – DCF shall conduct and document a search for maternal and paternal relatives, extended formal or informal networks, friends of the child or family, former foster parents, or other persons known to the child. The search period shall extend through the first six months and the search shall be conducted and documented in at least 85% of the cases**[xxxii].

**Goal 1**: Program Supervisors will reinforce family engagement strategies with social work staff. Social Workers will assist biological parents in the identification of supports and natural family resources. SW will engage and assess their ability to positively support the family and/or become a placement/respite resource (see Initiative B)

**Goal 2**: Each Area Office will utilize relative search tools, such as Locate Plus software. Each Area Office will identify one staff person to track and support relative searches (see Initiative B).

**Goal 3**: Recognizing the value of connections for child, culture, tradition and individualized needs, DCF will strive to place children in the care of family or others known to the child

- The Bureau Chief of Child Welfare will develop a guide to assist social work staff in identifying natural and family supports/resources in investigations before a child is placed into DCF care. Although the search should continue throughout the life of the case, the search should be conducted frequently during the first six months of placement. Until a LINK enhancement creates a relative search field, social workers will document relative searches in the LINK narrative section. Search efforts and results will be incorporated into the child's and family's treatment plan.

- As a component of the Area Office Quality Improvement Plan, the Area Director will assure a sample review of cases of children in placement to determine if the practice is consistent with this Outcome Measure

**<u>Outcome Measure #5</u>: Repeat Maltreatment of In Home Children – 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**[xxxiii]**.**

**Goal 1:** Initiatives in all four categories (A, B, C, D) help DCF interventions reduce the risk of repeat maltreatment. A comprehensive assessment process (with an empirically valid risk assessment tool) identifies families' risk adequately; and a treatment planning process that engages families and plans appropriate services within a managed service system helps to strengthen families by matching specific needs with local resources. Good supervision assists workers to make case decisions to mitigate risk.

- The Training Academy will reinforce pre-service and in-service curricula, reflecting the connection between certain case characteristics with higher likelihoods of repeat maltreatment. The curricula must consistently support risk assessment, treatment planning, the provision of appropriate services, and transition plans.

**Goal 2**: Analyze Connecticut's data to identify trends and areas requiring further resources

- The Office of Standards and Practice will identify specific correlates, derived from statistical analysis of the agency's administrative data, by compiling and analyzing the data, and interpreting the results in consultation with national experts. Types and frequencies of recurring maltreatment, will be explored and compared to the types of services provided by DCF (i.e., physical injuries, neglect, lack of supervision).

- The Office of Standards and Practice will ensure that each Area Office is provided information from the statistical analysis and research to assist the Bureau Chief and Area Directors in developing plans for subsequent practice interventions.

**Goal 3**: Assure the proper handling and proper identification of referrals, which may constitute incidents of maltreatment.

- Automated changes in LINK (that will go into effect in August 2004) include a change so that new incidents of maltreatment are accurately captured

**Outcome Measure #6: Maltreatment of Children in Out-of-Home Care – No more than 2% of children in out of home care shall be the victims of substantiated maltreatment by substitute caretaker while in out of home care**[xxxiv].

**Goal 1:** A manageable caseload size (EPOM #18), in combination of all the initiatives (A, B, C and D) will assure that social workers have enough contact with children in care, and that problems are appropriately identified early, and services are provided within a context of concurrent planning.

**Goal 2**: Analyze Connecticut's data to identify trends and areas requiring further resources

- The Office of Standards and Practice will identify specific correlates that are derived from statistical analysis of the agency's administrative data by compiling and analyzing the data, and interpreting the results in consultation with national experts. Of particular interest is to determine whether the likelihood of maltreatment in relative or specialized foster care placements is higher or lower than traditional foster family settings.

- The Office of Standards and Practice will ensure that each Area Office is provided information from the statistical analysis and research to assist the Bureau Chief and Area Directors in developing plans for subsequent practice interventions.

**Goal 3**: Assure the proper handling and proper identification of referrals, which may constitute incidents of maltreatment.

- Bureau Chief of Child Welfare will centralize foster care investigations.

- Bureau Chief of Child Welfare, OFAS Director, and Director of Licensing will establish protocol to produce a corrective action plan, stemming from all investigations of children in out of home care and all documented regulatory violations. Results of the protocol will be documented in the provider record in Link

**Goal 4**: Upon children entering care, children will be placed with families who can meet their needs with DCF supports.

- By focusing on disruption conferences, Area Directors will examine the quality of matching children with appropriate placements upon entering care, on a quarterly basis.
- The Bureau Chiefs for Behavioral Health and Child Welfare will establish family support plans for foster families and therapeutic foster families, which will be written or revised upon the first social worker's visit with the child since the child's placement started.

**<u>Outcome Measure #7</u>: Reunification - 60% of children who are reunified with parents/guardians shall be reunified within 12 months of their most recent removal from home**[xxxv].

**Goal 1**: DCF will provide timely and individualized services to children and families. Initiatives in all four categories (A, B, C, D) such as good assessments, family engagement, strong treatment planning, appropriate services, and supervision, prepare families more adequately for reunification. Furthermore, families must have access to services after DCF closes the case to maintain reunifications.

- The Bureau Chief for Child Welfare will establish a process of case supervision to determine viability of planning for reunification on a quarterly basis following the child's entry into care. Case conferences will be conducted on a semi-annual basis on all reunification cases to identify any case missing a definitive date for return. Treatment plans will be modified by social workers, as necessary, based upon results of the case conference.

- DCF will evaluate current contracts designed to support reunification to determine effectiveness and explore alternative models that may be more effective. DCF will build upon existing forms of collaboration, which enhance the reunification process (Family Support Teams[Ω], CPT process, discharge planning).

- Enhanced Supportive Housing[Ω] capacity addresses the housing needs of families as they achieve reunification, and safeguards the reunification with long-term case management.

---

[Ω] DCF's budget expansion '05 "Develop Family Support Services, $4,927,043": Intensive services are needed for clients transitioning from residential treatment settings to community services. This includes family support teams, "wrap" services, community residential services, all of which is critical to the achievement of the Reunification and Residential Treatment Outcomes.

[Ω] DCF's budget expansion '05 "Enhance Supportive Housing Capacity, $2,116,049": Additional funds to expand the supportive housing initiative, including substance abuse treatment for 180 new families is critical to the achievement of the Reunification Outcome.

- Director of Training Academy will ensure training is provided to staff on Resource Family model, the importance of the family, and must also gain the skills of matching identified needs of children and families with a broad spectrum of service resources available by contract, from other state agencies.

- The Transition Task Force will form an interagency task force to resolve barriers to services, and to find solutions together to meet clients needs.

**Goal 2:** The Legal Division and Area Directors will collaborate with the judicial system, both Juvenile and Probate to address barriers to permanency options for children.

- Review process utilized to obtain court ordered psychological evaluations and identify and address barriers to institute improvements.

- The DCF Training Academy will ensure that joint training related to concurrent planning is provided to DCF and court staff.

- The DCF Legal Division together with the Area Directors will develop strategy to improve communication with Assistant Attorney Generals.

**Outcome Measure #8: Adoption – 32% of the children who are adopted shall have their adoptions finalized within 24 months of most recent removal from home**[xxxvi].

**Goal 1:** DCF will utilize Legal Consult at critical points in the life of the case.

- Director of Legal Division and Bureau Chief of Child Welfare will implement a mandatory legal consultation between the SW, SWS and Area Office Principal Attorney prior to the completion of the second treatment plan. This consult will identify the barriers to achieving the goals of the treatment plan, determine the permanency and concurrent plans and put timelines in place to achieve these plans.

- The Director of the Training Academy will ensure training is provided to staff specific to concurrent planning and filing co-terminus petitions to improve timely permanency outcomes for children. In addition to the legal aspects, staff must gain an appreciation of the practice changes and necessary resources.

**Goal 2:** The Legal Division, Area Directors will collaborate with the judicial system, both Juvenile and Probate to address barriers to permanency for children.

- Project Lead and Director of Legal Division will review process utilized to obtain court ordered psychological evaluations and current timeframes to proceed to trial.

- Project Lead, Director of OFAS, and Probate Court Administration will evaluate and streamline the current adoption packet prepared for adoption finalization. Due to the

volume of cases and backlog, DCF's request for additional attorneys and paralegal staff, is critical to the achievement of the Adoption Outcome.[Ω]

- DCF will review and update its policy related to perceived wait periods that may or may not be required of adoptive families before legal finalization may occur.

- The DCF Legal Division together with the Area Directors will develop and implement strategy to improve communication with Assistant Attorney Generals.

- Area Directors and Principal Attorney's will meet with local Juvenile Court Judges (quarterly) to address emerging issues and concerns. Area Directors will share concerns with Bureau Chief of Child Welfare to share with Commissioner and Juvenile Court Administrator.

**Goal 3:** DCF will provide appropriate services to children and families in order to enhance the permanency planning process.

- The Adoption Outcome Lead will analyze data specific to children in need of an adoptive resource as it relates to their length of time in care and a review of existing programs designed to support adoption both pre and post finalization. This review will include examining curricula used to build adoption competent practitioners in the community.

**Goal 4:** DCF will increase the availability of placement resources

- OFAS and FASU will recruit Resource Families designed to support the birth family in the reunification process and be the permanent resource should reunification not occur.

- Utilize child-specific recruitment and creative recruitment programs, i.e.: One Church, One Child [Ω]

**<u>Outcome Measure #9</u>: Transfer of Guardianship – 70% of all children whose custody is legally transferred, shall have guardianship transferred within 24 months of the child's most recent removal from home**[xxxvii].

**Goal 1:** The family conferencing model and relative search efforts (Initiative B) help to engage family and natural supports in case planning and increase pool of eligible relatives for transfer of guardianship.

- OFAS will implement a licensing review committee, designed to review and allow for exceptions of potential resources for children, who are currently prohibited from

---

[Ω] DCF's budget expansion '05 "Streamline Finalization of Adoption Process, $974,730": Due to the volume of cases and backlog, DCF's request for additional attorneys and paralegal staff, is critical to the achievement of the Adoption Outcome.

[Ω] DCF's budget expansion '05 "Enhance Recruitment and Retention of Adoptive and Foster Care Parents, $500,000": Finding suitable temporary and permanent homes for children is critical to the achievement of several outcomes such as Adoption, Reunification, Sibling Placement, Placement Stability/ Multiple Placements, Placement within Licensed Capacity.

licensure. OFAS will develop criteria for cases that would qualify for waiver consideration by the Licensing Review Committee.

**Goal 2:** The Legal Division and Area Directors will collaborate with the judicial system, both Juvenile and Probate to address barriers to permanency for children.

- The Permanency Outcomes Lead and Director of Legal will review process utilized to obtain court ordered psychological evaluations

- Project Lead, OFAS, Legal Division and Court Administrators will evaluate current guardianship packet.

**<u>Outcome Measure #10</u>: Sibling Placement – 95% of siblings entering out of home placement shall be placed together unless there are documented reasons for separate placements**[xxxviii].

**Goal 1:** All social work staff will conduct a thorough search for child-specific placement options.

- The Social Work Supervisor will ensure that the Social Worker will conduct a comprehensive assessment on each child in a sibling group entering DCF's care. This will occur at all points of placement and will utilize the case conferences.

**Goal 2:** Increase the availability of new placement resources

- Area Offices and FASU will ensure that all sibling groups will undergo a comprehensive recruitment strategy to locate all possible placements.

- Area Offices and OFAS will establish contracts for targeted recruitment of non-traditional community placement resources such as One Church/One Child and the Queen Esther projects, and will emphasize the importance of sibling relationships and place a high priority on placing siblings together.

**<u>Outcome Measure #11</u>: Re-Entry into DCF Custody – 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**[xxxix].

**Goal 1**: DCF will provide timely and individualized services to address family issues prior to reunification, decreasing the necessity of re-entry. Initiatives in all four categories (A, B, C, D) such as good assessments, family engagement, strong treatment planning appropriate services and supervision, prepare families more adequately for reunification.

- Furthermore, families must have access to services after DCF closes the case to prevent re-entry. Bureau Chief of Child Welfare will develop guidelines for transition plans.

**Goal 2:** Track progress on re-entry into DCF care, and analyze the data to make decisions about necessary program and service interventions to improve performance.

- Area managers and supervisors will use ROM reports to regularly track performance on this outcome and target specific cases necessary to achieve success

- Outcome Lead for Repeat Maltreatment will ensure that each Area Office is provided information from research and from statistical analysis of administrative data focusing on factors related to reentry into care, impacted by different client, family and service variables

**Goal 3:** Implement transition plans at case closing, which help to maintain supports after a child exits placement, reducing the likelihood of re-entry into DCF care.

- Bureau Chief of Child Welfare and Area Directors will develop policy/protocol requiring that as the family's achievement of case goals indicates the case is approaching closure, the final treatment plan will address the closing transition, listing supportive services ranging from intensive, contracted services to natural support systems that will reduce the likelihood of reentry

**<u>Outcome Measure #12</u>: Multiple Placements – At least 85% of the children in DCF custody shall not experience more than three placements during a 12-month period**[xl].

**Goal 1:** Implement assessments prior to, or at the time of placement, (i.e., Multidisciplinary Exams), which provide information and correctly match children into appropriate settings (see Outcome Measure #22).

**Goal 2:** All area offices will have adequate resources to maintain placements (see also Initiative D regarding the Managed Service System)

- The Bureau Chief of Child Welfare in conjunction with the Area Directors will implement flexible funding policy

- Area Directors in conjunction with the Director of the Office of Foster and Adoptive Services (OFAS) will educate staff on the availability of resources to maintain placements such as FAST, Systems of Care and Early Childhood Consultations, and will consider expansions of programs such as the "Foster and Adoptive Support Teams."

- Resource Management will develop and maintain a Resource Directory that will be available to DCF staff and foster parents

**Goal 3:** All area offices will routinely use disruption conferences

- The Director of the OFAS will evaluate the current Disruption Conference Policy

- Area Directors and the Directors of both OFAS and the Training Academy will offer mandatory training on disruption conferences in all area offices Social Work Supervisors will reinforce case practice for disruption conferences through supervision

**Goal 4:** Examine and enhance current system to track children's placements in out of home care over a 12-month period.

- The Office of Standards and Practice with the Area Offices will implement the ROM system and develop strategies to address areas of concern and review the process of the disruption conference

**<u>Outcome Measure #13</u>: Foster Parent Training – Foster parents shall be offered 45 hours post licensing training within 18 months of initial licensure and at least nine hours each subsequent year. Does not apply to relative, special study or independently licensed foster parents for whom nine hours of pre-service is required**[xli].

**Goal 1:** Increase the participation of Foster and Adoptive families in post licensing training

- The Director of the OFAS in collaboration and Area Directors will develop creative, alternative training strategies, such as the use of established Support Group meetings and online training, to meet post-licensing requirements.

- The Director of the OFAS, Area Directors, and CAFAP (Connecticut Association of Foster and Adoptive Parents) will enhance the accessibility of the current post-licensing training, such as the hours and locations, availability of childcare, stipends, and classes in different languages.

- DCF's Foster and Adoptive Services Units will be responsible for actively encouraging the participation of licensed placement resources in offered trainings.

**Goal 2:** Support all social workers' participation in modules requiring their attendance

- The Director of the Training Academy in collaboration with OFAS and CAFAP will provide "Train the Trainers" curriculum for post-licensing training to area staff, specifically Investigations, Permanency and FASU workers.

**Goal 3:** Document the trainings offered

- The Director of the OFAS will issue a memo to all FASU staff regarding documentation of trainings offered and/or barriers encountered.

- Area Offices and CAFAP will compile quarterly reports regarding training schedules and training provided, and will analyze patterns of attendance or lack of staff's documentation

**<u>Outcome Measure #14</u>: Placement within Licensed Capacity – At least 96% of children placed in foster homes shall operate within their licensed capacity, except when necessary to accommodate siblings**[xlii].

**Goal 1:** Increase the availability of new placement resources (see initiative D).

- The Director of OFAS and Area Directors will utilize creative strategies to recruit new placement resources, such as offering stipends for foster parents, exploring professional foster care models and partnering with local businesses to modify the one Church-One Child model to recruit within the business community.

- OFAS will develop methods to consistently reinforce the use of placement resources such as Wednesday's Child and OFAS will strengthen placement resources such as the Foster/Adoptive Community Collaboratives through training, support, oversight and accountability

**Goal 2:** Formalize dual licensing for resource placements

- OFAS, Policy, Legislative Division and Licensing Division will track the submitted legislative proposals that were finalized and are more inclusive for potential placement resources

- The Director of the OFAS will examine and explore improved partnering with other agencies such as Casey Family Services and the Department of Mental Retardation to have specific and exclusive licensing standards.

**Goal 3:** All area offices will have adequate resources to maintain placements

- The Bureau Chief of Child Welfare in conjunction with the Area Directors will review and develop strategies to address recommendations made in the Needs Assessment and will implement flexible funding policy to creatively meet the needs of clients

- Area Directors in conjunction with The Director of the OFAS will educate staff on the availability of resources to maintain placements such as FAST, Systems of Care and Early Childhood Consultations, or wrap-around services

**Outcome Measure #15: Children's Needs Met – At least 80% of all families and children shall have all their medical, dental, mental health and other service needs provided as specified in their most recently approved treatment plan**[xliii].

**Goal 1:** DCF's assessment process, individualized treatment plans, service delivery developments and supervision (as noted in initiatives A, B, C, D) will help to address children's needs.

- The Training Academy will provide staff training on selectively matching families needs with types of services so that individualized matching with local resources are made and included into treatment plans.

- Area Directors will develop their own strategies/ protocols for supervisors to ensure that all identified needs are met as outlined in the treatment plan. Area Directors will establish their own quality improvement strategies and protocols for quarterly case reviews to determine if needs are documented in the treatment plan and to assess the effectiveness of meeting the needs of families and children.

**Goal 2:** Services will be secured to meet identified needs for all members of the family

- The Mental Health Program Director will track barriers and identify gaps in services in each area office and report these findings to Resource Management on a quarterly basis

- The Bureau Chiefs of Child Welfare and Behavioral Health will facilitate the utilization of the newly created therapeutic community service teams

- The Bureau Chiefs of Child Welfare and Behavioral Health will review results of the Needs Assessment and implement recommendations

- The Director of KidCare, Planning and Development with Area Directors will integrate the activities of the Administrative Service Organizations into each area

The Director of Resource Management will establish a system to update the web-based resource directory and develop mechanisms for ongoing maintenance

- The Transition Task Force will form an interagency task force to resolve barriers to services, and to find solutions together to meet clients needs.

**<u>Outcome Measure #16</u>: Worker-Child Visitation – DCF shall visit at least 85% of all out-of-home children at least once per month, except for probate, interstate or voluntary. All children must be seen by their DCF social worker at least quarterly**[xliv].

**Goal 1:** All children in out-of-home care will receive timely (once a month), goal oriented visits from their DCF worker (See Initiative C, supported in supervision)/

- The Bureau Chief of Child Welfare will develop and distribute policy and practice standards for "out-posting" DCF staff in residential settings.

- The Bureau Chief of Child Welfare will develop and distribute policy, procedures and contract language for the inclusion of professional community provider contact with a child as an appropriate DCF contact visit.

- DCF will maintain staffing levels to meet 100% caseload utilization, helping the achievement of visitation standards.

- The Director of Information Systems will oversee a new LINK build that will simplify categories for outcome reporting purposes and to clarify visitation documentation.

**<u>Outcome Measure #17</u>: Worker-Child Visitation (In-Home) - DCF shall visit at least 85% of all in-home family cases at least twice a month except for probate, interstate or voluntary cases**[xlv].

**Goal 1:** All in-home families will receive timely (twice a month), goal oriented visits from their DCF worker. (See Initiative C, supported in supervision)

- The Bureau Chief of Child Welfare will develop and distribute policy, procedures and contract language for the inclusion of professional community provider contact with a child as an appropriate DCF contact visit.

- DCF will maintain staffing levels to meet 100% caseload utilization, helping the achievement of visitation standards.

- Area Directors will explore the practice of assigning homogenous caseloads. (Workers to have all in-home or all out-of-home case loads).

- The Bureau Chief of Child Welfare will develop and distribute policy and practice standards for "out-posting" DCF units at appropriate community locations to foster community relationships.

- The Director of Information Systems will oversee a new LINK build that will simplify categories for outcome reporting purposes and to clarify visitation documentation.

**<u>Outcome Measure #18</u>: Caseload Standards - The caseload of a DCF social worker will not exceed designated caseload standards, with exceptions for emergency reasons on caseloads, lasting no more than 30 days**[xlvi].

**Goal 1:** Each area office will develop an appropriate assignment plan with ongoing managerial and supervisory oversight.

- Area Directors will develop protocols to ensure that no assignment to any SW is greater than 90% of caseload utilization without Program Supervisor approval. Should this approval be necessary, a plan must be developed to remediate and achieve desired caseload standards.

- Area Directors will develop protocols to ensure that no assignment to any SW is greater than 100% of caseload utilization without Area Director approval. Should this approval be necessary, a plan must be developed to remediate and achieve caseload standards.

- Area Directors will develop protocols to ensure social worker's caseload capacity is reviewed and updated daily. Bureau Chief of Child Welfare will set internal benchmarks to analyze staffing levels on a quarterly basis.

- Area Directors and the Bureau Chief of Child Welfare will meet to establish a remediation/resource plan once an office exceeds an average of 90% of caseload capacity. Ongoing review and follow up will be necessary to monitor and track caseload utilization.

**Goal 2:** Human Resources will maintain workforce capacity throughout the department to ensure vacancies are filled consistently and in a timely manner.

- Director of Human Resources will develop a system to ensure that there is no more than a two-week lag time to refill social work vacancies.

- Director of Human Resources will develop a schedule for Employment Representatives to allow for a minimum of one day per week on-site in each office (more than one day may be required for larger area offices).

- Each Area Director will establish strategies for tracking and maintaining a minimum of 10 pre-selected candidates for hire and will coordinate these activities with Human Resources.

- Director of Human Resources will develop a format and process for timely notification of vacancies/leave of absences. Each Area Director will notify Human Resources of any pending vacancies or leave of absences within 1 business day.

- Director of Human Resources will develop consistent strategies for making commitment offers to pre-selected candidates to expedite the filling of SW vacancies[Ω].

**Outcome Measure #19: Residential Reduction – Residential placements must not exceed 11% of the total number of children in out of home care**[xlvii].

**Goal 1:** All children and youth in out-of-home care will have their level of care and length of stay actively managed by local area offices in order to reduce the number of children requiring out-of-home care.

- Area offices will be assigned target numbers relative to every type of out-of-home care, and every area office will utilize a common data reporting / tracking protocol to monitor their progress toward achieving goals.

- Every area office will, in collaboration with a contracted local private non-profit agency, clinically evaluate all children in out-of-home placement and their readiness for discharge; they will further identify the community services necessary to effectuate a discharge and they will implement the discharge plan within the local system of care.

- Every area office will, in partnership with a designated local private non-profit agency, develop an operational structure to manage all DCF funded behavioral health and residential services within the local system of care; the development and operationalization of a managed service system will require frequent, active and ongoing participation of all DCF funded agencies to assure that local, community-based services are accessible and responsive to the needs of children and youth with complex behavioral health needs and sometimes challenging behavioral presentations.

**Goal 2:** Children and youth in out-of-home care will be provided with services of a type and intensity that meet their individualized needs.

- The Bureau of Behavioral Health will develop a residential utilization management authorization process in anticipation of the operationalization of an ASO through the Behavioral Health Partnership.

- The "Central Placement Team" will be reconfigured to create a stronger area office – to – provider linkage with the goal of increasing access, reducing the duration and frequency of out-of-home placements, facilitating timely transition back to the local community, and improving the provision of individualized child-specific services to every youth in the Department's care.

---

[Ω] DCF's budget technical adjustment '05 "Fund Additional Social Work Positions and Expenses for the Exit Plan, $9,262,087": Establishing more social work positions (145) is critical to the achievement of the outcome measure specifically for Caseload Standards, which also increases the likelihood of achieving of all 22 outcomes. This amount also includes the Emergency Needs fund of $1,000,000 annualized.

- The Bureau of Behavioral Health will work with provider agencies to better match children requiring residential treatment to the types and levels of care for which we contract with residential providers. The Department will implement a "no unilateral reject – no unilateral eject" policy across all residential providers in order to minimize clinically deleterious disruptions from care while fostering the ability of children to form secure and safe attachments to the adults entrusted with their care.

**Outcome Measure #20: Discharge Measures – At least 85% of all children age 18 or older shall have received one or more of the following prior to discharge from DCF custody:**

- **Graduation from High School**
- **Acquisition of a GED**
- **Enrollment in college or other post secondary training program full-time**
- **Enrollment in college or other post secondary training program part-time, with part-time employment or full-time employment**
- **Enlistment full-time member of the military**[xlviii]

**Goal 1:** Children age 14 and older will have educational/vocational goals included in their treatment plan

- All DCF workers in the Adolescent Units will review and assure all treatment plans include educational and vocational goals with concrete steps and measurable outcome goals.

- DCF workers who serve adolescents must participate in Individualized Education Plan meetings (IEP's), and for the most highly complex cases, will seek DCF education specialists to assistance to identify resources to meet the child's needs. DCF Adolescent Unit caseworkers will assure input and approval from the child's parent, foster parent, or surrogate parent (when appropriate) for each child's education plan.

**Goal 2:** Children in DCF care at age 18 will be engaged in higher education, completing high school or obtaining their GED and/or working.

- Adolescent caseworkers will connect youth and get them actively involved into education or vocational programs that meet the child's interests, goals, and abilities by age seventeen.

- Supervisory conferences will be used to assure education and vocational goals are included in the treatment plan and that children are being engaged in programs that meets the child's needs and interests.

- DCF caseworkers will utilize clinical consultation for those children with complex needs.

- The Director of Adolescent Services will educate Adolescent Units in all the area offices about various programs aimed at offering support to those entering the work force or pursuing higher education.

- Director of Adolescent Services in collaboration with DCF adolescent workers will pursue existing services and/or develop new initiatives to encourage and support children in their lifelong pursuits, i.e. mentorship programs or support services offered by school or employment.

- Director of Adolescent Services in collaboration with Outcomes Lead will work with community businesses to develop employment fairs and outreach programs.

**<u>Outcome Measure #21</u>: Discharge of Mentally Ill or Retarded Children – DCF shall submit a written discharge plan to either/or DMHAS of DMR for all children who are mentally ill or mentally retarded and require adult services**[xlix].

**Goal 1:** Early identification (by age sixteen) of children who will need DMHAS/ DMR services, upon discharge from DCF, based on DMR/DMHAS written criteria.

- The program supervisor of Interagency Coordination will distribute policies regarding eligibility and the referral process as agreed upon by DCF and DMR and DMHAS to all DCF case workers and supervisors. The Interagency Coordinator will conduct cross-training to highlight the importance of successful transitions of youth upon discharge from DCF care.

- Supervisors in all Adolescent Units will assure that children requiring DMR/DMHAS services have an applications submitted to DMR or DMHAS as soon as indicators become evident that the child may be eligible for services, and no later than the child is sixteen years old.

- The Bureau of Quality Improvement in collaboration with the Bureau of Behavioral Health will develop a tracking mechanism of all children requiring DMR/DMHAS services.

**Goal 2:** A concrete aftercare plan for all children needing DMR/DMHAS will be completed by age 18 (see Outcome #20).

- Adolescent Unit case workers will assure discharge plans are comprehensive and include services needed to address their clinical and psychosocial needs to assure continuity of care once the child is transitioning to DMR or DMHAS.

- Social workers and supervisors will seek case consultation with the appropriate specialists for all children with complex behavioral health or developmental needs to assure all the child's treatment needs are being met.

**Goal 3:** Assure children needing services from DMR/DMHAS receive appropriate services

- Area Directors or their designee will have quarterly meetings with DMR/DMHAS local mental health authorities (LMHA's) and regional representatives to discuss cases and systems issues.

- Cross training between DCF/DMHAS/DMR staff will be conducted in each of the area offices.

- The Bureau Chief of Behavioral Health and Medicine and Education in collaboration with DMR/DMHAS representatives will review current policies within all state agencies (DMR/DMHAS/DPH) to address licensing and funding issues that interfere with children receiving appropriate services.

**<u>Outcome Measure #22</u>: Multi-Disciplinary Examinations - At least 85% of children entering the custody of DCF for the first time shall have an MDE conducted within thirty days of placement. All cases should have a multidisciplinary examination (MDE) completed even if one cannot be completed within thirty days**[1].

**Goal 1:** Improve the timeliness and documentation of MDE's for all children entering care for the first time.

- The Bureau Chief of Child Welfare will establish standard processes for all area offices to assure prompt referrals and locations for documenting completion of the MDE for each child entering care.

- The Division of Information Systems will produce weekly exception reports for those children that are in care without documentation of a completed MDE. Each Area Director will use that information as a component of the Area Office Quality Improvement Plan to assure that a plan is implemented to complete the MDE of the necessary documentation before the child has been in placement for 30 days.

- The exception report will also be used to identify all children in placement beyond 30 days without an MDE. Consultation with an Area Clinical Team nurse to develop a plan to assure and document the provision of comparable services to each such child identified will occur within 30 days.

- Each Area Director will document any issues that result from inadequate capacity within current contracted services and provide that documentation on no less than a quarterly basis to the Division of Medicine and the Division of Contract Management. In the event that capacity issues are determined to prevent compliance with the requirement of this measure, then the Area Director will reinforce with area office staff the Flexible/ Discretionary funding may be used to obtain an alternate source for this service.

- The Bureau Chief of Child Welfare and the Bureau Chief of Behavioral Health will jointly develop any necessary proposals to address lack of capacity issues as a component of the Resource Management initiative (see Initiative D).

- The Transition Task Force will form an interagency task force to resolve barriers to services, and to find solutions together to meet clients needs (see also Outcome #15)

## Endnotes

**Each of the following items provides details of persons responsible for coordinating each of the implementation steps, along with expected timeframes.**

| Section 1: Initiatives | | | | |
|---|---|---|---|---|
| Endnote symbol | Implementation Step | Start date | Complete date | Persons Responsible |
| i | A. Develop a Comprehensive Assessment Process | | | Tim Marshall |
| ii | Develop an Empirically Valid Risk Assessment and Safety Protocol | 6/1/04 | 12/1/04 | Allon Kalisher |
| iii | Implement Multidisciplinary Consultations | 6/1/04 | 12/1/04 | Tim Marshall |
| iv | B. Treatment Planning Process | | | Tim Marshall |
| v | Implement Family Conferencing Model | 6/1/04 | 2/1/05 | Tim Marshall |
| vi | Engage family members and their natural supports (tools such as Locate Plus) | 7/1/04 | 7/30/04 | Tim Marshall |
| vii | Modify Treatment Plan (*document*) | 6/1/04 | 12/31/04 | Tim Marshall |
| viii | Implement Transition Plans (*at the time of case closing*) | 9/1/04 | 12/31/04 | Allon Kalisher |
| ix | C. Strengthen the Role of Supervision for Results-Oriented Case Practice | | | Siobhan Trotman |
| x | Emphasize Case Consultative Supervision | 8/2/04 | 11/1/04 | Siobhan Trotman |
| xi | D. The Development of a Managed Service System | | | Ann Adams |
| xii | Design and Build the MSS Operational Structure | 7/1/04 | 9/1/04 | Ann Adams |
| xiii | Develop New Types of Service and the Allocation of Resources | | | Ann Adams |
| xiv | Proposals for Group Homes | 7/1/04 | 6/1/05 | Ann Adams |
| xv | Family Support Teams | 11/1/04 | 8/1/05 | Ann Adams |
| xvi | Alternatives for Riverview Cohorts | 4/6/04 | 7/1/05 | Anne Steers<br>Ann Adams |
| xvii | Supportive Housing Expansion | 4/1/04 | 7/1/04 | Allon Kalisher |
| xviii | Potential Foster Care Privatization | 8/3/04 | 12/1/04 | Anne Steers |
| xix | Flexible Funds | 10/1/03 | 3/4/04 | Ann Adams |

| Section 2: Essential Aspects of All 22 Outcome Measures | | |
|---|---|---|
| xx | Policy Revisions | Ongoing: Tom DeMatteo |
| xxi | Quality Improvement | Ongoing: Lou Ando |
| xxii | Results Oriented Management Tool (ROM) | Statewide Access 8/1/04: Allon Kalisher |
| xxiii | LINK Updates and Enhancements | Ongoing: Suzanne Niedzielska |
| xxiv | Quality Improvement Teams (*QIT*) and Outcome Project Leads | Statewide 9/1/04: Area Directors, Lou Ando, Michael Schultz & Maribel Vazquez |
| xxv | Quarterly Case Reviews | Ongoing: Lou Ando |
| xxvi | Analytical and Evaluative Capabilities: Chapin Hall, Pew, Partnership, Survival Analysis | Ongoing: Allon Kalisher |
| xxvii | Staff Training Plan | Ongoing: Siobhan Trotman, Jodi Hill |

| xxviii | Human Resources | Ongoing: Wanda Estrella | |
|---|---|---|---|
| | **Section 3: Steps, Specific to Each of the Outcome Measures** | | |
| | | Expected Impact Date* | |
| xxix | Outcome Measure #1: Timely Investigation Commencement | 9/1/04 | Karl Kemper |
| xxx | Outcome Measure #2: Completion of Investigation within 45 days | 9/1/04 | Karl Kemper |
| xxxi | Outcome Measure #3: Treatment Plans | 7/1/05 | Tim Marshall |
| xxxii | Outcome Measure #4: Search for Relatives | 12/1/04 | Tim Marshall |
| xxxiii | Outcome Measure #5: Repeat Maltreatment (in-home) | 7/1/05 | Allon Kalisher |
| xxxiv | Outcome Measure #6: Maltreatment in DCF Care | 5/1/06 | Allon Kalisher |
| xxxv | Outcome Measure #7: Reunification within 12 months | 5/1/06 | Kim Nilson |
| xxxvi | Outcome Measure #8: Adoption within 24 months | 5/1/06 | Kim Nilson |
| xxxvii | Outcome Measure #9: Transfer of Guardianship within 24 months | 5/1/06 | Kim Nilson |
| xxxviii | Outcome Measure #10: Sibling Placement | 5/1/05 | Anne Steers |
| xxxix | Outcome Measure #11: Re-entry into DCF Care | 5/1/06 | Allon Kalisher |
| xl | Outcome Measure #12: Multiple Placements | 11/1/04 | Anne Steers |
| xli | Outcome Measure #13: Foster Parent Training | 12/1/04 | Anne Steers |
| xlii | Outcome Measure #14: Placement within Licensed Capacity | 1/1/05 | Anne Steers |
| xliii | Outcome Measure #15: Children's Needs Met | 5/1/06 | Tim Marshall |
| xliv | Outcome Measure #16: Worker-Child Visitation (out-of-home) | 4/1/05 | Tim Marshall |
| xlv | Outcome Measure #17: Worker Child Visitation (in-home) | 4/1/05 | Tim Marshall |
| xlvi | Outcome Measure #18: Caseload Standards | 7/1/04 | Karl Kemper |
| xlvii | Outcome Measure #19: Residential Reduction | 5/1/06 | Ann Adams |
| xlviii | Outcome Measure #20: Discharge Measures | 1/1/05 | Ann Adams |
| xlix | Outcome Measure #21: Discharge of Mentally Ill and DMR Children | 1/1/05 | Ann Adams |
| l | Outcome Measure #22: Multidisciplinary Examinations | 5/1/05 | Tim Marshall |

"Expected Impact Dates": These dates represent the Department's statewide expectation to substantially achieve each of the outcome measures, recognizing that some measures require more time than others.

Currently, there is a range of success among the area offices, depending on the selected outcome. The Department must gain consistency between offices and reach the outcome levels, across the state.

The Department is confident that the expected impact dates are realistic, only with the continued efforts of all staff. Achievement requires implementing best practices with utmost efficiency, reliance on data to make informed decisions, and overall continuous quality improvement. To this end, each and every member of DCF's team must start working now toward the outcome measures for each child and family we serve. Furthermore, efforts must stay focused for the entire time, leading to achieving and sustaining all 22 outcome measures by November 1, 2006.