

Service Type	Performance Measure
Adolescent College Mentoring	<ol style="list-style-type: none"> 1. 60 % of youth involved with SUN academic mentoring will meet the DCF benchmarks towards earning a college degree 2. 85 % of youth receiving Academic Mentoring will remain enrolled as a full-time student in a college program and participate in this service for two consecutive years 3. 100% of youth being served will develop a career plan and resume before completion of the first year mentoring 4. 85% of Academic Mentoring Program college graduates will secure employment in field of study or interest will be accepted into a graduate program within 6 months 5. A minimum of 15 CT Alumni foster/adopted youth will be trained as Academic Mentors by end of year 2 of contract to provide mentoring services to college youth.
Adopt a Social Worker	<ol style="list-style-type: none"> 1. Maintain 207 (90%) faith-based organizations or other "covenant organizations" and 204 (90%) matches of those organizations with DCF Social workers throughout the year. 2. Deliver 26,000 service units (90%) annually.
Care Coordination	<ol style="list-style-type: none"> 1. Percentage of children/youth served will demonstrate improvement on the Ohio Scales measure of problem severity between admission and discharge. 2. Percentage of children/youth served will demonstrate improvement on the Ohio Scales measure of functioning between admission and discharge. 3. Percentage of families who complete the YSS-F will indicate positive response on "Overall, I am satisfied with the services my child received". 4. Percentage of children/youth and families served will be successfully linked to community-based services and/or pro-social supports.
Care Management Entity	<ol style="list-style-type: none"> 1. 100% of families will respond affirmatively when asked if they are receiving services through the Wraparound process. 2. 95% of families will respond affirmatively when asked if they have a Wraparound Team. 3. 95% of families will respond affirmatively when asked if they selected the members of their Wraparound Team. 4. 95% of families will respond affirmatively when asked if they were assisted in preparing a crisis plan. 5. 80% of families will respond affirmatively when asked if the Intensive Care Coordinator helped them appropriately identify their family needs. 6. 80% of families will respond affirmatively when asked if the Intensive Care Coordinator assisted them in developing a Family Vision. 7. 95% of families will respond affirmatively when asked if they had a written Plan of Care. 8. 90% of families will respond affirmatively when asked if the Intensive Care Coordinator assisted in identifying the family strengths and used those strengths to develop appropriate strategies. 9. 80% of families will respond affirmatively when asked if they were able to make substantial progress towards getting their needs met. 10. 85% of families will respond affirmatively when asked if their Child and Family Team took the time to understand their family's values and beliefs. 11. 80% of the written plans will contain strategies with at least 2 informal/natural supports and or community resources. 12. 90% of written plans will reflect the use of the strength-based approach by including at least 2 functional strengths within strategies 13. 90% of families report having a crisis plan they feel comfortable implementing when needed. 14. 80% client records reflect needs statements and corresponding strategies that are relevant towards assisting the family in reaching their Vision. 15. 85% of children and youth served from the target population will have no more than 3 emergency department visits or 3 in-patient hospital visits. 16. 90% of children and youth served from the target population will not re-enter residential treatment within 6 months after discharge from the Intensive Care Coordination episode of care. 17. 80% of Systems of Care meetings will be attended to promote family driven and youth guided practices

	<ul style="list-style-type: none"> 18. Annually a minimum of 150 people will be trained in related System of Care and Network of Care development and supports 19. 80% of System of Care Community Collaboratives will be supported to sustain, maintain, and update a governance structure
Career Enhancement Training	<ul style="list-style-type: none"> 1. The number of students who participate in Manufacturing in Motion. 2. The percentage of students who complete the 25-week program. 3. The percentage of students with an increase in academic performance, evidenced by a grade improvement. 4. The percentage of students who indicated an overall satisfaction rating of the program after completion. 5. Overall pilot assessment and determination if replication is feasible.
Caregiver Support Team	<ul style="list-style-type: none"> 1. Intake and Assessment <ul style="list-style-type: none"> i. The # of families referred by the Area Office. ii. The # of initial meetings held with family. iii. The % of initial meetings held with family within 7 business days from the date of referral. iv. The # of assessments completed. v. The % of assessments completed and provided to the family within 2 days from the date of meeting with the family. vi. The % of assessments that considered all domains. 2. Care Coordination Plans <ul style="list-style-type: none"> i. The # of Care Coordination Plans completed. ii. The % of Care Coordination Plans that address all priority areas of needs identified in the assessment. iii. The % of Care Coordination Plans developed and provided to the family within 2 days from date of assessment. 3. Discharge Forms <ul style="list-style-type: none"> i. The # of discharge forms provided to the family & department. ii. The % of discharge forms provided to the family & department within one week of case closing. 4. Client Outcomes <ul style="list-style-type: none"> i. The % of children/youth that are maintained in their kinship settings <ul style="list-style-type: none"> (1) while served in C-KIN (2) at 3-, 6-, and 9-month intervals after receiving C-KIN services. 5. The % of caregivers who report satisfaction with the C-KIN services, as evidenced by survey responses collected by contractor.
Child Abuse Centers of Excellence	<ul style="list-style-type: none"> 1. % of DCF staff who have the medical information they need to make an informed decision 2. % of DCF staff who are satisfied with the medical information as a support in the decision making process 3. % of DCF staff who are better-informed; better-educated; and better-skilled (measured by DCF staff who demonstrate an increase in skills related to recognizing child abuse, as evidenced by post survey administered to 4. DCF staff after training
Child First Consultation and Evaluation	<ul style="list-style-type: none"> 1. Completion / resolution of Performance Improvement Plans (PIPs) in the appropriate time frames; 2. Submission of the RBA report to DCF in a timely and complete fashion.
CBITS	<ul style="list-style-type: none"> 1. Number of children/youth screened for the CBITS program; 2. Number of children/youth screened for CBITS that had elevated trauma; 3. Number of children/youth accepted into the CBITS program; 4. Number of children/youth screened and excluded from CBITS, that were referred to alternative services; 5. Percent of children/youth who completed the CBITS program; 6. Percent of parents that attended at least one CBITS session; 7. Percent of children/youth with reduced trauma symptoms as measured by pre and post testing;

	8. Percent of families that report an overall satisfaction rating via the YSSF.
Community Support for Families	<ol style="list-style-type: none"> 1. Accept services as evidenced by the development of a <u>Plan of Care</u> for 80% of the families; 2. Families are connected to resources/services in their community and seek assistance from these supports when necessary as evidenced by the improvement in scores on the Protective Factors Survey; 3. Families are satisfied with the service, specifically families feel engaged and involved and receive appropriate services to meet their needs as evidenced by a Family Satisfaction Survey; 4. A reduction in the percentage of those families who received services from the Community Partner Agency who have a subsequent accepted report.
CT ACCESS Mental Health	<ol style="list-style-type: none"> 1. Total number of active PCPs enrolled in each service area. 2. Total number of PCPs in each service area who are educated and invited to join the Access MH network. 3. Percentage of PCPs in each service area who are enrolled but have not made a referral and who receive a follow-up outreach activity by each service hub. 4. Percent of enrolled PCPs who have used the consultation service who report satisfaction, and that the service was useful and helpful by each service hub. 5. Total number of calls made to each service hub. 6. Total number of episodes of care by each service hub. 7. Total Number of face-to-face child, youth, young adult psychiatric consultations by the psychiatrist in each service area. 8. Percent of children/youth/young adults who were the subject of an episode who were maintained by the PCP 9. Total number of children/youth/young adults served by the program aggregated by age, gender, race, ethnicity and DCF involvement 10. Total number of children/youth/young adults served by the program who receive transitional bridge services and telephonic care coordination 11. Total number of children/youth/young adults that meet specified requirements for ARPA (American Rescue Plan Act) 12. Total number of schools and Emergency Departments that were provided the psychoeducational materials
Early Childhood Services	<ol style="list-style-type: none"> 1. Improved competence and/or social skills for children as evidenced by greater initiative, self control, cooperation with peers and social independence as measured by the Brief Infant-Toddler Social and Emotional Assessment (BITSEA) or Preschool and Kindergarten Behavioral Scale-2 (PKBS-2); 2. Decrease in social/emotional and behavioral problems in children as evidenced by improved pre/post functioning on one or more of the following assessment instruments: Ages and Stages Social-Emotional Screen, Brief Infant-Toddler Social and Emotional Assessment (BITSEA), Preschool and Kindergarten Behavioral Scale-2 (PKBS-2); 3. Improved mental health for parents/caregivers, as indicated by increases in community connectedness and a reduction in social isolation, decreases in depression, stress and other mental health challenges and as evidenced by improved pre/post scores on the following assessment instruments: Center for Epidemiologic Studies – Depression, Revised (CESD-R) or Abidin Parenting Stress Index – Fourth Edition, Short Form (PSI-4-SF), and Youth Services Survey for Families (YSS-F). 4. Improvement of healthy, responsive, nurturing relationships for parents/caregivers and their children as evidenced by improved caregiver pre/post scores on the Caregiver-Child Interaction Scale (CCIS)
Educational Training Vouchers	<ol style="list-style-type: none"> 1. Identifying information for referred youth (name, date of birth, gender and address); 2. Date of referral/request; 3. Verification of eligibility; 4. Request details (amount of funding requested, what the funding will purchase); 5. Response time; 6. Case Management, referrals provided; and 7. Number of educational assessments provided
Extended Day Treatment	<ol style="list-style-type: none"> 1. 85% of families/caregivers will complete the Ohio Scales at Intake; 2. 50% of families/caregivers will complete the Ohio Scales at Discharge;

	<ol style="list-style-type: none"> 50% of cases will show a 5-point increase in Functioning between Intake and Discharge, or 50% of cases will show a 5-point decrease in Problem Severity between Intake and Discharge; 80% of children/adolescents, during their episode of care within the EDT program, will not require placement in a more restrictive setting.
Family Based Recovery	<ol style="list-style-type: none"> The percent of parent(s)/caregiver(s) with a documented use history who will be abstinent for alcohol & other drugs during the last 60 days of treatment (current standard: 75%); The percent of the children remaining living in their home with at least 1 biological parent at the end of treatment (current standard: 80%); The percent of the families who meet all or most of their treatment goals related to stability of living situation, parental substance abuse, and appropriate caregiving (current standard: 75%); The percent of parents who demonstrate a decrease in their scores for depression <u>and/or</u> parenting stress in the Beck's and PSI assessment tools (current standard: 75%).
Family Support	<ol style="list-style-type: none"> Number of parent support groups held; Number of clients served; Race of clients served; Percent of clients who report overall satisfaction with the group as evidenced on satisfaction surveys.
Fatherhood Engagement Services	<ol style="list-style-type: none"> 70% of fathers will successfully complete the 24/7 Dad Group 90% of successful completions will improve their parenting capacity score between pre and post 24/7 Dad test 60% of fathers will address at least 1 identified need, as identified at time of referral 90% of fathers completing the Client Satisfaction Survey will report feeling that their race/culture was a considered component of service delivery 90% of fathers completing the Client Satisfaction Survey will report feeling that their race/culture was represented in the 24/7 Dad curriculum 90% of fathers completing the Client Satisfaction Survey will report that the service was delivered in their preferred language
Fetal Alcohol Spectrum Disorder	<ol style="list-style-type: none"> # of stakeholder meetings held # of stakeholder participation at meeting by affiliation # of unduplicated people who were sent the website link # of visit ("hits") to the website % of people who responded favorably to a satisfaction survey regarding the website's helpfulness
First Episode Psychosis	<ol style="list-style-type: none"> 100% of youth and young adult clients ages 16 – 26 with a First Episode Psychosis will receive appropriate FEP-ICM services for the purposes of improving the opportunities for recovery. 100% of all those identified and engaged will be referred to appropriate services 100% of those who refuse services will be informed of the benefits available to them, Beacon will track the percent of those referred who engage in successful treatment via claims and/or authorization data
Foster & Adoptive Family Support	<ol style="list-style-type: none"> The % of foster and adoptive parents that indicated that they had a positive experience during the pre-licensing phase The % of child specific families that indicated they had a positive experience during the pre-licensing phase The % of licensed families connected to a peer mentor, who indicated that they had a positive experience The % of licensed families that indicated satisfaction with the services of the Contractor The % of licensed families that were retained as licensed families each year The % of families that were licensed that were also identified as a targeted population
FC & Adoptive Family Support Group	<ol style="list-style-type: none"> Number of support groups held. Number of participants at support groups. Number of children who received childcare during support group. Number of participants who attend the annual retention event. Percentage of parents who indicate positive experience with childcare provided at support groups as indicated by satisfaction survey.

	6. Percent of participants who complete a satisfaction survey that indicate an overall positive experience
Foster Family Support	<ol style="list-style-type: none"> 1. The number of unduplicated children served; 2. The number of face-to-face meetings or phone contact that occurred with each family; 3. The number of social, recreational, or cultural activities offered to children and youth 4. The number of youth leadership committees meetings conducted 5. The number of volunteer opportunities offered to students in the 3rd grade 6. The number of monthly newsletters published for Bloomfield foster, relative, or adoptive families 7. The number of family events and/or activities offered 8. The percentage of children and/or that attended social, recreational, or cultural activities 9. The percentage of families that attended family events and or activities 10. The percentage of families that reported overall satisfaction with services in their annual evaluations. 11. The percentage of youth that reported overall satisfaction with services in their annual satisfaction evaluations.
Foster Parent Medically Complex	<ol style="list-style-type: none"> 1. Number of payments generated for support services. 2. Number of support groups held. 3. Number of participants at support groups. 4. Number of children who received child care during support group. 5. Percentage of parents who indicate positive experience with child care provided at support groups as indicated by satisfaction survey. 6. Percent of participants who complete a satisfaction survey that indicate an overall positive experience
Functional Family Therapy - Foster Care	<p><u>Foster Families</u></p> <ol style="list-style-type: none"> 1. % of Foster Families of completing FFT FC Training 2. % of Foster Families of completing 28 hours post licensing training 3. % of Foster Families participating in 9 annual support groups 4. % of Foster Families facilitating visitation with birth parents 5. % of Foster Families participating in Multidisciplinary meetings 6. % of Foster Families successfully completing the FFT FC <p><u>Model</u></p> <ol style="list-style-type: none"> 1. % of Foster Families who receive weekly face to face contact during the 3 phases of FFT FC treatment- Therapist 2. % of Foster Families who receive weekly face to face contact during the 3 phases of FFT FC treatment- Family Support Specialist 3. % of positive foster family satisfaction <p><u>Birth Families:</u></p> <ol style="list-style-type: none"> 1. % of Birth Families participating in Multidisciplinary meetings 2. % of Birth Families successfully completing FFT FC post reunification 3. % of positive birth family satisfaction 4. % of Birth Families who receive weekly face to face contact during the 3 phases of FFT FC treatment- Therapist 5. % of Birth Families who receive weekly face to face contact during the 3 phases of FFT FC treatment- Family Support Specialist <p><u>Contractor:</u></p> <ol style="list-style-type: none"> 1. % of licensed homes by contracted capacity 2. % achieving recruitment goals 3. % achieving retention goals 4. % conducting Quarterly walk-throughs 5. % of respite homes as compared to total # of licensed homes 6. % of homes on hold as compared to total # of licensed homes

	<ol style="list-style-type: none"> 7. % of matches as compared to # of received referrals 8. % of Session Impact Scale completed by Foster Families 9. % of Session Impact Scale completed by Youth 10. % of Session Impact Scale completed by Birth Families 11. % of Treatment Plans completed within first 30 days 12. % of Treatment Plans reviewed quarterly 13. % of Disclosure meetings held within 3 business days of match 14. % of weekly consultation calls with FFT FC Partners <p>Youth:</p> <ol style="list-style-type: none"> 1. % of children achieving permanency goal within 6 to 9 months reported by both race and ethnicity 2. % of Youth who disrupt from contractors' network reported by both race and ethnicity 3. % of Youth who receive weekly face to face contact during the 3 phases of FFT FC treatment- Therapist 4. % of Youth who receive weekly face to face contact during the 3 phases of FFT FC treatment- Family Support Specialist 5. % of Children returning to birth parents reported by both race and ethnicity 6. % of Children returning to kin / fictive kin placement (including TOG) reported by both race and ethnicity 7. % of Children adopted reported by both race and ethnicity 8. % of Children with only 1 placement at time of discharge reported by both race and ethnicity 9. % of Children placed in higher level of care at time of discharge reported by both race and ethnicity 10. % of positive youth satisfaction 11. % of Children 14 and older completing the LIST Assessment
Functional Family Therapy	<ol style="list-style-type: none"> 1. Service Level: The provider will meet contract capacity; 2. Family Completed Treatment: <u>70%</u> or more of the families serve will successfully complete treatment (assessed quarterly and annually); 3. Family Treatment Goals Met: <u>70%</u> or more of the families served will successfully meet their treatment goals at discharge (assessed quarterly and annually); 4. Child Remaining in the Home: <u>90%</u> or more of children served by the provider will remain in the home at the conclusion of treatment (assessed quarterly and annually); 5. Child Attending School/Work: <u>90%</u> or more of children served by the provider will be attending school/work at the conclusion of treatment (assessed quarterly and annually); 6. Child Not Being Arrested: <u>90%</u> or more of children served by the provider will not be arrested during the course of FFT treatment (assessed quarterly and annually); 7. Child Functional Improvement: The provider will achieve a <u>50%</u> or more improvement in aggregate Parent and Worker Functioning Scores on the Ohio Scales for all completed family treatment (assessed quarterly and annually); 8. Child Decrease in Problem Severity: The provider will achieve a <u>50%</u> or more improvement in aggregate Parent and Worker Problem Severity Scores on the Ohio Scales for all completed family treatment (assessed quarterly and annually); 9. Mean Length of Stay: <u>90%</u> or more of families completing treatment successful will have a service length between 90-150 days (assessed quarterly and annually).
HYPE Recovery	<ol style="list-style-type: none"> 1. # of adolescents/young adults admitted 2. 85% of adolescents/young adults admitted within 7 days of referral 3. 95% of youth with have a GAIN assessment completed at intake 4. 85% of youth will have a GAIN assessment completed at discharge 5. 80% of adolescents/young adults complete HYPE Recovery 6. 80% of adolescents/young adults completing HYPE Recovery are abstinent from all substance use/misuse (excluding alcohol, marijuana, and nicotine/tobacco products) 7. 85% of adolescents/young adults completing HYPE Recovery have a reduction in substance use/misuse 8. 85% of adolescents/young adults completing HYPE Recovery reside in a home setting

	<ul style="list-style-type: none"> 9. 80% of adolescents/young adults completing HYPE Recovery are not arrest during treatment 10. 80% of adolescents/young adults completing HYPE Recovery participate in school/vocational program or are working 11. 90% of adolescents/young adults completing HYPE Recovery are connected to a community recovery support or natural support
IICAPS Consultation & Evaluation	<ul style="list-style-type: none"> 1. An increase of 1 percentage point each year in the percentage of "Treatment Completers" over the present expected "Treatment Completion" percentage of 60%. ["Treatment Completion" will be identified as those cases for which identified DCF reason for discharge was "Completed Treatment," and will be calculated following the removal of cases with the following DCF reasons for discharge: Evaluation Only, Agency Discontinued: Clinical, Family Member No Payment Source, Child is deceased, and Age (too old).] 2. An additional 1 percentage point decrease each year in total psychiatric inpatient days among Treatment Completers over the present expected decrease of 66%. [At intake, the total number of psychiatric hospital days are collected for the 6-month period prior to IICAPS (measured as 180 days), and at discharge for the duration of the IICAPS intervention (varying duration by case). Due to the differing time periods, data will be converted to a rate (xxx/1000 days) for both the 6-month period prior to IICAPS and for IICAPS duration.] 3. An additional 1 percentage point decrease each year in the total number of ED visits among Treatment Completers over the present expected decrease of 48%. At intake, the total number of ED visits are collected for the 6-month period prior to IICAPS (measured as 180 days), and at discharge for the duration of the IICAPS intervention (varying duration by case). Due to the differing time periods, data will be converted to a rate (xxx/1000 days) for both the 6-month period prior to IICAPS and for IICAPS duration. 4. An additional 1 percentage point increase each year in the number of Treatment Completers with "Reliable Change" in Ohio Scales Functioning domain score (an 8-point increase in Functioning score per Ohio Scales developers) among Treatment Completers from intake to discharge over the present expected increase of 54%. 5. An additional 1 percentage point increase each year in the number of Treatment Completers with "Reliable Change" in Ohio Scales Problem Severity domain score (a 10-point decrease in Problem Severity score per Ohio Scales developers) among Treatment Completers from intake to discharge over the present expected increase of 59%.
Integrated Family Care and Support	<ul style="list-style-type: none"> 1. 80% of accepted families develop a Plan of Care within 45 days of episode start date 2. 80% of families who were engaged and discharged are satisfied with the IFCS program as evidenced by a Family Satisfaction Survey; and 3. 85% of families who were engaged and discharged for any reason will not have a subsequent substantiated report within 6-months of their discharge from the IFCS program.
Intensive Family Preservation	<ul style="list-style-type: none"> 4. The number and percentage of referred families by race/ethnicity served; 5. The percentage of families by race/ethnicity served who successfully completed IFP services as defined by the family meeting the majority of their goals in their Service Plan; 6. The percentage of children by race/ethnicity whose families completed IFP who remain safely in their home six months following closure as defined by no new substantiations or no new entries into DCF care; 7. The percentage of families by race/ethnicity who completed the program who are connected to resources and services in the community to address their identified needs; 8. The percentage of families by race/ethnicity who completed the program and report being satisfied with the services they received; 9. The number and percentage of families by race/ethnicity who experienced an increase in supports upon conclusion of the program; and 10. 80% of families will have successfully discharged IFP services as defined by having Met Treatment Goals and Meeting the Majority of the Program Goals
Intensive Outpatient Program	<ul style="list-style-type: none"> 1. Number of clients served annually; 2. 90% percent of clients who met treatment goals; 3. 90% Percentage clients who remain in community.
Intensive Transition Care Management	<ul style="list-style-type: none"> 1. Children are discharged from acute care and maintained in the community. 2. Children have no subsequent ED visits for a 3-6 month period.

	<ol style="list-style-type: none"> 80% percent of children/youth served will demonstrate improvement on the Ohio Scales measure of problem severity between admission and discharge. 80% percent of children/youth served will demonstrate improvement on the Ohio Scales measure of functioning between admission and discharge. 80% percent of families who complete the YSS-F will indicate positive response on "Overall, I am satisfied with the services my child received". 100% percent of children/youth and families served will be successfully linked to community-based services and/or pro-social supports.
IPV FAIR	<ol style="list-style-type: none"> Number of families admitted to IPV-FAIR services <ol style="list-style-type: none"> Mothers Fathers Children Percent of families that met treatment goals by race Differential Abusive behavior Inventory (ABI) measure results (pre & posttest) Percentage of families with a removal during treatment episode Percentage of families with a new maltreatment report
Juvenile Review Board	<ol style="list-style-type: none"> Percentage of children who had no further involvement in JJ system as a result of JRB involvement Percentage of children who had increase in school attendance Percentage of children who improved their grades or had positive increase in academic performance Percentage of children who had reduction in school suspensions or negative behavior in school
Juvenile Review Board Enhancements	<ol style="list-style-type: none"> Percentage of youth who had no further involvement with the Juvenile Justice System as the result of receiving JRB support or enhancement services Percentage of youth who had an increase in school attendance as the result of receiving JRB support or enhancement services Percentage of youth who had a reduction in school suspensions or negative behavior in school as the result of receiving JRB support or enhancement services Percentage of caretakers reporting improved functioning of the youth
MDFT	<ol style="list-style-type: none"> # of adolescents admitted 85% of adolescents admitted within 7 days of referral 95% of youth will have a GAIN assessment completed at intake 85% of youth will have a GAIN assessment completed at discharge 80% of adolescents complete MDFT 80% of adolescents completing MDFT are abstinent from all substance use 85% of adolescents completing MDFT have a reduction in substance use/misuse 85% of adolescents completing MDFT reside in a home setting 80% of adolescents completing MDFT are not arrest during treatment 80% of adolescents completing MDFT participate in school/vocational program or are working 90% of adolescents completing MDFT are connected to a community recovery support or natural support
MDFT Quality Assurance	<ol style="list-style-type: none"> 100% - Deliver all scheduled required MDFT Training including initial, skill and booster training 80% of participants in MDFT training will provide a rating of very good to excellent for all training sessions. 85% of therapist trainees will be certified within 8 months from the start of their MDFT therapist training 85% of Supervisor trainees will be certified within 7 months from the start of their MDFT supervisor training 85% of Therapists and supervisors will be recertified within 14 months of their previous certification or re-certification
MH Consultation to Child Care	<ol style="list-style-type: none"> Increase in the number of care givers and teachers implementing practices supportive of social and emotional wellness as evidenced by: <ol style="list-style-type: none"> number and percent of children with meaningful improvement based on CLASS; number and percent of children (i.e. who were within clinical ranges on pretests) with improved ratings based on CTRF (Teacher) at the 30 day follow-up; number and percent of children (i.e. who were within clinical ranges on pretests) with improved ratings based on CBCL (Parent) at the 30 day follow-up.

	<ol style="list-style-type: none"> Reduction in the incidence of suspension and expulsion in young children due to behavioral problems as evidenced by the percentage of children with completed child-specific services who were <u>not suspended or expelled</u> at the 30-day follow-up.
Mobile Crisis Intervention Service	<ol style="list-style-type: none"> Service Level: Each quarter, the volume of children (families) served will be at least <u>10 children per 1,000 children</u> in the population within its service area. Response Time: At least <u>80%</u> of all mobile responses will take place in 45 minutes or less from the end of the triage call; Mobility Rate: At least <u>90%</u> of children and youth will receive a mobile response, among those for whom a mobile response was recommended by the Contact Center Family Satisfaction: At least <u>90%</u> of clients served will report positively (Agree or Strongly Agree) when asked the following: <ol style="list-style-type: none"> "MC helped my child/family get the services needed", "MC made contact with my current service provider", "The services or resources my child and/or family received were right for us"; Family Satisfaction: At least <u>90%</u> of families will be satisfied with services received as evidenced by the Youth Satisfaction Survey - Family (YSS-F); Ohio Scales: At least <u>75%</u> of children served will demonstrate an improvement from intake to discharge on the Ohio Scales, Problems and Functioning Scales. Ohio Scales: Children served will demonstrate at least a <u>50%</u> aggregate improvement from intake to discharge on the Ohio Scales Functioning and Problem Severity Scales (as calculated in PIE quarterly and annually)
Mobile Crisis Statewide Call Center	<ol style="list-style-type: none"> Service Level: Initial Contact Center operations must be sufficient to handle up to 16,000 calls annually. Capacity and call volume will be negotiated again based on utilization of more than 16,000 calls annually and on available funding; Average Speed to Answer: Callers in crisis will experience an average waiting time (measured daily, and then averaged over the course of a month) of no more than 2 to 3 minutes for no fewer than 80% of the calls; Abandonment Rate: The abandonment rate for crisis calls (measured daily and then averaged over the course of a month) will be below 15-20% (this excludes short abandons calls that abandon in 15 secs or less); Call Duration: All calls will be transferred by the Contact Center to Mobile Crisis providers in a timely manner with an average call duration rate of 8.5 minutes for no fewer than 80% of the calls (measured daily and then averaged over the course of a month); Call Wrap Up Time: Contact Specialists will complete call follow-up data entry and other activities in no more than 8-10 minutes for no fewer than 80% of the calls (measured daily and then averaged over the course of a month); Customer Satisfaction: 80 % of callers will rate their experience as positive / helpful as demonstrated by client satisfaction questionnaires randomly distributed and collected by the Contractor
MST Building Stronger Families	<ol style="list-style-type: none"> Reduce substance abuse by caregivers for 85% of families participating in the program as evidenced by number of positive UDS and decreased risk factors on the substance abuse screening interview and measured by DCF intake coordinator (at baseline) and case manager (at discharge); Reduce parent-to-child violence of caregivers for 85% of families participating in the program as evidenced by reductions in DCF abuse reports and measured by MST-BSF Therapists and the DCF Caseworker; Reduce neglectful parenting by caregivers for 85% of families participating in the program as evidenced by reductions in DCF neglect reports and measured by MST-BSF Therapists and the DCF Caseworker; Improve child mental health functioning as evidenced by reductions in child report of symptoms and measured by MST-BSF Therapists; Prevent out-of-home placement for 80% of children in the project as evidenced by DCF data on out-of-home placements and measured by MST-BSF data in the DCF PIE
MST Consultation & Evaluation	<ol style="list-style-type: none"> 70% of MST-PSB Therapist Adherence Measure capture rate 95% Processing of payments to sub-contractors within 30 of approval.
MST Emerging Adults	<ol style="list-style-type: none"> 80% of all youth in the program will be living in the community (a safe and/or sustainable community-based location such as a house, apartment or community group home) at the time of discharge from the program as measured by DCF data

	<p>out-of-home placements and shelter use as per DCF/DMHAS/housing report, when available, and by client self and clinician evaluation;</p> <ol style="list-style-type: none"> 95% of all youth in the program will not be homeless at the time of discharge from the program as measured by self-report and clinician evaluation; 60% of all youth in the program will be actively enrolled in school during the school year and/or employed in a program at the time of discharge as measured by school or work attendance records and client self-report; 75% of all youth in the program will have no new legal charges during the last two months of MST-EA treatment (including probation violations), for an offense committed during that time, as measured by official arrest records and client self-report; 85% of all youth in the program will have no new legal charges for drug related offenses during the last two months of MST-EA treatment, for an offense committed during that time, as measured by official arrest records and client self-report; 70% of all youth in the program will be completely abstinent of alcohol and drug use (excluding marijuana/THC and medical marijuana) during the last 30 days of treatment as measured by drug screens, client self-report, and clinical evaluations; 60% of all youth in the program with a documented alcohol and/or drug use history will demonstrate a clear reduction of alcohol and drug (excluding marijuana/THC and medical marijuana) abuse as measured by drug screens, client self-report, and psychiatric evaluations; 60% of all youth in the program with a documented marijuana/THC use history will demonstrate a clear reduction of THC use as measured by urine drug screens, client self-report, and psychiatric evaluations; 70% of all youth in the program with a documented history of mental health problems will demonstrate a reduction in mental health symptoms as measured by clinical evaluation, client self-report, and out-of-home placements (not including supported housing); 70% of all youth in the program will improve communication skills and reduce conflict with family, friends, peers, and community members at the time of discharge as measured by clinical evaluation. 65% of all youth in the program will complete treatment with the majority of goals fully met and sustained as measured by goals completed on the youth's treatment plan; 80% of all youth in the program will complete a course of treatment (mutually initiated ending by client and therapist after a minimum of 4 months treatment) as measured by clinical evaluation
MST Intimate Partner Violence	<ol style="list-style-type: none"> Reduce parent to parent violence for 70% of couples participating in the program as evidenced by reductions in reports to DCF or Law Enforcement and measured by MST-IPV Therapists and the DCF Caseworker. Reduce parent-to-child violence for 80% of families participating in the program as evidenced by reductions in abuse reports and measured by MST-IPV Therapists and the DCF Caseworker; Reduce neglectful parenting by caregivers for 80% of families participating in the program as evidenced by reductions in DCF neglect reports and measured by MST-IPV Therapists and the DCF Caseworker; Improve child mental health functioning as evidenced by reductions in child report of symptoms and measured by MST-IPV Therapists; Prevent out-of-home placement for 80% of children in the project as evidenced by DCF data on out-of-home placements and measured by MST-IPV data in the DCF PSDCRS or another system. Reduce substance misuse by caregivers for 75% of families participating in the program who are misusing substances as evidenced by reduced number of positive UDS and decreased risk factors on the substance misuse screening interview and measured by the DCF intake coordinator (at baseline) and Family Case Manager (at discharge).
MST Problem Sexual Behavior	<ol style="list-style-type: none"> 100% of parents and adolescents (children when appropriate) will complete a consumer satisfaction survey upon discharge; 80% of children/adolescents will remain living in their home during the course of their participation in the MST program; 80% of children/adolescents served will be actively enrolled in school during the school year and/or working; 80% of the children/adolescents served will have no new arrests during treatment (not including parole violations);

	<ol style="list-style-type: none"> 80% of the children/adolescents served will be completely abstinent of substance abuse in the last thirty days of treatment; 80% of the children/adolescents who have a documented use history will demonstrate a clear reduction of their substance abuse; 80% of adolescents will have no new arrests and/or probation/parole violation during the course of treatment for problem sexual behavior nor any official allegations of sexually related abuse; 80% of the adolescent will have no new arrests for offenses other than problem sexual behavior; The OHIO Scales for each adolescent will show a decrease in problem severity from intake to discharge (where initial scores are in an elevated clinical range at admission). 80% of families will achieve all or most of their treatment goals.
Multidisciplinary Examination Clinic	<ol style="list-style-type: none"> Number of MDEs completed Number of MDEs reports generated Number of MDE reports generated in a timely manner % of properly credentialed practitioners % of reports completed within timeframe % of age appropriate screening % of trauma screens % of children whose medical needs are appropriately identified, as evidenced by prompt referral for emergent, urgent or follow-up care;
Multidisciplinary Team	<ol style="list-style-type: none"> 100% of cases accepted for team review by the coordinator will receive a full team discussion (including an assessment for service needs) within 30 days of receipt by the coordinator; On an annual basis, representative members of the team will complete training in medical forensic interview/assessments (such as Finding Words); 95% of cases reviewed by the MDT will have a medical forensic interview/assessment, where indicated appropriate; 100% of cases reviewed by the MDT will have a forensic medical exam, where indicated appropriate; 100% of cases reviewed by the MDT will be referred for victim advocacy, where indicated appropriate; 100% of cases reviewed by the MDT will be referred to mental health services, where indicated appropriate.
New Haven Trauma Coalition	<ol style="list-style-type: none"> <u>Care Coordination</u> 60 families will be served and DCF RBA reporting format will be utilized for determination of outcomes. <u>Trauma informed training and workforce development</u> All of trainings provided with pre/post outcomes will be provided in RBA <u>Coalition or network infrastructure support</u> All of the network development activities to be reported in semi-annual and annual report
OPCC	<ol style="list-style-type: none"> Number of clients served annually; Percent of clients who met treatment goals (minimum standard: at or no less than 2% below statewide average); Percent of clients who show decrease of 5-points or more in the Ohio Scales - Problem Severity Worker and Parent Scales (standard: 50% of more of discharged cases show a 5-point decrease, as rated by worker and caregiver); Percent of discharged cases demonstrating a 5-point increase in Ohio Scales-Level of Functioning Worker and Parent Scales (standard: 50% or more of discharged cases show a 5-point increase, as rated by worker and caregiver).
Outpatient Urban Trauma Center	<ol style="list-style-type: none"> 90% of families/caregivers will complete the Ohio Scales at Intake; 90% of children/families/caregivers will complete the Child Trauma Screen at Intake; 60% of children/families/caregivers will complete the Beck Youth Inventory at Intake; 90% of children/families/caregivers will complete the Youth Discrimination Scale at Intake (Kniffley); 60% of children/families/caregivers will complete the CCC Internalized Racism Projective Measure at intake (Kniffley); 80% of families/caregivers will complete the Urban Trauma Screener at Intake

Parenting Support Services	<ol style="list-style-type: none"> 1. 80% of the families with a discharge in PIE will report as "Met Treatment Goals". 2. 80% of the families with a discharge in PIE will report a decrease in their depression score. 3. 80% of the families with a discharge in PIE will report a decrease in unsupportive responses to their toddler/child/adolescents' distress. 4. 80% of the families with a discharge in PIE will report a decrease in their level of stress about parenting. 5. 80% of the families with a discharge in PIE will report an increase in recognizing the behaviors that trigger their negative responses to their child 6. 80% of the families with a discharge in PIE will report an increase in identifying and responding to their child's need for support to explore and for comfort and contact. 7. 80% of the families with a discharge in PIE will report an increase in looking for a way to repair their relationship when there is a rupture in their relationship with their child.
Performance Improvement Center	<ol style="list-style-type: none"> 1. a 33% increase in MOBILE CRISIS call volume from the baseline of 6,000 calls annually to a minimum of 8,000 calls annually by the 18th month of the current contract.; 2. a 90% mobility response rate by the 18th month of the current contract; 3. a 50% increase in the total volume of calls from foster parents in comparison to the benchmark established in SFY2009; 4. a 25% increase in the number of MOBILE CRISIS responses to the ED by the 18th month of the current contract in comparison to the baseline established during SFY2009; 5. a 10% reduction in Emergency Department Visits by children in Psychiatric Crisis at 28 CT hospital emergency Departments by month 18 of the current contract and in comparison to DSS benchmark data for FY 2009; 6. a 10% reduction in the rate of inpatient admission directly following an ED visit by children in Psychiatric Crisis at 28 CT hospital emergency Departments by month 18 of the current contract and in comparison to DSS benchmark data for FY 2009; ratings of high fidelity to crisis planning model for all MOBILE CRISIS contractors; 7. benchmarks for the second 18 month period of the contract will be established by month 15 of the current contract 8. At least 75% of school staff trained will report increased knowledge about behavioral health, trauma, crisis response, and available community resources. 9. 100% of districts will reach Gold Star status and 100% of schools will reach Silver Star status in SHAPE 10. Districts will report 20% reduction in rates of exclusionary discipline and absenteeism 11. At least 20% of students will be screened for SEL, behavioral health or trauma and 100% of students screening positive for behavioral health concerns will be referred for further assessment or services.
PPSP	<ol style="list-style-type: none"> 1. An identified permanent family was found, or 2. An appropriate family was evaluated and licensed, or 3. A child and family were successfully prepared for permanency and placement, or 4. A placed child remained in the permanent home for a specified length of time, or a placed child was reunited with his / her birth family
Prevention Care Management Entity	<ol style="list-style-type: none"> 1. 80% of families will have prevention plan completed within seven (7) days of a referral 2. 80% of families completed prevention services agreed upon within their Plan 3. 80% of families met goals as defined by the agreed upon Plan 4. 80% of families who were engaged and complete prevention services are satisfied with the program as evidenced by a Family Satisfaction Survey (based upon an agreed upon minimum sample) 5. 80% of families did not experience a subsequent maltreatment substantiation within the next 12 months 6. 80% of families did not experience foster care entry within the next 12 months 7. 80% of families built protective capacity after engagement with the Contractor.
Quality Parenting Centers	<ol style="list-style-type: none"> 1. Annual # of visits occurring per site 2. Annual # of families served by the program

	<ol style="list-style-type: none"> 3. #/% of families who engaged in the program 4. #/% of families who met treatment goals 5. Of children with a permanency goal of reunification, the #/% of families who transitioned to unsupervised parent/child contact
Residential Treatment Centers	<ol style="list-style-type: none"> 1. 85% of children/youth served will demonstrate improvement on the Ohio Scales measure of functioning between admission and discharge; 2. 90% of children/youth served will demonstrate improvement on the Learning Inventory of Skills Training (L.I.S.T.) measure of functioning between admission and discharge; 3. 90% of youth and families will indicate that they had an active voice in treatment planning and throughout their stay at the program; 4. 90% of children/youth and families served will be successfully linked to community-based services and/or pro-social supports upon discharge; 5. 90% of children/youth will be discharged to a lower level of care.
Reunification & Therapeutic Family Time	<ol style="list-style-type: none"> 1. The number and percentage of families who were referred for Reunification Readiness Assessment, Reunification and Therapeutic Family Time; 2. The number and percentage of families who received Reunification Readiness Assessment, Reunification or Therapeutic Family Time; 3. The number and percentage of families who received Reunification Readiness Assessment Services and were referred immediately to Reunification Services; 4. The number and percentage of families who participated in Family Team Meetings in which their supports were present; 5. The percentage of families connected to resources and services in the community to address their identified needs; 6. The percentage of families who completed the program and report being satisfied with the services they received 7. The number of children whose families completed reunification services who remain safely with their family six months following closure as defined by no new substantiations or no new entries into DCF care; 8. The number and percentage of families discharged who met permanency goals; 9. The number and percentage of families who experienced an increase in supports upon conclusion of the program; 10. The number and percentage of children who experienced reunification after receiving Reunification Readiness Assessment, Reunification or Therapeutic Family Time; 11. The percentage of families who completed Reunification Services and demonstrated improvement in scores in their pre-post testing on the NCFAS-G+R. 12. The percentage of families who completed Therapeutic Family Time and demonstrated improvement in scores in their pre-post testing as measured by Keys to Interactive Parenting Scale (KIPS) 13. The number and percentage of families who completed Therapeutic Family Time and met their goals 14. The number and percentage of children who experienced placement stability as measured by the number of placement moves following completion of Therapeutic Family Time Services.
SAFE Family Recovery	<p><u>SBIRT:</u></p> <ol style="list-style-type: none"> 1. # of parents/caregivers screened 2. % of parent/caregivers screened within 5 days of referral 3. % of parent/caregivers who were identified as needing treatment and completed a substance use evaluation <p><u>MDFR:</u></p> <ol style="list-style-type: none"> 1. # of parents/caregivers admitted 2. % of parent/caregivers admitted within 7 days of referral 3. % of parent/caregivers who complete MDFR 4. % of parent/caregivers who initiated substance use treatment 5. % of parent/caregivers who engaged in substance use treatment 6. % of parents/caregivers abstinent from substance use/misuse 7. % of parents/caregivers with a reduction in substance use/misuse

	8. % of parent/caregivers whose children remained safely home 9. % of parent/caregivers who report improvement in their domains as determined by the model 10. % of aren't/caregivers connected to a community recovery support or natural support <u>RMCS:</u> 1. # of parents/caregivers admitted 2. % of parent/caregivers admitted within 7 days of referral 3. % of parent/caregivers who complete RMCS 4. % of parents/caregivers abstinent from substance use/misuse 5. % of parents/caregivers with a reduction in substance use/misuse 6. % of parent/caregivers who initiated substance use treatment 7. % of parents/caregivers who engaged in substance use treatment 8. % of parent/caregivers whose children remained safely 9. % of aren't/caregivers connected to a community recovery support or natural support
Sibling Connections Camp	1. Percent of children / youth who report, in a satisfaction survey, a positive camp experience; 2. Percent of children / youth who report, in a satisfaction survey, a positive experience spending time with their sibling(s); 3. Percent of the children / youth attending the camp who will be able to identify, in a satisfaction survey, a specific positive event that they will remember from the camp experience.
SSTRY	<u>SBIRT:</u> 1. # of SBIRTs completed 2. % of SBIRTs with a recommendation to treatment 3. 75% of youth with a recommendation to treatment will initiate treatment <u>CRA-ACC:</u> 1. # of youth completing CRA-ACC 2. 70% of youth completing CRA-ACC (completion is defined as having at least 8 CRA procedures in at least 7 CRA session with an additional 4 month ACC period) 3. 80% of youth with an intake within 7 days of referral 4. 95% of youth with have a GAIN assessment completed at intake 5. 85% of youth will have a GAIN assessment completed at discharge 6. 80% of youth completing CRA-ACC will demonstrate a reduction of substance use and/or abstinence upon discharge from treatment 7. 90% of youth completing CRA-ACC will not have an arrest during treatment 8. 95% of youth completing CRA-ACC will remain home at discharge
STAR	1. Percentage of children/youth who received a comprehensive clinical assessment within 30 days of admission using instruments approved by DCF; 2. Percentage of children/youth who maintained continuity with their school program; 3. Percentage of children/youth served who demonstrated improvement on the Ohio Scales measure of problem severity between admission and discharge; 4. Percentage of children/youth served who demonstrated improvement on the Ohio Scales measure of functioning between admission and discharge; 5. Percentage of children/youth with an identified comprehensive discharge plan within 15 days of admission; 6. Percentage of children/youth who were planfully discharged to a family or transitioned to another appropriate level of care within 60 days of placement; 7. Percentage of families who complete the YSS-F will indicate positive response on "Overall, I am satisfied with the services my child received"; 8. Percentage of children/youth and families served will be successfully linked to community based services and/or pro-social supports upon discharge.
START Program	1. The number and percentage of youth/young adults in either program model who will have achievement plans within one month of admission to the program.

	<ol style="list-style-type: none"> The number and percentage of youth/young adults enrolled in the 2 year transitional track who have obtained stable housing within 90 days of admission. The number and percentage of youth/young adults who have either enrolled in school, vocational programming, or have obtained employment after the first 180 days of receiving services. The number and percentage of youth/young adults who enter the program without a HS diploma, or GED, and have obtained either a GED or HS diploma by discharge. The number and percentage of youth/young adults in either program who discharge from the program to stable housing. The number and percentage of youth/young adults who are provided with survival aid supplies (food, blankets, and clothing) to protect them from environmental factors. The number and percentage of youth/young adults who are referred to community support services (mental health, substance use, medical, etc)
Statewide Family Organization	<ol style="list-style-type: none"> The number of families served by Family Peer Support Specialists; The number of new family members participating in "system" level meetings, e.g. Regional Advisory Councils, Community Collaboratives, Local Implementation Service Teams; 85% percent of families will report satisfaction with services as demonstrated by their Youth Satisfaction Surveys-Family (YSS-F); 85% of parents will demonstrate a measurable reduction in the stress indexes (Parenting Stress Index or Stress Index of Parents with Adolescents or other DCF approved standardize instrument) from intake to discharge; 90% of children will be maintained in the home of their parents at the conclusion of Family Peer Support intervention; The number and percent increase in parents/caregivers who participate in community system development meetings/groups; e.g. Regional Advisory Councils, Community Collaboratives, Local Implementation Service Teams.
Sub-Acute Crisis Stabilization	<ol style="list-style-type: none"> Number and percent of youth/young adults receiving an EBT; Number and percent of episodes with treatment completed; Number and percent of episodes with treatment goals met; The Clinical Global Impression (CGI) rating scales; Average score on the Youth Services Survey for Families; Changes in Ohio Scale scores from intake to discharge; Number and percent of youth/young adults with significant reduction in standardized measure of risk (suicide/self-harm or violence); 80percent of youth/young adults served will demonstrate improvement on the Ohio Scales measure of problem severity between admission and discharge; 80 percent of youth/young adults served will demonstrate improvement on the Ohio Scales measure of functioning between admission and discharge; 80 percent of families who complete the YSS-F will indicate positive response on "Overall, I am satisfied with the services my youth/young adult received"; 100 percent of youth/young adults and families served will be successfully linked to community-based services and/or pro-social supports.
Supportive Housing for Families	<ol style="list-style-type: none"> The number and percentage of clients who receive comprehensive screening and assessment to determine the likely presence of parenting, substance abuse and mental health challenges; The number and percentage of clients who achieve case plan goals The number and percentage of clients with increased scores in the overall score, the baseline score, overall environment, financial management sections of the NCFAS; The number of clients who have safe and affordable housing within the first year of program enrollment; The percentage of children remaining with parent(s) / caregiver instead of entering foster care and, of those entering foster care, the number of days spent in foster care versus remaining with parent(s) / caregiver; The rate of repeat maltreatment.

Survivor Care	<p><u>Long-Term Services</u></p> <ol style="list-style-type: none"> 1. % of youth who successfully complete program services and are regularly attending school (including vocational program), regularly working, or who have graduated from school at the time of "discharge" 2. % of youth who can identify three or more supports in their life at discharge <p><u>Rapid Responses - Percentages based on demographics</u></p> <ol style="list-style-type: none"> 1. % of youth who reported learning something new (measured by a standard post service interview) 2. % of youth who reported an intention to change their behaviors/activities (measured by a standard post service interview)
SWETP	<ol style="list-style-type: none"> 1. Number of youth served who were referred to community based services and/or pro-social supports 2. Percentage of youth served who demonstrated improvement on the Learning Inventory of Skills Training (L.I.S.T.) measure of functioning between admission and discharge. 3. Percentage of youth at discharge who have obtained a High School Diploma or GED. 4. Percentage of youth served that were successfully linked to community based services and/or pro-social supports. 5. Percentage of youth who indicated an overall satisfaction rating at discharge based on Satisfaction Survey 6. Percentage of youth served that were transitioned to an independent living setting at discharge.
Therapeutic Child Care	<ol style="list-style-type: none"> 1. 85% or more of the children will have increased <u>social / emotional wellness</u> in family, school and community settings 2. 85% of the children will demonstrate progress in problem solving, language, communication, cognitive and psychomotor skills 3. 100% of children who do not demonstrate progress will be referred to the Board of Education 4. 100% of parents will participate in developing their Family Partnership Agreement 5. 85% of parents will achieve 60% of their goals in the Family Partnership Agreement 6. 85% of parent - child interactions will show qualitative improvement 7. 85% of parents will have increased knowledge of child development 8. 100% of parents will become connected with at least three (3) community resources
Therapeutic Child Care Trauma Informed	<ol style="list-style-type: none"> 1. <u>85%</u> or more of the families served will successfully meet their treatment goals at discharge (assessed quarterly and annually); 2. <u>85%</u> or more of children will show an increase in mastery of educational milestones as demonstrated by measures approved by DCF (e.g. the Preschool Assessment Framework). 3. <u>90%</u> or more of children served by the provider will successfully transition to regular preschool or kindergarten as their next school setting after discharge (assessed quarterly and annually) 4. 100% of parents will participate in the development of goals for their child and the parent 5. <u>70%</u> or more of staff will be retained annually (no more than 30% turnover)
Therapeutic Group Home	<ol style="list-style-type: none"> 1. 85% of children/youth will be admitted within 27 days from time of match to admission; 2. 85% of children/youth served who demonstrated improvement on the Ohio Scales measure of problem severity between admission and discharge; 3. 85% of children/youth served who demonstrated improvement on the Ohio Scales measure of functioning between admission and discharge; 4. 90% of children/youth served will demonstrated improvement on the Learning Inventory of Skills Training (L.I.S.T.) measure of functioning between admission and discharge; 5. 90% of children/youth and families will indicate that they had an active voice in treatment planning and throughout their stay at the program; 6. 90% of children/youth and families served will be successfully linked to community based services and/or pro-social supports upon discharge; 7. 90% of children/youth will be discharged to a lower level of care.
Transitional Services for Emerging Adults	<ol style="list-style-type: none"> 1. #/% of participants who entered employment 2. #/% of participants employed at 6 months post discharge 3. #/% of participants employed at 12 months post discharge 4. #/% of participants employed 24 months post discharge

	<ol style="list-style-type: none"> 5. #/% of participants who report positive social connections 6. #/% of participants who maintain positive adult connections 7. #/% of participants who maintain stable housing 8. #/% of participants who reach or exceed identified Independent living skills goals identified on the LIST 9. #/% of participants who obtained a skill certification (GED, trade license, vocational or college degree, etc.)
Urgent Crisis Center	<ol style="list-style-type: none"> 1. Average number of days from intake to start of referral service 2. Percentage of youth/young adult with only one episode 3. Percent of episodes with treatment completed 4. Percent of episodes with treatment goals met 5. Average score on the Youth Services Survey for Families 6. The Clinical Global Impression (CGI) rating scales 7. Percent of children with significant reduction in standardized measure of risk (suicide/self-harm or violence)
Urgent Crisis Center Emergency Department	<ol style="list-style-type: none"> 1. Average number of days from intake to start of referral service 2. Percentage of youth/young adult with only one episode 3. Percent of episodes with treatment completed 4. Percent of episodes with treatment goals met 5. Average score on the Youth Services Survey for Families 6. The Clinical Global Impression (CGI) rating scales 7. Percent of children with significant reduction in standardized measure of risk (suicide/self-harm or violence)
Voluntary Care Management	<ol style="list-style-type: none"> 1. 80% of engaged families will have an initial Care Plan within 30 days of episode start date 2. 80% of families discharged will have met treatment goals as defined by the agreed upon initial care plan 3. 80% of families who were engaged and discharged are satisfied with the program as evidenced by a Family Satisfaction Survey (based upon an agreed upon minimum sample)
Wendy's Wonderful Kids	<ol style="list-style-type: none"> 1. # of children served annually 2. # of recruitment plans developed 3. # of adoption readiness activities engaged in on behalf of children served 4. # of recruitment activities 5. # of possible adoption/permanent connections identified 6. # of children for whom an appropriate family was evaluated and licensed 7. # of new matches 8. # of placed child who remained in the permanent home for a specified length of time 9. % of matches achieved 10. % of placements achieved 11. % of matches 12. % of matches sustained to placement 13. % of placements sustained to finalization 14. % of children who complete satisfaction surveys at discharge 15. % of children who report being satisfied with the services 16. % of children who have increased their social supports and/or community resources at the end of service delivery 17. % of children for whom an identified permanent family was found 18. % of children who were successfully prepared for permanency and placement 19. % of children reunited with his/her birth family
Work to Learn	<ol style="list-style-type: none"> 1. 90% of program participants will receive a high school diploma or GED 2. 80% of program participants will enroll or be enrolled in post-secondary education, vocational or employment training. 3. 65% of program participants will complete post-secondary education, vocational or employment training. 4. 90% of program participants (age 16 to 18) have received at least one internship opportunity and one volunteer-civic opportunity within their first year in the program. 5. 95% of program participants (ages 16 to 21) have an updated professional resume on file.

	<ol style="list-style-type: none"> 6. 80% of program participants (ages 16 to 18) have secured at least part time employment with potential for steady fulltime employment (unless involved in extra-curricular activities, school sports, and/or educational program). 7. 85% of program participants (ages 18 to 21) who are out of school and not pursuing post-secondary education/vocational programming, have secured full time employment with benefits within six months of graduating High School or receiving GED. 8. 90% of first year participants, have participated in at least one Youth Business (unless they have a part time job or involved in schools sports). 9. 90% of program participants have medical insurance. 10. 90% of program participants have completed a life skills assessment and are receiving ongoing life skills instruction (for skill development and acquisition). 11. 90% of program participants have participated at least once a year with the youth Leadership Board activities. 12. 90% of program participants have participated in a volunteer/civic opportunity. 13. 90% of program participants have developed an important relationship with peers and adults (not for placement purposes). 14. 90% of Community Partnership Board activities/meetings will have a youth representative
<p>Youth Empowerment</p>	<p><u>Financial Literacy:</u></p> <ol style="list-style-type: none"> 1. 80% of youth will demonstrate ability to create a budget 2. 80% of youth will understand the concepts and skills required for banking. <p><u>Cathartic Arts:</u></p> <ol style="list-style-type: none"> 1. 80% of youth will identify 3 coping skills. 2. 80% of youth will be able to identify 2 supports 3. 80% will be able to exhibit a stronger sense of connectiveness by explaining 3 or more feelings associated with their trauma. <p><u>Creative Music:</u></p> <ol style="list-style-type: none"> 1. 70% demonstrate increase ability to cope 2. 70% increase ability to express emotions 3. 70% increase methods for stress reduction <p><u>Youth Leadership:</u></p> <ol style="list-style-type: none"> 1. 75% of youth will be able to understand the roles of leadership 2. 70% of youth will show an increase in communication skills in leadership 3. 75% of youth will be able to demonstrate ability to set goals in leadership 4. 75% of youth will be able to identify the role of decision in leadership roles. <p><u>Personal Development:</u></p> <ol style="list-style-type: none"> 1. 75% of youth will demonstrate an increase in self-esteem 2. 70 % of youth will show an increase in communication skills <p><u>Basketball Program:</u></p> <ol style="list-style-type: none"> 1. 75% of youth will show increase participation in teamwork 2. 75% of youth will show increase in discipline 3. 75% of youth participants will demonstrate an increase in fitness and physical health <p><u>Pen or Pencil</u></p> <ol style="list-style-type: none"> 1. 80% of youth will show increase in life-skills 2. 85% of participant will participate in intergenerational learning by volunteering to read rights (a list of key civil rights) to at least five people, three of which must be an adult. 3. 100% of Participant will increase in civic engagement by collaborating in the formation of 5-member Student No-Violence Coordinating Corporation (SNCC). 4. 75 % will decrease in acts of violence and negative behaviors <p><u>Culinary Program</u></p> <ol style="list-style-type: none"> 1. 70% of youth will be able to prepare a well-balanced meal 2. 70% of youth will be able to properly set a table. 3. 70% of youth will be able to understand the importance of food safety

	<p><u>Cosmetology Program</u></p> <ol style="list-style-type: none"> 1. 75% of youth will be able to increase knowledge and skill of hair and skin care. 2. 75% of youth understand and gain customer service skill and knowledge. 3. 75% of youth will increase awareness and understanding of process for becoming an entrepreneurial. <p><u>Professional Barber</u></p> <ol style="list-style-type: none"> 1. 80% of youth will demonstrate customer service skills, self-growth and personal development. 2. 80% of youth will understand and can demonstrate the fundamentals in haircutting 3. 75% of youth will increase awareness and understanding of process for becoming an entrepreneurial. <p><u>Piano 101</u></p> <ol style="list-style-type: none"> 1. 65% of youth will increase basic knowledge of music theory 2. 65% will be able to accurately perform major and minor scales 3. 70% will learn how to successfully play simple line melodies 4. 75% will be able to demonstrate understanding of proper hand position and fingering
Youth Link Mentoring	<ol style="list-style-type: none"> 1. Number of potential mentors recruited, screened, and trained 2. Amount of outreach and education provided to DCF staff (referral agents) 3. Number of matches facilitated (collected by similar race, ethnicity, sexual orientation, and gender identity/expression as appropriate) 4. Number of matches that complete a full year in the program 5. Number and type of group sessions held 6. Number of mentors who participated in DMST training 7. Number of mentors who participate in LIST training 8. Percentage of matches facilitated within 21 business days of completed referral. 9. Percent of matches that move from Active match and to Aftercare status. 10. Percentage of active matches that met face to face at least three times per month 11. Percent of participants who attend group sessions o Percent of participants who report being satisfied with a service. 12. High school graduation/GED and/or on time grade promotion 13. Maintain stable housing 14. Maintain stable job. 15. Reduction in substance use (if applicable) 16. Participation in the program during the aftercare phase as a role model or peer trainer 17. Participants that discharged and made connections with other programs and support networks in their own community
Zero to Three	<ol style="list-style-type: none"> 1. 95% of the identified service goals of the children will be fully met or acceptable progress will have been made; 2. 30% of the children served will achieve permanency by the time the Court issues a disposition of closing and 20% will achieve permanency within 12 months; 3. 75% of the children and parents served will have visitation at least twice per week while in the Zero to Three program. 4. 72% of the children will remain in 1 or 2 placements while in the Zero to Three program; 5. 96% of the children served by the Zero to Three program who are reunified with a parent/guardian will not have a subsequent substantiated abuse / neglect referral in the next calendar year.