

APPENDICES

Appendix A

Agency Response: Department of Children and Families



DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities



Susan I. Hamilton, M.S.W., J.D.
Commissioner

January 31, 2008

M. Jodi Rell
Governor

Ms. Carrie E. Vibert
Director
Legislative Program Review and Investigations Committee
State Capitol - Room 506
Hartford, CT 06106

Dear Ms. Vibert:

Thank you for the opportunity to comment on the recommendations contained in the Legislative Program Review and Investigations Committee's recent report concerning DCF Monitoring and Evaluation. First and foremost, I would like to commend the exemplary work of Jill Jensen, Miriam Kluger and Michelle Riordan from the Program Review Committee staff. They did an exceptional job of describing the Department and identifying recommendations based on the information that was available to them at the time of the review.

The Department is in general agreement with the vast majority of the thirty-seven recommendations contained in the report and looks forward to working with the Committee collaboratively on implementation-related issues. Attached please find our responses to your specific recommendations. Please note that we have organized the Committee's recommendations and our responses into the following six general categories: (1) Enhancing the influence of external advisory bodies; (2) Enhancing contract management, program development and program performance; (3) Enhancing internal planning, monitoring and reporting; (4) Enhancing utilization of research and partnerships with the research community; (5) Further defining follow-up activities to incidents, investigations and reviews; and (6) Other Recommendations.

I hope this information is helpful. If you have further questions or require any additional information, please feel free to contact my office.

Sincerely,

Susan I. Hamilton, M.S.W., J.D.
Commissioner

SIH/jmh
Enclosure

cc: Karl Kemper, Chief of Staff
Lou Ando, Ph. D., Bureau Chief, Continuous Quality Improvement
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Josh Howroyd, Legislative Program Manager

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**Department of Children and Families
Response to Legislative Program Review and Investigations Committee
Report on DCF Monitoring and Evaluation
January 31, 2008**

I. Enhancing the influence of external advisory bodies

Recommendation # 15. DCF should develop a protocol for providers to submit suggested programs or program enhancements. A form for submitting the idea should be developed and timelines for response from DCF publicized.

DCF Response - Support with Modification - The Department plans to expand utilization of Requests for Information (RFI's) and work closely with provider associations. We would also like to explore potential use of the internet for information sharing with our providers. In conducting outreach like this, however, it is important to remain mindful of procurement standards and not creating unfair advantages that could jeopardize competitive bidding procedures or contract development.

Recommendation # 22. All DCF facilities shall be required to produce an annual report for their respective advisory groups. The report shall contain at a minimum the following:

- 1) Aggregate profiles of the residents
- 2) Description and update on major initiatives
- 3) Key outcome indicators
- 4) Costs associated with operating the facility
- 5) Description of education programs and outcomes

DCF Response - Support - The Department suggests that implementation be targeted with the first issuance of next year's submission of the Connecticut Juvenile Training School report (February 2009). We would like to allow each facility to develop its own format in conjunction with their Advisory Groups. We believe that this could provide an instructive basis for systems improvements.

Recommendation # 29. DCF should establish a policy for area office advising bodies to adopt a model whereby advising body members attend DCF area office quality improvement meetings, and DCF area office representatives attend advising body meetings, furthering promotion of a partnership.

DCF Response - Support with modifications - The Department agrees with benefits to participation; but does not support incorporating this into policy. Area Directors will extend invitation to Area Advisory Councils (AAC). The development of policy in this regard is unnecessary and may not be appropriate. This is a determination to be made by administration as to the manner in which AAC participation should be encouraged and fostered. In fact there is no policy requiring Quality Improvement meetings. These occur as the result of an identified need and with the support and guidance of Area Office administration and Quality Improvement representatives. Quality Improvement Teams will be encouraged through training to include not only AAC members, but also parents, providers and other stakeholders, in the Quality Improvement review process.

Recommendation # 30. DCF facility advisory boards be required by statute and mandate that all boards respond to their facility's annual report and that they add recommendations deemed necessary.

DCF Response - Support intent - The Department is committed to ensuring that each of our facilities has an active advisory board, but does not believe that it is necessary to establish statutorily. We are already explicitly permitted to establish such panels under statute and will move take all deliberate steps to ensure we have parity across all our facilities in the use of advisory boards.

Recommendation # 31. The role of the State Advisory Council should be strengthened to include monitoring the agency's progress in achieving its goals as well as offering assistance and an outside perspective. The board's statute shall be written to clarify this role and DCF's participation with the board concerning strategic planning as recommended earlier in Section 1. The council's meetings should be held at locations that facilitate participation by members of the public, such as the Legislative Office Building, and its agendas and minutes should be posted on the DCF website. The department should provide the council with funding for administrative support services and to ensure members representing families from across the state can serve on the council.

DCF Response - Support with modifications - Comments on strategic plans are appropriate. DCF has been working to enhance the role of the State Advisory Council (SAC). This recommendation is consistent with the direction the Department has been moving. However, elevating the SAC to having a Department oversight function raises conflict of interest issues as well as introduces multiple and duplicative oversight authorities. As for administrative supports, the Department can and does provide administrative support to the SAC and its members, including the posting of agenda and minutes. We also concur that having the SAC review and comment on our new strategic plan will be beneficial.

Recommendation # 32. DCF should establish an electronic mechanism, for example a blog, where members of the area office advising bodies can share information with each other, the SAC and vice versa. Additionally, minutes and agendas from all meetings should be posted on the DCF website.

DCF Response - Support with modifications - While we question usefulness of a blog, we believe that utilization of broadcast e-mails and internet enhancements are useful.

Recommendation # 33. DCF should fund all three required Citizen Review Panels equally.

DCF Response - Not Support - A finite amount of money is available for this purpose, much of which goes to FAVOR from a federal grant to increase citizen participation. We believe it is unwise to diminish FAVOR'S panels to support the State Advisory Council (SAC) at this time. The SAC as noted above already receives administrative and in-kind support and we believe that more experience with the SAC's participation in this matter is needed before deciding the appropriateness of funding levels.

Recommendation # 34. Connecticut Behavioral Health Advisory Council should be incorporated into the State Advisory Council as opposed to remaining a separate entity.

DCF Response - Support

Recommendation # 35. Repeal the statutory requirement for the Adoption Advisory Council (C.G.S. § 17a-116b).

DCF Response - Support

Recommendation # 36. Repeal the statutory requirement for the CJTS Public Safety Committee (C.G.S. § 17a-27f).

DCF Response - Support

II. Enhancing contract management, program development and program performance

Recommendation # 3. DCF performance-based contracts should specify the data required from providers. Performance standards or expected outcomes should be stated in the contract. DCF should monitor data submissions for accuracy.

DCF Response - Support with explanation - About half of the service types have specific reporting requirements. As contracts are re-bid, reporting and outcomes are specified. Data reporting formats and methods are currently varied and do not reside in one location for monitoring. To go beyond service utilization data, the expected outcomes of each service type must be agreed upon and indicators for those outcomes developed. The implementation of logic models is the first step toward indicators that can be collected and monitored. Overall, we believe that this recommendation is consistent with the Department's direction.

Recommendation # 4. DCF should review currently required data elements from providers and determine whether they are necessary or analyzed in any way. Data elements that are unnecessary should be eliminated and additional data elements that pertain to outcomes should be added to performance-based contract requirements.

DCF Response - Support with explanation - See comments regarding recommendation #3.

Recommendation # 5. DCF shall compile necessary required data elements to compare actual and expected outcomes based on the performance-based contract. Failure to meet contract expectations should result in discussion and joint plans for progress in meeting expectations. Until automated systems are deemed reliable, DCF should monitor contract expectations manually. Summary reports should be shared with providers so that they may monitor their performance against the aggregated data. Reports should be distributed to providers and DCF staff made more aware of the existence of these reports.

DCF Response - Support with explanation - Many of the largest providers have been receiving feedback from the Behavioral Health Data System (BHDS), including Child Guidance Clinics (CGC), Extended Day Treatment (EDT) providers and Intensive In-home Child and Adolescent Psychiatric Services (IICAPS), in the new accounting flow format started last year. A new contractor has been selected for web-based data submission. Providers participated in the review committee to select the provider and are included in the contract implementation committee to work on data submission and reporting issues. Again, this is consistent with the Department's direction.

Recommendation # 10. DCF should reexamine the role of its program lead position and consider the allocation of time necessary for this responsibility. DCF should also develop a team approach for working with contracted providers that will ensure contract obligations are being met, provide assistance when necessary so that programs do not reach a crisis point, and support and assist programs with quality improvement.

DCF Response - Support with modifications - This Recommendation is consistent with direction the Department is going. However, it is important to note that these roles should evolve only in a manner consistent with procurement laws and in maintaining the Department's authority around matters relating to licensing and program review.

Recommendation # 11. Considering contractor monitoring best practices, DCF should examine the roles of staff within the Grants Development and Contracts Division to determine whether some of the 19 positions could be reallocated from the financial/accounting function of contract management to program development and implementation support activities.

DCF Response - Support with modifications - The Department will examine these issues. But recent state contracting legislation requires a higher level of financial oversight of contracts. Also, skill sets may not be a correct "fit" for current staff. That number includes the State Single Audit staff, secretaries and 2 vacancies. In reality the Department has 5 fiscal people for 177 purchase of service contracts and a supervisor. At current staffing, the Department has 3 Program Supervisors on the program side to be joined by a Program Director and the Grants and Contracts Manager when those positions are filled. Since all the contracts are amended at least once every year and most at least twice, managing that and the work in CORE-CT that is required to administer them requires that staffing level. Whenever vacancies occur, the needs of the contract management unit are re-evaluated before re-filling a position. The Department's Bureau of Quality Improvement and the Contract Management Unit are working to develop roles for monitoring provider compliance and ensuring that effective feedback loops are in place.

Recommendation # 12. DCF should maintain a centralized and complete electronic grants and contracts library on the department's intranet. Grants and contracts missing should be scanned into the library. Previous year's contracts should be maintained for future reference.

DCF Response - Support - The contracts library has been in operation for over two years. It currently has 177 providers' contracts available, which is 100% of the current contracted providers. The system for updating contracts in the library has recently been refined, which we believe will address any deficiencies of the current system and ensure that the Area Offices have access to the current contract. We are continuing to expand the use of the Intranet to assist DCF staff in working with contractors and holding them accountable.

Recommendation # 13. The department should require the Grants Development and Contracts Division to receive and review feedback from area office and program lead staff on the performance of a provider before deciding to renew a contract. If concerns are raised about a provider, then discussions with the appropriate parties should occur and a performance improvement plan developed.

DCF Response - Support - For the past 3 years we have used the contract library to post all contract documents for review prior to renewing. We notify all program leads, Area Directors and Bureau Chiefs of the contracts that will be renewed and solicit their input in January. They are also notified individually when the new budget and contract documents are ready for review. More effective use of technology is a major goal for the Contract Management unit.

Recommendation # 14. A workgroup should be convened by the department and the Offices of Policy and Management and the Attorney General to clarify the guidelines regarding contract bidding and related programming suggestions.

DCF Response - Not Support - This needs to be done through the Office of Policy and Management and on a statewide basis, not DCF-specific. The recent state contracting reform legislation requires Procurement Standards be developed through the Contracting Standards Board by July 1, 2010. Again, it would not be in our interest to develop standards and processes that apply only to DCF.

Recommendation # 17. For programs exceeding \$20 million in funding, DCF should require an external evaluation be conducted to assess the outcomes of the program.

DCF Response - Support with modifications - The Department is looking to include evaluation components for new service initiatives. However, we're not sure that the \$20 million threshold is appropriate. While the cost of the program may be a factor, it is neither the only factor nor necessarily even the primary factor to be considered. See also comments regarding recommendation # 18.

Recommendation # 18. DCF should develop and issue guidelines for staff and consultants regarding the format for final evaluation reports.

DCF Response - Support with modifications - The Department supports doing more evaluations. However, a single format does not acknowledge that research is shaped and confined by many variables including research guidelines, study scopes and methodologies, and by the level of resources available to conduct the evaluation.

III. Enhancing internal planning, monitoring and reporting

Recommendation # 1. The current statutory provision for a Department of Children and Families biennial fiveyear master plan shall be repealed and replaced with a mandate for ongoing strategic planning. Specifically:

- a. Beginning July 1, 2008, the department shall start the process of developing a vision, mission, and strategic goals with the advice and assistance of representatives of the children and families served by the agency, public and private providers, advocates, and other stakeholders.
- b. The department should dedicate staff, under the direction of the commissioner or a deputy commissioner, to: 1) prepare a strategic planning document that includes action steps and time frame for implementation to fulfill the vision, mission, and goals developed with stakeholders; 2) track and report on progress in achieving the plan's goals at least annually; and regularly review, revise, and update the department's strategic plan as needed.
- c. The first plan shall be completed and submitted to the legislature and the governor by July 1, 2009.
- d. The department's strategic plan shall be submitted to the agency's Statewide Advisory Council for review and comment prior to submission to the legislature and governor. Progress in carrying out the plan shall be reported to the council by the DCF commissioner at least quarterly and to the legislature and governor annually.

DCF Response - Support - The Department has already begun developing an integrated agency-wide strategic plan and would welcome the opportunity to work with PRI Committee staff in developing the criteria regarding this recommendation.

Recommendation # 2. The department should reinforce and expand the role of the Service Evaluation and Enhancement Committee in integrating monitoring and evaluation efforts across the agency and initiating proactive intervention on agencywide issues.

DCF Response - Support with modifications - The Department supports the concept behind this recommendation but intends to restructure other senior management meetings to incorporate some elements of Service Evaluation and Enhancement Committee (SEEC). Specifically, we are planning to bifurcate the role of SEEC and that decisions about outcomes pertaining to residential programs will be made in upper management meetings. SEEC will be reformulated to be the appropriate location for sharing and dispensing of information.

Recommendation # 7. The DCF licensing unit should expand internal, self-monitoring by inspecting High Meadows and Connecticut Children's Place, the two DCF facilities not currently under external licensure or accreditation. The licensing unit should follow the child care facilities regulations standards used to inspect external residential treatment facilities similar to High Meadows and Connecticut Children's Place.

DCF Response - Not Support - While placing Licensing in the Bureau of Quality Improvement has been effective in maintaining a firewall between the need for programs and the objective review which is intrinsic to a successful licensing operation, the recommendation that Licensing inspect facilities which the Department operates raises potential conflict of interest issues. Since it is the responsibility of DCF management to maintain the Licensing Unit and the responsibility of upper management to maintain the facilities, facility reviews should be conducted by program administrative staff.

Recommendation # 21. Replace the following statutory reports:

- a. DCF biennial 5-yr master plan (C.G.S. § 17a-3);
 - b. DCF annual report on CJTS (C.G.S. § 17a-6b and C.G.S. § 17a-6c);
- Repeat the statutory reports listed below:
- c. CBHAC annual local systems of care status report (C.G.S. § 17a-4a(e));
 - d. CBHAC biennial recommendations on behavioral health services (C.G.S. § 17a-4a(f));
 - e. Quarterly Hospital reports to DCF on psychiatric care (C.G.S. § 17a-21);
 - f. KidCare Community Collaborative annual self-evaluations (C.G.S. § 17a-22b);
 - g. DCF/DSS 5-year independent longitudinal evaluation of KidCare (C.G.S. § 17a-22c(c));
 - h. DCF monthly report to legislature on children in sub acute care in psychiatric or general hospitals who cannot be discharged (C.G.S. § 17a-91a);
 - i. CPEC cost-benefit evaluation of juvenile offender programs (C.G.S. § 46b-121m);
 - j. Licensed child care facilities annual reports (C.G.S. § 17a-145);
 - k. DCF annual evaluation reports on Unified District #2 to the education commissioner (C.G.S. § 17a-37(d));
 - l. DCF to conduct studies to evaluate effectiveness (C.G.S. § 17a-3(a)(6)); and
 - m. Adoption Advisory Committee report at least annually (C.G.S. § 17a-116b(g)(3)).

DCF Response - Support

Recommendation # 37. DCF shall hire an external consultant to:

- 1) Perform a gap analysis¹ and workflow analysis with the focus on integrating the functions of the department with technology modeled to support the service model
- 2) Develop the Project Plan
- 3) Developing a RFP to procure the team needed to integrate the data systems and replace the SACWIS system.

DCF Response - Support with explanation - We concur with the recommendation, and funding to start planning for LINK replacement was included in the Governor's FY 2008 recommended budget, but was not included in the final adopted budget.

IV. Enhancing utilization of research and partnerships with the research community

Recommendation # 6. A central repository should be created by DCF of contracted research and evaluation reports and internally produced research and evaluation reports. This repository should be accessible and searchable by all DCF staff and should include the OPM feedback form as applicable.

DCF Response - Support with explanation - The Department agrees with the finding and has identified this role as one which should and will be conducted by the Department's Decision Support Unit.

Recommendation # 9. DCF should be permitted to establish a long-term research partnership with the Child Health and Development Institute and its affiliate, the Connecticut Center for Effective Practice, through a multi-year, sole source contract to carry out a broadly defined research and evaluation agenda related to the agency's mission.

DCF Response - Not support - We agree on enhancing research partnerships but this recommendation is specific to Child Health and Development Institute (CHDI) and the Center for Effective Practice (CCEP) which is inconsistent with procurement laws. CCEP is a consortium to which DCF belongs, along with the Judicial Branch's Court Support Services Division, Yale University and the University of Connecticut. CCEP is housed at and supported by CHDI. As CHDI is the incorporated entity, all contracts involving CCEP are executed with CHDI. Their current contract to evaluate KidCare ends in February 2009. It is not in fact open-ended, but has been amended to change the scope when necessary. As CHDI is not the only evaluation provider in the state, we are directed by the Office of Policy and Management to go out to bid for evaluation services

Recommendation # 16. DCF should work with DAS to develop: 1) an appropriate job classification for staff positions within the agency responsible primarily for research and analysis; and 2) recruitment strategies for obtaining personnel with the necessary qualifications to fill them. Furthermore, the department should increase its internal analytic capacity. The size and scope of the Risk Management Unit staff should be expanded to include the following duties in addition to compiling information to support the SEEC function: interpreting data produced by the ASO; compiling contracted evaluation results; maintaining the research repository recommended earlier; supporting agency strategic planning activities; and sharing outcome, best practices and result information agencywide.

DCF Response - Support with explanation - The Department has been diligent about this for some time and will continue its efforts to identify appropriate job classifications through discussions between our DCF Human Resources Office and the Department of Administrative Services to identify appropriate job classifications.

Recommendation # 23. Research and evaluation reports produced through federal grant requirements should be included in the report repository recommended earlier concerning contracted evaluation reports and internally produced research products.

Support with explanation - As with other recommendation, this relates more to practice than incorporating a standard into policy. It is necessary for the Department to consider reports and previous evaluations when making decisions regarding future funding and the continuation of programs developed with future funds. However, numerous other factors must be considered as well when these decisions are made. See also response to recommendations # 6 and #37 regarding our acknowledged need to develop a more consistent and integrated approach to reporting.

Recommendation # 24. DCF should adopt a written policy requiring that formal results from research and evaluation reports produced from federal grants be reviewed and considered when agency managers make decisions concerning future funding and/or continuation of programs developed with federal grants.

DCF Response - Support with modification and explanation - Agree, but not in policy. See recommendation #23 and #5 regarding BHDS and already using data for programmatic decisions (both State and federal).

V. Further defining follow-up activities to incidents, investigations and reviews

Recommendation # 8. The department should establish an internal written policy for responding to recommendations from the internal special reviews of child fatalities and other critical incidents. The policy should require a corrective action plan be developed, implementation of accepted recommendations be monitored, and a status report be prepared for the commissioner every 90 days. A forum to discuss results and lessons learned should be scheduled with managers and key staff from all relevant areas of the department within 45 days of release of the report.

DCF Response - Support with explanation - The Department has a strategy and protocol by which information is collected from internal reviews and child fatality reviews. This data is aggregated on a regular basis and distributed to program and contract owners at senior management meetings and at SEEC meetings. At that time, each program owner can make one of three decisions: 1) follow a recommendation; 2) acknowledge a recommendation that is appropriate but determined at the time not right for implementation, or; 3) implement an alternate course of action that addresses the findings. To build on this, the Bureau of Continuous Quality Improvement is considering the preparation of an annual report which provides a more formal compendium for tracking progress on recommendations over time.

Recommendation # 19. The Office of the Child Advocate should undertake an investigation to assess adequacy and integrity of the internal process for reviewing and responding to allegations of staff child abuse and neglect. It should also and examine compliance with C.G.S. § 17a-103c.

DCF Response - No comment

Recommendation # 27. The statutes concerning the Office of the Child Advocate and the Child Fatality Review Panel shall be amended to require the Department of Children and

Families, and other state entities subject to OCA and CFRP investigative activities, to provide a written response to formal recommendations made by the child advocate and the panel for improving state services provided to children. The agency response should include: proposed corrective actions to address identified problems; have a timeframe for implementation of improvements; and be provided to OCA or CFRP within 45 days of receipt of the recommendations. Copies of the agency response also should be submitted to the legislative committees of cognizance and the appropriations committee.

DCF Response - No comment

Recommendation # 28. The resources necessary to improve the OCA data management system should be provided during the next fiscal year, either by DOIT making this project a priority or through funding for a consultant to design and implement an upgraded system for the child advocate's office.

DCF Response - No comment

VI. Other Recommendations

Recommendation # 20. Wilderness School staff should work with the Department of Public Health to develop a more appropriate licensure as a wilderness school rather than as a camp.

DCF Response - Support with explanation - The Wilderness School operated for many years without licensure as a part of DCF's educational and adolescent service programs. Approximately 7 years ago, the Department of Public Health (DPH) identified the Wilderness School as an organization that required licensing as a camp. The Wilderness School sought and was granted licensure as a camp. There is no legislative authorization for DCF to license a facility similar to Wilderness School. If it existed, we would then also be confronted with the change of licensing a Department operated facility which once again poses a conflict of interest.

Recommendation # 25. DCF should convene a workgroup including program leads, a representative from the *Juan F.* court monitor's office, and DSS to develop a treatment plan and review process that satisfies both the internal DCF and PNMI federal requirements.

DCF Response - Support with explanation - The Certification Unit within the Bureau of Quality Improvement has already had numerous conversations with the Department of Social Services and has done an in depth review of the PNMI federal requirements as well as those monitoring processes employed by other states. DCF has developed comprehensive review criteria for PNMI and is currently in the process of developing monitoring protocols as well as training curricula which specifically address treatment plans. A PNMI workgroup that includes DSS staff meets regularly.

Recommendation # 26. A pilot program should be created to assess the feasibility of conducting one treatment plan conference to be held at the court that combines: the Specific Steps identified during the initial case status conference at court and the corresponding DCF treatment plan conference currently held in the area office.

DCF Response - Not Support - This recommendation appears to be outside the scope of study. While the direction is well meaning and of interest to the Department, its implementation is problematic and may not be conducive to promoting family engagement and a family-focused treatment planning process. The adversarial nature of many court proceedings would make elements of this recommendation difficult to achieve. The Department will continue discussions with the Judicial Branch to improve the treatment planning process and to ensure that appropriate components of the Specific Steps are incorporated into the treatment plans and discussed as part of the Administrative Case Review process.

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
- advisory groups 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 state¹. 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 al². 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.

¹ From Rossi and Freeman (1993), “Evaluation: A Systematic Approach.”

² 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 examined 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? Advisory groups 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 Standards³, will be applied. Recommendations should:

- Be clearly stated;
- Flow logically from the findings and conclusions; and
- 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.

³ 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 groups, 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.

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:

1. 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
2. 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 improved 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 C-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 were assessed through the current PRI study of the DCF monitoring and evaluation system.

Table C-1. Developments Related to DCF Services Since 1999 As of 2007	
In 1999	
Limited progress in complying with 1991 Juan F. consent decree	Exit plan with 22 specific outcomes approved and DCF implementing action plan to achieve compliance; as of June 2007, department had met and sustained compliance with 15 measures for at least 2 consecutive quarters
Neglect of children's behavioral health mandate	<ul style="list-style-type: none"> ▪ Dedicated behavioral health bureau created in DCF ▪ Children's Behavioral Health Advisory Committee to the DCF State Advisory Council established ▪ Written agreement between DCF and DMHAS regarding transition services for children entering adult system
Lack of comprehensive, integrated, community-based services	<ul style="list-style-type: none"> ▪ Five DCF regions replaced with 14 service areas with intent of stronger local relationships and better service coordination ▪ CT Community KidCare system (25 collaborative behavioral health service networks) in place statewide; KidCare system incorporated within Behavioral Health Partnership between DCF and DSS ▪ WR settlement agreement expands community-based services for children with complex behavioral health needs, with more collaboration among DCF, DMHAS, and DMR ▪ Emily J. settlement increases community-based services for juveniles and collaboration between the courts (CSSD) and DCF
Juvenile justice population lacking appropriate services	<ul style="list-style-type: none"> ▪ Emily J. settlement agreement provides more community-based "wraparound" services to divert juveniles from detention ▪ Revisions to FWSN law include more community-based services for status offenders ▪ Reforms implemented at DCF secure facility for delinquent boys (CJTS) to improve assessment, treatment, and discharge planning
Lack of focus on prevention	<ul style="list-style-type: none"> ▪ Children's Trust Fund resources expanded (to 18 staff and a current budget of \$15 million) ▪ Small central office prevention division (3 staff) created and prevention liaisons assigned in area offices
Absence of national child welfare outcome standards for States	<ul style="list-style-type: none"> ▪ 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
Modest attention to quality improvement	<ul style="list-style-type: none"> ▪ 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
Fragmented complaint process for children, families and others	<ul style="list-style-type: none"> ▪ Independent DCF ombudsman (with 8 staff) created to receive and resolve specific complaints "in a way that is in the best interests of children"
Inadequate automated information system and poor quality data	<ul style="list-style-type: none"> ▪ 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

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 D-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.⁴

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 groups; 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 jurisdiction over all major spheres of child welfare services -- child protection, behavioral health,

⁴ 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).

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 infants⁵; 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 group 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, based on the recommendations of the Juvenile Jurisdiction Planning and Implementation

⁵ 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.

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.⁶ 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 challenges in several 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 Judicial Department were both ordered to carry out a corrective action plan for improving

⁶ Between FY 91 and FY 07, the total DCF budget grew from about \$152 million to close to \$1 billion. Over the same time period, the agency workforce went from about 1,700 to nearly 3,500 permanent full-time employees.

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 D-1. Major Events Related to Children’s Services in Connecticut

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

APPENDIX E

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.

APPENDIX F. SUMMARY OF DCF MAJOR GOALS

<p>AGENCYWIDE GOALS</p>	<p>State Statute</p> <ul style="list-style-type: none"> • <i>Protect children from abuse or neglect; strengthen families and make homes safe, provide a temporary or permanent nurturing and safe environment for children when necessary</i> • <i>Prepare and maintain a written plan for care, treatment and permanent placement of every child and youth under department supervision</i> • <i>Provide a comprehensive, integrated statewide system of services including prevention for children and families at risk because of abuse, neglect, delinquency, and behavioral health problems</i> <p>Agency Policy</p> <ul style="list-style-type: none"> • Mission: <i>To protect children, improve child and family well-being and support and preserve families. These efforts are accomplished by respecting and working with individual cultures and communities in Connecticut, and in partnership with others.</i> • Overarching Principle: <i>Safety, Permanency, Well-Being</i> • Guiding Principles (5): <i>Families as Allies; Cultural Competence; Partnerships; Organizational Commitment; Work Force Development</i> • Goals: <i>Positive Outcomes for Children (22 outcomes, which are also the exit plan compliance measures for Juan F. consent decree)</i> 			
<p>MANDATE & MAJOR PROGRAMS GOALS</p>	<table border="1"> <tr> <td data-bbox="844 1428 1429 1621"> <p>Child Protective Services</p> </td> <td data-bbox="844 892 1429 1428"> <p align="center">MANDATE</p> <ul style="list-style-type: none"> • State Statute -- see agencywide, above • External Requirements: <ul style="list-style-type: none"> • 7 Federal CFR Outcomes (attached) regarding safety, permanence and well-being • 22 Juan F. Exit Plan Outcome Measures regarding safety, permanence and well-being • Agency policy: <i>protect children, strengthen families so children can stay at home, help substitute caregivers provide temporary care, find permanent homes through reunification, adoption, guardianship or independent living (source: agency budget)</i> </td> <td data-bbox="844 63 1429 892"> <p align="center">MAJOR PROGRAMS</p> <ul style="list-style-type: none"> • Hotline (DCF centralized child abuse and neglect reporting) <ul style="list-style-type: none"> - <i>provide professional, timely response to reports of alleged child abuse/neglect and services to ensure the best protection of children</i> • DCF Area Offices social work services <ul style="list-style-type: none"> - <i>help ensure children are safe, families are supported, children placed out of home are reunified with their biological families or placed in permanent homes</i> • Community-based contracted services (e.g., in-home family preservation programs, parent aides) <ul style="list-style-type: none"> - <i>strengthen families so children can remain safely at home</i> • Foster Care <ul style="list-style-type: none"> - <i>provide for a child's needs in a substitute family experience until return home is possible, or, if not, until an alternate permanent home can be found</i> </td> </tr> </table>	<p>Child Protective Services</p>	<p align="center">MANDATE</p> <ul style="list-style-type: none"> • State Statute -- see agencywide, above • External Requirements: <ul style="list-style-type: none"> • 7 Federal CFR Outcomes (attached) regarding safety, permanence and well-being • 22 Juan F. Exit Plan Outcome Measures regarding safety, permanence and well-being • Agency policy: <i>protect children, strengthen families so children can stay at home, help substitute caregivers provide temporary care, find permanent homes through reunification, adoption, guardianship or independent living (source: agency budget)</i> 	<p align="center">MAJOR PROGRAMS</p> <ul style="list-style-type: none"> • Hotline (DCF centralized child abuse and neglect reporting) <ul style="list-style-type: none"> - <i>provide professional, timely response to reports of alleged child abuse/neglect and services to ensure the best protection of children</i> • DCF Area Offices social work services <ul style="list-style-type: none"> - <i>help ensure children are safe, families are supported, children placed out of home are reunified with their biological families or placed in permanent homes</i> • Community-based contracted services (e.g., in-home family preservation programs, parent aides) <ul style="list-style-type: none"> - <i>strengthen families so children can remain safely at home</i> • Foster Care <ul style="list-style-type: none"> - <i>provide for a child's needs in a substitute family experience until return home is possible, or, if not, until an alternate permanent home can be found</i>
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	<p>Children's Behavioral Health</p>	<ul style="list-style-type: none"> State statute -- see agencywide, above, plus for KidCare/CT BHP: <ul style="list-style-type: none"> develop and implement (with DSS) an integrated behavioral health service system that increases access to quality services by expanding individualized, family-centered, community-based services; maximizing federal revenues; reducing unnecessary residential services; increasing community-based services with savings from reduced residential services; improving administrative oversight and efficiencies; and monitoring individual outcomes and provider and overall program performance. Agency policy: Address children's behavioral health needs, serve children in homes and communities to greatest extent possible, and use the most effective, evidence-based practices (source: agency budget) 	<ul style="list-style-type: none"> <u>Adoption</u> <ul style="list-style-type: none"> provide a permanent home for children who cannot return to their biological families <u>Adolescent Services</u> <ul style="list-style-type: none"> assist older youth to have permanent relationships with caring adults and be prepared for self-sufficient, productive adult life <u>KidCare</u> (CT Behavioral Health Partnership) <ul style="list-style-type: none"> enhance and develop comprehensive, coordinated, community-based services to ensure children have access to appropriate services and receive them in the least restrictive environment possible; avoid unnecessary out-of-home residential care Contracted community-based contracted mental health and substance abuse services (e.g., emergency mobile psychiatric service, outpatient/child guidance clinic, intensive in-home services, extended day treatment) <ul style="list-style-type: none"> prevent or reduce deterioration in functioning that may require more intensive or restrictive care and promote behavioral health and well-being of children and their families Contracted residential mental health and substance abuse services (e.g., residential treatment centers, therapeutic group homes) <ul style="list-style-type: none"> treat children whose behavioral health needs are too acute to address in the community; provide structured, out-of-home treatment DCF-operated behavioral health residential facilities: <u>Riverview Hospital</u> <ul style="list-style-type: none"> provide comprehensive, family-centered treatment of children and youth with serious mental illness and related behavioral and emotional problems who cannot be safely assessed or treated in a less restrictive setting <u>High Meadows</u> <ul style="list-style-type: none"> provide emergency diagnostic and residential treatment services <u>Connecticut Children's Place</u> <ul style="list-style-type: none"> provide comprehensive diagnostic, evaluation and brief treatment for abused and neglected children who
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	<p>Juvenile Services</p> <ul style="list-style-type: none"> • State statute -- see agencywide, above, plus the following state juvenile justice system goals: <ul style="list-style-type: none"> ○ hold juveniles accountable ○ provide secure, therapeutic confinement ○ adequately protect community and juveniles ○ provide community-based programs ○ retain and support in home whenever possible ○ individualized treatment planning ○ family inclusion in case management ○ provide supervision, coordination and monitoring to discourage reoffending ○ provide follow up services ○ promote development of community based mental health and other services designed to minimize involvement in the system ○ create and maintain gender-specific programs for juvenile offenders <p>Agency policy: serve children in the juvenile justice system and their families; protect public safety; collaborate with the courts, communities, and partners; and provide a continuum of effective prevention, treatment and transitional services children need to succeed in their families and communities (source: agency webpage)</p>	<p>require evaluation for an alternative placement and/or are pending another placement</p> <ul style="list-style-type: none"> • Out-of-home placement for adjudicated delinquents at <u>DCF-operated secure juvenile correction facility (CJTS)</u> <ul style="list-style-type: none"> - <u>promote successful reentry into community of most challenging boys in the juvenile justice system through a full array of innovative vocational, academic, treatment, and rehabilitative services</u> • <u>Contracted residential treatment facilities</u> <ul style="list-style-type: none"> - <u>provide out-of-home treatment to youth in the juvenile justice systems who cannot be treated in the community because of acute behavioral health needs and/or legal or family issues</u> • <u>Parole, Aftercare (community-based services)</u> <ul style="list-style-type: none"> - <u>help youth successfully integrate back into their communities through supervision</u>
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	<p>Prevention</p>	<ul style="list-style-type: none"> • State statute -- under the general agencywide mandate, "... provide comprehensive services including preventive services..." • Agency policy: <i>enable children and their families to thrive independently in their communities in accordance with seven guiding principles: building on strengths; respecting children, families and communities as partners; supporting comprehensive, collaborative, community-based strategies; respecting cultural and personal identities; promoting innovative, proactive, measurable strategies; ensuing inclusive, accessible, affordable services</i> (source: agency webpage and budget) 	<ul style="list-style-type: none"> • Various primary prevention services/initiatives (e.g., suicide prevention, mentoring) funded or directly operated by DCF <ul style="list-style-type: none"> - to apply evidence-based or best practice prevention approaches to ensure successful transition from DCF involvement or to prevent DCF involvement at all by children and their families • <u>DCF-operated Wilderness School</u> <ul style="list-style-type: none"> - foster positive youth development
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NATIONAL OUTCOMES (CFSR) FOR STATE CHILD WELFARE SYSTEMS	NATIONAL CFJR STANDARDS	DCF POSITIVE OUTCOMES FOR CHILDREN/JUAN F. EXIT PLAN OUTCOME MEASURES (EPOMs)
Safety		
1. Children are protected from abuse and neglect	<ul style="list-style-type: none"> ▪ Minimize repeat maltreatment (EPOM 5) ▪ Minimize maltreatment in out of home care (EPOM 6) 	<ol style="list-style-type: none"> 1. Timely commencement of investigation 2. Timely completion of investigation 3. Appropriate treatment plans 4. Conduct search for relatives 5. Minimize repeat maltreatment 6. Minimize maltreatment in out of home care 7. Timely reunification with parents/guardians 8. Timely adoption 9. Timely transfer of guardianship 10. Place siblings together 11. Minimize re-entry into DCF custody 12. Minimize multiple placements (placement stability) 13. Train foster parents 14. Operate foster homes within licensed capacity
2. Children are safely maintained in their homes whenever possible		
Permanency		
3. Children have permanency and stability in their living situations	<ul style="list-style-type: none"> ▪ Timely reunification (EPOM 7) ▪ Timely adoption/progress toward adoption (EPOM 8) ▪ Permanency for children in foster care (EPOM 7,8,9) ▪ Placement stability (EPOM 12) 	<ol style="list-style-type: none"> 15. Meet service needs of children and families 16. Visit all children quarterly and children in out-of-home care at least monthly 17. Visit children from in-home cases at least twice a month 18. DCF social worker caseloads not to exceed standards 19. Minimize the number of children in out-of-home residential placements 20. Children in care reaching adulthood achieve educational and vocational goals prior to discharge 21. Discharge plans for children in care reaching adulthood who require adult services submitted to appropriate adult agencies 22. All children entering DCF custody have a multidisciplinary examination (MDE)
4. The continuity of family relationships is preserved for children		
Well-Being		
5. Families have enhanced capacity to provided for their children's own needs	<ul style="list-style-type: none"> ▪ No national standards at this time 	
6. Children receive appropriate services to meet their educational needs		
7. Children receive adequate services to meet their physical and mental health needs		

APPENDIX G
Child Welfare Quality Assurance Framework Components

Goal	Steps	Actions
<i>Drive practice to achieve desired outcomes</i>	Step 1: Adopt outcomes and standards	<u>Define outcomes</u> <ul style="list-style-type: none"> • Make goals an explicit part of the statewide strategic plan • Use as basis for setting client level outcomes and service quality standards to meet the needs of children and families <u>Define practice standards</u> <ul style="list-style-type: none"> • Ensure outcomes and standards are communicated throughout the organization • Develop standards that define the expectations of day-to-day practice
<i>Create a culture that supports quality improvement</i>	Step 2: Incorporate Quality Improvement throughout the agency	<ul style="list-style-type: none"> • Incorporate main outcomes and indicators in agency strategic plan • Create a Quality Improvement structure that monitors performance and supports quality • Involve wide range of staff and organizations in these initiatives; engage external stakeholders • Communicate quality expectations throughout the agency and broader community • Include them in budgets, training and personnel performance evaluations, licensing standards, provider contracts
<i>Use data and information to inform the quality improvement process</i>	Step 3: Gather data and information	<ul style="list-style-type: none"> • Collect and continually track quantitative data on outcomes and systemic factors • Conduct case reviews (both record reviews and qualitative case reviews) • Gather input from children and families and external stakeholders • Use all available information such as internal and external evaluations of programs; evaluations of staff/provider training sessions; legislative audits; reports from citizen review panels; child fatality review team results
<i>Translate results into understandable, relevant information</i>	Step 4: Analyze data and information	<u>Involve a variety of staff in analyzing information</u> <ul style="list-style-type: none"> • Dedicated Quality Improvement staff, administrators, managers, and staff at all levels, external stakeholder and community members, consultants, university staff <u>Translate data and information into quality assurance reports</u> <ul style="list-style-type: none"> • Useful types are outcome reports, practice reports and compliance reports • Useful formats are comparative, exception and early warning • On a systemwide level, have a regular process for analyzing quality data <u>Communicate regular information to all employees about service quality</u>
<i>Plan and implement improvements that will enhance service quality and outcomes for children and families</i>	Step 5: Use analysis and information to make improvements	<ul style="list-style-type: none"> • Create feedback loops • Feed results of process and analyses back to staff in variety of ways • Evaluate actions taken; continually check effectiveness and make decisions about revisions

Source: *A Framework for Quality Assurance in Child Welfare*, National Child Welfare Resource Center for Organizational Improvement, Edmund S. Muskie School of Public Service, March 2002.