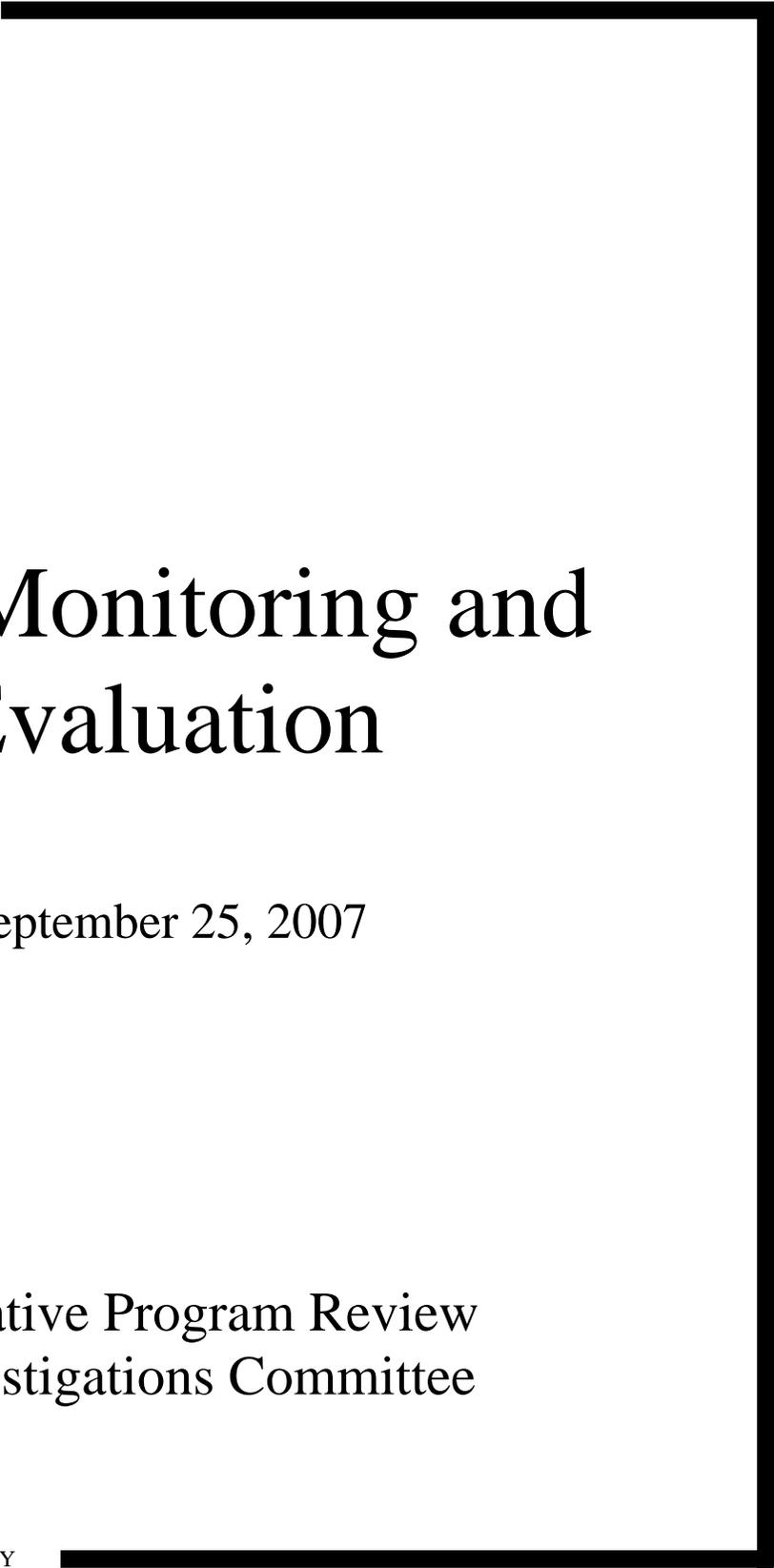


Staff Briefing



# DCF Monitoring and Evaluation

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Legislative Program Review  
& Investigations Committee

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## DCF Monitoring and Evaluation

The Connecticut Department of Children and Families (DCF) has broad authority and primary responsibility for the state's child welfare mandates -- protection from abuse and neglect, children's behavioral health and juvenile delinquency systems, and related prevention efforts. To carry out its mission, the department has a current budget of \$820 million and a full-time staff of 3,500 employees.

Since its formation as a consolidated children's agency in 1974, the department has been studied, audited, reviewed, and subject to legal action, almost continuously. Multiple entities outside the agency, such as the state Office of the Child Advocate, legislative committees, national accrediting bodies, federal agencies that provide funding for children's services, and the Judicial Branch track aspects of DCF performance and provide oversight of various program outcomes. Concerns continue to be raised about the efficiency, effectiveness, and advocacy capabilities of DCF.

At the same time, there have been a number of developments to improve department operations and services in recent years, many in response to the ongoing federal *Juan F.* lawsuit consent decree. Caseloads for the agency's social workers are lower, community-based services have been expanded, and there is more collaboration with other agencies involved with children and families such as the Departments of Social Services, Mental Health and Addiction Services, Mental Retardation (DSS, DMHAS, DMR) and the Court Support Services Division (CSSD) of the Judicial Branch.

The Department of Children and Families has also instituted various internal monitoring and evaluation efforts, such as those carried out by its recently reorganized continuous quality improvement bureau, as ways to strengthen its management decision making and agency accountability. An effective process for tracking and assessing results is the cornerstone of accountability and improved performance of state agencies. In April 2007, the Legislative Program Review and Investigations Committee voted to undertake a study to comprehensively assess efforts, both internal and external, to monitor and evaluate DCF.

### Purpose

The purpose of the study is to determine areas of strength and weakness, as well as gaps and redundancies, in the existing DCF accountability system. The main goal is to identify improvements to the system that would lead to better agency performance and better client outcomes. Specifically, this study is focused on: 1) describing how goals set by and for the agency are measured and tracked; 2) evaluating the department's progress in attaining these goals; 3) examining the extent to which the results of monitoring and evaluation efforts are used by DCF to improve the services it provides to children and families; and 4) identifying ways to increase the effectiveness of the overall accountability system for the agency.

## Approach

The committee study is focused on monitoring and evaluation of DCF that has occurred over the past three to five years, both within and outside of the agency. For this study:

- The term “**monitoring**” refers to the effort to systematically track program delivery<sup>1</sup>. It can answer such questions as: has a program been delivered as planned and to the group for which it was intended? Did particular activities occur within a given time frame? Did the program serve the number of children it was expected to serve?
- The term “**evaluation**” means efforts to determine the extent to which programs are effective, which can answer such questions as: what impact has the program had on the people it served? Did the expected program outcomes occur? Is anyone better off?<sup>2</sup> What is the program’s cost in relation to its benefits?

If the DCF monitoring and evaluation system is working well, the quality of agency programs and services should continually improve, benefiting the clients and justifying the public’s investment. When information on actual results is produced, and then used by the agency to guide decisions on policies, operations, and resources, more efficient and effective services for children and families should result. The key research question is: do existing efforts to track agency accomplishments and assess client outcomes result in better services for children and families?

The overall approach to the study, illustrated in Figure 1, has five main components. These components, described in detail in Appendix A, are:

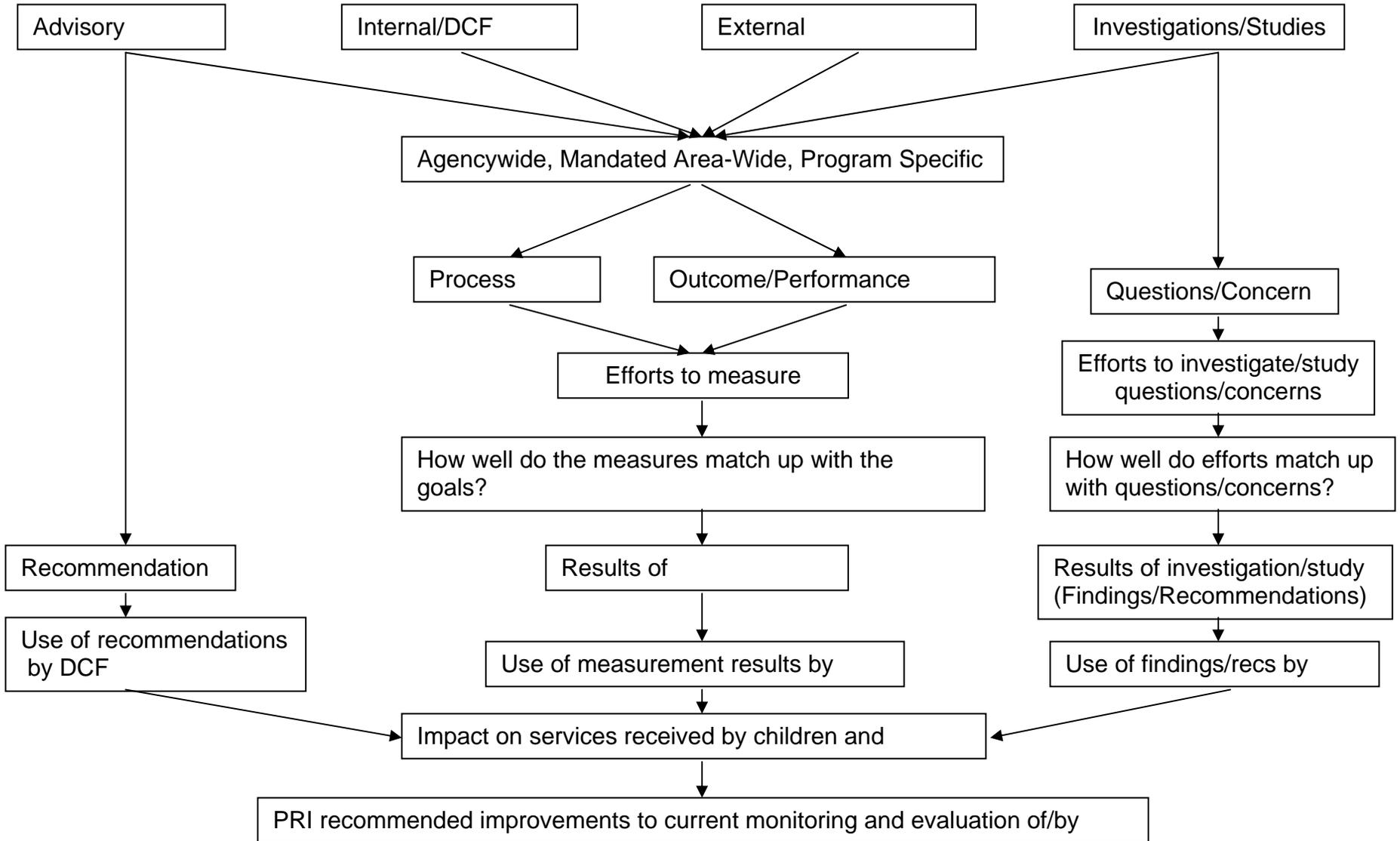
- 1) Capture and categorize, by source, efforts to monitor and evaluate DCF accomplishments and identify the goals the agency is trying to achieve;
- 2) Assess how well the various efforts to measure agency goals and progress made are working;
- 3) Summarize the outcome information produced and reported (e.g., results achieved, deficiencies noted and recommended improvements);
- 4) Describe the impact of the feedback information on DCF decisions about policies, resources, and services; and
- 5) Recommend ways to make the current monitoring and evaluation system more effective, thereby improving the quality of DCF programs and services for children and families.

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<sup>1</sup> Rossi, P. H. & Freeman, H. E., *Evaluation: A Systematic Approach 5*, Newbury Park, CA: Sage Publications, Inc., 1993.

<sup>2</sup> Friedman, M., *Trying Hard Is Not Good Enough: How To Produce Measurable Improvements for Customers and Communities*, Victoria, BC, Canada: Trafford Publishing, Ltd., 2005

**Figure 1. Monitoring and Evaluation of DCF: PRI Study**



Four main sources of DCF monitoring and evaluation have been identified: internal efforts; external efforts; outside investigations and studies; and advisory groups established under federal or state law. As Figure 2 shows, a variety of activities are occurring within each category at present.

At this point in the study, program review committee staff is compiling descriptive information about the numerous efforts to oversee and assess the department's performance. As the study continues, staff will analyze each type of activity to determine: the scope of the monitoring and evaluation effort, in terms of agency goals, programs or issues; the type and quality of results information produced; and whether the information on results was used by DCF to make changes that improve its programs and services. Based on this review, committee staff will try to assess which monitoring and evaluation efforts have been effective, which have not, and why.

For example, goals could be missing or so vague results cannot be measured. Available data may be inappropriate or insufficient for measuring results. Good results data may be produced but not reported to decision makers. Even if reported, monitoring and evaluation information may not be used by managers and policymakers for a number of reasons.

By looking at the full range of internal and external DCF monitoring and evaluation activities, staff intend to identify successful practices that could be implemented more broadly, as well as areas where efforts are lacking or need strengthening. Also, for the first time, information on DCF goals and accomplishments from all sources, within and outside the agency, will be centrally collected; data on results can be reviewed, compared, and analyzed to develop a full picture of agency performance.

Two key efforts -- DCF's own monitoring and evaluation activities and federal court monitoring of the agency -- are described in detail in later sections of this briefing report. National experts consider a strong internal quality improvement system essential for improving child welfare agencies' services and outcomes for their clients.<sup>3</sup> As Section II discusses, DCF carries out an extensive array of functions to assess compliance, evaluate services, report on activities, manage risk, and improve its work. Program review staff is in the process of reviewing how the information generated by these many internal efforts is applied to achieve compliance with federal, state, and agency requirements, promote accountability, and implement needed policy and practice improvements on a continuing basis.

Federal court monitoring, particularly related to the *Juan F.* lawsuit consent decree, is a significant external effort for two reasons. First, complying with the *Juan F.* consent decree continues to be a driving force of DCF's internal monitoring and evaluation efforts. Second, the *Juan F.* exit planning process, described in detail in Section III, appears to be a good example of how effective monitoring and evaluation can achieve positive outcomes for children and families.

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<sup>3</sup> National Child Welfare Resource Center for Organizational Improvement, Edmund S. Muskie School of Public Service, University of Southern Maine (a service of the Children's Bureau, U.S. Department of Health and Human Services), *A Framework for Quality Assurance in Child Welfare*, March 2002.

## Figure 2. Current Efforts to Monitor and Evaluate DCF

### Internal Monitoring & Evaluation

- DCF Bureau of Continuous Quality Improvement -- carries out functions such as compliance and effectiveness reviews of any contracted or agency operated programs, risk management analysis, corrective action development, and service provider licensing
- DCF performance-based contracting of private service providers
- DCF Research and Development Unit -- responsibilities include internal investigations and follow-up of child fatalities
- DCF contracted evaluations to assess programs and services
- DCF Ombudsman Office -- responds to complaints and inquiries from children and families about agency policies, programs, and facilities

### External Monitoring & Evaluation

- Federal
  - U.S. Department of Health and Human Services
    - Administration for Children and Families (ACF) -- conducts Child and Family Services Reviews, Foster Care Eligibility Reviews, and assessments of state automated child welfare information systems
    - Substance Abuse and Mental Health Services Administration (SAMHSA)
  - U.S. Department of Justice
    - Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- Legislative Branch (e.g., oversight by committees of cognizance, Results-Based Accountability)
- Judicial Branch/Federal Court Monitors (e.g., *Juan F.* Court Monitor's Office)
- Independent Accreditation Groups
  - The Joint Commission (hospitals)
  - Council on Accreditation (child welfare agencies)
  - Commission on Accreditation for Corrections (correctional facilities)

### Investigations/Ad Hoc Studies

- Office of the Child Advocate
- Child Fatality Review Panel
- Legislative study groups (e.g., Juvenile Jurisdiction Planning and Implementation Committee)

### Advisory Groups

To date, PRI staff has identified more than a dozen advisory groups charged with reviewing and providing recommendations about DCF activities, for example:

- State & Area Advisory Councils to DCF
- Connecticut Juvenile Training School (CJTS) Advisory Board
- Connecticut Citizen Review Panel (required by federal law)
- Connecticut Behavioral Health Partnership Oversight Council

Source: PRI staff analysis

Under the consent decree exit plan process, specific, measurable, attainable goals (the *Juan F. Outcome Measures*) were established for the agency's most critical child welfare functions. Using good quality data, progress in reaching these goals is regularly reviewed and reported. The information is used by agency management to make decisions on policies and services, as well as to develop corrective actions to improve performance. Most importantly, this focused effort by the court monitor and DCF to track results and assess outcomes has resulted in quantifiable improvements in services for children and families. Program review staff, acknowledging the unique impact of potential federal court sanctions, will be exploring the successes of federal court monitoring in more depth to determine if there are aspects of the process that can be applied to other agency activities.

**Previous committee studies of DCF.** It is not uncommon for the program review committee to conduct multiple studies of an agency over time, especially a complex one like DCF. In 1999, the program review committee conducted a review of the overall mission of the department. PRI had examined aspects of the department six times prior to undertaking that study.<sup>4</sup> The current PRI study differs from all the previous reviews in that it is focusing on a central function rather than specific mandates -- how DCF monitors and evaluates itself, and how it processes feedback from outside groups, in an effort to continually improve performance and achieve desired outcomes for the children and families it serves.

In contrast to the present study scope, the committee's 1999 program review was aimed at determining the appropriate roles, responsibilities, and structure for carrying out DCF's ambitious child protection, behavioral health, juvenile justice and prevention mission. The study goal was to identify ways to promote strong leadership for each agency mandate and provide high quality, integrated services that meet the needs of at-risk children and families.

The 1999 final report proposed, as an alternative to the consolidated agency approach for fulfilling the state's goals for children and families, a significant restructuring of the department's duties (i.e., the transfer of its behavioral health and juvenile delinquency responsibilities to other agencies). In addition, it recommended the creation of an independent office of the secretary for children to: oversee and coordinate all state policy and resources on children and families; and to develop, monitor and report on benchmarks for state services provided to children and families.

Given its different scope of study, the committee's current review of DCF will likely produce different results. Furthermore, conditions have changed, both within the agency and in the overall environment of children's services. Major developments since the last program review committees study of the agency, as well as the main findings and recommendations of the 1999 report, are highlighted in Appendix B.

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<sup>4</sup>Earlier reports include: *The Department of Children and Youth Services: A Program Review* (1978); *Juvenile Justice in Connecticut* (1977); *Psychiatric Hospital Services for Children and Adolescents* (1986); *Juvenile Justice in Connecticut* (1988); *Department of Children and Youth Services: Child Protective Services* (1990); and *Department of Children and Families Foster Care* (1995).

As noted in that appendix, DCF has significantly increased its capacity for self-evaluation and internal corrective action. There also are more external mechanisms for providing productive feedback to the agency and for ensuring accountability for results. Improvements in DCF performance sought previously through restructuring proposals, therefore, may be attainable through better internal and external monitoring and evaluation efforts. Program review staff findings addressing this matter, and any related recommendations, will be presented in the next report to the committee.

## **Report Organization**

The remainder of this briefing report is organized into three sections. For those who may be unfamiliar with the Department of Children and Families, background on the agency's mission and guiding principles, major mandates and activities, current organization, and budget is provided in Section I. A brief history of the department is contained in Appendix C. Section II describes the agency's internal efforts to monitor and evaluate its programs and services through various quality assurance and improvement activities such as administrative case reviews, licensing, program reviews, and risk management. Finally, Section III discusses the *Juan F.* consent decree exit plan process and other federal court monitoring efforts.



## **Background: Overview of DCF**

Connecticut established its consolidated children's agency, the Department of Children and Families, in the 1970s. The legislature combined the state's primary child welfare programs in one organization with the intent of achieving a comprehensive, coordinated statewide system of services for children and families who are at risk because of abuse or neglect, delinquency, mental illness, emotional disturbance, or substance abuse problems.

Since its formation, the department has undergone numerous internal reorganizations, shifts in policy and practice, and almost continuous critical review as it seeks to carry out its complex mission. Background information on DCF is presented below and includes: an overview of the agency's mission and operating principles; descriptions of its major mandates and associated programs and activities; and a summary of the department's current organization and budget. A brief history of the agency and children's services in Connecticut is provided in Appendix C.

## **Mission and Guiding Principles**

The purpose and goals of the Department of Children and Families are implied in many of its legislative mandates, although there is no single statutory policy statement about the agency's role. Over time, the department has adopted various mission statements that reflect its broad scope as well as the general evolution of child welfare policy and practice. The current mission of DCF, as stated on the agency's website, is: to protect children, improve child and family well-being and support and preserve families. These three main goals -- safety, well-being, and permanency -- are common to most state and federal child welfare agencies.

Safety and permanency as goals for children in the department's care and custody do have a statutory basis. Since 1998, DCF is required by law to prepare a written plan for each child and youth under agency supervision that includes, but is not limited to: "... a goal for permanent placement ... which may include reunification with the parent, long-term foster care, independent living, transfer of guardianship or adoption. The child's or youth's health and safety shall be the paramount concern in formulating the plan." Under another state statute, it is the policy of Connecticut to protect children from abuse, strengthen the family and make homes safe for children, and provide a temporary or permanent nurturing and safe environment for children when necessary.

DCF management officially adopted six guiding principles for all agency activities based on its mission statement. In addition to an overarching principle of safety, permanency, and well-being, the following five specific principles are intended to guide department practice:

- Principle One: Families as Allies
- Principle Two: Cultural Competence
- Principle Three: Partnerships
- Principle Four: Organizational Commitment

- Principle Five: Work Force Development

Descriptions of each principle were developed by the department and are provided to all employees and contracted providers, and made available to the general public. A copy of the agency's mission and guiding principles document is presented in Appendix D.

### **Major Duties and Responsibilities**

The Department of Children and Families has broad authority and responsibility for protecting and supporting children and families by carrying out state and federal child welfare, juvenile justice, and children's mental health and substance abuse programs. Current state statutes require the department to:

- "...plan, create, develop, operate or arrange for, administer and evaluate a comprehensive and integrated state-wide program of services including preventive services for children and youths..." who are abused, neglected or uncared for, mentally ill or emotionally disturbed, substance abusers, delinquent, or whose behavior does not conform to the law or acceptable community standards.<sup>5</sup>
- provide a "flexible, innovative, and effective program for placement, care, and treatment" of committed, transferred and voluntarily admitted children and youth, as well as provide appropriate services as needed to the families of children and youth in its care.
- work in cooperation with other agencies and organizations to provide or arrange for preventive programs, including but not limited to teenage pregnancy and youth suicide prevention.
- establish or contract for services for the "identification, evaluation, discipline, rehabilitation, aftercare, treatment, and care of children and youth served by the agency...."
- "... undertake or contract for or otherwise stimulate research concerning children and youth...."

At present, the agency contracts with nearly 200 different private providers for more than 100 types of services for its clients. The Department of Children and Families, as specified in state statute, also operates the state's only public psychiatric hospital for children and youth, two residential treatment facilities, and a secure correctional facility for delinquent boys. The department also runs a therapeutic program for troubled youth through its Wilderness School, another facility named in statute. Table I-1 provides a brief description of each DCF facility.

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<sup>5</sup> For the purposes of DCF statutory provisions, child means a person under the age of 16 and youth means a person at least age 16 and under age 19.

<b>Table I-1. Facilities Operated by DCF</b>	
<b>Name/Location</b>	<b>Scope</b>
<i>Riverview Hospital for Children and Youth</i> Middletown	98-bed psychiatric hospital for children and adolescents ages 5 through 17. Patients admitted when intensive 24-hour care and treatment is necessary in a protected environment.
<i>High Meadows</i> Hamden	42-bed residential treatment facility for severely emotionally disturbed adolescents (ages 12 to 17) who require intensive and comprehensive 24-hour services but not a closed setting.
<i>Connecticut Children's Place (CCP)</i> East Windsor	Formerly the State Receiving Home, now a 54-bed residential diagnostic center for children and youth ages 10 to 18, who are in need of protection due to abuse, neglect, abandonment, unmanageable behavior or sudden disruption in their current placement or residence. Diagnostic and evaluation services and brief treatment are available while permanent placement is pending.
<i>Connecticut Juvenile Training School (CJTS)</i> Middletown	Secure facility for approximately 100 boys who are committed delinquents; intended to prepare residents for successful community re-entry through educational, treatment and rehabilitative services. (Opened in 2001 to replace Long Lane School)
<i>The Wilderness School</i> East Hartland	Therapeutic camp/outdoor expedition program for troubled youth age 13 and over intended to foster positive development; 20-day, 5-day, 1-day and alumni follow-up programs are provided.
Source of information: Connecticut General Statutes and DCF agency website.	

**Monitoring and evaluation.** The agency has a number of specific statutory charges to monitor, assess, and evaluate its activities. It is required to:

- collect, interpret and publish statistics related to children and youth in the department;
- conduct studies of any program, service or facility developed, operated, contracted for or supported by the department to evaluate its effectiveness; and
- prepare and submit biennially to the General Assembly a five-year master plan that includes but is not limited to:
  - the department's long-range goals and their current level of attainment; and
  - an overall assessment of the adequacy of children's services in Connecticut.

DCF is also required by law to award funding to community service programs in proportion to their effectiveness. Furthermore, it must: evaluate the programs based on analysis of their outcomes and an assessment of service needs; and collect, maintain, and analyze data used for evaluation on an ongoing basis. As noted below in the discussion of the current agency organization, a grants development and contract division within the Bureau of Finance has responsibility for the DCF performance-based contracting process. Program review staff is examining the agency's contract monitoring procedures, including how contractor performance information is used for decision making.

Under state statute, DCF must report each year to the governor and legislature on the status of all children committed to the department. It also must establish and maintain a central registry of all children with permanency plans that recommend adoption and, under legislation enacted in 1999, have a system in place to monitor progress in implementing such plans. Program review staff is compiling information on the status of the various reports, plans, and reviews the department is required by state or federal law to produce, or to receive from service providers and advisory groups.

Legislation enacted in 2005 requires the department to seek accreditation from the national accrediting body for public child welfare agencies, the Council on Accreditation (COA). The COA accreditation process and standards and DCF efforts to comply with this requirement are being analyzed by committee staff. Results will be discussed in the next staff report.

**Federal mandates.** DCF is the state agency responsible for carrying out a number of federal mandates in areas of child welfare, children's behavioral health, and juvenile delinquency. Currently, the department is subject to oversight by: the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF); the Substance Abuse and Mental Health Services Administration (SAMHSA) of the health and human services department; and the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP). It must prepare any required state plans, grant applications and reports for these federal agencies.

Federal monitoring and evaluation activities related to DCF, such as the ACF Child and Family Services Reviews carried out for all state child welfare agencies, are being examined in-depth by committee staff. The next staff report will include findings related to the impact of the major federal oversight activities on DCF services and programs for children and families.

**Advisory groups.** At least 16 councils, committees, commissions and boards established in accordance with state and federal law have responsibility for advising and assisting DCF or generally providing input to the governor and/or legislature on matters within the department's purview. As Table I-2 shows, these groups include:

- general agency advisory groups, such as the statewide and area advisory councils and the advisory groups for DCF facilities; and
- program or issue specific advisory groups, such as the Behavioral Health Partnership Oversight Council and the Youth Suicide Advisory Board.

Program review staff currently is reviewing the roles of these advisory groups in tracking program outcomes, assessing performance and making recommendations to DCF for service improvements. Findings concerning DCF monitoring and evaluation efforts by its outside advisory groups will be included in the next report to the committee.

**Table I-2. Statutory Children’s Services Advisory Groups**

AGENCY/FACILITY	YEAR ESTABLISHED	ROLE
<b>State Advisory Council (SAC)*</b>	1971 (P.A. 818)	Make recommendations to DCF commissioner to improve services; annually advise on agency budget
<b>Area Advisory Councils*</b>	1975 (P.A. 75-524)	Advise commissioner and respective area director on services and facilitate service coordination within the area
<b>DCF Institution/Facility Advisory Groups *</b>	1971 (P.A. 818)	Established at discretion of DCF commissioner to provide advice regarding agency facilities; currently in place for: Riverview, High Meadows, and CJTS; The Children’s Place group is inactive
<b>BEHAVIORAL HEALTH</b>		
<b>Children’s Behavioral Health Advisory Committee (CBHAC)*</b>	2000 (P.A. 00-188)	Make recommendations to the SAC on behavioral health services
<b>Connecticut Behavioral Health Partnership Oversight Council (BHPOC)*</b>	2005 (P.A. 05-280)	Advise DCF on the implementation and progress of the Behavioral Health Partnership; with DCF and the Dept. of Social Services, monitor the partnership’s contracted administrative services organization (ASO)
<b>JUVENILE JUSTICE</b>		
<b>CJTS Public Safety Committee*</b>	1999 (P.A. 99-26)	Review safety and security issues that affect the CJTS host community
<b>Commission on Racial and Ethnic Disparity in the Criminal Justice System</b>	2000 (P.A. 00-154)	Develop and recommend policies/ interventions and prepare annual juvenile justice plan to reduce racial and ethnic minorities in juvenile justice system
<b>Juvenile Justice Advisory Committee</b>	1974 (federal)	Advise governor and OPM on juvenile justice and delinquency prevention matters
<b>Families With Service Needs (FWSN) Advisory Board</b>	2006 (P.A. 06-188)	Monitor progress of DCF in developing services for girl FWSNs and other girls; monitor Judicial Dept. implementation of PA 05-250 and, if requested, provide advice and make recommendations regarding the act’s implementation
<b>PROTECTIVE SERVICES</b>		
<b>Citizen Review Panel(s)*</b>	1996 (federal)	Evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with its federal child welfare plans
<b>Governor’s task force on abused children*</b>	1996 (P.A. 96-246)	Study and make recommendations concerning handling of serious child abuse; under C.G.S. Section 17a-106a, mandated to monitor and evaluate the department’s multidisciplinary child abuse teams
<b>Advisory Committee on Adoption of and Service to Minority and Hard-to-Place Children*</b>	1999 (P.A. 99-166)	Promote adoption of minority and hard to place children; at least annually make recommendations DCF for programs and projects
<b>PREVENTION</b>		
<b>Youth Suicide Advisory Board*</b>	1989 (P.A. 89-191)	Make recommendations regarding prevention; develop a strategic youth suicide prevention plan
<b>Nurturing Families Network Advisory Commission</b>	2005 (P.A. 05-246)	Monitor the network and advise the legislature on outcomes and recommended modifications
<b>Child Poverty and Prevention Council</b>	2004 (P.A. 04-238)	Develop a 10-yr plan to reduce child poverty and establish prevention goals and outcome measures to promote the health and well-being of children and families
<b>Children’s Trust Fund Council</b>	2005 (P.A. 05-246)	Use trust fund resources to finance child abuse prevention and family resources programs; monitor the state’s Nurturing Family Network

\* Directly advises DCF

Source: PRI Staff analysis

## State Mandated Areas and Programs

The department's many programs and activities are generally organized by its four main statutory mandate areas: child protective services; children and youth behavioral health services; juvenile justice services for adjudicated delinquents; and prevention services. DCF also categorizes its treatment services within each area on a continuum ranging from community-based and in-home services to increasingly intensive out-of-home placements. Like federal and other state children's agencies, providing appropriate care in the least restrictive, most family-like environment possible is the underlying goal of most of the department's efforts.

Each DCF mandate area and the main programs and activities it includes are described briefly below. Figure I-1 summarizes, by area, the many types of services carried out or funded by the department during FY 07.

**Child protection.** Efforts to protect children from abuse or injury are the core work of DCF in its role as the state's primary child welfare agency. If children cannot remain safely at home, the department must arrange temporary placements with relatives, in foster homes, or in other residential settings. When reunification with their families is not possible, DCF is required to seek permanent homes for children through other means, such as adoption and subsidized relative care.

Services in the child protection area usually start with the Child Abuse and Neglect Hotline, which is the state's single point of contact for reporting suspected child abuse and neglect. It is operated 24 hours a day, seven days a week by DCF. Accepted reports are forwarded for investigation by trained professional social work staff in the department's area offices. If abuse or neglect is substantiated, the case is assigned to an area office treatment social worker for ongoing services to help ensure the child is safe and the family is supported. During FY 06, DCF received 43,500 abuse and neglect reports, investigated 28,790, and substantiated 7,568.

The treatment social worker is responsible for providing appropriate services to the child and family, which may be in-home supports, such as a parent aide or substance abuse screening, if safety can be assured, or out-of-home care, if removal is required. In accordance with federal and state requirements, DCF must develop an initial written treatment plan for every child under its supervision within a specific time frame and treatment plans must be reviewed every six months.

In most cases, children who are removed from their homes are placed in foster homes, all of which are licensed by the department. On average during FY 06, about 3,200 children were living in foster care. If the department determines reunification with the child's own family is not possible, the social worker will try to achieve permanency through other options such as adoption, a subsidized guardianship with a relative, or sometimes, in the case of older children, independent living arrangements. In FY 06, over 1,200 children were living with licensed relative caregivers and over 700 youths were in independent living situations. Also that year, the department finalized 498 adoptions and granted 308 subsidized guardianships.

**FIGURE I-1. DCF AGENCY SERVICES AND PROGRAMS BY MANDATE AREA : FY 07**

<b>CHILD PROTECTION (CP)</b>	<b>BEHAVIORAL HEALTH (BH)</b>	<b>JUVENILE JUSTICE (JJ)</b>	<b>PREVENTION</b>
<u>CP Community Based Services</u> <ul style="list-style-type: none"> <li>▪ Hotline</li> <li>▪ Social Work (Area Offices)</li> <li>▪ In-Home (family preservation, parent aide, substance abuse screening)</li> </ul>	<u>BH Community Based Services</u> <ul style="list-style-type: none"> <li>▪ KidCare</li> <li>▪ Emergency mobile psych</li> <li>▪ Care coordination</li> <li>▪ Parent advocacy</li> <li>▪ Child guidance clinics</li> <li>▪ Extended day treatment</li> <li>▪ Substance abuse treatment including family-focused and supportive housing programs</li> <li>▪ Flexible Funding</li> <li>▪ Intensive in-home treatment                             <ul style="list-style-type: none"> <li>• MST (multi-systemic therapy)</li> <li>• MDFT (multi-dimensional family therapy)</li> <li>• FFT (functional family therapy)</li> <li>• IICAPS (intensive in-home therapy &amp; counseling)</li> <li>• FST (family support team)</li> </ul> </li> </ul>	<u>JJ Community Based Services</u> <ul style="list-style-type: none"> <li>▪ Parole Services</li> <li>▪ Aftercare for Delinquent Youth                             <ul style="list-style-type: none"> <li>• MST(multi-systemic therapy)</li> <li>• Outreach, Tracking and Reunification and Choice</li> <li>• STEP (Success Teams for Educational Progress)</li> </ul> </li> </ul>	<u>Fund and directly provide:</u> <ul style="list-style-type: none"> <li>▪ Parent Education and Assessment Services</li> <li>▪ Positive Youth Development Initiative</li> <li>▪ Suicide Prevention</li> <li>▪ Youth Suicide Prevention Project</li> <li>▪ Early Childhood</li> <li>▪ Mentoring</li> <li>▪ Parents with Cognitive Limitations Workgroup</li> <li>▪ Regional Homelessness Prevention Training</li> <li>▪ Family Day</li> <li>▪ Child Abuse Prevention Month</li> <li>▪ The Wilderness School</li> </ul>
<u>CP Out of Home Services</u> <ul style="list-style-type: none"> <li>▪ Adoption</li> <li>▪ Subsidized Guardianship</li> <li>▪ Relative Caregivers</li> <li>▪ Foster Care</li> <li>▪ Independent Living</li> <li>▪ SAFE Homes</li> </ul>	<u>BH Out of Home Services</u> <ul style="list-style-type: none"> <li>▪ Residential treatment</li> <li>▪ Group homes</li> <li>▪ Therapeutic group homes (new model 2005)</li> <li>▪ Specialized foster care</li> <li>▪ Treatment foster care</li> <li>▪ Professional parent</li> <li>▪ Transitional (to DMHAS)</li> <li>▪ Residential drug treatment</li> <li>▪ Short-term residential substance abuse treatment</li> <li>▪ Short-term assessment resource homes (replaced shelters)</li> <li>▪ Respite services</li> </ul>	<u>JJ Out of Home Placements</u> <ul style="list-style-type: none"> <li>▪ Residential Treatment</li> <li>▪ Group homes</li> <li>▪ Specialized foster care</li> <li>▪ Treatment foster care</li> <li>▪ Professional parent</li> <li>▪ Inpatient drug treatment</li> <li>▪ Short-term residential substance abuse treatment</li> </ul>	

**Behavioral health.** DCF is responsible for addressing the behavioral health needs of Connecticut's children by planning, developing, and providing appropriate mental health and substance abuse assessment, treatment, and aftercare services. The agency provides services to: children committed to DCF because of abuse and/or neglect; delinquents committed to its custody; and to children and youth with behavioral health needs and no involvement with DCF. State law allows families to apply on a voluntary basis to the department for state funded mental health and substance abuse services for children under 18.

The department operates three behavioral health facilities for persons under age 18 -- Riverview Hospital, High Meadows Center, and Connecticut Children's Place, which were described earlier in Table I-1. It also contracts for residential treatment services as well as a variety of behavioral health treatment programs of lesser intensity, such as partial hospitalization, extended day treatment, child guidance (outpatient) clinics, and emergency mobile psychiatric services.

In FY 06, DCF had 874 children in behavioral health residential placements and the capacity to serve about 2,000 children per year with intensive in-home programs. Riverview Hospital had an average daily census of about 80 children and the department's two other residential behavioral health facilities together served about 260 children during the year.

It is DCF's objective to develop a system of community-based services that allows children with mental health and substance abuse problems to be served in their homes and communities to the greatest extent possible. In collaboration with the Department of Social Services (DSS), DCF is implementing the Connecticut Behavioral Health Partnership (BHP), a system for coordinating, financing, and delivering family-focused, community-based behavioral health services and supports mandated by the legislature in 2005 (P.A. 05-280). The children's services component of this effort is called Connecticut Community KidCare.

***KidCare.*** During the 1980s, through federal research projects and pilot programs, states began developing "system of care" models intended to eliminate gaps and barriers in mental health and related services for children with emotional disturbances. Connecticut Community KidCare grew out of efforts made over the past two decades by children's advocacy groups and parents to establish local systems of care in the state.

Under the model, state agencies, local entities including schools, community-based organizations, public and private service providers, and families, collaborate at the local level to deliver an array of services to meet children's needs through a coordinated network. The principles underlying the system of care concept are:

- Children with behavioral health needs should receive services in their communities whenever possible;
- Parents and families are an integral part of the planning and decision making process; and
- Services need to be provided in a linguistically and culturally competent fashion.

Legislation enacted in 1997 mandated a system of care planning process for certain mentally-ill or emotionally disturbed children, but required DCF to develop and implement services within available appropriations. Limited resources prevented development of comprehensive local systems of care statewide. However, collaborative service networks did begin to operate in some areas of the state in the late 1990s.

In 2000, DCF, in consultation with DSS, was mandated to develop, jointly fund, and evaluate the integrated, community-based behavioral health service delivery system called KidCare for children who: are in DCF custody; receive DCF voluntary services; or are eligible for the state HUSKY medical care program. The subsequent Behavioral Health Partnership enabling legislation incorporated the KidCare program. The BHP law also established an oversight council responsible for monitoring and evaluating implementation and administration of the new partnership, including its KidCare services.

At present, 25 KidCare community collaboratives have been established with DCF assistance and cover all communities in the state. The collaboratives are local systems of care networks comprised of behavioral health and community service providers, parents and advocates. Available services and operations vary, but the following services are in place statewide: inpatient; outpatient; home-based and emergency mobile psychiatric services; partial hospitalization; and crisis stabilization beds. Children with complex behavioral health needs are eligible for enhanced services that may include: care coordination; comprehensive assessment; intensive home-based services; respite services; extended day treatment; residential treatment; individualized support services; and behavioral management and consultation services.

DCF currently funds about 60 care coordinator positions. These employees work with the community collaboratives to provide assistance to families who need help identifying and procuring appropriate services. In partnership with the families, the care coordinators, who largely act as “service brokers,” are responsible for ensuring individual service plans are developed and implemented to meet children’s needs.

In accordance with statutory provisions, the Behavioral Health Partnership contracts with an Administrative Services Organization (ASO) for utilization management services that include clinical oversight, authorizing the correct level of care, and monitoring the types of services used. The current ASO contractor, Value Options, which began operating in January 2006, manages and supports a number of services provided through KidCare. It also generates data for DCF on child-specific service outcomes and service needs by type and area of the state.

**Juvenile justice.** Primary responsibility for carrying out the state’s juvenile justice policies rests with the Judicial Branch. The Juvenile Court and the Court Support Services Division (CSSD) conduct intake and assessment of all juveniles charged with a crime and operate the state’s juvenile probation and detention programs. The Judicial Branch also contracts for a variety of community-based services for delinquent youths.

DCF’s juvenile justice mandate is limited to the system’s most challenging children -- adjudicated delinquents committed by the courts to the agency for care and treatment. Of the approximately 14,000 youths under age 16 referred to the Juvenile Court each year, about 1,200 adjudicated delinquents are committed to DCF for secure out-of-home care.

By law, the department runs the state's only secure residential facility for committed delinquents, the Connecticut Juvenile Training School. DCF also contracts with licensed, private providers for various types of residential treatment needed by juveniles committed to its care. In addition, the agency is responsible for:

- Parole: services and supervision for its juvenile justice clients who have completed out-of-home treatment and are living in the community; and
- Aftercare: services to help delinquents successfully re-integrate back into their communities after discharge from CJTS or a residential program.

The Connecticut Juvenile Training School, which opened in 2001 with a 240-bed capacity, now serves an average daily census of about 100 boys. It replaced the Long Lane School, the department's co-educational facility for delinquent boys and girls. Although planned to be a "state of the art" secure juvenile correction facility, CJTS has been the subject of much criticism since it opened.

Citing serious operating problems, the governor announced in August 2005 a plan to close the facility during 2008 and replace it with several small, regional treatment facilities developed specifically for the CJTS population. That plan is currently under review, in part because no funding has been provided for any of the proposed residential facilities for delinquent boys. Another consideration is what facilities and services will be needed when the new law that raises the age of juvenile jurisdiction to under 18 years old goes into effect in three years (P.A. 07-4, June SS).

The agency does not operate any secure facility for delinquent girls at this time. Instead, DCF sends most of the adjudicated females in its care to private residential treatment programs or Riverview Hospital. In some cases, they are placed at the adult prison for women in Niantic.

A study conducted by an outside consultant for DCF in 2005 outlined a plan for new services for juvenile justice girls in Connecticut.<sup>6</sup> The department currently is working on implementation of that proposed service system for girls as well as initiatives to address a strategic plan for juvenile justice services developed in August 2006. A joint juvenile justice strategic plan was prepared by DCF, CSSD, and a group of stakeholders convened by DCF, through a process facilitated by the Child Welfare League of America (CWLA).<sup>7</sup> The joint plan established a vision, mission, and 10 guiding principles for the state juvenile justice system and set a number of goals in four broad areas: resource development; coordination; data analysis; and workforce development and training.

DCF also is working with the Court Support Services Division, in response to the settlement agreement for the *Emily J.* lawsuit, to develop and implement a corrective action plan for services that can divert children involved with juvenile court from CJTS and other congregate care placements to community-based services. At present, these services include but are not

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<sup>6</sup> Marty Beyer, PhD, *A System of Services for Girls in Connecticut*, December 2005.

<sup>7</sup> DCF Bureau of Juvenile Services and Connecticut Judicial Branch Court Support Services Division, *The Connecticut Juvenile Justice Strategic Plan: Building Toward a Better Future*, August 2006.

limited to, special foster care, therapeutic group homes, mentoring, and family-based substance abuse treatment.

***Families with Service Needs (FWSN).*** Connecticut, like many states, enacted legislation a number of years ago to remove status offenses from the definition of delinquency. Status offenses are behaviors considered unlawful only when committed by individuals under a certain age (usually 16), such as failing to go to school, running away from home, and being beyond parental control. The intent of the law was to remove children who have not committed crimes from the juvenile justice system and provide an alternative, treatment-oriented approach for handling status offenses that can promote positive development and reduce recidivism.

Under P.A. 79-567, which was later amended and went into effect in 1981, the state established separate law enforcement and judicial procedures, and a Families with Service Needs program, for juveniles through age 15 committing status offenses. A parallel program called Youth In Crisis (YIC) that extends a similar process and court services to 16 and 17 year olds acting out in non-criminal ways was established under legislation enacted in 2000.

The FSWN and YIC programs allow families and certain other parties to request and receive services from the juvenile court, ranging from counseling and community-based supervision to evaluations and residential treatment, without going through delinquency proceedings. Children found eligible for the programs are subject to court order and can be held in custody for violating such orders at this time.

However, legislation enacted in 2005, which becomes effective on October 1, 2007, prohibits children adjudicated as FWSNs from being held in a juvenile detention facility or being found delinquent solely for violating a FWSN court order. In addition, before ordering an out-of-home placement or commitment to DCF for a FWSN child, a judge must find there is no less restrictive alternative appropriate to the child's and the community's needs.

In 2006, an advisory board was created by statute (P.A. 06-188) to monitor and make recommendations concerning implementation of the requirements of the FSWN program amendments by DCF and the Judicial Department. Legislation requiring the state to establish a network of family support centers to meet the service needs of juvenile status offenders, a key recommendation from the FSWN advisory board, was passed during the June 2007 special session (P.A. 07-4, June SS).

**Prevention.** The department's broad prevention mandate is to promote positive development in children, youths, families, and communities. To achieve this mandate, the department funds or directly provides: child abuse prevention services; parent education and support; positive youth development programs; early childhood services; juvenile criminal diversion projects and juvenile review boards; mentoring programs; and public awareness campaigns. Specific DCF prevention programs operating in the current fiscal year are listed in Figure I-1.

***Children's Trust Fund.*** Preventing child abuse and neglect is the sole mission of the Connecticut Children's Trust Fund, which provides more direct resources for primary prevention efforts related to children and families than the department. The Children's Trust Fund was

established by statute in 1983 in response to a national movement to create mechanisms in every state to coordinate and fund community-based child abuse and neglect prevention efforts (P.A. 83-20, June SS).

Originally, the fund was administered by DCF, with input from an advisory Children's Trust Fund Council. In 1997, the legislature made the council an independent agency with the authority to use the resources of the Children's Trust Fund to develop, operate, and fund services and initiatives to strengthen families and prevent child abuse and neglect. The council also administers the Parent Trust Fund, which was created in 2001 to fund programs aimed at improving the health, safety, and education of children by teaching parents leadership skills. Each year, the council must report to the legislative committees on human services, public health, and education, concerning the sources and amounts of funds received by the both trust funds and how they were administered and disbursed.

The Children's Trust Fund Council is comprised of 16 members, including the commissioners of the departments of children and families, education, public health, and social services, or their designees and various community representatives appointed by the legislative leadership. Its total estimated budget for FY 07 was nearly \$12.1 million, about 94 percent of which was state General Fund money appropriated to the Children's Trust Fund. Other sources were federal grant monies and private donations. Including the executive director, the Children's Trust Fund Council is staffed by 18 full-time employees at present.

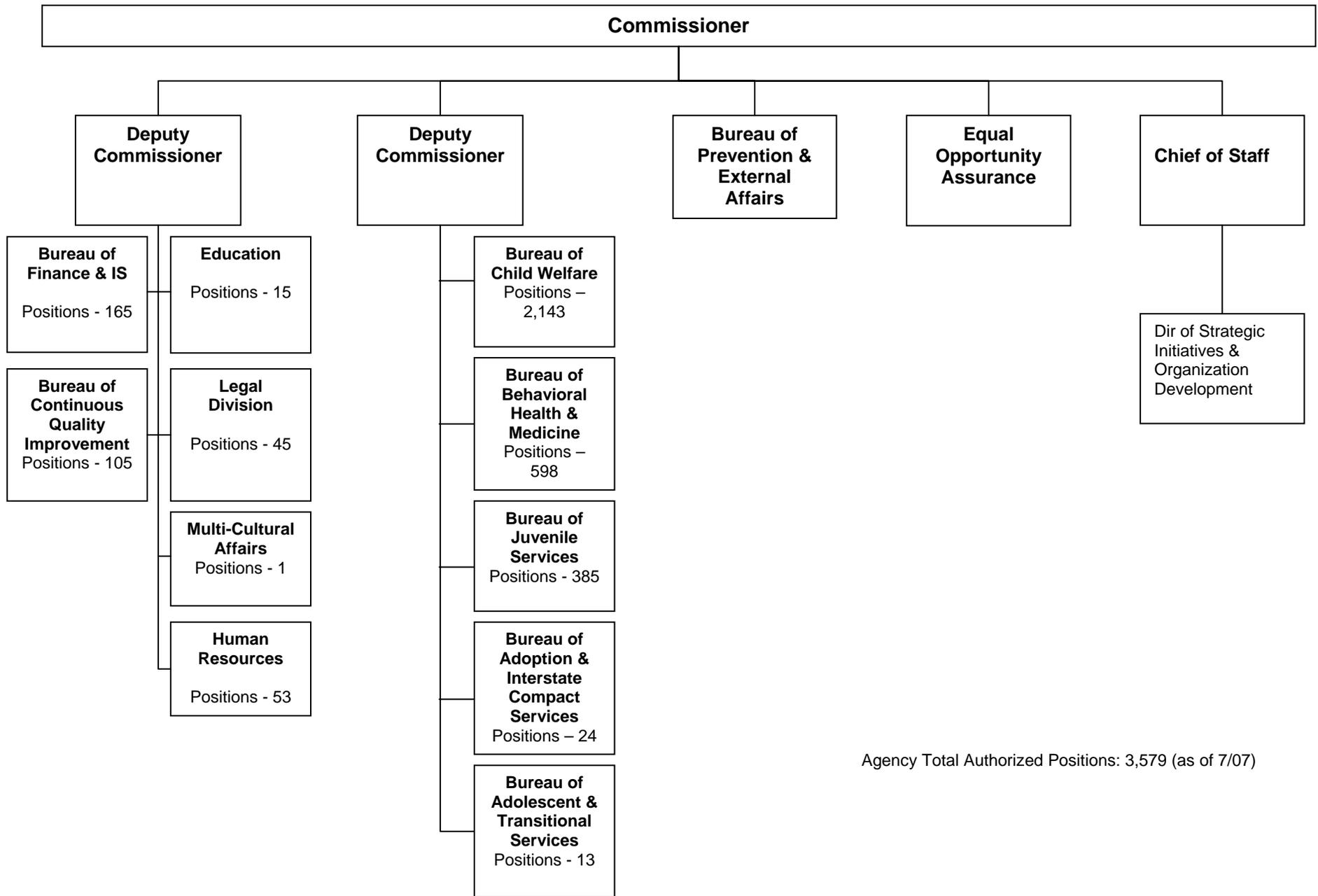
Among the prevention programs currently funded by the Children's Trust Fund are: The Nurturing Families Network; Family Empowerment Initiatives; The Help Me Grow Program; Kinship and Grandparents Respite grants; and three initiatives supported by federal child abuse prevention grant funding -- shaken baby syndrome prevention, childhood sexual abuse prevention, and family development skill training for human services agency staff. Responsibility for the Nurturing Families Network, a statewide system of preventive services aimed at high-risk infants originally known as Healthy Families, was transferred from DCF to the Children's Trust Fund Council in 2005.

By law, the council must: develop training, standards, and protocols for Nurturing Families Network providers; develop and implement a request for proposal process to procure required services; establish a data system that provides a variety of standardized provider information; and report to the legislature every six months on progress made by the network. The network is also monitored by a 13-member statutory commission that is, among other duties, responsible for advising the legislature on program outcomes and recommending necessary modifications.

## **Organization and Budget**

At present, the Department of Children and Families organization is made up of a central office with eight main bureaus and 14 service areas statewide. Figures I-2 shows the current structure of the agency.

Figure I-2. Department of Children and Families Organization:



Agency Total Authorized Positions: 3,579 (as of 7/07)

The department is staffed by approximately 3,500 permanent full-time employees. As the figure indicates, the department's Bureau of Child Welfare Services employs the largest number of staff (over 2,100), with almost 90 percent of those positions assigned to the DCF area offices.

A brief overview of the agency's eight functional bureaus are shown in more detail in Figure I-3. The organization chart also shows the four facilities (Riverview Hospital, High Meadows, Connecticut Children's Place, and the Connecticut Juvenile Training School) and the therapeutic camp (The Wilderness School) operated by the department.

Five of the eight DCF bureaus have responsibility for carrying out programs and services related to the agency's mandate areas. The ***Child Welfare Bureau*** carries out all child protection functions of the agency from intake through the DCF Hotline to investigation of reports of abuse or neglect, to in-home services and out-of-home placements. Substantiated cases are assigned to treatment social workers, who provide on-going services to support children and families, in one of the department's 14 area offices.

The ***Bureau of Behavioral Health and Medicine*** has jurisdiction over the department's mental health and substance abuse services, both community-based and those provided at DCF behavioral health facilities -- Riverview, High Meadows, and Connecticut Children's Place. Similarly, the ***Juvenile Services Bureau*** oversees the Connecticut Juvenile Training School and all community-based services the department provides for adjudicated delinquents committed to its care.

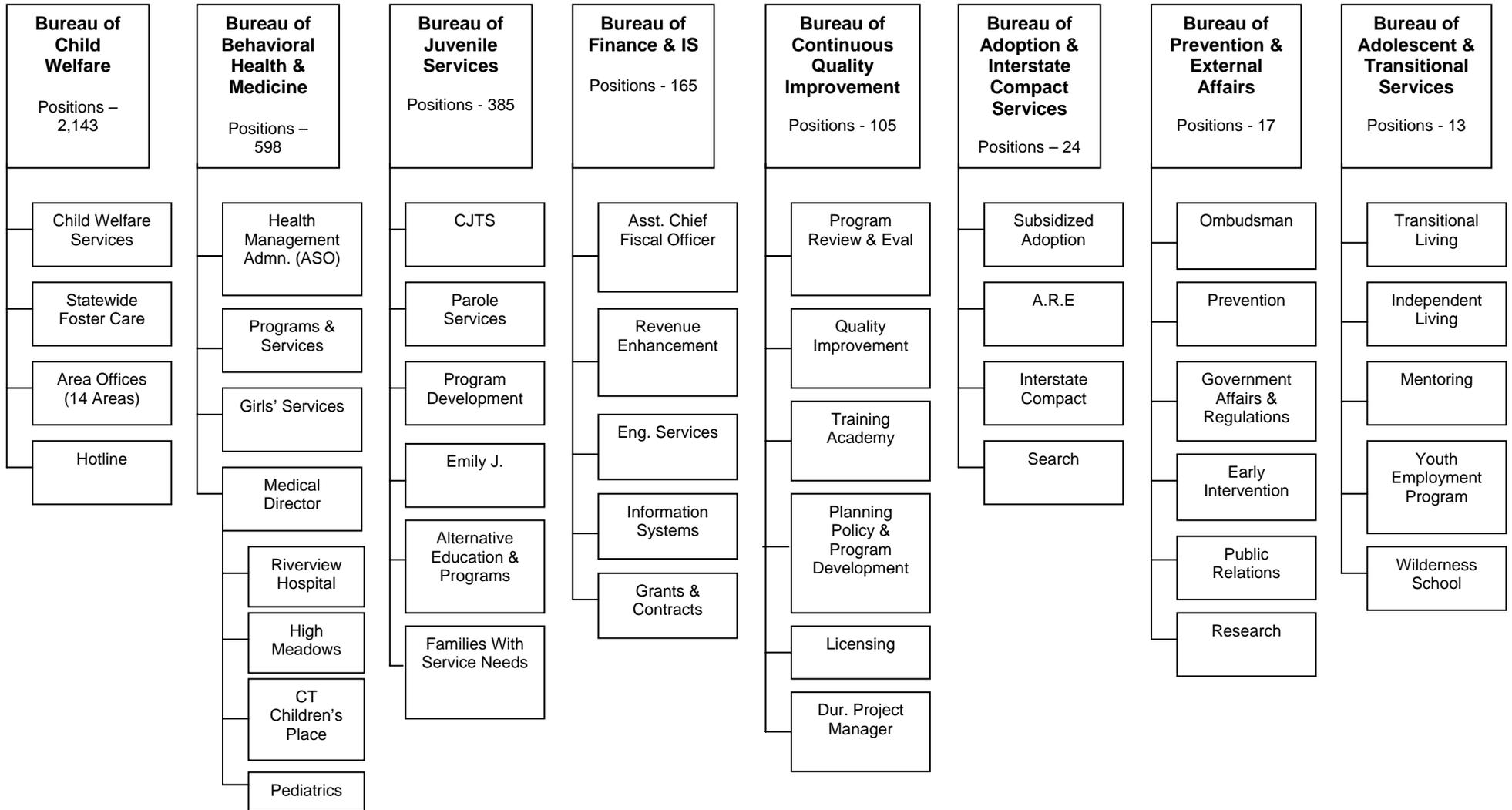
Two other bureaus, ***Adoption*** and ***Adolescent and Transitional Services***, as their names imply, are focused on those particular aspects of the department's broader child welfare, behavioral health, and juvenile services mandate areas. Programs of the adolescent services bureau, which include the Wilderness School program, are aimed at providing DCF youth with the skills, supports, and resources they need to succeed as adults.

Responsibility for the fourth DCF mandate area is centered in the ***Prevention Division*** of the agency's External Affairs Bureau. There are three central office prevention staff, and prevention liaisons have been appointed within each DCF area office and facility. The prevention staff in the community assist in shaping area prevention plans through monthly meetings.

In addition to the Prevention Division, the department's ***External Affairs Bureau*** includes the recently reorganized Office of Ombudsman that is responsible for receiving and investigating inquiries and complaints about DCF services and facilitating a resolution that is in the best interests of children. The bureau's research unit primarily focuses on conducting independent reviews of all critical incidents and child fatalities, and developing findings and recommendations to improve agency practice, policy, and management based on those reviews.

The ***Bureau of Continuous Quality Improvement*** (CQI) encompasses all agency divisions and units involved in monitoring, evaluating, and correcting and improving department performance. Much of the program outcome and management information currently available

**Figure I-3. DCF Bureaus (July 2007)**



for the department is produced by the CQI bureau. The bureau's licensing and other compliance functions as well as its review and reporting efforts, all of which are central to this study's focus, are described in detail in Section II.

The CQI Bureau also encompasses the department's *Training Academy*. In accordance with the *Juan F.* consent decree, the department established a training academy to identify and provide training needs for DCF staff in 1997. The academy, which is operated by the agency, has 19 full-time staff including a training director. A 22-member advisory board comprised of representatives of the agency, educational institutions, service providers, and foster and adoptive parents, consults with the DCF training director and reviews the department's annual statewide training plan and reports.

The *Finance Bureau* of the department handles all accounting, auditing, central business operations and other fiscal functions and has responsibility for DCF's automated statewide child welfare information system (LINK) and all other agency computerized databases and information systems. The bureau's Grants Development and Contracts Division oversees all external contracting for services and is responsible for the agency's performance-based contracting process.

**Current budget.** For FY 07, the DCF budget totaled more than \$820 million, most of which came from the state General Fund. Federal funding accounted for less than 3 percent of the total budget, about \$22.3 million. The agency also received an estimated \$999,000 in private funds for the current fiscal year.

The allocation of funding among the department's four mandate areas and for overall agency management for the current fiscal year is shown in Table I-3. Child Protection Services, which includes the 14 area office operations and the majority of DCF staff, accounts for about half of the agency budget. About one-third of DCF funding is allocated to the Behavioral Health area, which encompasses three of the department's residential facilities. Another 8 percent is spent on the Juvenile Justice area including CJTS operations, and less than 1 percent goes for the department's Prevention programs and services.

Management services, which accounts for less than 5 percent of the total DCF budget, include all the administrative infrastructure functions that support the agency's programs and facilities for children and families. In addition to all fiscal, human resources, legal, and contracting activities, agency management consists of policy setting, ombudsman and other external affairs functions, as well as the planning, evaluation, and quality assurance efforts that are the focus of the program review committee study.

Figure I-4 compares the portion of the department budget expended on each major category -- child protective services (CPS), behavioral health (BH), juvenile justice (JJ), prevention, and agency management -- in FY 07 with those for FY 99, the time of the committee's last program review of the agency. The information provided in the figure is only a preliminary analysis of agency spending patterns since the items included in the various categories may not be completely comparable. For example, in some years, certain funding for the agency's automated information systems was included as an agency management cost while

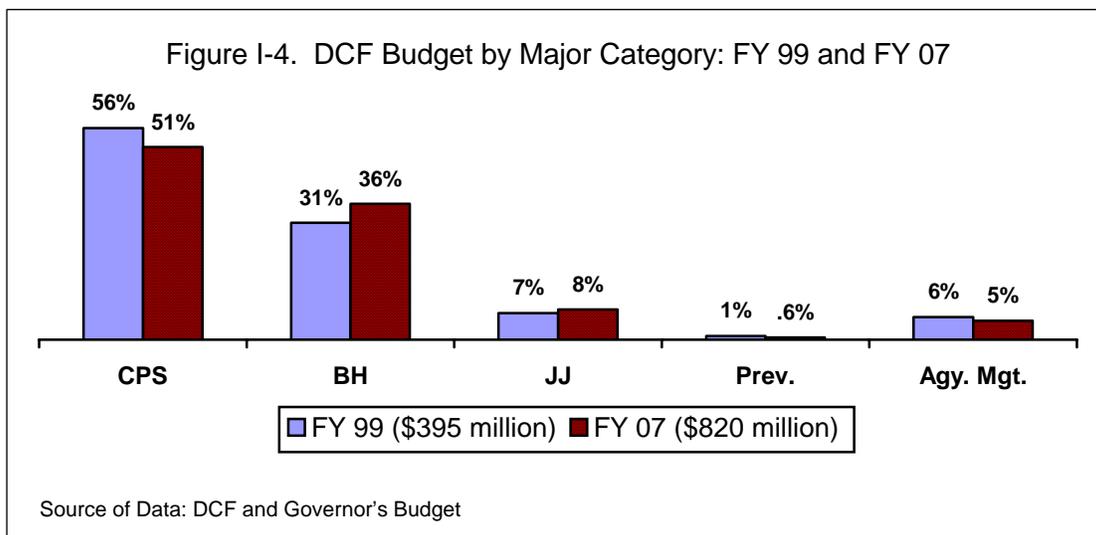
at other times it was included with child protection services expenditures. Consistent definitions of the spending budget categories in the DCF budget have not been developed.

However, based on available data, shifts in the overall allocation of DCF resources have occurred during this time period. Funding for the CPS mandate still comprises the largest portion of the agency budget and prevention spending remains 1 percent or less of total expenditures. The percentage of the DCF budget allocated to the behavioral health and, to a lesser extent, the juvenile justice mandates, has increased while the percentage of spending on agency management has dropped.

**Table I-3. DCF Budget by Major Program: FY 07**

Agency Programs	Total Est. Expend. (\$ in millions)	% of Total
<b>Child Protective Services (CPS)</b>	<b>\$417.095</b>	<b>50.9%</b>
CPS Community-Based Services	\$24.993	3.0%
CPS Out-of-Home Services	\$223.183	27.2%
CPS Administration	\$168.917	20.6%
<b>Children &amp; Families Behavioral Health (BH)</b>	<b>\$293.654</b>	<b>35.8%</b>
BH Community-Based Services	\$78.606	9.6%
BH Out-of-Home Services	\$152.880	18.6%
BH State-Operated Facility	\$54.964	6.7%
BH Administration	\$7.202	0.9%
<b>Juvenile Justice (JJ)</b>	<b>\$65.901</b>	<b>8.0%</b>
JJ Community-Based Services	\$18.775	2.3%
JJ Out-of-Home Placement	\$17.593	2.1%
JJ State-Operated Facility	\$25.055	3.1%
JJ Administration	\$4.477	0.5%
<b>Prevention for Children &amp; Families</b>	<b>\$4.904</b>	<b>0.6%</b>
<b>Agency Management Services</b>	<b>\$38.449</b>	<b>4.7%</b>
<b>TOTAL</b>	\$820.005	100.0 %

Source of Data: Governor's Budget FY 2008 - FY 2009 Biennium (February 2007)





### DCF Internal Monitoring and Evaluation Activities

This section describes the internal efforts by DCF to monitor and evaluate the goals of its programs, mandated areas, and agency overall. These efforts occur primarily within the Bureau of Continuous Quality Improvement; however, other aspects of monitoring and evaluation also occur within the Bureaus of Prevention and External Affairs, Finance, and Child Welfare (see Figure II-1). Especially within the Bureau of Child Welfare, the activities of DCF's 14 area offices are a key part of the agency efforts. To date, though, program review staff has been unable to identify a centralized location or single document where all the goals of the department and its many programs are captured.<sup>8</sup>

#### Bureau of Continuous Quality Improvement

Key monitoring and evaluation responsibilities for DCF are carried out by the Bureau of Continuous Quality Improvement (CQI). The previous Bureau of Quality Management, first created in the late 1980s, had similar responsibilities. The current CQI bureau, established in 2003, is staffed by a bureau chief and 104 staff, some of whom are assigned to the 14 area offices to conduct Administrative Case Reviews.

The CQI bureau is in charge of various department initiatives to assess and improve performance and the services received by children and families. Efforts range from specific case reviews to analysis of multiple cases. The Bureau of CQI includes five units and divisions: 1) Program Review and Evaluation; 2) Internal Quality Improvement; 3) Training Academy; 4) Planning, Policy and Program Development; and 5) Licensing (see Figure II-2).

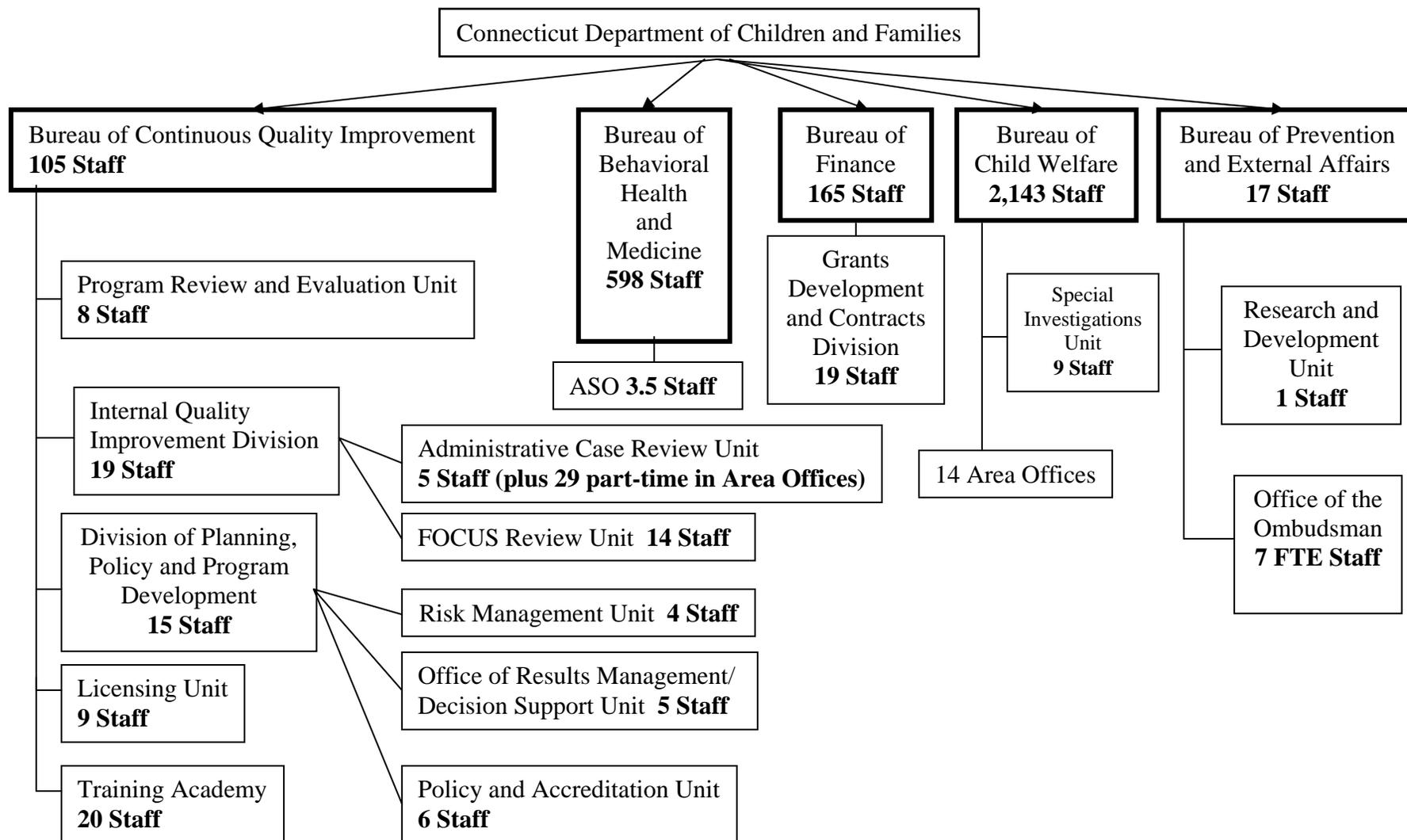
**Program Review and Evaluation Unit.** By law, the Department of Children and Families has been required since 1975 to “conduct studies of any program, service or facility developed, operated, contracted for, or supported by the department in order to evaluate its effectiveness.” (C.G.S. Sec. 17a-3(a)(6)). The Program Review and Evaluation Unit (PREU) carries out this mandate with eight staff. Until 1995, there was a focus primarily on paper reviews (i.e., checking that policies were in place). Since then, the emphasis shifted to outcomes, and the quality and effectiveness of programs. The following are highlights of some of the PREU activities shown in Figure II-2.

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<sup>8</sup> Recently, DCF management initiated a project called the “Accountability Framework,” which is intended to bring together agency values and goals, data on results, and strategies to improve the agency’s ability to reach its goals. It is anticipated that a department-wide practice model based on this framework will be developed with the help of a national consultant and a stakeholder group. At present, the department is finalizing a written guide to its goals (the results it seeks to achieve) and indicators (data that demonstrate progress toward goals) to serve as both an accountability document and a management tool. Revised procedures for monitoring and evaluating agency performance in terms of this framework are being designed with the assistance of the National Child Welfare Resource Center for Organizational Improvement, and are expected to be ready for testing later this year.

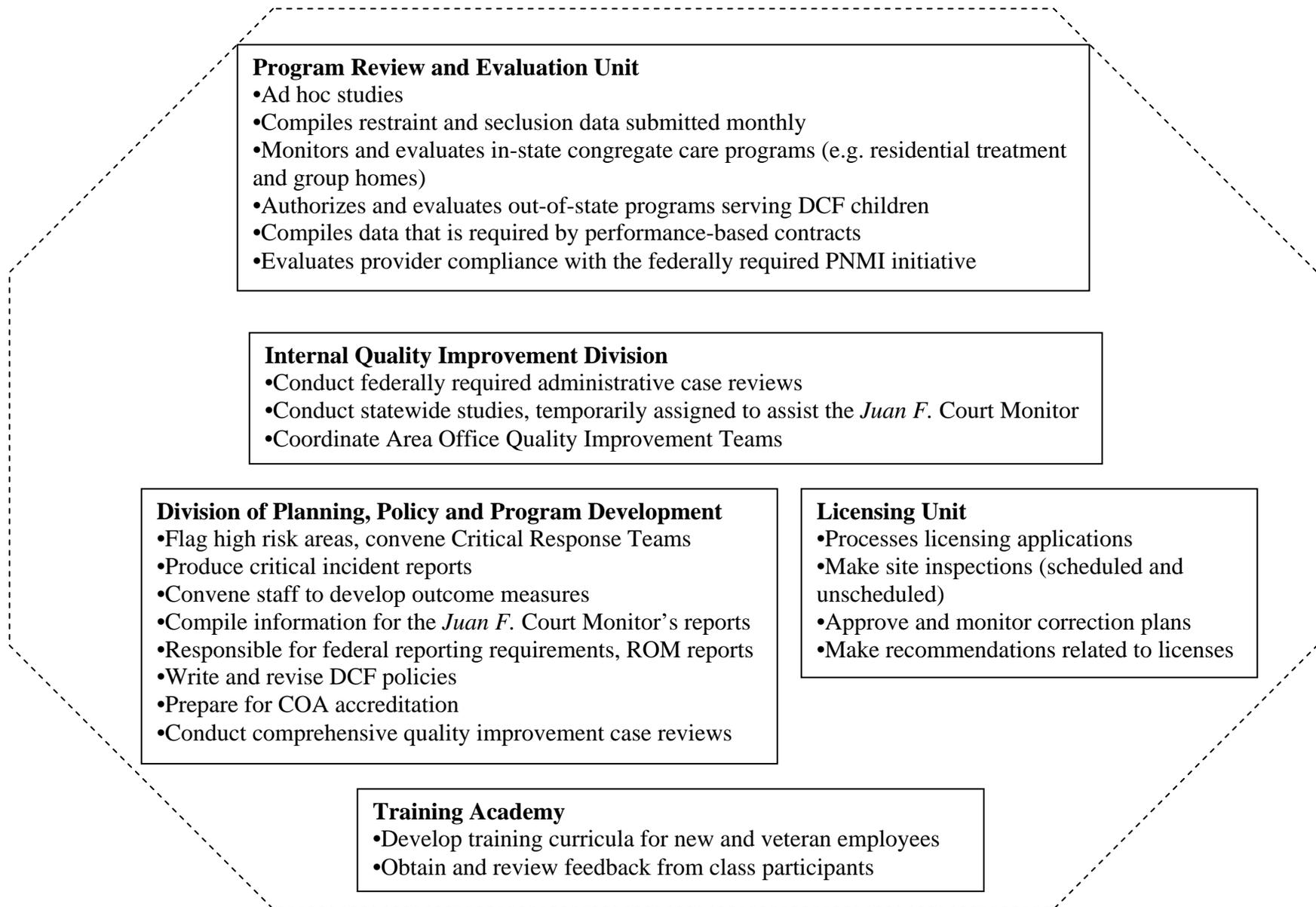
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**Figure II-1. DCF Areas With Monitoring and Evaluation Responsibilities**



Note: Additional monitoring and evaluation occurs through Quality Assurance Program Supervisors and Quality Improvement Teams in the area offices and facilities, and through the agencywide Service Evaluation and Enhancement Committee, a group of DCF managers that examines aggregate information on critical incidents and determines whether program improvements are needed.

**Figure II-2. Responsibilities of Units Within the Bureau of Continuous Quality**



*Ad hoc studies.* The Program Review and Evaluation Unit conducts ad hoc studies of any program, service or facility to evaluate its effectiveness. Ad hoc studies may originate from: problems indicated by patterns found among agency data (e.g., Hotline reports); or concerns raised by DCF workers, the Office of the Child Advocate, the Court Monitor, or parents. Recent ad hoc study topics have included Riverview Hospital, therapeutic group homes, and residential programs.

*Restraint and seclusion data.* Restraint and seclusion data is submitted on a monthly basis to PREU by all programs, agencies or institutions currently licensed, contracted, funded or operated by the department. The unit aggregates the data by program type and reports on the number and duration of physical restraints, non-serious and serious injuries, and other relevant information.

*Extensive in-state facility monitoring.* On occasion, a program within Connecticut is found to have significant issues that require extensive monitoring. One program, for example, is currently slated for closure and, until the program closes, PREU staff will visit the facility on a daily basis. Children and staff are observed, formal monitoring procedures followed, and levels of responsibility and actions for PREU monitoring staff outlined.

*Out-of-state facility evaluations.* Program Review and Evaluation also authorizes and evaluates out-of-state programs. In spring 2007, there were approximately 280 children in out-of-state programs. During PREU site visits to out-of-state facilities, more than 70 items are reviewed, covering such areas as:

- treatment plan;
- staff oversight/collaboration;
- milieu interactions (e.g., staff and resident exchanges);
- child behavior management;
- educational programming;
- medical services; and
- physical plant.

**Internal Quality Improvement Division.** The Internal Quality Improvement Division is staffed by 19 positions. Some staff are located in the DCF central office, and other staff are in the 14 area offices. The role of the division is to encourage and support area office and facility quality improvement efforts. The functions of the Internal Quality Improvement Division are carried out by two units: Administrative Case Review, and FOCUS. Each is now described.

*Administrative Case Review Unit.* The Administrative Case Review unit, or ACR unit, has five staff in the Central Office and 29 part-time staff located in area offices. Federal regulations require that independent case reviews occur every six months, assessing such areas as the appropriateness of placement, safety, permanence, and well-being. Specifically, their responsibilities include a review of treatment plans, examining such areas as the way in which treatment goals are defined, and determining who is responsible for implementing the treatment

plan within a given time frame. Case reviews may occur more frequently when circumstances require a new treatment plan to be prepared. Detailed information on administrative case reviews is contained in Appendix E.

*FOCUS Review Unit.* The Focus Review Unit has 14 staff with one each assigned to an area office to assist the office with quality improvement plans and initiatives, setting priorities, and developing strategies. The unit also conducts statewide studies, such as a recent study of exit planning for youth 18 years and older transitioning from DCF to DMHAS and DMR. During the past quarter, FOCUS staff has been assigned temporarily to assist the *Juan F.* court monitor with that office's comprehensive case review (see Section III).

Each area office has an Area Office Quality Improvement (QI) Team, formed in 2004 in response to the *Juan F.* Consent Decree Exit Plan requirements. The makeup of the QI teams varies by DCF area office, with some including the area office director. There is no department policy on the membership required on QI Teams.

A QI team's main duty is to develop and implement a Quality Improvement (QI) plan for its area office. Plan goals and activities may focus directly on the *Juan F.* Exit Plan Outcome Measures or indirectly, through topics such as safety, adolescent issues, social worker support, case practice improvements, and diversity sensitivity. It is up to the QI team, the Bureau of Child Welfare (under which the area offices operate), and other program bureau chiefs to look at why goals are not being reached, and the changes needed to address deficiencies.

When the Internal Quality Improvement Division staff identifies a problem at an area office, they work with the office to develop corrective actions. For example, the Internal Quality Improvement Division helps with *Juan F.* exit plan measures that may be especially challenging for a particular area office, such as repeat maltreatment or re-entry. Area offices differ on performance, having different needs and resources.

**Training Academy.** The Training Academy has 20 staff and conducts all major statewide training initiatives, but may hire consultants to provide additional training. The Academy anticipates as well as responds to skill and knowledge needs identified during monitoring and evaluation activities. For example, the QI Teams, discussed earlier, may identify staff training needs based on the results of their monitoring of the 22 *Juan F.* exit outcome measures.

The Training Academy is currently working with the Child Welfare League of America<sup>9</sup> and the Center for Social Policy to help identify what areas are needed for child case worker training based on the National Child Welfare Competencies, a nationally recognized curriculum.<sup>10</sup>

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<sup>9</sup> CWLA is an association of nearly 800 public and private nonprofit agencies that assist more than 3.5 million abused and neglected children and their families each year with a range of services.

<sup>10</sup> The curriculum includes: 1) core competencies, such as legal issues, case planning, family centered casework; 2) specialized competencies, such as adoption, foster care, working with adolescents; and 3) related competencies, such as casework with children, writing skills for case documentation.

The department requires newly hired social workers, about 300-400 annually, to participate in training that takes approximately one year to complete. Pre-test and post-test measures on participants are collected and changes to the training offerings modified accordingly.

**Division of Planning, Policy and Program Development (PPPD).** This newly formed division was created from a combination of several previously existing functions in Spring 2007. Approximately 15 staff work within the division's three units: Risk Management; Office of Results Management/Decision Support; and Policy and Accreditation Unit. The idea behind the division is that through analytically monitoring and evaluating risk, and making decisions with the best possible data, services to children and families can be improved. According to the division director, staffing for the analytical requirements of the new division is a challenge to meet given the limitations of the relevant current job classifications.

*Risk Management Unit.* The Risk Management Unit has four full time staff. The unit acts as an agencywide conduit for information, flagging areas of concern, notifying the appropriate DCF unit for action, and subsequently monitoring the department's response. They compile critical incident reports and upon request, ad hoc reports (e.g., 9-1-1 calls made by providers).

Critical Response Teams. In some instances, a Critical Response Team may be formed to respond to an issue, and the Risk Management Unit is responsible for convening the team. The Critical Response Team, composed of different DCF staff relevant to the issue at hand, takes an in-depth look at the reasons behind the event and, working with the provider or facility, develops recommendations.

Trend analyses. The Risk Management Unit also conducts trend analyses on topics such as type of incident and area of concern. The unit identifies incidents that rise above an acceptable threshold (e.g., number of restraints in a particular program). These "rate-based incidents" may be shared with the department's Service Evaluation and Enhancement Committee (SEEC)<sup>11</sup> and/or another area of DCF for further action.

*Office of Results Management/Decision Support Unit.* The purpose of the Office of Results Management/Decision Support Unit is to bring together DCF staff with an interest and expertise in outcome measurement and performance data. The unit consists of five full-time staff and is currently led by the Division Director of Planning, Policy and Program Development. The unit identifies and develops needed data, coordinates and improves measures, and allows greater access to the information needed to answer questions and make decisions.

A key responsibility of the Office of Results Management/Decision Support Unit is to identify and develop requests for data needed to make management and quality control/improvement decisions. The work includes shaping inquiries, determining report specifications, understanding data concepts, and assuring consistency. The unit works with

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<sup>11</sup> The SEEC is comprised of staff from Policy, Licensing, Program Review and Evaluation, Risk Management, all bureau chiefs, representatives from the commissioner's office, ombudsman, contracts, fiscal and Hotline. The SEEC examines aggregate information on critical incidents and determines whether program improvements are needed.

Information Systems staff, Division of Grants and Contracts Management staff, and other CQI staff.

Another endeavor of this unit is called Structured Decision Making. This initiative is intended to provide the tools and reports necessary to help guide the decision making of child protective services workers relative to assessing risk and safety. Structured Decision Making is also intended to reduce the variability in decision making during the child protective services process.

Finally, the unit oversees the Results-Oriented Management system (ROM). Managed by the University of Kansas, the system takes some of the LINK data and “scrubs” it for subsequent use in outcome reports. DCF has had ROM reports available since FY 06. Managers are able to look at office-specific information, monitoring frequency of supervision, number of children in unlicensed foster homes, etc. The ROM is also used to track performance goals and *Juan F.* exit plan outcomes. The data for the majority of *Juan F.* exit plan outcomes is now produced by ROM.

*Policy and Accreditation Unit.* The Policy and Accreditation Unit, with six staff, is responsible for all DCF policy manual revisions and additions. The unit also has duties related to accreditation, ROM, the *Juan F.* exit plan, and several federal requirements such as the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the Child and Family Service Reviews (CFSRs).

Other responsibilities of the policy unit include: playing a key role in the Council on Accreditation accrediting process; and managing the Closed Records Unit, the unit responsible for physically getting files to area offices when a closed case is reopened (has one full-time and three part-time staff).

The *Juan F.* exit planning staff produces the department’s quarterly reports that are submitted to the court monitor. Quality Improvement Case Reviews are also conducted by the unit. These comprehensive case reviews go beyond the Administrative Case Review numbers and try to understand why something is occurring.

**Licensing Unit.** The Licensing Unit has nine licensing inspectors and is responsible for assessing compliance with federal, state, and local regulations, laws, and ordinances. The Licensing Unit processes licensing applications (new and renewal), makes site inspections (scheduled and unscheduled), approves and monitors correction plans, and makes recommendations related to licenses, including temporarily closing admissions, reducing capacity, suspension of license, and revocation of license. The licensing function is considered a quality assurance effort as it is an assessment of regulatory compliance. There are five types of in-state licenses that the unit is responsible for:

- child care facilities (i.e., residential treatment, residential education, temporary shelters, group homes, and safe homes);
- child placing agencies (e.g., private adoption and foster care);
- extended day treatment programs;
- out-patient psychiatric clinics for children; and

- permanent family residences.

Through the Interstate Compact Unit, the Licensing Unit approves out-of-state agencies that place children with Connecticut families. There are more than 100 out-of-state agencies that are currently approved.

### **Additional Internal Monitoring and Evaluation Efforts**

**Contracts.** Within the Bureau of Finance is the Grants Development and Contracts Division, responsible for approximately 300 contracts DCF has with outside program providers. There are 19 staff in this division, who manage over 100 different types of services procured through these 300 contracts. It is possible for one provider to have just one contract, with that one contract covering multiple types of services.

Within the standard contract template is a section pertaining to expected performance from the provider. Periodically, the providers are required to report progress on meeting these service expectation goals. Use of performance-based contracting can be both a means of monitoring purchased services as well as evaluating overall provider performance and serving as a consideration in future contract awards.

**Special Investigations Unit.** The Special Investigations Unit (SIU), within the Bureau of Child Welfare Services, is staffed by a Program Supervisor and eight social workers. The SIU is responsible for investigating child abuse or neglect allegations regarding a child in congregate care, foster care, or of a DCF employee. The SIU monitors and evaluates child safety.

If SIU comes up with a finding, within 10 days, the Bureau of Continuous Quality Improvement's Risk Management Unit will follow up to see what the responsible provider/facility/unit is planning to do about the concern raised.

If the concern relates to a program, as is often the case (e.g., the number of runaways at a group home) the Risk Management Unit will send a letter to the program with its concerns and a request for how the program is planning to respond. The program or facility personnel will meet to discuss possible recommended improvements. Sometimes this may involve licensing, program review, or other regulatory areas of DCF. The Risk Management Unit will follow up with the program manager, and coordinate and disseminate reports.

**Best Practice Unit.** Approximately two years ago, a Best Practice Unit was planned but never got off the ground. According to the Chief of the Bureau of Behavioral Health and Medicine, the unit's intent was to focus on residential care. One aspect of that focus was to address fragmentation between the Bureau of Behavioral Health and Medicine and the Bureau of Continuous Quality Improvement, a problem because staff from both bureaus needed to come together quickly to respond to critical incidents at congregate care facilities. However, the behavioral health bureau chief reported that there were challenges hiring staff for the unit as well as clearly defining the purpose of the unit.

There is now a new Residential Treatment Unit that will provide services to the approximately 20 contracted residential treatment centers that will include some of the original ideas behind the Best Practice Unit. Each Residential Treatment Unit staff member is expected to have two residential facilities for which to act as a best practice “guru.” Half their time will be spent in the field at residential facilities, getting to know the staff, children, and programs.

**Administrative Service Organization (ASO).** The KidCare ASO, Value Options, has the capability to track services received by children in the KidCare system of care. There are 3.5 staff assigned to manage the ASO function. Examples of reports produced include: length of time to answer the telephone; length of time for providers to get questions answered; list of children residing in a residential facility; hospital discharge delays; daily census reports; and aggregate reports to identify trends.

**CJTS Performance-Based Standards.** For the past two years, the Connecticut Juvenile Training School has monitored and evaluated its stability through the performance-based standards (“PbS”), a self-improvement and accountability system for youth correction and detention facilities that is used by more than half the states in the U.S.

“PbS” sets national standards for the safety, education, health/mental health services, security, justice and order within facilities. No more than four facility improvement plans can be developed at one time based on the results of PbS.

**Riverview Hospital.** Internally, Riverview Hospital has established multiple committees that monitor and evaluate the hospital’s services, which are overseen by a Quality Assurance manager. Established committees include: Environment of Care Committee, Staff Development Committee, Infection Control Committee, Medical Records Committee, Pharmacy and Therapeutic Committee, and Patient and Family Education Committee. Each year the committees set goals for the coming year and then monitor progress throughout the year. Additionally, each committee issues quarterly reports that track progress in reaching the goals. These reports are presented to the central office as well as the facility advisory committee for feedback.

As a result of the joint ad hoc program review conducted in 2006, Riverview Hospital developed a Strategic Plan containing both long and short term goals. An Implementation Committee made up of 25 members of the Riverview staff representing all disciplines and units of the hospital was established to help meet the goals in the plan. In addition, an independent monitor who reports to the Office of the Child Advocate, and the Director of the BCQI Division of Planning, Policy and Program Development reviews activities related to the Riverview Hospital Strategic Plan.

**Research and Development Unit.** The Research and Development Unit within the Bureau of Prevention and External Affairs consists of one full-time director. Due to the small staff size, the Child Welfare League of America (CWLA) is used extensively to assist with its efforts.

Internal child fatality reviews are a way to evaluate the causes of such tragedies. Under the research unit, they are conducted with up to three key CWLA team members and include a

case analysis of the facts (who, what, when, where, how). The research unit also examines what happened as it relates to practice, whether, for example, staff worked together as a team, etc. The Office of the Child Advocate is also invited to participate in this internal child fatality review.

In addition to individual child fatality reviews, the Research and Development unit also aggregates information from several reviews, identifying patterns and making recommendations. In 2005, such an aggregate review was done for 13 child fatalities.

**Office of the Ombudsman.** Approximately three years ago, the consolidated Office of Ombudsman was formed to serve children, foster and adoptive parents, providers, and citizens. Protocols were established, staff size expanded, and an information system developed to track inquiries. There are currently eight staff, some of whom are part-time. The office receives and investigates inquiries and complaints relating to DCF, including those received from grievance boxes located at each of the DCF facilities. The office monitors and evaluates these complaints and tries to resolve issues in the best interest of the children involved. The Ombudsman's Office received 3,788 inquiries in 2006, with 1,000 of the inquiries coming from York Correctional Institution and Manson Youth Institution, both correctional facilities.

The Ombudsman also makes site visits when time permits as well as solicits feedback via letters to residential treatment centers and group homes.

### **Automated Systems that Support Internal Monitoring and Evaluation Efforts**

The efforts described in this section are facilitated by an array of automated data systems shown in Table II-1. Additionally, each of the facilities has its own databases; however, LINK is the originating source for much of the monitoring and evaluation required by the *Juan F.* consent decree as well as the federal reporting requirements.

Concerns have been raised about the accuracy and completeness of information in LINK, an area to be explored by program review staff in the coming months.

**Table II-1. Automated Systems Supporting Internal Monitoring & Evaluation Efforts**

Automated System	System Features
LINK Database	<ul style="list-style-type: none"> <li>• became operational in July 1996</li> <li>• primary source of data for <i>Juan F.</i> exit outcome measures and federal reporting requirements</li> <li>• processes child protective services and child welfare information</li> <li>• is an electronic case management tool for adoption and foster care social workers</li> </ul>
Results-Oriented Management System (ROM)	<ul style="list-style-type: none"> <li>• managed by the University of Kansas</li> <li>• takes some of the LINK data and “scrubs” it for subsequent use in <i>Juan F.</i> exit outcome measures, and management-based reports</li> </ul>
Risk Management Database	<ul style="list-style-type: none"> <li>• allows DCF staff to look at incidents by variables such as severity, program, and facility type</li> <li>• can show trends, such as an increased number of complaints about the same program</li> </ul>
Significant Events Database	<ul style="list-style-type: none"> <li>• ACCESS database</li> <li>• contains information such as: provider and reporter names; dates and times of report and incident; DCF cases status and staff involved; other children living at the setting at time of incident; notifications made; and description of incident</li> </ul>
Critical Incident Database	<ul style="list-style-type: none"> <li>• contains all critical incidents</li> <li>• information mainly from Hotline Incident Reports</li> </ul>
Policies Database	<ul style="list-style-type: none"> <li>• EXCEL database</li> <li>• contains all policies, related statutes, dates, bureau, etc.</li> </ul>
Contract Library Database	<ul style="list-style-type: none"> <li>• ACCESS database</li> <li>• allows users to search for DCF grants and contracts by agency, scope, service, etc.</li> </ul>
ASO Database	<ul style="list-style-type: none"> <li>• produces approximately 200 monitoring and evaluation reports quarterly</li> <li>• has the ability to track services received by children in the KidCare system of care</li> <li>• reports include: length of time to answer telephone; list of children residing in a residential facility; hospital discharge delays; and trend analyses</li> </ul>
Complaints Database	<ul style="list-style-type: none"> <li>• system called ACT</li> <li>• tracks inquiries and complaints that are handled by the Ombudsman’s Office</li> <li>• reports by facility, area office, type of inquiry, etc.</li> </ul>
Source: DCF staff interviews.	

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## Section III

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### Judicial Oversight: Federal Court Monitoring

The state Judicial Branch, through its various child protection and juvenile delinquency responsibilities, has a broad role in overseeing children in the care and custody of the Department of Children and Families. Agreements resulting from settlements of class action lawsuits brought against the state concerning children's services also have given the federal courts a direct role in monitoring and evaluating various aspects of DCF performance. Federal court monitoring efforts related to three specific federal class action lawsuits -- *Juan F. v. Rell*, *Emily J. v. Rell*, and *W.R. v. Connecticut Department of Children and Families* -- are discussed in detail in this section.<sup>12</sup>

#### *Juan F. v. Rell*

The federal class action lawsuit filed in 1989 on behalf of nine children in DCF care, including a 10-year boy named Juan F., has had a major impact on DCF policies, programs, and resources. Settlement of the lawsuit was reached by the parties and approved by the federal district court for Connecticut in January 1991.<sup>13</sup> It resulted in a 120-page consent decree and an accompanying set of 12 policy manuals. Together, these documents contained approximately 1,200 mandates for the agency to meet in order to be found in compliance and to end court supervision.

The majority of the original consent decree provisions were process-oriented requirements related to key agency functions carried out for the *Juan F.* population of children, such as intake, treatment, health management, family training and support, staff training, contracting, and quality assurance. The *Juan F.* class includes: a) all children in the care, custody, or supervision of DCF as a result of being abused, neglected or abandoned or being found at risk of such maltreatment; and b) all children about whom the department should know are or will be abused, neglected, or abandoned, or are or will be at serious risk of such maltreatment.

The focus of the *Juan F.* consent decree and related compliance monitoring, therefore, is on children and families involved in DCF's protective services system and the programs and child welfare services they need, such as investigations and assessment, case management, family preservation and support, foster care, and adoption, as well as related therapy and behavioral health treatment, medical care, and education. Requirements of the *Juan F.* settlement do not apply to children committed to DCF solely for delinquency reasons, or children and families receiving services voluntarily from the agency.

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<sup>12</sup> Citations for these three U.S. District Court (District of Connecticut) cases are: *Juan F. v. O'Neill* (now Rell), Civ. No-H-89-859 (D. Conn., Dec. 19, 1989); *Emily J. v. Weicker* (now Rell), 3:93CV1944 (D. Conn., Oct. 25, 1993); and *W.R. v. Connecticut Department of Children and Families*, 3:02-CV-00429 (D. Conn., Mar. 8, 2002).

<sup>13</sup> The parties are the attorneys for the plaintiffs, currently Children's Rights, Inc. of New York, and DCF as defendant (technically the governor is named as defendant in the lawsuit and consent decree documents).

**Monitoring history.** At first, agency compliance with the *Juan F.* consent decree was monitored by the same three-judge panel that mediated the settlement. In December 1992, an independent, full-time court monitor was appointed to replace the mediation panel as overseer of consent decree implementation.

The *Juan F.* court monitor, who reports directly to the trial judge, must "... work actively with the parties to ensure timely and effective compliance of the provisions of the Consent Decree...."<sup>14</sup> Major responsibilities include: submitting periodic compliance reports to the court and the parties, hearing requests from the parties for modifications of the settlement agreement, and trying to resolve disputes without the need for court intervention. Under the court monitoring order and its subsequent revisions, the *Juan F.* monitor must have timely access to DCF data, documents, staff, and other information, and may retain staff and consultants necessary to perform all duties required under the consent decree.

Between 1995 and 2001, a number of revisions to both the consent decree content and the monitoring process were negotiated. By 1999, the monitor and the parties began discussions concerning an exit plan that would: a) shift the focus of consent decree compliance from procedural requirements to positive outcomes for children and families; and b) lead to termination of court oversight of DCF. In February 2002, the court approved a transition and exit plan that contained an 18-month timeframe and 38 areas, including 28 outcomes with specific performance standards, for measuring agency compliance with the provisions of the *Juan F.* consent decree.<sup>15</sup>

After a year later, the court found noncompliance in several fundamental areas of the exit plan (i.e., caseload reduction and staffing improvements) and only modest progress in improving other performance outcomes. The court monitor was ordered by the trial judge in October 2003 to prepare a revised exit plan.<sup>16</sup> The order also established a three-member task force, comprised of the *Juan F.* court monitor, the secretary of the state Office of Policy and Management and the DCF commissioner, that was given management authority over the entire department.

Initially, the parties identified over 100 possible goals and measures for a new exit plan process. Over about a nine month period, through discussions conducted under the direction of the court monitor, the parties reached agreement on 22 required areas of compliance, as well as definitions of outcomes and methods for measuring them. A group of experts (e.g., judges, child welfare professionals, foster parents) assembled by the court monitor served as an advisory board during this process. As with all court monitoring matters, final approval over the plan's outcome measures and methodologies, which are described in more detail below, rested with the monitor and, ultimately, the trial judge. A revised exit plan containing the 22 outcome measures currently used for determining *Juan F.* compliance was drafted by the court monitor in December 2003 and approved by the court in July 2004.<sup>17</sup>

The revised *Juan F.* exit plan measures are aimed at improving child welfare practice and the quality of department decision making to ensure better outcomes for children. Many parallel

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<sup>14</sup> Civil No. H-89-859 (AHN) Monitoring Order (#166) dated December 1, 1992

<sup>15</sup> Performance and Outcome Measures, Transition, and Exit Plan Order (#413) dated February 19, 2002

<sup>16</sup> Civil No. H-89-859 (AHN) Stipulation Order (#447) dated October 7, 2003

<sup>17</sup> *Juan F. v. Rell* Revised Exit Plan, July 1, 2004

the standards used during federal Child and Family Services Reviews to assess state child protection agencies. They were intentionally selected by the parties and the court to promote consistency among the dual monitoring efforts and avoid duplicative reporting.

In response to the revised exit plan, DCF prepared an agency action plan called Positive Outcomes for Children (POC) that was finalized in May 2004.<sup>18</sup> The POC plan identified: the key steps DCF needed to take to reach the goal set for each of the 22 outcome measures; the agency staff person responsible for coordinating implementation of each step; and the expected time frame for implementation.

The department's POC plan also outlined four cross-cutting initiatives considered essential to achieving compliance with all 22 measures, as well as the expected time frame, responsible staff, and key action steps required for their implementation. The four initiatives were: a) develop a comprehensive case assessment process; b) strengthen the treatment planning process; c) strengthen the role of supervision for results-oriented case practice; and d) develop a managed service system. To further these initiatives aimed at improved agency practice, the plan also targeted two support areas for action, noting critical tasks, staff responsibility and time frames for implementation for each one: policy revision and continuous quality improvement activities; and work force development.

In October 2005, a revised monitoring order for the *Juan F.* consent decree, which incorporated the appointment of a new court monitor and formation of an expert Technical Advisory Committee (TAC) to assist the monitor's office, was approved.<sup>19</sup> About the same time, the plaintiffs, asserting noncompliance with the July 2004 plan, initiated negotiations through the new court monitor concerning what they considered to be the two fundamental indicators of how well children and families are being served by DCF -- effective treatment planning and meeting service needs.

Based on the parties' discussions and advice from the TAC and the court monitor, changes to the exit plan case review methodology were proposed to better assess compliance with the *Juan F.* goals related to treatment plans and needs met (Outcome Measures 3 and 15). A modification of the exit plan containing a new methodology for reporting on these two measures was approved by the court in July 2006.<sup>20</sup> The department and the court monitor first implemented the revised case review method for the exit plan quarterly report on third quarter 2006 (July 1 - September 30) results.

The 2006 revised *Juan F.* Exit Plan also reflects an agreement reached by the parties concerning: 1) a department action plan to address key components of case practice related to meeting children's needs (Outcome Measure 15); and 2) new monthly reporting of point-in-time and longitudinal data on placement and permanency issues. The department submitted the required plan for improving Outcome Measure 15 performance, with action steps, strategies and implementation timeframes, on March 12, 2007.

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<sup>18</sup> Department of Children and Families, *Positive Outcomes for Children Plan*, May 2004

<sup>19</sup> Civil No. H-89-859 (AHN), Revised Monitoring Order, dated October 12, 2005

<sup>20</sup> *Juan F. v Rell* Revised Exit Plan modified as of July 1, 2006

The department's first monthly "point-in-time" report was issued on March 21, 2007. It covered all *Juan F.* children in out-of-home placement as of that date (almost 3,400) and included a number of statistics on their characteristics (e.g., age when they entered and when they exited care, permanency goal) and their permanency status (e.g., legally free, termination of parental rights not filed and why, in care for more than 15 months, no permanency goal after 2, 6, and 15 months in care). As required, the April 2007 monthly report contained a variety of information on foster family recruitment and retention, such as data on inquiries made, applications filed, licenses issued and revoked, and children on waiting lists.

**Exit plan outcome measures.** The 22 *Juan F.* exit plan outcome measures are listed in Table III-I. (Detailed definitions of these measures are contained in Appendix F.) For each measure, the table summarizes:

- the numerical performance target the department must meet to be found in compliance;
- the baseline level of performance established prior to the court monitor's first quarterly compliance review period (January 1 - March 31, 2004), where data were available;
- results from the court monitor's most recent quarterly exit plan report (January 1 - March 31, 2007); and
- the current compliance status, along with the number of consecutive quarters, if any, the target has been reached.

Under the revised exit plan, sustained compliance -- defined as compliance for at least two consecutive quarters (a six-month period) -- with all 22 outcome measures is required before the court will consider asserting the state to be in compliance. In addition, total compliance must be maintained throughout the decision making process concerning termination of court jurisdiction over DCF. The court monitor must present findings and recommendations about ending supervision to the federal district court, based on a review of a statistically significant sample of case files and other necessary measurements. The parties must have an opportunity to be heard by the monitor before those findings and recommendations are presented.

Compliance reports prepared by the court monitor indicate progress is being made toward ending court oversight of DCF child welfare activities. The latest report, issued on June 20, 2007, for the period January 1 to March 31, 2007, states the agency:

- is in compliance with 16 of the 22 required exit plan outcome measures;
- has sustained compliance with 15 measures for at least 2 consecutive quarters (6 months); and
- has not achieved compliance with 6 measures.

**Table III-1. Juan F. Consent Decree Outcome Measures:  
Overview of Current Compliance Status (March 2007)**

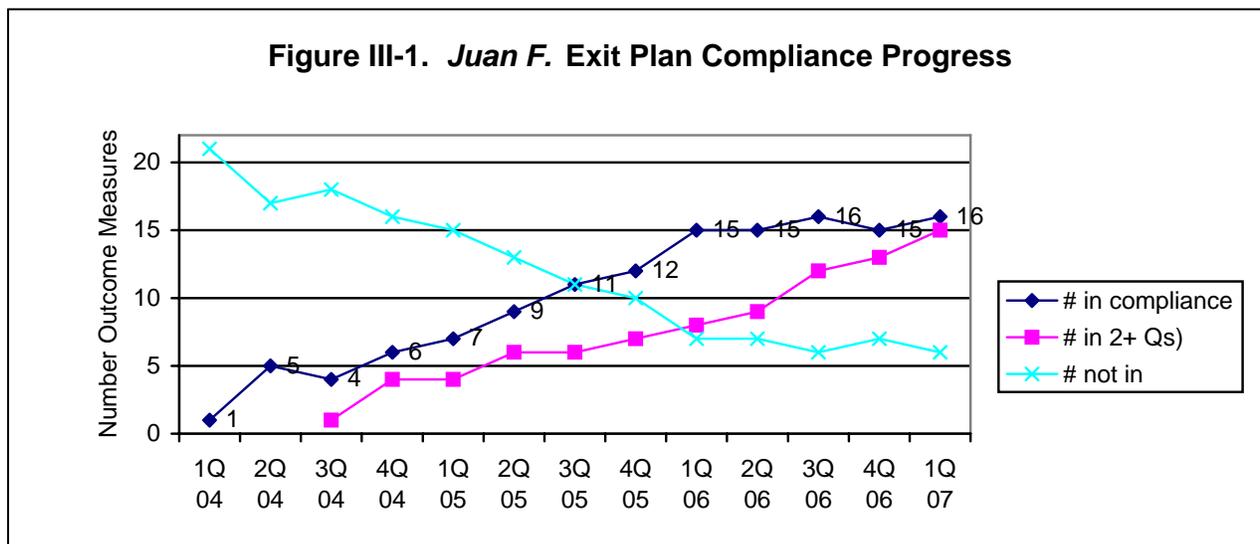
<b>No.</b>	<b>Measure</b>	<b>Target</b>	<b>Baseline</b>	<b>1Q 2007 Results</b>	<b>Target Met? (# Consecutive Quarters Met)</b>
1	Investigation Commencement	>=90%	X	96.5%	YES (10)
2	Investigation Completion	>=85%	73.70%	93.0%	YES (10)
3	Treatment Plans	>=90%	X	41.3%	NO
4	Search for Relatives	>=85%	58%	available 11/15/07	YES (6)
5	Repeat Maltreatment	<=7%	9.30%	7.4%	NO
6	Maltreatment of Children in Out of Home Care	<=2%	1.20%	0.20%	YES (13)
7	Reunification with Parents/Guardian	>=60%	57.80%	70.5%	YES (7)
8	Adoption	>=32%	12.50%	34.5%	YES (2)
9	Transfer of Guardianship	>=70%	60.50%	78%	YES (3)
10	Sibling Placement	>=95%	57%	84.9%	NO
11	ReEntry into DCF Custody	<=7%	6.90%	7.5%	NO
12	Multiple Placements	>=85%	X	96.3%	YES (12)
13	Foster Parent Training	100%	X	100%	(12)
14	Placement Within Licensed Capacity	>=96%	94.90%	96.8%	YES (5)
15	Children's Service Needs Met	>=80%	X	45.3%	NO
16	Worker-Child Visitation (Out-of-Home): Monthly*	monthly >=85%	Monthly/Quarterly	95.1%	YES (7)
17	Worker Child Visitation (In-Home)	>=85%	X	89.0%	YES (6)
18	Caseload Standards	100%	69.20%	100%	YES (12)
19	Residential Placement Reduction	<=11%	13.50%	10.9%	YES (4)
20	Discharge Measures	>=85%	61%	98.0%	YES (7)
21	Discharge to DMHAS and DMR	100%	X	90.0%	NO
22	Multi-Disciplinary Exam (MDE)	>=85%	5.60%	91.1%	YES (5)

\* Under the provision of the consent decree, the measure for worker-child visitation is reported on both a monthly and quarterly basis; however, quarterly data are not available for this reporting period

X = reliable and/or sufficient data were not available

Source of Data: Exit Plan Quarterly Report January 1, 2007 - March 31, 2007, Juan F. Court Monitor's Office, June 20, 2007.

Figure III-1 shows the department's improved *Juan F.* compliance performance over the last three years. During the first quarter of exit plan compliance monitoring (January 1 through March 31, 2004), DCF met the standard for just one outcome. Since the first quarter of 2006, the department has met or exceeded compliance goals for at least 15 measures; in addition, targets for 13 measures have been maintained for at least one year, and for two or more years for 6 measures.



Both the parties to the lawsuit and the monitor attribute the dramatic compliance progress between January 2004 and January 2006, which Figure III-1 illustrates, to: a) the court monitor's efforts to track and report on results; and b) the agency's efforts, in response, to focus on corrective actions to improve performance. According to the monitor, further improvement has stalled over the last year as DCF remains challenged in meeting placement, permanency, and treatment needs for a number of children.

Compliance for two closely related key outcomes -- Treatment Plans (#3) and Needs Met (#15) -- continues to be well below the targets established by the exit plan. The court monitor's exit plan report for the first quarter of 2007 shows just 41.3 percent of DCF cases had appropriate treatment plans (versus the goal of at least 90 percent) and the service needs of children and families were met in accordance with treatment plans in only 45.3 percent of cases (compared with a target of at least 80 percent). The new *Juan F.* Action Plan developed earlier this year is an attempt to replicate the success of the earlier POC plan in reaching consent decree goals.

**Court Monitor activities.** The main activities carried out by the Court Monitor's Office to track DCF compliance with the *Juan F.* consent decree include:

- data analysis and reporting on the 22 exit plan outcome measures on a quarterly basis;
- conducting and reporting on targeted, comprehensive case reviews;
- monitoring and intervention concerning specific problem areas; and

- regular and special meetings with various stakeholders, such as DCF staff, attorneys for the parties, families and youth, foster and adoptive parents, private providers, community advocates, and legislators.

Additional monitoring procedures for the March 2007 *Juan F.* Action Plan were developed recently by court monitor with the assistance of the TAC. They were finalized after review by the parties in June 2007. The new process incorporates provisions for: analysis and presentation of data extracted from the new monthly reports; monitoring implementation of the strategies and initiatives contained in the plan; and targeted case reviews of specific issues related to certain populations of children, for example, those age 12 and under who are living in congregate care, and children with long-term foster care as their permanency goal.

*Data analysis.* An appendix to the department's May 2004 Positive Outcomes for Children corrective action plan specifies the sources and methods for collecting data related to the 22 *Juan F.* Exit Plan Outcome Measures. Approval by the court monitor is required before the department can make any changes to the methodologies or information systems used to report on *Juan F.* outcome measures.

The court monitor currently measures compliance with all but two exit plan outcomes based on an analysis of data submitted in quarterly reports prepared by the DCF exit planning staff within the Bureau of Continuous Quality Improvement. Initially, automated data were available for only a few measures and accuracy was a serious issue. The monitor required DCF to supply quarterly outcome information compiled both from its central computerized child welfare case management system (LINK) and from original paper records until data reliability could be verified for each measure. Furthermore, modifications of the LINK system by an outside consultant have been required in order to produce data in an automated report format (called Results Oriented Management or ROM reporting) for more than half of the exit plan measures.

At present, the department reports on four measures using information produced directly by LINK and on 12 more through the supplemental ROM reports that are based on LINK system data. The DCF exit planning staff develops the quarterly data necessary for Exit Plan Outcome Measures 20 and 21 by reviewing the case records for all youth discharged from agency care each quarter. Automated reporting for these measures is planned for the future. Data related to foster parent training, Outcome Measure 13, are also manually compiled from the department contractor responsible for providing that training (CAFAP).

The court monitor's office conducts its own case reviews to develop the information necessary for assessing compliance with two outcome measures that require a qualitative approach -- treatment plans (#3) and needs met (#15). The data gathered through these case reviews related to other outcome measures is also compared with the quarterly outcome data submitted by the department as another check on the reliability and validity of the agency's automated information.

*Case review process.* As noted earlier, revisions to the methodology for conducting case reviews for these measures were adopted in July 2006. The modifications added additional review elements and a provision for the reviewers to attend DCF meetings concerning treatment

planning (e.g., Administrative Case Reviews, Treatment Planning Conferences, or Family Case Conferences) held for each case reviewed.

Under the revised methodology, which went into effect for the third quarter of 2006, a random sample of approximately 70 DCF child welfare cases, stratified to reflect the caseload distribution across area offices, is selected each quarter for in-depth review. The reviews are conducted by 10 to 12 experienced social work professionals assigned to two-person teams. Individuals from the court monitor's review staff are paired with current DCF case workers as review teams. Each team member separately completes an individual assessment of treatment planning and needs met for their assigned cases, according to an agreed upon protocol. Teammates meet to jointly arrive at a final score for the case.

When agreement cannot be reached, teams request review by a supervisor and assistance in developing an overall score. If consensus still cannot be reached, the case is submitted to the court monitor for review and final determination of the scoring.

Each case review involves examination of all automated case record (LINK) documentation, concentrating on the most recent six-month period. Narratives prepared by DCF case managers, treatment planning documentation, investigations information, and any narratives prepared by foster care providers are reviewed and scored based on set criteria. Reviewers are trained and provided with definitions and standards for evaluating treatment plans to help ensure consistency and validity. The full process, including attendance at any DCF meetings on the case, typically takes between seven to 12 hours to complete.

*Quarterly reporting and follow up.* Information developed from the analysis of data submitted by the department and gathered through the case review process is compiled in a quarterly reporting document by the court monitor and assistant court monitor. The report submitted by DCF is attached and both are provided to the judge prior to public distribution. The court monitor meets with the judge to discuss the report, noting progress made during the quarter and any areas of concern, but the judge does not edit or make changes to the report contents. The monitor also will informally let the parties know the overall findings before the official release of the final report for the quarter.

Following the report's release, the court monitor meets with both DCF staff and the plaintiffs to discuss the results in detail. At present, attention is focused on issues underlying outcomes related to treatment planning and needs met but there is always feedback between the parties and the monitor on all areas covered by the exit plan. The court monitor notes one of his key responsibilities is ensuring information is shared among all the parties and everyone involved has an opportunity to provide input.

Based on the findings presented in the quarterly report, the department will make adjustments to policies and procedures and develop action steps to improve compliance with the exit plan outcomes. Although the court monitor is not required to approve corrective actions planned by DCF, he generally is involved in agency meetings and staff discussions related to exit plan activities, and sometimes brings along TAC members to provide advice and assistance.

The department's exit planning staff oversees efforts to improve compliance with all outcome measures, under the direction of the agency's former chief of staff, now the commissioner's director of strategic initiatives and organizational development. In the past, various staff throughout the agency have been assigned lead responsibility for action steps on particular outcomes and progress has been tracked through a "status of work" section of the DCF quarterly report to the court monitor. This process began with the department's POC plan and has been further developed and refined over time. Beginning with the quarterly report for the first quarter of 2007, the department is focusing its status reporting on implementation of the *Juan F.* Action Plan strategies concerning treatment planning (Outcome Measure 15).

However, the agency's website currently has up-to-date information on the compliance status of each measure and performance reports also can be accessed for each area office. The exit planning staff maintain a variety of quality improvement information (quarterly reports, forms, guides, practice standards, policy updates, contacts for assistance, etc.) on-line for agency staff and the public.

Also, the court monitor recently implemented new monitoring strategies developed specifically for the *Juan F.* Action Plan. These include: regular meetings with DCF staff, the plaintiffs, provider groups and other stakeholders to examine the impact of the plan's action steps; selected site visits; targeted reviews of critical elements in the plan; ongoing analysis of monthly point-in-time and other selected data reports; and attendance at a variety of meetings on specific initiatives outlined in the plan.

According to the court monitor, targeted reviews will look at specific populations of children with permanency and placement issues to develop information to promote better practice and better inform the parties about the results of agency programs and services. The revised case review methodology developed for Outcome Measure 15 will be applied to these targeted reviews and several additional qualitative methods (interviews with children and families, for example) will also be incorporated.

*Other activities.* In addition to regular data analysis and case reviews related to quarterly progress reporting, the Office of the Court Monitor periodically carries out studies on topics of particular importance to agency compliance with the *Juan F.* consent decree. In the past, the court monitor has done program reviews of the DCF quality assurance function, adoption practices, investigations functions, and use of flexible funding.

Most recently, the court monitor participated with the Office of the Child Advocate and the department's continuous quality improvement bureau in the ad hoc study of Riverview Hospital. Ongoing activities related to this project include review and monitoring of the hospital's new strategic plan, updates with DCF staff, facility visits, analysis of facility data, attendance at advisory board meetings, and meetings with the unions representing the hospital staff.

The court monitor also undertakes occasional comprehensive case reviews of large samples to develop qualitative and quantitative information on overall compliance progress and on each exit plan measure. For example, the court monitor's office is completing a comprehensive review of approximately 1,600 randomly selected cases and expects to report the

full results in addition to the regular quarterly exit plan report in the coming weeks. The monitor's basic case review methodology of pairing DCF and its own staff in review teams is employed for the comprehensive reviews. The larger random sample size makes the findings easier to generalize and more reliable for analysis by area office or for a particular program.

The monitor has access to any and all meetings held at DCF and regularly attends:

- commissioner's meetings;
- other executive staff meetings;
- area office directors' meetings; and
- various continuous quality improvement bureau meetings, such as the monthly meetings of area office Quality Improvement Program Supervisors.

By observing and sometimes participating in agency meetings, the monitor believes he has a better understanding of where the department is placing its efforts and can give the plaintiffs a more accurate picture of the work that is being done in the field as well as in DCF central office.

**Organization and resources.** The monitor for the *Juan F.* consent decree is appointed by and solely responsible to the U.S. district court trial judge for the case. All expenses of the court monitor, including staff, consultants, equipment, supplies, and space, upon approval by the trial judge, must be paid by the state. In FY 07, the proposed budget of the *Juan F.* Court Monitor's Office totaled approximately \$665,000.

At present, the office is staffed by three full-time and 14 part-time employees. The full-time staff includes the court monitor, a monitoring specialist, and an office manager. Six part-time positions are case reviewers who work under contract to the court monitor's office as needed. In most cases, the contracted case reviewers are retired DCF social workers. The other eight part-time personnel are current Department of Children and Families staff who are assigned as liaisons to the monitor's office to carry out case review activities, also on an as-needed basis.

*Technical Advisory Committee.* As noted above, provisions of the October 2005 Revised Monitoring Order created a Technical Advisory Committee of national experts to assist the court monitor with the methodologies and data collection used to report on DCF performance under the *Juan F.* consent decree. The TAC is also responsible for advising the department, in collaboration with the court monitor, on practice, infrastructure, or other functions concerning members of the *Juan F.* class that need improvement. Specific issues subject to this advisory function include: ensuring children's needs are met; ensuring an appropriate treatment planning process; and permanency needs of children in foster care.

### ***Emily J. v. Rell***

*Emily J.*, a federal class action lawsuit, was brought by the Connecticut Civil Liberties Union, Center for Children's Advocacy, Yale University Jerome N. Frank Legal Services Organization, and Center for Public Representation on behalf of seven children placed in juvenile detention centers operated by the Judicial Branch. Originally filed in 1993 as a "conditions of confinement" case, it sought to address serious problems of overcrowding,

unacceptable housing, sexual and other assaults of detainees, and inadequate medical, mental health, educational, and recreational services found in the Bridgeport, New Haven, and Hartford Juvenile Detention Centers.

**History.** In February 1997, the court approved a consent agreement reached by all parties. The members of the defense (which included the governor, the DCF commissioner, the state education commissioner, the director of detention services, the chief court administrator, and the supervisors of the Bridgeport, Hartford, and New Haven Juvenile Detention Centers) signed off on the settlement, although most of the stipulations applied primarily to the Judicial Branch. The settlement established requirements for juvenile detention centers concerning: living conditions; housing; recreation and programming; staffing and staff training; education; medical and mental health services; behavior management; and family support and interaction. The agreement also required the Judicial Branch to establish a minimum number of residential and nonresidential community placements, as alternatives to incarceration, and pretrial community support services.

In addition, the 1997 settlement required that if a detainee was a DCF client, the assigned caseworker visit that youth at least once a month and work closely with the youth's attorney and probation officer to assist in placement decisions which involve alternatives to confinement in the detention center. The settlement also required that an independent monitor be appointed to ensure the above mentioned requirements were met.

A revised stipulated agreement and a corrective action plan that the Judicial Branch and DCF had developed replaced the 1997 agreement and was approved by the court in June 2002. The court acknowledged the accomplishments of the Judicial Branch in improving conditions within the detention centers; however, it ordered the defendants to focus on four main areas for children with mental health needs: screening; assessment; planning; and services.

Unlike the original agreement, where the Judicial Branch had primary responsibility for compliance, DCF and the Judicial Branch were jointly responsible for making improvements. In addition, a written memorandum of agreement (MOA) between the Judicial Branch and DCF was developed to reserve 20 beds at Riverview Hospital for psychiatric evaluations of court-ordered children (i.e., children involved with the juvenile court as delinquent or FWSN and for whom the judge ordered an inpatient evaluation).

The 2002 agreement again specified that an independent monitor be appointed to conduct general inspections and program reviews that result in a summary report to be done more than twice a year. As a mechanism to ensure compliance, the monitor hired mental health consultants who made recommendations to both DCF and CSSD. For example, the mental health consultants reviewed and proposed changes to the Juvenile Justice Intermediate Evaluation (JJIE) program. As a result, DCF developed a more comprehensive child assessment program with stronger family and community involvement.

In June 2005, just before the 2002 agreement was set to expire, a third agreement was negotiated by the parties and approved by the court. The purpose of this settlement was to provide supplemental, community-based services that would reduce the number of children placed in detention. Examples include but are not limited to: multidimensional treatment foster

care slots; therapeutic mentors; and comprehensive, home-based behavioral health treatment and other supports known as ‘wraparound’ services.

Under the 2005 agreement, DCF was also required to conduct a comprehensive review of a child’s needs prior to adjudication. Better needs assessments were intended as another effort to divert juveniles from detention and long-term, out-of-home placement by providing wraparound services in the community.

The agreement further required DCF to provide outcome reports that contain statistical information for evaluating the success of the various additional services on a quarterly basis to the plaintiffs and the court monitor. The reports contain both program and child-specific outcome measures for the following programs: wrap-around services; group homes; adolescent substance abuse; outpatient; multidimensional treatment foster care; flex funding for educational success; general flex funding; wraparound training; protocols for DCF-involved detainees; and general outcome measures. Examples of some of the reported outcome measures are:

- 80% of targeted class members who are admitted into wraparound services will not be discharged to residential treatment, or other, higher levels of care;
- 75% of participants will have a discharge based on their discharge plan. The discharge plan will be developed within 14 days of admission; and
- targeted class members receiving Flex Funding for Educational Success will experience a decrease in arrests leading to conviction and delinquency commitment.

The current settlement agreement is set to expire on September 30, 2007, on the condition all requirements are met. Unless the plaintiffs file a non-compliance order and request a hearing before the judge, which is under consideration, the *Emily J.* case could be closed. The *Emily J.* court monitor must submit a final report summarizing his findings regarding compliance and any recommendations for continued court oversight prior to the agreement’s expiration.

**New services.** Overall, since FY03, DCF has spent approximately \$15 million to meet its *Emily J.* obligations.<sup>21</sup> The department recently reported the *Emily J.* settlement resulted in the development and implementation of \$6.9 million in new or expanded community-based services for the targeted class of children (i.e., children who are in detention, or who have recently been in detention, and who are determined to be at imminent risk for residential placement). These began as a pilot program in Hartford in October 2005 and were expanded statewide during the just completed fiscal year (FY 07). The new services include: multidimensional treatment foster care, a gender-specific therapeutic group home for girls, family-based substance abuse treatment, flex funding, and therapeutic mentoring, which is funded through flex funding.

*Emily J.* targeted class members consist of children who are identified as being at imminent risk for residential treatment but who may be able to remain in the community. For these children, DCF and CSSD convene a meeting to identify and develop an appropriate placement diversion plan. For all DCF-involved children (who are those committed to the department or part of an open case), a “triage” meeting is convened within three days of their

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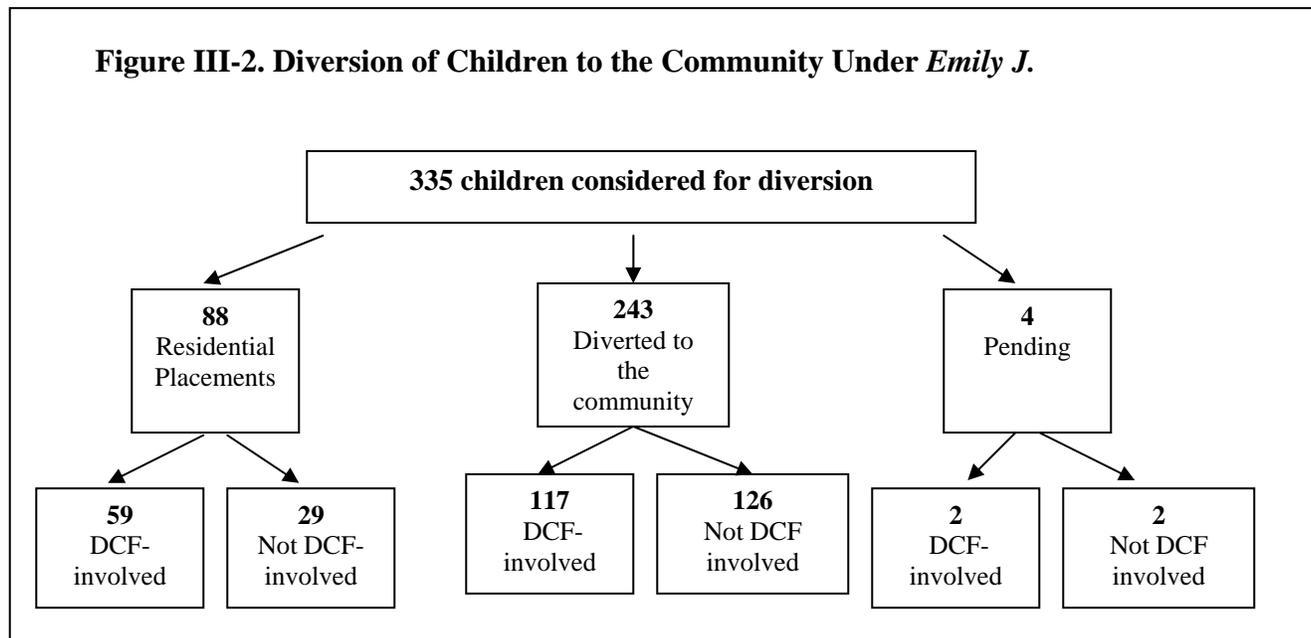
<sup>21</sup> OLR Research Report, “State Obligations Under Emily J. Decision,” January 8, 2007.

being detained in the judicial system. The intention of the meeting is to develop service plans for the court’s consideration with a goal of reducing the number of days they are in detention.

There are some instances when the triage team will determine that the child is at imminent risk for residential treatment and may be eligible for *Emily J.* services. Children who are at risk for residential treatment typically receive a bundle of services that may include the following: recreational services (e.g., dance, art or music lessons, or basketball); individual therapy; vocational services; after school programs; and treatment from other providers such as the HomeCare Program for medication management; ;and community-based treatment services such as MST (Multi-Systemic Therapy) and family advocacy.

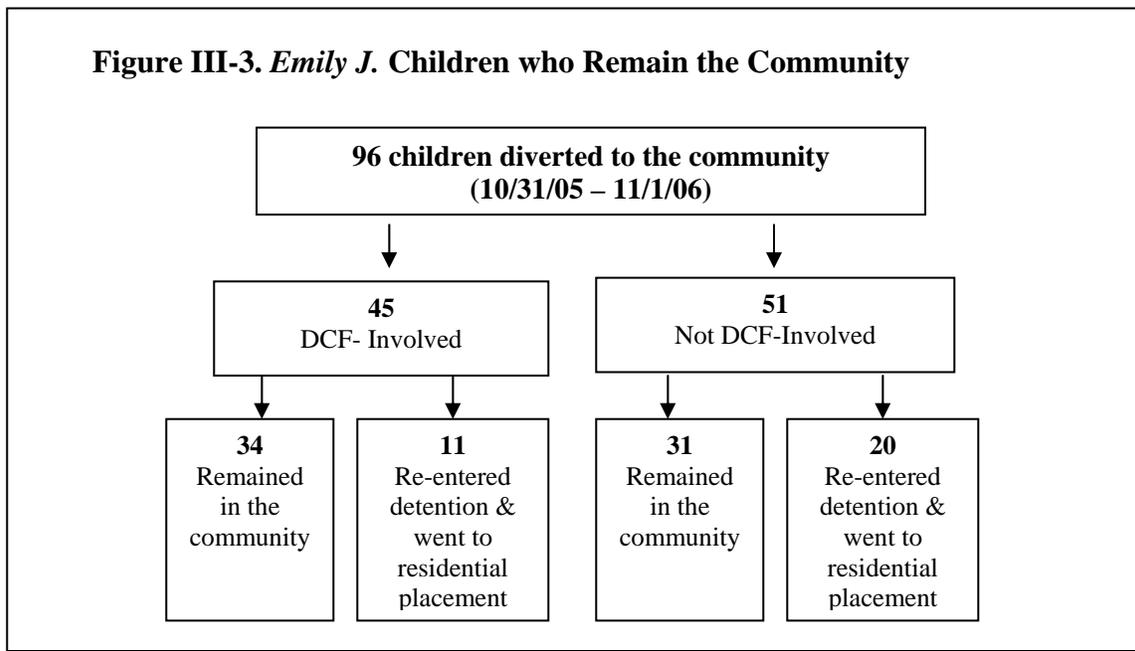
Flex funds, as established under the *Emily J.* settlement, allows DCF funding to be allocated to address needs that contribute to delinquency. The program allows caseworkers to allocate discretionary funds based on the child’s needs. Funds can be used for services such as after school care, music instruction, and pay for Boys Club membership.

**Progress.** Collaboration between local DCF and CSSD personnel to put new services in place because of the *Emily J.* settlement appears to be helping to divert youths from the criminal justice system, especially from residential facilities, to treatment in the community. Together, both agencies have developed plans to sustain these programs and services and expand them statewide to constituents beyond the *Emily J.* class. Below (Figure III-2) is an illustration of the progress made in diverting juveniles to the community in accordance with the settlement.



Between October 31, 2005 and May 31, 2007, there were 335 children considered for diversion from residential placement (see Figure III-2). Of those, 243 (72.5%) were diverted to the community, 88 went to residential placement and 4 cases were still pending. Almost two thirds of the children diverted from residential placement (117) were DCF-involved.

Ensuring children remain in the community is another key goal of the *Emily J.* settlement. Between October 31, 2005 and November 1, 2006, there were 96 children diverted to the community (see Figure III-3). As of May 1, 2007, a total of 65 (67.7%) remained in the community after their initial diversion, while 31 re-entered detention which resulted in residential placement.



**Monitoring and evaluation activities.** As required by the court, an independent monitor has been overseeing and reporting on implementation of the settlement agreement provision since 1997. The monitor’s main activities include: holding status conferences with the judge, reviewing reports from DCF, talking with the plaintiffs, meeting with the *Emily J.* class of children, conducting site visits, meeting with the department staff, and publishing quarterly reports. The monitor has been less involved as the departments (both DCF and CSSD) have succeeded in developing a comprehensive internal monitoring and evaluation process for the areas covered by the *Emily J.* system.

*Internal process.* In an effort to plan and implement services and develop outcomes as defined in the settlement agreement, an *Emily J.* implementation team was formed in June 2005. DCF convened the team in an effort to manage the process going forward. The team consists of representatives from the two state agencies, DCF and the Judicial Branch Court Support Services Division, as well as the Connecticut Center for Effective Practice (CCEP), and the University of Connecticut Health Center (UCHC). The health center provides support by collecting assessment data from CSSD, DCF and providers. The UCHC staff gathered retrospective data on the children who were served in the first year of services in order to get a comprehensive look at the outcomes. In accordance with the settlement agreement, a quarterly report is submitted to the court monitor and the attorney general based on data gathered by the implementation team.

In preparation for the expiration of the current settlement, the *Emily J.* implementation team developed a plan for sustaining progress in the spring of 2007. This sustainability plan formed the basis of a memorandum of agreement between the Judicial Branch and DCF to ensure; a) continuous improvement of services; and b) continued success in diverting children from residential treatment and helping them remain in the community.

DCF has also assigned responsibility for internally managing progress and monitoring compliance with the *Emily J.* settlement to a team of agency staff that includes: a Program Director, full-time Social Work Supervisor, three part-time detention liaisons, and one clerical position. This team tracks results on a weekly, monthly and quarterly basis through reports provided by providers and CSSD as well as DCF's own data systems. Examples of these reports include: monthly utilization, outreach efforts and program developments from all *Emily J.* providers; triage and diversion reporting; and weekly outcome reports by *Emily J.* providers. The reports are reviewed and analyzed with DCF management and summarized and submitted to the court monitor and the plaintiffs.

### ***W.R. v. Connecticut Department of Children and Families***

The *W.R.* lawsuit was filed as a federal class action in 2002 on behalf of a group of children with mental health needs in the care of DCF. The group certified by the court as the *W.R.* class is described as all mentally ill children aged 0-21 and/or youth with serious behavioral issues, who are in the care of DCF, and:

- whose needs cannot be met in traditional foster home placements or institutions;
- who are in need of community-based placements; and/or
- who have experienced or are at high risk of experiencing multiple failed placements.

The plaintiffs, several youths in DCF care and/or their parents, were represented by Connecticut Legal Services and joined by the Office of the Child Advocate. They claimed the department failed to provide a continuum of placements appropriate to the class members' clinical needs and was relying on overly restrictive institutional placements and foster care placements that lacked adequate clinical supports. DCF denied the allegations and for a number of years, the parties were unable to reach agreement on any issues, including the definition of the class.

Frustrated by the lack of progress in resolving the case, the trial judge appointed an outside mediator to work with the plaintiffs and the department in 2006. With the mediator's help, the parties reached a three-year settlement agreement in April 2007 that requires the department to put in place policies and procedures to improve services for all *W.R.* class members as well as address the specific needs of several individual plaintiffs.

**Settlement provisions.** Under the settlement agreement, DCF agreed to take the following steps to increase its ability to serve all members of the *W.R.* class:

1. Expand Emergency Mobile Psychiatric Services (EMPS)

2. Create an Individual Community Based Options (ICBO) program to help the class members obtain and remain in appropriate community-based placements
3. Provide regular and structured guidance to DCF staff and contracted individuals and organizations that provide services to *W.R.* class members
4. Hire a third-party consultant, agreed upon by DCF and the plaintiffs, to implement the settlement agreement, at an annual salary of up to \$175,000

The settlement requires the department to increase EMPS funding by \$1 million per year for three years, using the additional money to increase staffing during peak and expanded hours to “allow maximum mobility and faster response times to crisis calls.”<sup>22</sup> It also outlines the allocation of the additional resources across geographic areas and requires the consultant to periodically review the allocation of EMPS services, and if the parties agree, DCF may reallocate funding to areas where need is greatest.

The consultant is also required to help DCF develop and implement the new ICBO program, establish the program’s eligibility criteria, and an appropriate transition process for participation in the program. DCF must commit \$1,312,500 in the first year of the settlement to provide *W.R.* class members who would otherwise remain in inappropriate residential placements, at high risk of such placements or have experienced multiple unsuccessful community-based placements with certain services. These include: therapeutically supported living; crisis supports; and related services to help maintain them in the community. In the second and third years of the agreement, the department must commit \$2 million per year for such ICBO services.

Guidance on *W.R.* services, which is to be provided by DCF in consultation with the consultant, must address: transition planning beginning at age 14; unconventional or “out-of-the-box” planning options, understanding there is a “no eject/no reject” policy for services for all DCF clients; and the availability of increased EMPS, group home, and ICBO services under the agreement. The consultant additionally must help DCF develop transition planning and policy to help older adolescent class members prepare for adulthood, and, if appropriate, transition to DMR or DMHAS services.

Steps the department is required to take regarding specific individuals include funding small (\$5,000) special needs trust funds for four plaintiffs and the cost of a case manager, educational and vocational mentors, living expenses, and educational, health care, and other related expenses for two plaintiffs who have already aged-out of the DCF system, up to a total of \$199,953 per year for three years. Another plaintiff currently receiving voluntary services for serious mental illness will remain eligible for services and receive the same priority as a committed DCF youth until age 23. The department also will pay \$150,000 for the plaintiffs’ attorney fees and costs.

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<sup>22</sup> *W.R. v DCF* Civil Action No. 3:02cv 429(RNC), United States District Court, District of Connecticut: Summary of Notice to Potential *W.R.* Class Members, 2007.

**Monitoring.** Other duties of the *W.R.* consultant include reviewing and reporting on implementation of the settlement agreement. Reports on EMPS and ICBO services, as well as services provided in group home settings related to the *W.R.* class, and the nature and extent of guidance provided to DCF by the consultant must be submitted quarterly to the agency and the plaintiffs' counsel during each of the three years of the agreement. The consultant is also responsible for identifying best and promising practices for clinical and supportive services provided in group homes and for EMPS and ICBO services, and making recommendations for improvements. Overall, the guidance provided to DCF by the consultant is intended to improve department staff and contractor practice, particularly in the way they deal with and plan for *W.R.* class members.

**Current status.** The General Assembly agreed to approve the final *W.R.* settlement effective July 2007. On August 8, 2007, the U.S. District Court held a fairness hearing to review the terms of the approved agreement and allow class members an opportunity to object. No comments in opposition to the agreement were received and the settlement agreement went into effect for a three-year period that concludes June 30, 2010. The lawsuit is considered ended and no independent, on-going monitoring, beyond the consultant activities called for in the agreement, is required.



# **APPENDICES**



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## PRI Approach to the DCF Study

This appendix describes the Legislative Program Review and Investigations Committee approach to the study of the Connecticut Department of Children and Families. The appendix begins with an explanation of the study rationale, followed by a description of the five components of the study approach: 1) capturing and categorizing monitoring and evaluation information; 2) assessing how well the monitoring and evaluation system is working; 3) summarizing the results or accomplishments reported; 4) describing the impact this monitoring and evaluation information has had on improving DCF policies and programs; and 5) recommending improvements to the current monitoring and evaluation system as warranted.

**Study rationale.** The focus of this PRI study is on the monitoring and evaluation of DCF that has occurred within the past three to five years from within DCF and from external sources. If the system to monitor and evaluate services and policies is working well, then it is expected that the department would continually improve over time, benefiting the children and families served by DCF. The consequences of a poor monitoring and evaluation system is that changes to programs and policies occur blindly, without consideration of information about how they are currently working, a chance process at best. Ultimately, the question to be answered is: are the children and families better off from their experience with DCF? Did all these efforts to study, audit, review and advise the department result in improvements in the services received by the children and families?

The study examines the effectiveness of efforts to track DCF programs and goals, progress toward achieving those goals, and ways in which feedback information is used by DCF to make decisions about programs and policies. The five components are now discussed.

### Capturing and Categorizing Monitoring and Evaluation Information

Capturing and categorizing the monitoring and evaluation information has three components: 1) the source of the monitoring and evaluation effort (Who is doing the monitoring and evaluation?); 2) the level of focus (Is the monitoring and evaluation focusing on the entire department, one of the four mandated areas, or a particular program?); and 3) goal type (Is the goal related to the delivery or outcome of a program or effort?). Each will now be described.

*Source of monitoring and evaluation effort.* The efforts to monitor and evaluate DCF come from four sources:

- internally, from DCF itself;
- externally, from the judicial branch, the legislature, federal government agencies and accrediting bodies;
- outside investigations conducted by such entities as the Office of the Child Advocate, Attorney General, and Child Fatality Review Panel; and ad hoc studies by legislative task forces or governor's blue ribbon commissions; and
- advising bodies required by state or federal law.

The identification of the source of the monitoring and evaluation is important because, depending on who is doing the tracking and monitoring, there may be differences in the effectiveness of efforts, progress made toward achieving goals, and how feedback information is used by DCF in program and policy decision making.

*Level of focus.* The activity being monitored, evaluated, studied or investigated by these sources may be at the program level (e.g. child abuse and neglect reporting Hotline, adoption, emergency mobile psychiatric services, juvenile justice group homes, youth suicide prevention projects), mandated area level (i.e. child protective services, children’s behavioral health, juvenile justice, prevention), or agencywide—DCF overall. Organizing the monitoring and evaluation efforts into these three categories allows areas of emphasis to become apparent, as well as redundancies or gaps in monitoring and evaluation.

Depending on whether the monitoring and evaluation occurs at the program, area or agencywide level, there may be differences in the effectiveness of efforts and progress toward achieving goals. How feedback information is used by DCF to make decisions regarding programs and policies may vary.

*Goal type.* The agencywide, mandated area, or program-specific goal of interest—or issue being studied—may relate to a desired outcome or performance, or it may relate to the delivery of the services themselves. A goal is commonly defined as a statement of a desired state<sup>23</sup>. For purposes of this study, goals will refer to a desired state for a specific DCF program, mandated area, or the Department of Children and Families overall. They may be referred to as overall objectives, purposes, desired performance, or standards. They will answer the question, “What is trying to be accomplished?”

The accomplishment could be descriptive, defined in terms of the quantity of children and families served, time frame within which services are received, or percent completing a program. This would be a process goal or issue. The accomplishment could also be set in terms of a hoped-for impact, result or outcome of the services on the children and families receiving the services. These are outcome goals or issues.

*Goal assessment criteria.* The PRI study will examine the quality of the goals using the five criteria described by Kenneth Blanchard et al<sup>24</sup>. Referred to as “S.M.A.R.T. goals,” the five criteria or elements of quality goals are: Specific; Measurable; Attainable; Relevant; and Trackable.

**Specific.** The goal must be well-defined (simple, concise, explicit), so that achievement of the goal is clearly spelled out. By having a specific goal that deals with one area, the performance that is expected is understood and can then be measured.

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<sup>23</sup> From Rossi and Freeman (1993), “Evaluation: A Systematic Approach.”

<sup>24</sup> From Blanchard, K., Zigliarmi, P., & Zigliarmi, D. (1985). *Leadership and the One Minute Manager*, New York: William Morrow and Co.

**Measurable.** The success or achievement of the goal must be demonstrable by measurement. If it cannot be measured, then the goal will be difficult to influence or attain. Choosing a goal that relates to a reduction in something only makes sense if there is a baseline to compare it against.

**Attainable.** The goal chosen must be realistic given the current situation, resources and time available. The goal is within reach (possible and credible) rather than an impossible dream.

**Relevant.** The goal should be consistent with other goals that have already been established. The goal should be important in the accomplishment of the agency or program's mission.

**Trackable.** The goal should be phrased in such a way that progress can be reviewed or monitored. This criterion assesses how progress toward achieving the goal will be measured and what the actual goal is in terms of the measurement. Having a goal where interim progress can be measured allows the steps to achieving the goal to be assessed.

### **Assessing How Well the Monitoring and Evaluation System is Working**

Assessing how well the monitoring and evaluation system is working has two parts: 1) the efforts to monitor and evaluate (What steps were taken to measure whether the goal occurred?); and 2) the match between the measurement and goal or question (Were the measurement steps taken logically linked to the goal?).

*Efforts to monitor and evaluate.* The efforts made to monitor and evaluate DCF will be gathered as part of the PRI study. Measurements of goals may be comprehensive, determined in multiple ways, or nonexistent. The PRI study will identify any instances where a goal may have been set, but tracking of progress toward achieving the goal is absent.

In addition to efforts to monitor and evaluate process and outcome goals, efforts to investigate or study questions or concerns will also be examined. For example, an investigation undertaken by the Child Advocate and Attorney General on the Department's child abuse and neglect hotline is included in the PRI study. In this instance, PRI staff is examining how the investigation was conducted, including the sources of information and measurements used.

Efforts to monitor and evaluate are important to understanding what happened once a goal or study question was posed. How well was the question answered or how completely was the goal tracked? The consequences of a poor monitoring and evaluation system are that an organization makes decisions blindly, without consideration of information about how things are currently working. How would one know whether DCF is helping children and families without some sort of assessment?

*Match between measurement and goal/question.* The degree to which the measures used match up with the associated goal will also be examined. A measure may be employed, for example, because it is readily available, but may not be logically related to the goal being

monitored or evaluated. Similarly, the degree to which the measures used match up with the questions will also be examined for studies or investigations.

Without a logical match between the measurement and goal, the resulting information reported is irrelevant. How would one know whether DCF's services are improving without information linked to what it is trying to accomplish? Similarly, the relevancy of the actual investigation to the question under study is key to answering the posed question.

### **Summarizing the Results or Accomplishments Reported**

After examining monitoring and evaluation processes, actual results will be summarized. What has DCF accomplished? Were programs provided in the manner described in the programs' goals? Are the children and families any better off as a result of the services received from DCF?

Whether progress was or was *not* made in attaining a particular goal (or the situation worsened), this information is important in directing future program and policy changes in an effort to improve results. Similarly, what were the results of the study or investigation? Were the findings favorable or did they point to serious deficiencies? Advising bodies are often charged with making recommendations to DCF. What were the recommendations? This information is the end product of monitoring, evaluation or study efforts—the bottom line.

Similar to assessing the quality of goals put forth, the format of recommendations can be assessed. While a set of criteria such as S.M.A.R.T. goals does not exist for assessing recommendations, criteria, based in part on Government Auditing Standards<sup>25</sup>, will be applied. Recommendations should:

- Be clearly stated
- Flow logically from the findings and conclusions
- Specify action(s) to be taken

### **Describing the Impact on Improving DCF Policies and Programs**

The impact of monitoring and evaluation information on improvements to DCF has two components: 1) use of results and recommendations by DCF (Was the information considered or used by DCF in their decision making?); and 2) impact on services received (If the information figured into changes made by DCF, did the changes lead to improvements for the children and families served?).

*Use of results and recommendations by DCF.* As noted previously, feedback is important to improving services to children and families. The extent to which this information is considered by DCF, however, determines whether the monitoring and evaluation results are used to inform policy decisions or changes to programs, or ignored.

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<sup>25</sup> GAO-07-162G Government Auditing Standards January 2007 Revision (The Yellow Book), p. 162.

Evidence of use of the results and recommendations may be found in management meeting minutes, internal reports, and interviews with DCF managers and other personnel. Interviews and reports produced by accrediting bodies, court monitors, advisory bodies, and federal agency staff (with monitoring and evaluation responsibilities) will also be used to gather such evidence.

*Impact on services received by children and families.* If the results of the monitoring and evaluation efforts are used by DCF to make changes to their programs and policies, the next question is whether there is evidence that the children and families benefited from these changes. Were the changes truly an improvement? This question may be the most difficult to answer, although it is clearly the purpose of the department to improve the lives of children and families. Every effort will be made to locate information currently available regarding resulting impact of program and policy changes made as a result of monitoring and evaluation results. Interviews with DCF personnel, consumer groups, and other key stakeholders will be conducted as an attempt to answer this question.

### **Recommending Improvements as Warranted**

An effective monitoring and evaluation system is the cornerstone of accountability and improved performance of state agencies. In comprehensively viewing this function, ways in which the system can be improved may become apparent. Recommendations may be as specific as strengthening oversight of a particular program or as broad as elimination of redundancies across sources of monitoring and evaluation. Areas in which the monitoring and evaluation is working especially well will also be identified and considered for expansion to other areas where feasible.

# Appendix B

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## DCF: Developments Since 1999

In 1999, the program review committee study of DCF found long-standing deficiencies in the areas of agency management and strategic planning. The study also revealed little integration of funding and activities across protective services, behavioral health, and juvenile justice systems, an overall lack of leadership, and weak, fragmented accountability. In particular, the committee found the agency's behavioral health and juvenile justice mandates had suffered from lack of attention and resources, largely because of DCF's focus on the *Juan F.* child welfare lawsuit. The main goals of establishing a consolidated children's agency back in 1974—strong leadership on children's issues and comprehensive, integrated community-based services that promote the well-being of children and families—had not been achieved.

For many years, experts and practitioners have agreed comprehensive services, with a single point of entry, coordinated delivery, and flexible funding, result in better outcomes for troubled children and their families. Research studies also support the many benefits of providing a broad range of integrated, community-based human services.

There was no evidence in 1999 (or now) linking effective service delivery to a particular organizational model (e.g., a consolidated agency, an umbrella agency, coordinated independent agencies, etc.). According to national experts, what seems more important than any specific structure is: having clear policy to guide decisions on programs and services; ways to systematically assess results; strategic planning to achieve measurable goals; and a strong management commitment to quality assurance and continuous improvement.

However, the agency's lack of progress in integrating children's services despite 25 years of consolidation, and the domination of its protective services mandate due to the *Juan F.* consent decree, led the program review committee to look beyond trying to "fix" DCF to incorporate these critical elements. To strengthen the chances of achieving the department's mission, the final 1999 report recommended a comprehensive reform of the state system for serving children and families, briefly described below.

### 1999 Study Recommendations

The DCF report accepted by the program review committee in November 1999 proposed implementing a new structure and system for providing children's services that centered on:

- enacting a clear state policy on children and families focused on outcomes;
- establishing an independent secretary for children, responsible for
  - regularly evaluating goals and results,
  - coordinating policies, programs and resources across agencies involved in children's services to achieve the goals, and
  - implementing a community-based children's service delivery system statewide.

The report also recommended existing department mandates be reorganized, to ensure strong management for each one, by:

- transferring DCF behavioral health responsibilities to DMHAS, specifically to a new children's behavioral health division;
- transferring DCF juvenile justice services as well as Judicial Branch responsibilities for juvenile detention to a new, separate entity;
- retaining all child protective services responsibilities in DCF; and
- placing responsibility for overseeing all prevention efforts with the new secretary for children.

The committee's proposed realignment grew out of concerns that the agency was dominated by its protective services mandate, due both to the serious nature of child abuse and the impact of the 1991 *Juan F.* consent decree. At that time, DCF had made little progress in implementing required reforms of its child protection system and there was no strategy for achieving compliance with the consent decree. Without an action plan for exiting the *Juan F.* consent decree, it seemed unlikely the department would be able to give adequate attention needed to its equally important, if not as critical, behavioral health, juvenile justice and prevention mandates.

**Post-study action.** In 2000, the program review committee raised legislation to implement the report recommendations and held a public hearing. PRI favorably reported out a bill containing the proposed realignment of DCF functions, which then was referred to the committee of cognizance where no further action was taken.

The proposed restructuring of the department was not supported by DCF and most of the children's services advocacy organizations and associations of private service providers for two main reasons:

5. placing responsibility for children's behavioral health services and juvenile justice in separate state agencies would increase bureaucracy and not improve services to children and their families; and
6. an office of the secretary for children would duplicate administrative functions and only add more government.

Additionally, the complexity of implementing such a large-scale reform was and is a significant barrier to any major structural change. Pending litigation in several areas of children's services has been another factor inhibiting major reorganization. While the specific recommendations from the 1999 study were not embraced, it seems fair to say the findings contained in the final report contributed, to some degree, to the many legislative and administrative changes that have been made to state policies and programs for children and families since 2000.

### **Developments Since 1999**

A number of changes in internal capacity and operations, as well as new and revised state and federal policies, have affected the Department of Children and Families and how it carries

out its responsibilities since the 1999 PRI study was completed. One dramatic difference is lower caseloads for the agency's social workers, a factor that contributes to more timely performance of important protective services functions (e.g., investigations, visits, permanency planning). In recent years, DCF has consistently met the caseload standards required for its child welfare staff (17-20 cases per worker depending on their assignment) under the *Juan F.* consent decree.

Structural changes made in the agency since 1999 include a separate bureau that oversees behavioral health and medical functions. The types and amounts of DCF community-based mental health services have greatly expanded. The department also has better automated information systems and more capacity for internal quality improvement functions than it did in 1999.

One of the most significant developments for DCF is the on-going implementation of the court-approved exit plan for the *Juan F.* consent decree. The agency now has a strategic "roadmap" for ending federal judicial oversight of the state's child protection services system.

Major developments related to DCF operations that program review staff has identified to date are highlighted in Table B-1. Despite the many changes that have occurred since 1999, there are continued concerns about the department's ability to meet the needs of at-risk children and families. The ultimate question is: do DCF clients have better outcomes as a result of the state services they receive?

The importance of tracking results, and targeting corrective actions to achieve and sustain desired outcomes, was recognized by the *Juan F.* plaintiffs. A primary goal of the original consent decree and current exit plan is to ensure that DCF has strong internal capacity for continuous quality improvement through self-monitoring and evaluation.

Further, experts agree an effective accountability system is essential for ensuring programs and services have desired results, and that public and private resources are used efficiently. This requires the following elements: clear goals; good quality performance measures; strong communication and reporting on results; and a commitment from managers and decision makers to use this feedback to achieve and sustain desired outcomes. Each of these elements is being assessed through the current PRI study of the DCF monitoring and evaluation system.

**Table B-1. Developments Related to DCF Services Since 1999**

In 1999	As of 2007
<b>Limited progress in complying with 1991 Juan F. consent decree</b>	<ul style="list-style-type: none"> <li>▪ Exit plan with 22 specific outcomes approved and DCF implementing action plan to achieve compliance; as of March 2007, department had met and sustained compliance with 15 measures</li> </ul>
<b>Neglect of children’s behavioral health mandate</b>	<ul style="list-style-type: none"> <li>▪ Dedicated behavioral health bureau created in DCF</li> <li>▪ Children’s Behavioral Health Advisory Committee to the DCF State Advisory Council established</li> <li>▪ Written agreement between DCF and DMHAS regarding transition services for children entering adult system</li> </ul>
<b>Lack of comprehensive, integrated, community-based services</b>	<ul style="list-style-type: none"> <li>▪ Five DCF regions replaced with 14 service areas with intent of stronger local relationships and better service coordination</li> <li>▪ CT Community KidCare system (25 collaborative behavioral health service networks) in place statewide; KidCare system incorporated within Behavioral Health Partnership between DCF and DSS</li> <li>▪ WR settlement agreement expands community-based services for children with complex behavioral health needs, with more collaboration among DCF, DMHAS, and DMR</li> <li>▪ <i>Emily J.</i> settlement increases community-based services for juveniles and collaboration between the courts (CSSD) and DCF</li> </ul>
<b>Juvenile justice population lacking appropriate services</b>	<ul style="list-style-type: none"> <li>▪ <i>Emily J.</i> settlement agreement provides more community-based “wraparound” services to divert juveniles from detention</li> <li>▪ Revisions to FWSN law include more community-based services for status offenders</li> <li>▪ Reforms implemented at DCF secure facility for delinquent boys (CJTS) to improve assessment, treatment, and discharge planning</li> </ul>
<b>Lack of focus on prevention</b>	<ul style="list-style-type: none"> <li>▪ Children’s Trust Fund resources expanded (to 18 staff and a current budget of \$15 million)</li> <li>▪ Small central office prevention division (3 staff ) created and prevention liaisons assigned in area offices</li> </ul>
<b>Absence of national child welfare outcome standards for States</b>	<ul style="list-style-type: none"> <li>▪ Federal Child and Family Services Review process established to measure states against national child welfare outcomes; DCF implementing corrective actions from the first (2002) review</li> </ul>
<b>Modest attention to quality improvement</b>	<ul style="list-style-type: none"> <li>▪ DCF Bureau of Continuous Quality Improvement created, area office quality improvement teams put in place , Administrative Case Review process implemented, automated “Results-Oriented Management “information system established</li> </ul>
<b>Fragmented complaint process for children, families and others</b>	<ul style="list-style-type: none"> <li>▪ Independent DCF ombudsman (with 8 staff ) created to receive and resolve specific complaints “in a way that is in the best interests of children”</li> </ul>
<b>Inadequate automated information system and poor quality data</b>	<ul style="list-style-type: none"> <li>▪ Improvement in the reliability of the central child welfare information system; management reporting capability (ROM) added that allows tracking of performance at all levels for key protective services functions</li> </ul>

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### History of DCF

Major events related to the Department of Children and Families and the delivery of services to at-risk children in Connecticut over time are presented in Figure C-1. As the figure indicates, the predecessor agency to the DCF, the Department of Children and Youth Services (DCYS), was established in 1969. DCYS was created to oversee the state's two secure facilities for adjudicated juvenile delinquents (the Meriden School for Boys and Long Lane School for Girls). At that time, and since the Juvenile Court was created in 1941, the judicial branch was and still is responsible for juvenile detention and probation, in addition to all court proceedings related to juveniles.<sup>26</sup>

Also at that time, protective services for abused or neglected children, including adoption and foster care, were carried out by the State Welfare Department. Behavioral health services for Connecticut residents of any age were the responsibility of the Department of Mental Health (DMH). That agency operated or funded a number of mental health and substance abuse programs for children and youth, including psychiatric hospital units for adolescents and outpatient clinics for children, until the late 1970s.

Legislation enacted in 1974 (S.A. 74-52) mandated the transfer of services for "dependent, neglected and uncared for children" from the welfare department, to DCYS. The act also established a study commission, comprised of state agency heads and mental health experts, to: 1) develop a transfer plan for psychiatric and related services for children and adolescents within the mental health department; and 2) provide the legislature with recommendations for further consolidation of children's services.

The study commission report issued in 1975 outlined the structure and duties of a cabinet level agency -- an expanded Department Children and Youth Services -- responsible for: "... the care and treatment of delinquent, dependent, neglected, uncared-for, mentally ill and emotionally disturbed children, while guarding against the possibility of any preventable harm coming to any of them." The proposed department structure incorporated: significant citizen participation through statewide, regional, and facility advisory councils; regionalized service delivery and liaisons with private, nonprofit providers; and a strong evaluation, research and planning office. The commission's plan also recommended the agency be organized to promote coordinated service delivery, early intervention and prevention, and treatment based on a child's needs rather than disability category or legal status.

Public Act 75-524 implemented the commission's recommendation for a consolidated children's agency structure. Connecticut was the first state to create a state agency with

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<sup>26</sup> In Connecticut, unlike all but two other states (North Carolina and New York), juveniles are defined as persons under age 16. Individuals age 16 and over who violate the law are, under most circumstances, treated by the courts as adults and subject to adult probation requirements and incarceration in adult correctional facilities. However, beginning in 2010, Connecticut juvenile court jurisdiction will be extended to 16 and 17 year olds (P.A. 07-04, June SS).

jurisdiction over all major spheres of child welfare services -- child protection, behavioral health, juvenile delinquency, and prevention. The goal of this consolidation was both improved leadership on children's issues and the development of a "seamless" service delivery system, from prevention to aftercare, that promotes the sound development of all children and youth.

**Policy changes.** No fundamental changes have been made to the structure or scope of the state children's agency since the original consolidation although its name was changed to the Department of Children and Families in 1993. Most subsequent legislative actions have centered on policies and programs that:

- promote community-based, family-focused, child-centered services, such as the state's KidCare behavioral health initiative begun in 2000;
- create prevention and early intervention programs, such as Healthy Families, an effort to work with high-risk families to reduce abuse and neglect of infants<sup>27</sup>; and
- improve program accountability through various statutory requirements for outcome measures, data collection and tracking, and independent performance evaluations.

A major shift in the emphasis of DCF practice, from family reunification to child safety, occurred in the mid-1990s in response to the deaths of several children in state foster care. Legislation enacted in 1995 (P.A. 95-242) established two new entities to protect children and prevent abuse and neglect, an independent Office of the Child Advocate (OCA) and the Child Fatality Review Panel (CFRP).

Also during the 1990s, new federal laws stressing permanency goals for children in state custody went into effect, requiring child welfare agencies to reduce time spent in temporary out-of-home placements and to increase adoption rates. The federal government began conducting Child and Family Services Reviews (CFSRs) in FY 01 to ensure state child welfare agencies conform to federal requirements related to the safety, permanency, and well-being of children in their care. Under state law enacted in 1999 (P.A. 99-166), DCF was specifically mandated to set standards for permanency plans for the children in its care, monitor implementation of each child's plan, and establish an advisory committee to help promote adoption of children difficult to place.

In the last five years, a number of major changes have been made to the department's juvenile justice program. After decades of unsatisfactory performance, Long Lane School, the state residential facility for adjudicated male and female juvenile delinquents, was closed in February 2002. It was replaced by the Connecticut Juvenile Training School (CJTS), a maximum security facility for boys only, which opened in 2001. To date, no secure facility specifically for delinquent girls has been developed; they currently are placed in various private residential treatment programs and sometimes older girls are placed at the state's adult correctional facility for women in Niantic.

Most recently, the General Assembly enacted a bill to incorporate 16 and 17 year olds into the juvenile justice system, effective July 1, 2010 (P.A. 07-4, June SS). This legislation,

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<sup>27</sup> Most recently, the Healthy Families program was revamped as the Nurturing Families Network and transferred from DCF to the Children's Trust Fund Council in 2005.

based on the recommendations of the Juvenile Jurisdiction Planning and Implementation Committee established in 2006 (P.A. 06-18), could significantly expand DCF's responsibilities for delinquency-related services. It has also prompted reexamination of the governor's plan to close the Connecticut Juvenile Training School as a juvenile correctional facility during 2008.

**Court cases.** The action that has had the most influence on DCF operations over the past decade is the 1989 *Juan F. v. O'Neill* federal class action lawsuit and its resulting settlement plans. Alleging the state did not adequately protect the children in its care, the lawsuit raised issues regarding the policies and practices of the then Department of Children and Youth Services in the following areas: investigation of abuse and neglect cases; foster care and other out-of-home placements; medical and mental health care; adoption; staffing; and management.

The parties agreed to mediate a resolution to the suit and, with the help of a settlement judge, negotiated a consent decree that was ordered by the U.S. District Court in January 1991. An independent monitor solely responsible to the trial judge for the case was later appointed to track and report on the department's compliance progress. The federal court also ruled the consent decree requires no less than 100 percent compliance and that the state must provide the funding necessary to implement its mandates.

Efforts to achieve compliance with the *Juan F.* consent decree have dominated agency resources and activities ever since it was ordered. The department's budget and workforce have substantially increased to improve social worker caseload ratios, the timeliness of case management functions, and the availability of appropriate services for children committed to the agency, as called for by the consent decree provisions.<sup>28</sup> The agency's multimillion dollar automated information system known as LINK, and an internal training academy for all DCF staff, were also put in place to meet consent decree requirements.

Over the years, a series of corrective action agreements and revised monitoring orders have been developed by the parties and the court to address disputes over noncompliance. Since 1999, DCF, in conjunction with the other parties and the court monitor have focused on developing and implementing a plan for "exiting" court oversight that contains specific performance goals and a set timeframe for meeting them. The first exit plan, approved by the court in February 2002, has been revised several times and now contains 22 outcome measures that are monitored on a quarterly basis. The quarterly progress report issued June 20, 2007 by the Juan F court monitor's office states DCF is in compliance with a majority of the current exit plan requirements but still faces significant challenges in several critical areas (i.e., treatment planning and meeting children's needs).

Two other federal class action lawsuits, *Emily J.*, which was filed in 1993, and *W.R., et al v. Connecticut Department of Children and Families* from 2002, also have had an impact, although to a lesser extent, on the agency. The *Emily J.* case was brought on behalf of children placed in juvenile detention centers and affected both the Judicial Department and DCF. An initial settlement agreement reached in 1997 established requirements that applied primarily to the Judicial Department. Under a second settlement agreement reached in 2002, DCF and the

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<sup>28</sup> Between FY 91 and FY 07, the total DCF budget grew from about \$152 million to over \$820 million. Over the same time period, the agency workforce went from about 1,700 to nearly 3,550 permanent full-time positions.

Judicial Department were both ordered to carry out a corrective action plan for improving screening, assessment, planning, and service delivery to children in the juvenile justice system with mental health needs.

In 2005, a third court-ordered agreement targeted DCF and called for development of new or expanded community based-services for children involved with the juvenile court. DCF is working with the Court Support Services Division (CCSD) of the Judicial Department to develop and implement a plan for services.

Plaintiffs in the recently settled *W.R.* case claimed the state failed to provide the continuum of services that would allow certain DCF clients with mental health needs to live successfully in the community. After almost a year of negotiating, the parties to this class action suit reached a settlement in April 2007, which was subsequently approved by the General Assembly.

**Figure C-1. Major Events Related to Children’s Services in Connecticut**

<b>2007</b>	<ul style="list-style-type: none"> <li>• DCF issues <i>Juan F.</i> Action Plan for improving performance on exit plan outcomes</li> <li>• <i>W.R.</i> class action settlement agreement finalized</li> <li>• Law to expand jurisdiction of juvenile court to 16 and 17 year olds effective 2010 enacted</li> </ul>
<b>2006</b>	<ul style="list-style-type: none"> <li>• <i>Juan F.</i> Exit Plan modified to incorporate new case review method and additional data reporting</li> <li>• Federal court orders management authority be returned to DCF, disbands task force</li> </ul>
<b>2005</b>	<ul style="list-style-type: none"> <li>• Revised <i>Emily J.</i> settlement agreement requires DCF to develop community services for juveniles</li> <li>• Governor announces plan to close CJTS in 2008</li> <li>• DCF, in collaboration with DSS, mandated to implement the Connecticut Behavioral Health Partnership community-based service delivery system, which incorporates KidCare</li> </ul>
<b>2004</b>	<ul style="list-style-type: none"> <li>• Revised <i>Juan F.</i> Exit Plan establishes 22 specific goals</li> <li>• DCF issues “Positive Outcomes for Children,” a plan to guide <i>Juan F.</i> compliance efforts</li> </ul>
<b>2003</b>	<ul style="list-style-type: none"> <li>• Federal court orders management authority for DCF be given to three-member task force headed by <i>Juan F.</i> court monitor</li> </ul>
<b>2002</b>	<ul style="list-style-type: none"> <li>• DCF closes Long Lane School</li> <li>• First exit plan for <i>Juan F.</i> consent decree negotiated and approved by court</li> <li>• Federal class action lawsuit claiming DCF failed to provide adequate services to youth with serious mental health issues, <i>W.R. v. DCF</i>, filed</li> </ul>
<b>2001</b>	<ul style="list-style-type: none"> <li>• DCF opens Connecticut Juvenile Training School for delinquent boys</li> <li>• Federal Administration for Children begins Child and Family Services Review (CSFR) process of state child welfare agencies</li> </ul>
<b>2000</b>	<ul style="list-style-type: none"> <li>• DCF, in consultation with DSS, mandated to develop, fund, and evaluate KidCare community-based behavioral health service delivery system for children and youth</li> </ul>
<b>1997</b>	<ul style="list-style-type: none"> <li>• DCF required by law to implement, within available appropriations, a “system of care” planning process for children with mental health needs</li> <li>• Children’s Trust Fund Council established as independent agency with authority to fund community-based child abuse prevention programs</li> </ul>
<b>1995</b>	<ul style="list-style-type: none"> <li>• Independent Office of the Child Advocate and Child Fatality Review Panel established</li> </ul>
<b>1994</b>	<ul style="list-style-type: none"> <li>• DCF responsibility for substance abuse services for children clarified in statute</li> </ul>
<b>1993</b>	<ul style="list-style-type: none"> <li>• DCYS agency name changed to Department of Children and Families</li> <li>• Federal class action lawsuit regarding juvenile detention conditions, <i>Emily J. v. Weicker</i>, filed</li> </ul>
<b>1991</b>	<ul style="list-style-type: none"> <li>• <i>Juan F.</i> consent decree approved; requires significant child welfare system reforms, substantial increase in DCYS staff and program funding</li> </ul>
<b>1989</b>	<ul style="list-style-type: none"> <li>• Federal class action lawsuit alleging state’s failure to protect children in DCYS custody, <i>Juan F. v O’Neill</i>, filed</li> </ul>
<b>1988</b>	<ul style="list-style-type: none"> <li>• Interagency agreement transfers authority for children’s substance abuse services to DCF</li> </ul>
<b>1983</b>	<ul style="list-style-type: none"> <li>• Children’s Trust Fund created to coordinate and fund child abuse prevention efforts</li> </ul>
<b>1981</b>	<ul style="list-style-type: none"> <li>• State program for juveniles committing status offenses, Family with Service Needs (FWSN), goes into effect</li> </ul>
<b>1975</b>	<ul style="list-style-type: none"> <li>• Psychiatric services for children transferred to DCYS as recommended by study commission</li> </ul>
<b>1974</b>	<ul style="list-style-type: none"> <li>• Transfer of protective services to DCYS mandated; commission to study and recommend consolidation of children’s services created</li> </ul>
<b>1972</b>	<ul style="list-style-type: none"> <li>• DCYS revamps Long Lane School as co-educational facility for juvenile delinquents</li> </ul>
<b>1969</b>	<ul style="list-style-type: none"> <li>• Department of Children and Youth Services, the state juvenile correction agency, established as state’s juvenile correction agency (to operate the two state facilities for juvenile delinquents, Long Lane School for Girls and Meriden School for Boys)</li> </ul>
<b>1965</b>	<ul style="list-style-type: none"> <li>• State Welfare Department responsible for children’s protective services</li> </ul>
<b>1953</b>	<ul style="list-style-type: none"> <li>• State Department of Mental Health, responsible for psychiatric services for adults and children, established;</li> </ul>
<b>1941</b>	<ul style="list-style-type: none"> <li>• Juvenile Court, responsible for court proceedings, probation and detention for those under 16, established</li> </ul>

## APPENDIX D.

### Mission and Guiding Principles

The mission of the Department of Children and Families is to protect children, improve child and family well-being and support and preserve families. These efforts are accomplished by respecting and working within individual cultures and communities in Connecticut, and in partnership with others.

#### Guiding Principles

- **Overarching Principle - Safety/Permanency/Well-Being:** The Department of Children and Families (DCF) is committed to the support and care of all children, including those in need of protection, who require mental health or substance abuse services, and who come to the attention of the juvenile services system.

In this context, DCF asserts that all children have a basic right to grow up in safe and nurturing environments and to live free from abuse and neglect. All children are entitled to enduring relationships that create a sense of family, stability and belonging.

- **Principle One - Families as Allies:** The integrity of families and each individual family member is respected, and the importance of the attachments between family members is accepted as critical. All families have strengths and the goal is to build on these strengths. Family involvement and self-determination in the planning and service delivery process is essential.
- **Principle Two – Cultural Competence:** The diversity of all people is recognized and appreciated and children and families are to be understood in the context of their own family rules, traditions, history and culture.
- **Principle Three – Partnerships:** Children and families are best served when they are part of and supported by their community. The Department is part of this community, works in association with community members, and is committed to its services being localized, accessible and individualized to meet the variety of children and families needs.
- **Principle Four – Organizational Commitment:** A successful organizational structure promotes effective communication, establishes clear directions, defines roles and responsibilities, values the input and professionalism of staff, creates a supportive, respectful and positive environment, and endorses continuous quality improvement and best practice.
- **Principle Five – Work Force Development:** The work force is highly qualified, well trained and competent, and is provided with the skills necessary to engage, assess, and intervene to assist children and families achieve safety, permanence and well-being.

### Additional Information About Bureau of Continuous Quality Improvement

#### Within the Program Review and Evaluation Unit:

*Private Non-Medical Institution Initiative (PNMI).* The majority of Program Review and Evaluation staff time is currently spent in the field evaluating provider compliance with the department's Private Non-Medical Institution initiative, a reimbursement system required by the federal government, based on the regulation of treatment plans. The PNMI review is a paper review, examining such areas as whether the appropriate person signed the proper documents and whether an activity occurred within a given time frame. The Program Review and Evaluation Unit expanded these PNMI reviews to include qualitative areas. Program Review and Evaluation Unit staff also conduct site visits to residential and therapeutic group homes for PNMI compliance.

*Out-of-state facility evaluations.* Program Review and Evaluation also authorizes and evaluates out-of-state programs. In Spring 2007, there were approximately 280 children in out-of-state programs. A priority of DCF several years ago was to reduce the more than 500 children in out-of-state programs at that time. The steps that typically occur during this process are:

- PREU notified that a child has been referred to an out-of-state program;
- Various quality checks, such as CPS, licensing, abuse and neglect allegations are conducted;
- if quality checks are satisfactory, PREU sends the out-of-state facility an MOA listing all service conditions;
- if MOA is acceptable to the out-of-state program, then PREU will do a site visit that involves PREU teaming up with experts within DCF in that particular program area;
- PREU will then approve or not approve the facility;
- If approved, DCF rate setting staff will then set the facility payment rate;
- the program will then come on line and be available to DCF children; and
- in 2-3 years, PREU will re-evaluate the program.

During the PREU site visit, more than 70 items are reviewed, covering such areas as:

- treatment plan;
- staff oversight/collaboration;
- milieu interactions;
- child behavior management;
- educational programming;

- medical services; and
- physical plant.

### **Within the Internal Quality Improvement Division:**

*Administrative Case Review Unit.* The Administrative Case Review, or ACR unit, has five staff in Central Office and 29 part-time staff located in area offices. Federal regulations require that independent case reviews occur every six months, assessing such areas as the appropriateness of placement, safety, permanence, and well-being. Specifically, their responsibilities include a review of treatment plans, examining such areas as the way in which treatment goals are defined, and determining who is responsible for implementing the treatment plan within a given time frame. Case reviews may occur more frequently when circumstances require a new treatment plan to be prepared.

Each ACR takes approximately 1.5 hours. They are conducted in the area offices and mandatory participants include the administrative case reviewer, DCF social worker whose case is being reviewed and his/her supervisor. Any member of the Area Resource Group, a community consultant, support-staff worker, and/or community service provider who has participated in any aspect of the case in the seven months prior to the review are also required to participate in the ACR, as well as the adoption specialist as needed. Note that the parents of children without terminated parental rights, foster parents and foster children themselves, who are age 12 or older are also invited to the ACR.

At least two weeks prior to the ACR, a written case summary and copy of the current and previous treatment plans is submitted to the reviewer by the DCF social worker. This information is then shared with the remainder of the review participants at least one week prior to the review. The case record is also reviewed prior to the ACR and available at the ACR itself.

Specifically, the **process goals** of the Administrative Case Review are to:

- assure that each child/youth in the physical and/or legal custody of the department and associated family have a treatment plan and that the plan is efficacious or, has a reasonable chance of addressing the child/youth and family's needs and moving the child/youth expeditiously out of the foster care system;
- examine whether case plans are being developed appropriately and, that they are being implemented properly;
- allow families, child welfare staff, and others the ability to reexamine the case situation, given its timing, before significant decision making points to allow for best practice and to planfully review, and make strides toward the achievement of timely permanency;
- provide an opportunity for all parties involved in the case to assess the effectiveness of case planning and service delivery and to strengthen or revise planning if needed;
- to prompt and support the people who do and supervise the work;

- to review actual case practice against expectations, policy, procedures, protocols, and other requirements; identify strengths and challenges; identify what is working and what is not, for whom it is or is not working, and the reasons;
- provide recommendations and solutions for case and system improvements;
- manage, monitor and improve practice and outcomes;
- inform child welfare staff and administrators how policy is being implemented in the field;
- encourage the participation of the parents of the child and conducted by a panel of appropriate persons—at least one of whom is not responsible for the case management of, or the delivery of services to, either the child or the parents who are the subject of the review; and
- function external to the operational line of authority responsible for direct supervision and case practice for the children and families being served.

The **outcome goals** of the Administrative Case Review are:

- safety of the child;
- continuing necessity for and the appropriateness of the placement;
- extent of compliance with the case plan;
- extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care;
- to project a likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship;
- needs to verify whether the family:
  - participated in the development of the treatment plan;
  - understands what they must do to achieve the goals;
  - understands and agrees with the services provided; and
  - monitor child welfare staff’s compliance with the policies and practice about family participation in case planning, goal setting and case reviews.

At the ACR, each case plan component is discussed fully. Any obstacles to achieving treatment plan goals and recommendation for eliminating the obstacles are identified and formally contained in a written report called an “FYI.” An FYI, or “For Your Information,” is an email that is sent to all that are involved in the case, including the social worker, social worker’s supervisor, and area office manager. The FYI identifies areas of strength as well as areas for improvement related to safety, permanency, child and family well-being, placement, treatment planning, case work practice, and/or child welfare system performance. Common examples of reasons to send FYIs include safety issues, inappropriate placement, or no discharge plan.

A member of the ACR staff will then review the child’s case record within 45-60 days of the ACR to assess whether the issues contained in the FYI were resolved. If not resolved, the

program supervisor is notified and must respond within 30 days to the Director of the Division of Internal Quality Improvement and appropriate Division program director.

In addition to the ACR process occurring at the case-specific level, there is also a systemic review process conducted. Systemic problems may relate to a particular program or facility. All reports related to significant events, critical incidents, Hotline, etc. are reviewed bi-weekly by the Service Evaluation and Enhancement Committee (or SEEC), a cross-section of agency staff from the Bureau of Child Welfare, Division of Internal Quality Improvement, Risk Management, and others. Sentinel events are one-time occurrences that can be either critical (i.e. related to child abuse or neglect) or significant (a non-child abuse or neglect related concern). For example, treatment planning was identified as a systemic problem. It was found that there was difficulty obtaining consistency on the treatment goals and objectives. The solution was to conduct relevant training and increase time devoted to reviewing LINK, reading hard copy material on cases, developing more qualitative information, and promoting strengths-based language in the treatment plan.

### **Within the Division of Planning, Policy and Program Development:**

*Risk Management Unit.* The Risk Management Unit identifies incidents that rise above an acceptable threshold (e.g. number of restraints in a particular program). Critical incidents are those occurrences related to suspected abuse and/or neglect involving:

- the death of a child;
- a life-threatening condition resulting from abuse and/or neglect;
- serious injury (e.g. broken bones) in a child under six (6) years of age, where the injury is suspected to have been caused by child abuse or neglect;
- serious injury including sexual assault (by an adult or child) of a child at a DCF-operated facility or an in-state or out-of-state facility licensed or used by DCF;
- serious injury, including sexual assault, suffered by a child, caused by a person whom the department has permitted to gain access, including a DCF employee, licensed foster/adoptive parent, or an employee of a licensed or contracted private provider; or
- a runaway who presents an imminent danger to himself/herself or the community, or all runaways under the age of 13.

All critical incidents are contained in a Critical Incident Database with information obtained from the Incident Report, most often completed by DCF Hotline staff. There is additional information included in the Critical Incident Database that is taken from the Critical Incident Update and from LINK. Critical incident reports are distributed within DCF and externally to the Office of the Child Advocate and Office of the Court Monitor for the purpose of information sharing and possible subsequent changes in department policies and procedures.

There is also a Significant Events ACCESS database. Significant events are defined in DCF Policy 31-8-3 and include:

- abduction of a child in DCF custody or care;
- an incident involving one or more runaways from one facility, or a significant disturbance involving a youth at a DCF operated or licensed facility;
- allegation of a serious crime by an adult authorized by the department to be responsible for the care of a child (including a DCF employee, licensed foster/adoptive parent or an employee of a licensed or contracted provider);
- allegation of a serious crime by a child or youth in the care or custody of DCF;
- a serious injury suffered by a DCF employee in the course of his/her duties;
- a serious threat to a DCF employee in the course of his/her duties resulting in notification to law enforcement (Human Resources Workplace Violence Report);
- suicide or serious suicide attempt by a child in DCF custody or care, or a child with an open DCF case;
- deterioration of care or other important agency function due to some disruption of the physical plant or environment within a DCF licensed, contracted or operated setting (e.g. fire, natural disaster, failure of electronic equipment, other safety conditions, etc.);
- any call to 911;
- any event that may affect the health, welfare or safety of the residents at a DCF licensed, contracted or operated facility, such as: strikes; major disturbances; public health issues; or bomb threats; or
- any event related to DCF that is likely to result in media coverage.

The Significant Event Database contains information such as: provider and reporter names; dates and times of report and incident; child's demographic information; DCF cases status and staff involved if applicable; other children living at the setting at time of incident; notifications made; and description of incident.

The Bureau of Continuous Quality Improvement produces a detailed six month and annual report on critical incidents. These reports contain a breakout on demographic characteristics such as race, gender and age. Family's history with DCF and incident type is also included in the report analysis.

Additionally, the Risk Management Unit issues more frequent reports containing information on two weeks of incidents. Beyond describing each incident individually, there is a standardized format used for an accompanying narrative. The report also contains rate based information. The program director plans to have the report contain more analytical information.

The unit recently developed a Risk Management Database. It allows DCF staff to look at incidents by variables such as severity, program, and facility type. Trends and patterns can be created and studied, such as an increased number of complaints about the same program, and further steps taken when incidents are found to rise above acceptable thresholds. In some instances, acceptable thresholds are based on information from the Child Welfare League of

America on what the norm would be for a child welfare system the size of Connecticut; in other instances, such data is unavailable and thresholds may be based on previous experience with the program population or situation.

An example of an analysis using the Significant Events database would be an examination of 9-1-1 call patterns over the past six months. The results of such analyses would be brought to the Service Evaluation and Enhancement Committee.

The Risk Management Unit also produces ad hoc reports as requested. A recent example is an ad hoc report on 9-1-1 calls made by providers that analyzed type and licensed bed capacity. The report was shared with SEEC for their review and recommendations. Other examples of ad hoc reports include specific program reports that examine patterns of incident reporting. The Program Review and Evaluation Unit, for example, may contact the Risk Management Unit and request an examination of patterns of runaway behavior for youth in a particular program.

*Office of Results Management/Decision Support Unit.* Responsibilities of the Office of Results Management/Decision Support Unit include:

- overseeing the Juan F Exit Plan activities, outcome measurements and reporting;
- developing a plan to transition to the Quality Service Reviews (QSR) process;
- assuming responsibility for the development and maintenance of various databases (e.g. Administrative Service Organization database, DSS Data Warehouse, Results Oriented Management (ROM), CT Health Information Network, LINK Reports, Emily J Database, and Chapin Hall)
- developing and submitting the annual federal Child and Family Services Plan (CFSP) and Program Improvement Plan (PIP);
- planning and implementing a needs assessment process;
- assuming responsibility for federal reporting as required by the Child Abuse Prevention and Treatment Act (CAPTA), Adoption and Safe Families Act (ASFA), and other federal formula grant programs;
- supporting the work of the Resource Management Authority, including identifying and implementing an agency program data collection model (The Resource Management Authority is a committee made up of Senior Managers who collectively make decisions about how DCF's resources can be best used, allocated and distributed);
- preparing Structured Decision Making reports;
- assuming responsibility for the research consortium including coordinating efforts of Connecticut Center for Effective Practice and various other research initiatives; and
- compiling ad hoc reports based on data from various automated sources including LINK and the Provider Support Data System, an information system for behavioral health providers.

A key responsibility of the Office of Results Management/Decision Support Unit is to convene meetings to process requests for data needed to make decisions. The work includes shaping inquiries, determining report specifications, understanding data concepts, and assuring consistency. The meetings include staff from Information Systems, the Bureau of Continuous Quality Improvement and the Division of Grants and Contracts Management.

These meetings began in 2006 in response to internal concerns about DCF's efficiency in designing data systems as well as matching the appropriate data or information to answer questions such as:

- What are we doing?
- What should we be doing?
- How well are we doing?
- How do we improve?

A log is maintained to track all requests for assistance that come into the unit. There were 28 requests between January 1 and July 23, 2007. Requests included: data for determining the potential need for additional transportation services for DCF clients to visit or be visited by parents/siblings/relatives in prison; data on race and ethnicity; and report on case closings by office.

*Policy and Accreditation Unit.* Staff work on policy revisions and additions. Their role is to transform concepts and policy ideas into the DCF policy format. This unit is responsible for the development and distribution of official DCF policy and forms, maintaining the DCF Policy Manual, and offering staff and citizens technical assistance and consultation regarding DCF policies as needed.

There are several large volumes of DCF policies that were developed in the early 1990s that need to be updated. From January to July 2007, a total of 48 policies have been amended and approved by the department. There have also been 18 new policies developed during that time period, including policies related to incarceration and visitation. An EXCEL database contains all policies, related statutes, dates, bureau and other pertinent information. The first report on policy additions and modifications made within the past year is expected to be issued October 2007.

The Exit Planning staff produce the department's quarterly reports that are submitted to the court monitor. The quarterly reports are reviewed by the Commissioner, bureau chiefs and managers. While recommendations may not be written or stated, according to the director of the Policy and Accreditation Unit, the recommendations are apparent to the reader. The findings are also posted on the DCF intranet for all staff to view, and Exit Plan Unit staff monitor how issues are addressed.

The Exit Planning staff randomly review cases, examining a particular aspect of cases or treatment plans related to achieving the 22 Juan F Consent Decree Exit Outcomes. The Exit Plan Unit takes a broader view of the exit outcomes. For example, while an Exit Outcome looks at how many children were adopted within 24 months of removal from their biological home, the

Exit Plan Unit is also interested in children who took longer to be adopted and trends or patterns that would explain the longer period of time.

Quality Improvement Case Reviews are also conducted by the unit. These comprehensive case reviews go beyond the Administrative Case Review numbers and try to understand why something is occurring. For example, a Quality Improvement Case Review recently examined sibling placement in a particular quarter. Staff read all narratives on several hundred cases where siblings were not placed together to understand the reason that this occurred. Such reports would be provided to the Bureau Chief of Welfare Services, who will then decide subsequent actions to take, if any. The Policy and Accreditation Unit, however, will continue to monitor the exit plan outcomes and note any changes in any of the 22 related indicators. Other examples of issues that undergo quality improvement case reviews include repeat maltreatment, permanency, and visitation.

### **Within the Licensing Unit:**

There are five types of in-state licenses that the unit is responsible for:

7. child care facilities (i.e. residential treatment, residential education, temporary shelters, group homes, and safe homes);
8. child placing agencies (e.g. private adoption and foster care);
9. extended day treatment programs;
10. out-patient psychiatric clinics for children; and
11. permanent family residences.

Out-of-state agencies. Through the Interstate Compact Unit, the Licensing Unit approves out of state agencies that place children with Connecticut families. Approval of out-of-state child placing agencies requires receipt of current license, program description and contact for DCF's licensing unit. Two year approvals are received; no site visits are required. There are more than 100 out-of-state agencies that are currently approved.

New in-state provider. When a provider is selected from a pool of applicants responding to a request for proposals (RFP), then the licensing unit will send the new program requesting licensure an application packet with all the requirements. The licensing requirements are based on the regulations.

When the application packet is returned to the licensing unit, it is assigned to a licensing inspector. The unit examines each specific requirement and reviews the facility to ensure compliance with the requirement. Requirements pertain to staff, physical plant and policies such as the use of restraints. A program cannot become licensed until all of the requirements are in place, usually taking a program three to six months to complete.

A provisional license, good for 60 days, is then granted for a new program. Up to six, consecutive provisional licenses can be received. During the provisional licensing period, the licensing unit is monitoring the program, assessing, for example, whether the program is fully

staffed, treatment plans are being written for all children in the program's care, fire drills are taking place, administration of medication is being done according to regulation, etc.

Site visit schedule. Once all systems are fully operational in a new program, then a regular license is issued. The regular license is good for two years from the date of the first provisional license and must be renewed every two years thereafter (except for permanent family residences). The license renewal involves two to three licensing inspectors visiting the program for two to three days. Note that permanent family residences, which are being phased out by DCF, receive licenses for one year. There are currently four permanent family residences, which are a hybrid between a foster home and group home, with as many as 13-16 children in a single home. Two of the permanent family residences serve significantly handicapped children, one is a respite shelter, and one is for temporary shelter.

Additionally, child care facilities receive site visits from the licensing unit every three months, usually one licensing inspector for a half-day visit. During the brief site visits, the inspector typically focuses on one or two regulation areas. By the end of the two year cycle, the quarterly visits will have reviewed all of the regulation areas.

Non-compliance. Any time a site visit occurs and a program is found to be out of compliance with a regulation, the facility is required to submit a corrective action plan to the licensing unit within 30 days. Corrective action plans are monitored with the assistance of an ACCESS database that tracks license expiration dates and site visits. A license will not be issued until the areas of noncompliance covered by the corrective action plan have been addressed. Adherence to the corrective action plan is monitored through quarterly site visits.

Site visits may also be triggered by a complaint coming into the hotline. While the hotline team will investigate initially, the licensing unit will also make a site visit if there is a problem with regulation compliances.

Licensure requirement differences. There are specific requirements in regulation regarding the DCF licensure of particular programs or facilities. For example, in the licensure of outpatient psychiatric clinics for children, there is a regulation concerning the effectiveness of services (Section 17a-20-59). The regulation requires clinics to have a comprehensive and well-designed plan for measuring and improving performance.

APPENDIX F.

## Positive Outcomes for Children

1. Commencement of Investigation:	At least 90% of all reports <sup>1</sup> must be commenced same calendar day, 24 hours or 72 hours depending on response time designation.
2. Completion of Investigation:	At least 85% of all reports <sup>1</sup> shall have their investigation completed within 45 calendar days of acceptance by Hotline.
3. Treatment Plans:	At least 90% of cases <sup>2</sup> shall have treatment plans that are clinically appropriate, individualized, developed with family and community members and approved within 60 days of opening in treatment, or a child's placement out of home.
4. Search for Relatives:	For at least 85% of children in placement, DCF shall conduct searches for relatives, extended or informal networks, friends, family, former foster parents or other significant persons known to the child. Excludes Voluntary cases.
5. Repeat Maltreatment:	No more than 7% of children <sup>1</sup> who are victims of substantiated maltreatment during a 6-month period shall be the substantiated victims of additional maltreatment within 6 months.
6. Maltreatment of Children in Out-of-Home Care:	No more than 2% of children <sup>1</sup> in out-of-home care shall be the victims of substantiated maltreatment by a substitute caregiver while in out-of-home care.
7. Reunification:	At least 60% of children who are reunified with parents/guardians shall be reunified within 12 months of their most recent removal from home. Excludes Voluntary cases.
8. Adoption:	At least 32% of children who are adopted shall have their adoptions finalized within 24 months of their most recent removal from home. Excludes Voluntary cases.
9. Transfer of Guardianship:	At least 70% of all children whose custody is legally transferred shall have their guardianship transferred within 24 months of their most recent removal from home. Excludes Voluntary cases.
10. Sibling Placement:	At least 95% of siblings currently in or entering out-of-home placement shall be placed together unless there are documented clinical reasons for separate placements. Excludes Voluntary cases and children for whom TPR has been granted.
11. Re-Entry into DCF Custody:	No more than 7% of all children entering DCF custody shall re-enter care within 12 months of a prior out-of-home placement. Excludes Voluntary cases.
12. Multiple Placements:	At least 85% of children in DCF custody shall experience no more than 3 placements during any 12-month period, excluding respite, hospitalizations lasting less than 7 days, runaways, home visits, and CJTS. Excludes Voluntary cases.
13. Foster Parent Training:	Foster parents shall be offered 45 hours of post-licensing training within 18 months of initial licensure and at least 9 hours each subsequent year. However, relative, special study and independently licensed foster parents require 9 hours pre-service.
14. Placement Within Licensed Capacity:	At least 96% of all children placed in foster homes shall be in foster homes operating within their licensed capacity, except when necessary to accommodate siblings.
15. Needs Met:	At least 80% of all families and children shall have their medical, dental, mental health and other service needs provided as specified in the most recent treatment plan. <sup>2</sup>
16. Worker-Child Visitation, Out-of-Home:	<b>All</b> children must be seen quarterly by a DCF social worker. At least 85% of children <sup>2</sup> in out-of-home care shall be visited at least once monthly. Private agency social worker visits may count for monthly visits if the content of the visit is documented in LINK. <sup>3</sup>
17. Worker-Child Visitation, In-Home:	At least 85% of all in-home cases <sup>2</sup> shall have a social worker visit at least twice a month. All visits must be documented in LINK.
18. Caseload Standards:	No DCF social worker's caseload shall exceed the standard for more than 30 days.
19. Residential Reduction:	No more than 11% of the total number of children in out-of-home care shall be in residential placements. Includes Voluntary cases.
20. Discharge Measures:	At least 85% of children age 18 or older shall achieve specified educational/vocational goals prior to discharge (e.g. high school diploma, full time employment). <sup>3</sup>
21. Discharge of Mentally Ill or Mentally Retarded Children:	DCF shall submit a written discharge plan to DMHAS or DMR for all committed or dually committed children <sup>3</sup> who are mentally ill or retarded and require adult services, within 180 days prior to anticipated discharge date.
22. Multi-Disciplinary Exams (MDE):	<b>All</b> children entering DCF custody must have an MDE. At least 85% of these must have had their MDE completed within 30 days of placement.

<sup>1</sup> Except Probate and Voluntary cases

<sup>2</sup> Except Probate, Interstate and Subsidy-only cases

<sup>3</sup> Except Probate, Interstate and Voluntary cases

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