

**UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT**

-----X  
JUAN F., *et al.*, )  
 )  
 Plaintiffs, )  
 )  
 )  
 v. ) CIVIL NO. 2:89cv00859 (SRU)  
 )  
 )  
 )  
 DANIEL P. MALLOY, *et al.*, )  
 )  
 )  
 Defendants. )  
-----X

**2016 REVISED EXIT PLAN**

## Table of Contents

PRELIMINARY PROVISIONS.....	1
OUTCOME MEASURES TO BE ACHIEVED.....	5
Outcome Measure 1: Commencement of Investigation/FAR.....	5
Outcome Measure 2: Completion of the Investigation/FAR .....	5
Outcome Measure 3: Case Plans.....	5
Outcome Measure 4: Children's Needs Met .....	6
Outcome Measure 5: Worker-Child Visitation (In-Home).....	6
Outcome Measure 6: Caseload Standards.....	6
PRE-CERTIFIED OUTCOME MEASURES	
Outcome Measure 7: Repeat Maltreatment of Children .....	7
Outcome Measure 8: Maltreatment of Children in Out of Home Care.....	7
Outcome Measure 9: Re-Entry into DCF Custody .....	7
Outcome Measure 10: Worker-Child Visitation (Out-of-Home).....	7

**Appendix A**

**Appendix B**

**Appendix C**

**Appendix D**

Whereas, the parties to this action have been operating under the Court's Revised Juan F. Exit Plan (Dkt. No. 569 – “569 Order”) issued by the Court on July 1, 2004;

Whereas, Defendants have made sustained progress toward meeting their obligations under the prior governing Court orders in this action;

Whereas, the following reflects Defendants' continued and further commitment to achieve the additional progress necessary to ensure the safety and well-being of the Juan F. class members;

Whereas, the parties are desirous of possibly replacing the 569 Order to identify specific achievements that must be accomplished in order for Defendants to request termination of jurisdiction over this action;

Whereas, Defendants have asserted that this 2016 Revised Exit Plan must be approved by the Connecticut General Assembly pursuant to Conn. Gen. Stat. § 3-125a, a contention with which Plaintiffs disagree and about which the Court presently makes no judgment;

Whereas, the Court has considered the following Revised Exit Plan and believes it is appropriate.

Now, therefore, the Court hereby orders, adjudges and decrees,

1. Defendants will submit this 2016 Revised Exit Plan to the General Assembly within three (3) days of the opening of the 2017 session for its consideration under Conn. Gen. Stat. § 3-125a and provide notice to this Court on the thirty-third (33<sup>rd</sup>) date following its submission as to the General Assembly's action. If the 2016 Revised Exit Plan is approved or deemed approved by the General Assembly in accordance with Conn. Gen. Stat. Sec. 3-125a, the Court will enter an order approving this 2016 Revised Exit Plan which will immediately replace the 569 Order and will govern the parties' rights and obligations thereafter. If the General Assembly rejects the 2016 Revised Exit Plan in accordance with Conn. Gen. Stat. Sec. 3-125a, or if for any other reason this 2016 Revised Exit Plan shall not become effective, the parties will continue to operate under the terms set forth in the 569 Order, which shall remain effective and fully enforceable under its terms.
2. This Court will retain continuing jurisdiction over this action until the Court issues a final order terminating such jurisdiction as set forth herein.
3. The Court Monitor reserves the rights, authorities and responsibilities granted in the Monitoring Order of December 1, 1992, as modified, and all the rights, authorities and responsibilities granted in the October 7, 2003 Stipulation and Order (Dkt. No. 447), all of which are incorporated in this 2016 Revised Exit Plan by reference.
4. The Juan F. class is:

- A. All children who are now, or will be, in the care, custody, or supervision of the Commissioner of the Department of Children and Families (DCF) as a result of being abused, neglected or abandoned or being found at risk of such maltreatment; and
  - B. All children about whom DCF knows, or should know, by virtue of a report to the DCF, who are now, or will be, abused, neglected or abandoned, or who are now, or will be, at serious risk of such maltreatment.
5. The DCF Court Monitor's measurement procedures used to determine and sustain compliance with the Outcome Measures in this 2016 Revised Exit Plan are set forth in Appendix A attached hereto. The DCF Court Monitor's protocols and directional guides for outcome measures to be achieved, as amended pursuant to this 2016 Revised Exit Plan, are set forth in Appendix B, attached hereto. These procedures shall be final and binding on the parties.
6. Except as specified for Outcome Measures 3 and 4, Defendants must first meet the requirements of each Outcome Measure, and then sustain compliance with each of the Outcome Measures for an additional quarter (six months total), prior to asserting compliance for the purpose of Pre-Certification as set forth in Paragraph 10. To seek termination of the Court's jurisdiction over all of the Outcome Measures, Defendants may not seek to terminate jurisdiction over individual Outcome Measures; rather, simultaneous compliance with all of the Outcome Measures is a prerequisite to seeking termination of jurisdiction over all of the Outcome Measures. If Defendants assert compliance and request termination of jurisdiction over all of the Outcome Measures, the Court Monitor shall, prior to the Court's adjudication of the Defendants' motion, determine which, if any, Outcome Measures require a final review in order to assess the Defendants' achievements, subject to Paragraph 10 of this 2016 Revised Exit Plan. The Court Monitor's determination on which Outcome Measures require a final review shall be conclusive and binding on the parties. For any Outcome Measures requiring a final review, the Court Monitor shall conduct a review of a statistically significant valid sample of case files at the 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance with their obligations. The Court Monitor shall then present findings and recommendations to the District Court in connection with the Defendants' request for termination of jurisdiction over the Outcome Measures. The parties shall have a timely and meaningful opportunity to be heard by the Court Monitor before he submits any findings and recommendations to the Court, which findings and recommendations shall be submitted no more than 90 days from the submission of the Defendants' motion. The parties shall also have a meaningful opportunity to be heard by the Court before any ruling is rendered with respect to a motion to terminate jurisdiction over all of the Outcome Measures. Defendants shall maintain compliance through any final decision to terminate jurisdiction over the Outcome Measures. Upon a ruling granting termination of jurisdiction over all of the Outcome Measures, and notwithstanding the termination of such jurisdiction, the funding provisions as set forth in paragraphs 7.a. and 7.b. and the accountability provision as set

forth in paragraph 12 of this 2016 Revised Exit Plan shall be in full force and effect for an additional twelve (12) months.

7. The Defendants shall provide funding and other resources necessary to fully implement this 2016 Revised Exit Plan. In addition:
  - a. Until this Court grants final termination of jurisdiction over this action, as opposed to termination over all of the Outcome Measures, the annual budget of the Department of Children and Families shall not fall below the Agency Total identified in Public Act 16-2 of the May Special Session. The DCF summary budget page from Public Act 16-2 is attached as Appendix C hereto.
  - b. Until this Court grants final termination of jurisdiction over this action, Defendants shall provide the additional service resources identified in Appendix D hereto.
  - c. The Court Monitor shall have the authority and responsibility to identify and file reports with the Court concerning any specific shortages in personnel or service resources that the Court Monitor determines may impede full implementation of this 2016 Revised Exit Plan.
8. Reporting by the Court Monitor on all Outcome Measures is required on a quarterly basis until the Court issues an order terminating jurisdiction over the Outcome Measures, except that public filing of reports by the Court Monitor may occur on a six-month basis and cover two quarters of performance.
9. Until this Court issues an order terminating jurisdiction over the Outcome Measures, the Court Monitor shall have the authority and discretion to conduct and provide for such reporting and case file reviews that the Court Monitor deems necessary or appropriate to report on the Defendants' performance. Additionally, if the Court Monitor deems it necessary, a needs assessment shall be conducted by the Court Monitor to quantify specific resource needs in order to fully implement the obligations in this 2016 Revised Exit Plan.
10. Pre-Certification. If DCF has met the requirements for any Outcome Measure and sustained compliance for at least one (1) additional and consecutive quarter (6 months total), the Court Monitor may, in his discretion, conduct a "pre-certification review" of that Outcome Measure ("Pre-Certification Review"). Pre-Certification Reviews have already taken place and are applicable to Outcome Measures 7, 8, 9 and 10 of this 2016 Revised Exit Plan. The purpose of the Pre-Certification Review is to recognize DCF's sustained improved performance, to identify and provide a prompt and timely opportunity to remedy any problem areas that are affecting the well-being of *Juan F.* class members, and to increase the efficiency of DCF's eventual complete compliance and exit from this action. Other than conducting the Pre-Certification Review earlier than the final review mandated by paragraph 6 above, the Pre-Certification Review will be conducted in

accordance with the provision for review as described in paragraph 6, unless otherwise agreed upon by the parties and the Court Monitor. If the Pre-Certification Review with respect to a particular Outcome Measure: (a) does not identify any material issues requiring remediation; and (b) no assertions of noncompliance with the specific Outcome Measures(s) at issue are pending at the time Defendants assert sustained compliance with all Outcome Measures; and (c) the Court Monitor has not identified any material issues requiring remediation subsequent to the Pre-Certification, the final review as per paragraph 6 of this 2016 Revised Exit Plan will not be required after the Defendants assert sustained compliance with all Outcome Measures.

11. Unless as expressly stated otherwise, all provisions in this 2016 Revised Exit Plan are independently and separately enforceable.
  
12. Continued Accountability Reporting. After the Court terminates jurisdiction pursuant to paragraph 6 over all Outcome Measures in this 2016 Revised Exit Plan, jurisdiction over the funding provisions as set forth in paragraph 7 shall continue for a period of twelve (12) months. During that period of time, Defendants shall issue two reports, each covering successive six month periods during those twelve (12) months (or as otherwise agreed by the parties on consent), covering performance under all of the Outcome Measures in this 2016 Revised Exit Plan. Defendants' continued compliance with the Outcome Measures as well as the requirements of subparagraphs 7.a and 7.b shall be subject to validation by the Court Monitor. Upon validation of Defendants' compliance with their obligations during this twelve (12) month period, the parties shall file a joint motion requesting final termination of jurisdiction over this action.

## **OUTCOME MEASURES TO BE ACHIEVED**

### **Outcome Measure 1: Commencement of Investigation/FAR**

DCF shall assure that at least 90% of all reports of children alleged to be abused, or neglected, shall be prioritized, assigned and the investigation/FAR (Family Assessment Response) shall commence within the timeframes specified below.

If the report of child abuse or neglect is determined by the DCF Careline to be:

- A. A situation in which failure to respond immediately could result in the death of, or serious injury to a child, then the response time for commencing an investigation is the same calendar day Careline accepts the report.
- B. A non-life threatening situation that is severe enough to warrant a 24-hour response to secure the safety of the child and to access the appropriate and available witnesses, then the response time for commencing an investigation is 24 hours.
- C. A non-life threatening situation that, because of the age or condition of the child, the response time for commencing an investigation is 72 hours.

### **Outcome Measure 2: Completion of the Investigation/FAR**

At least 85% of all reports of alleged child maltreatment accepted by the DCF Careline shall have their investigations completed within 45 calendar days of acceptance by the Careline.

### **Outcome Measure 3: Case Plans**

Except probate, interstate, and subsidy only cases, appropriate case plans shall be developed as set forth in the "DCF Court Monitor's Protocol for Outcome Measures 3 and 4" and the accompanying "Directional Guide for Outcome Measures 3 and 4 Reviews" attached collectively as Appendix B hereto. The enforceable domains of this Outcome Measure shall not include (although all domains will be assessed and reported on each quarter by the Court Monitor and included in public monitoring reports) (1) those domains in Appendix B for which the compliance has already been sustained at 90% or more; and (2) the "overall score" domain. As of the date of filing of this 2016 Revised Exit Plan the parties agree the enforceable domains include:

- Engagement of child and family;
- Assessment at the date of review;
- Determining goals/objectives (priority needs);
- Progress;
- Action steps to achieving goals/objectives (priority needs) identified for the six month period;

Prospectively, if Defendants achieve and sustain compliance with any of the individual remaining enforceable domains for two consecutive quarters, those will no longer be enforceable

domains under this Outcome Measure. Once the last remaining domain is achieved and sustained for two consecutive quarters (six months total), this item shall be considered to have achieved Pre-Certification and subject to the process in paragraphs 6 and 10 as to whether a final review pursuant to Paragraphs 6 and 10 is required in connection with a request to terminate jurisdiction over the Outcome Measures.

#### **Outcome Measure 4: Children's Needs Met**

Families and children shall have their medical, dental, mental health, and other service needs met as set forth in the "DCF Court Monitor's Protocol for Outcome Measures 3 and 4" and the accompanying "Directional Guide for Outcome Measures 3 and 4 Reviews" attached collectively as Appendix B hereto.

The enforceable domains of this Outcome Measure shall not include (although all domains will be assessed and reported on each quarter by the Court Monitor and included in public monitoring reports): (1) those domains in Appendix B for which the compliance has been sustained at 85% or more; and (2) the "all needs met" domain. As of the date of filing of this 2016 Revised Exit Plan the parties agree the enforceable domains include:

- DCF Case Management - Legal action to achieve the permanency goal during the prior six months;
- DCF Case Management - Contracting or providing services to achieve permanency during the prior six months;
- Medical needs;
- Dental needs;
- Mental health, behavioral and substance abuse services.

Prospectively, if Defendants achieve and sustain compliance with any of the individual remaining enforceable domains for two consecutive quarters, those will no longer be enforceable domains under this Outcome Measure. Once the last remaining domain is achieved and sustained for an additional consecutive quarter (six months total), this item shall be considered to have achieved Pre-Certification and subject to the process in paragraphs 6 and 10 as to whether a final review is required in connection with a request to terminate jurisdiction over the Outcome Measures.

#### **Outcome Measure 5: Worker-Child Visitation (In-Home)**

DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases.

#### **Outcome Measure 6: Caseload Standards**

The caseload of no DCF social worker shall exceed the following caseload standards, with exceptions for emergency reasons on caseloads, lasting no more than 30 days. Additionally, the average caseload of all caseload carrying DCF social workers in each of the following categories shall not exceed 0.75 (*i.e.*, 75% utilization) of these maximum caseload standards:



- A. Investigators shall have no more than 17 investigative cases at any time.
- B. In-home treatment workers shall have no more than 15 cases at any time.
- C. Out-of-Home treatment workers shall have no more than 20 individual children assigned to them at any time. This includes voluntary placements.
- D. Adoption and adolescent specialty workers shall have no more than 20 cases at any time.
- E. Probate workers shall have no more than 35 cases at any time. When the probate or interstate worker is also assigned to provide services to the family, those families shall be counted as in home treatment cases with a ratio of 1:20 cases.
- F. Social workers with in-home voluntary and interstate compact cases shall have no more than 49 cases at any time.
- G. A worker with a mixed caseload shall not exceed the maximum weighted caseload derived from the caseload standards in A through F above.

## **PRE-CERTIFIED OUTCOME MEASURES**

### **Outcome Measure 7: Repeat Maltreatment of Children**

No more than 7% of the children who are victims of substantiated maltreatment during any six-month period shall be the substantiated victims of additional maltreatment during any subsequent six-month period.

### **Outcome Measure 8: Maltreatment of Children in Out-of-Home Care**

No more than 2% of the children in out-of-home care shall be the victims of substantiated maltreatment by substitute caregivers.

### **Outcome Measure 9: Re-Entry into DCF Custody**

Of all children who enter DCF custody, 7% or fewer shall have re-entered care within 12 months of the prior out-of-home placement.

### **Outcome Measure 10: Worker-Child Visitation (Out-of-Home)**

DCF shall visit at least 85% of all out-of-home children at least one each month, except for probate, interstate or voluntary cases. All children must be seen by their DCF social worker at least quarterly.

**THE PLAINTIFFS,**

**By:**

\_\_\_\_\_  
**Ira P. Lustbader, Esq.**

Childrens' Rights, Inc.

88 Pine St., Suite 800

New York, NY 10005

212-683-2210

Fax: 212-683-4015

ilustbader@childrensrights.org

mrobinsonlowry@childrensrights.org

**Steven M. Frederick, Esq.**

**Wofsey, Rosen, Kveskin &**

**Kuriansky, LLP**

600 Summer Street

Stamford, CT 06901

203-327-2300

Fax: 203-967-9273

sfrederick@wrkk.com

**THE DEFENDANTS,**

**By:** \_\_\_\_\_  
**Ann H. Rubin, Esq.**  
**Carmody Torrance Sandak &**  
**Hennessey, LLP**  
195 Church Street  
P.O. Box 1950  
New Haven, CT 06510-1950  
203-573-1200  
Fax: 203-575-2600  
arubin@carmodylaw.com

**ORDER**

The foregoing having been considered by the Court, it is approved and so ordered.

**By:** \_\_\_\_\_  
Honorable Stefan R. Underhill  
U.S. District Judge  
United States District Court  
915 Lafayette Boulevard  
Bridgeport, CT 06604

# ***APPENDIX A***

**Appendix A: Research Questions, Logic, Measurement Elements and Identified Variables initially taken from Revised Exit Plan of July 1, 2004, updated for Reference Purposes of the 2016 Revised Exit Plan.**

**Outcome Measure 1: Commencement of Investigation/FAR (Family Assessment Response)**

**DCF shall assure that at least 90% of all reports of children alleged to be abused, or neglected, shall be prioritized, assigned and the investigation/FAR shall commence within the timeframes specified below.**

**If the report of child abuse or neglect is determined by the DCF Careline to be...**

- A. A situation in which failure to respond immediately could result in the death of, or serious injury to a child, then the response time for commencing an investigation is the same calendar day Careline accepts the report.**
- B. A non-life threatening situation that is severe enough to warrant a 24-hour response to secure the safety of the child and to access the appropriate and available witnesses, then the response time for commencing an investigation is 24 hours.**
- C. A non-life threatening situation that, because of the age or condition of the child, the response time for commencing an investigation is 72 hours.**

Case Review is not required to verify compliance with the quantitative status of this measure. LINK Reporting will be used to capture compliance with the timing requirement for commencement of investigations. Initial quarterly reporting has been available since August 15, 2004. The logic established by the DCF used by the LINK system to capture this measurement is based the information indicated below<sup>1</sup>:

*Commencement of Investigation:*

*Currently pending changes to existing LINK functions.*

*Modifications to be made in phase one (Summer 2004) are:*

- *Removal of "Extension" button and functionality*
- *Addition of Response time information button*
- *Change in layout of the LINK window to include Response Time Compliance information, as well as the current Commencement date, and the new Commencement Time fields.*
- *LINK e-help to provide guidance and nuances related to Compliance Time Frames.*

---

<sup>1</sup> Documentation taken directly from the LINK Modifications to Support Juan F. Exit Outcomes Presentation of April 13, 2004.

**Outcome Measure 2: Completion of Investigation/FAR (Family Assessment Response)**

**At least 85% of all reports of alleged child maltreatment accepted by the DCF Careline shall have their investigations/assessments completed within 45 calendar days of acceptance by the Careline.**

Case Review is not required to verify the compliance status with the quantitative requirement for this measure. LINK Reporting will be used to capture compliance with the timing requirement for completion of investigations within 45 days. The logic established by the DCF to be used by the LINK system to capture this measurement is provided below<sup>2</sup>:

*Investigation Completion*

*Data Source: LINK*

*A query of the LINK database will be conducted to determine all investigations completed during the period. For each investigation completed during the period, the CPS report accept date will be subtracted from the investigation completion date to determine the number of days the investigation was open. (Completion of the Investigation occurs when a Supervisor Approves the Investigation in LINK).*

Methodological Notes

As indicated in bullet 6 of the 2016 Exit Plan, the Court Monitor shall, prior to the Court's adjudication of the Defendants' motion, determine which, if any, Outcome Measures require a final review in order to assess the Defendants' achievements, subject to Paragraph 10 of this 2016 Revised Exit Plan. The Court Monitor's determination on which Outcome Measures require a final review shall be conclusive and binding on the parties. For any Outcome Measures requiring a final review, the Court Monitor shall conduct a review of a statistically significant valid sample of case files at the 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance with their obligations. This review would be of a statistically significant valid sample of case files at the 96% confidence level, including these questions and such other measurements as are necessary, to determine whether Defendants are in compliance with their obligations:

1. Did the investigation commence within the stated time frame established at the Careline?
2. Was an additional report accepted and merged with seven days of the initial accepted report?
3. Were any additional reports accepted after seven days from initial acceptance, but prior to the completion of that investigation?
4. Was the investigation completed in 45 days from acceptance at Careline?

---

<sup>2</sup> On-Line LINK reporting documentation taken directly from the DCF LINK Reports: Outcomes for Children "Report Source". May be subject to enhancement changes through December 2004.



5. Was the initial investigation interview with the alleged perpetrator and identified family members conducted in their primary language?
6. Was the investigation conducted per policy with adherence to the required protocol DCF 2074: with all identified case participants interviewed, all required collateral contacts made, (or documentation provided for the social worker's inability to contact) and all safety factors, and needs assessed?
7. Were services identified to maintain a child in the home where applicable?
8. If applicable, was the alleged perpetrator asked to leave the home so that the child (ren) could be maintained in the home during the course of investigation?
9. Did the investigator document his/her attempts to identify relative resources through the course of interview with the family members in the event that removal would be required?
10. Were identified services provided to maintain a child in the home where applicable?
11. Did the SWS document his/her discussion with the investigator related to the investigation assessment and subsequent findings of substantiated/non-substantiated abuse or neglect?
12. Was SDM completed and an assessment or case plan developed by the Social Worker to document any family service needs and identify subsequent referrals to community providers in order to address those needs/build upon strengths?

### **Outcome Measure 3: Case Plans**

Except probate, interstate, and subsidy only cases, appropriate case plans shall be developed as set forth in the "DCF Court Monitor's Protocol for Outcome Measures 3 and 4" and the accompanying "Directional Guide for Outcome Measures 3 and 4 Reviews" attached collectively as Appendix B hereto. The enforceable domains of this Outcome Measure shall not include (although all domains will be assessed and reported on each quarter by the Court Monitor and included in public monitoring reports) (1) those domains in Appendix B for which the compliance has already been sustained at 90% or more; and (2) the "overall score" domain. As of the date of filing of this 2016 Revised Exit Plan the parties agree the enforceable domains include:

- **Engagement of Child and Family;**
- **Present Situation and Assessment to Date of Review;**
- **Determining Goals and Objectives;**
- **Progress;**
- **Action Steps to Achieving Goals Identified for the Upcoming Six Month Period;**

Prospectively, if Defendants achieve and sustain compliance with any of the individual remaining enforceable domains for two consecutive quarters, those will no longer be enforceable domains under this Outcome Measure. Once the last remaining domain is achieved and sustained for two consecutive quarters (six months total), this item shall be considered to have achieved Pre-Certification and subject to the process in paragraphs 6 and 10 as to whether a final review pursuant to Paragraphs 6 and 10 is required in connection with a request to terminate jurisdiction over the Outcome Measures.

LINK will not be used to produce reporting on this measure. The measurement of Outcome Measure 3 requires a case review to determine compliance. While reporting on only the required domains, the Court Monitor quarterly case reviews will continue to include the following items identified Juan F Exit Plan on July 1, 2004 and incorporated within its data collection instruments and included as reference in Appendix B:

1. To what extent are clinically appropriate case plans documented and developed in conjunction with parents, children, providers and others involved in the case and approved by a DCF SWS within the timeframes specified within the Case Plan document (or six months if the plan does not specify)? Elements a-h below:
  - a. Is there a SWS approved case plan in LINK less than 7 months old at the point of review?
  - b. Was the most recent case plan in compliance with the timing requirement set in policy (within 60 days of case opening or child placed out of home, or within six months of the prior approved Case Plan)?
  - c. Has there been a CPC or ACR in the last 7-month period?
  - d. Who was invited to participate in the most recent ACR/TPC?

- e. Does this invitee list include all active providers and case participants in the case during the six-month period preceding the ACR (60 days for the CPC)?
  - f. Who participated at the ACR/CPC and by what means did they participate (written report, in person, teleconference, prior verbal report to SW or SWS)
  - g. Was the ACRI-ACRI-F completed– identifying points of views of all participants and required revisions noted by the SWS or ACR Coordinator at the point of the conference?
  - h. Did the final approved Case Plan include those required revisions documented on the ACRI/ACRI-F?
2. To what extent do clinically appropriate case plans approved by the DCF SWS include the following? (Elements a-o as identified in the Exit Plan are placed into meaningful categories established by DCF as follows :)

**Background Information**

- a. A clear description of household members and each identified member's status
- b. Prior relevant case history
- c. Reason for most recent case opening

**Assessment Information**

- d. Presenting issues and problem areas as identified by DCF or provider assessment
- e. Family issues as perceived by the parent/caretaker/child (if over 12)
- f. Family or child's strengths
- g. Family or child's needs (medical, dental, mental health, educational, other service needs – housing, childcare, employment, transportation, etc.)

**Treatment**

- h. Reasonable efforts as determined by the court, to prevent out of home placement or reunify documented
- j. Clearly stated case goal/permanency plan goal
- m. Proposed services and identified responsible parties
- o. Parental & sibling visitation schedules

**Progress Toward Case Goals**

- i. Responsibilities of children, parents, caretakers, service providers and DCF for reaching the identified case goals (tasks required during the planning period)
- k. Identification of the measurement of participants' progress toward and achievement of stated goal (for those adolescents where applicable, this includes the attachment of a completed Independent Living Plan DCF-2091)
- l. Timelines for completing tasks/expectations related to the case goal
- j. Legal activity and status during the preceding Case Planning period.

3. To what extent did DCF meet the language requirements of the clients during the Case Planning process? Elements a-b below:

- a. Was the ACR conducted in the primary language of the client?
- b. Was the Case Plan document prepared (or subsequently translated) in the primary language of the client?

Methodological Notes:

1. The Court Monitor's Office will continue to conduct a quarterly review, utilizing the methodology and protocol established for Outcome Measure 3 reporting only on those enforceable domains that remain as of the date of filing of the 2016 Revised Exit Plan (Engagement of Child and Family, Present Situation and Assessment to Date of Review, Determining Goals and Objectives, Progress, and Action Steps to Achieving Goals Identified for the Next Six Month Period). A minimum of 50 cases (representing all area offices) will be randomly selected each quarter. Prospectively, if Defendants achieve and sustain compliance with any of the individual remaining enforceable domains for two consecutive quarters, those will no longer be enforceable domains under this Outcome Measure. Once the last remaining domain is achieved and sustained for two consecutive quarters (six months total), this item shall be considered to have achieved Pre-Certification and subject to the process in paragraphs 6 and 10 as to whether a final review pursuant to Paragraphs 6 and 10 is required in connection with a request to terminate jurisdiction over the Outcome Measures.
  
2. Additionally, a qualitative review may be conducted by the Monitor's Office on a sample of all open cases identified, except probate, interstate, and subsidy only at the point of DCF assertion of compliance with this outcome. This review would be of a statistically significant valid sample of case files at the 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance with their obligations. As indicated, the Court Monitor shall, prior to the Court's adjudication of the Defendants' motion, determine which, if any, Outcome Measures require a final review in order to assess the Defendants' achievements, subject to Paragraph 10 of this 2016 Revised Exit Plan. The Court Monitor's determination on which Outcome Measures require a final review shall be conclusive and binding on the parties. For any Outcome Measures requiring a final review, the Court Monitor shall conduct a review of a statistically significant valid sample of case files at the 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance with their obligations.

**Outcome Measure 4: Childrens' Needs Met**

*(Measure Formerly Identified as Outcome Measure 15)*

Families and children shall have their medical, dental, mental health, and other service needs met as set forth in the "DCF Court Monitor's Protocol for Outcome Measures 3 and 4" and the accompanying "Directional Guide for Outcome Measures 3 and 4 Reviews" attached collectively as Appendix B hereto.

The enforceable domains of this Outcome Measure shall not include (although all domains will be assessed and reported on each quarter by the Court Monitor and included in public monitoring reports): (1) those domains in Appendix B for which the compliance has been sustained at 85% or more; and (2) the "all needs met" domain. As of the date of filing of this 2016 Revised Exit Plan the parties agree the enforceable domains include:

- Legal Action to Achieve the Permanency Goal within the Prior Six Months;
- Contracting or Providing Services to Achieve Permanency within the Prior Six Months;
- Medical Needs;
- Dental Needs;
- Mental Health, Substance Abuse and Behavioral Health Services.

Prospectively, if Defendants achieve and sustain compliance with any of the individual remaining enforceable domains for two consecutive quarters, those will no longer be enforceable domains under this Outcome Measure. Once the last remaining domain is achieved and sustained for an additional consecutive quarter (six months total), this item shall be considered to have achieved Pre-Certification and subject to the process in paragraphs 6 and 10 as to whether a final review is required in connection with a request to terminate jurisdiction over the Outcome Measures.

LINK will not be used to produce quantitative reporting on this measure. The measurement of Outcome Measure 4 requires a case review to determine compliance. While reporting on only the required domains, the Court Monitor quarterly case reviews will continue to include the following items incorporated within its data collection instruments and included as reference in Appendix B:

1. To what extent have the medical, dental, mental health, and other service needs been provided to the child and family as specified in the most recently approved, clinically appropriate Case Plan<sup>3</sup>? (a-f below)
  - a. Were there clearly indicated needs identified for the case participants in the most recently approved clinically appropriate Case Plan?
  - b. Are medical issues as identified in the plan presently being addressed?

<sup>3</sup> As indicated in the Revised Exit Plan document, the reviewers must also consider the form ACRI/ACRI-F, to ensure that corrections as documented on that form have been addressed.

- c. Are mental health issues as identified in the plan presently being addressed?
- d. Are dental issues as identified in the plan presently being addressed?
- e. Are educational/development (0-3) issues as identified in the plan presently being addressed?
- f. Are other service needs as identified in the plan presently being addressed?

Methodological Notes:

1. The Court Monitor's Office will continue to conduct a quarterly review, utilizing the methodology and protocol established for Outcome Measure 4, reporting only on those enforceable domains that remain as of the date of filing of the 2016 Revised Exit Plan (Legal Action to Achieve the Permanency Goal within the Prior Six Months; Contracting or Providing Services to Achieve Permanency within the Prior Six Months; Medical Needs; Dental Needs; Mental Health, Substance Abuse and Behavioral Health Services.) A minimum of 50 cases (representing all area offices) will be randomly selected each quarter. Prospectively, if Defendants achieve and sustain compliance with any of the individual remaining enforceable domains for two consecutive quarters, those will no longer be enforceable domains under this Outcome Measure. Once the last remaining domain is achieved and sustained for two consecutive quarters (six months total), this item shall be considered to have achieved Pre-Certification and subject to the process in paragraphs 6 and 10 as to whether a final review pursuant to Paragraphs 6 and 10 is required in connection with a request to terminate jurisdiction over the Outcome Measures.
2. Additionally, a qualitative review may be conducted by the Monitor's Office on a sample of all open cases identified, except probate, interstate, and subsidy only at the point of DCF assertion of compliance with this outcome. This review would be of a statistically significant valid sample of case files at the 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance with their obligations. As indicated, the Court Monitor shall, prior to the Court's adjudication of the Defendants' motion, determine which, if any, Outcome Measures require a final review in order to assess the Defendants' achievements, subject to Paragraph 10 of this 2016 Revised Exit Plan. The Court Monitor's determination on which Outcome Measures require a final review shall be conclusive and binding on the parties. For any Outcome Measures requiring a final review, the Court Monitor shall conduct a review of a statistically significant valid sample of case files at the 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance with their obligations.

**Outcome Measure 5: Worker-Child Visitation (In-Home)**

*(Measure Formerly Identified as Outcome Measure 17)*

**DCF shall visit at least 85% of all in-home family cases at least twice a month, except for probate, interstate or voluntary cases.**

Case Review is required to verify compliance status with the quantitative requirement for this measure until such time that LINK enhancements are completed. Logic applied by the DCF will be established based upon enhancements to the LINK system as indicated below<sup>4</sup>:

- *Current Narrative Categories will be condensed and those that are to be counted for reporting purposes will be clearly delineated. The following calculations will be applied in the LINK reporting*
  1. *The denominator of in-home children will be determined by querying the LINK database to determine all cases with a CPS In-Home assignment.*
  2. *From these cases, determine all active case participants under age 19 who are NOT in an out-of-home placement.*
  3. *Determine all In-Home children visited during the period as the numerator by identifying in-home children visited at least twice during a calendar month or quarter.*

Until such time that LINK system capabilities are available to report on the full universe of children in the in home caseload, the Department's Office of Research and Evaluation will collect data via Administrative Case Reviews or alternate data collection efforts. The ORE will include the following questions in its data collection instrument:

1. What is the frequency of DCF's visits?
2. Did DCF visit with the children active in the case on average two times per month during the quarter of this review?
3. Were all children in the home seen in accordance with the Department's practice expectation?

Methodological Notes:

1. The universe includes all children in-home during each quarter of review. Per agreement, Probate, Interstate, Voluntary, and Adoption Subsidy cases will be excluded.
2. As indicated, the Court Monitor shall, prior to the Court's adjudication of the Defendants' motion, determine which, if any, Outcome Measures require a final review in order to assess the Defendants' achievements, subject to bullet 10 of

---

<sup>4</sup> Documentation taken from the LINK Modifications to Support Juan F. Exit Outcomes Presentation of April 13, 2004.

this 2016 Revised Exit Plan. The Court Monitor's determination on which Outcome Measures require a final review shall be conclusive and binding on the parties. For any Outcome Measures requiring a final review, the Court Monitor shall conduct a review of a statistically significant valid sample of case files at the 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance with their obligations., a qualitative review may be conducted by the Monitor's Office on a sample of all open in-home cases identified, except probate, interstate, voluntary and subsidy only cases. This review would be of a statistically significant valid sample of case files at the 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance with their obligations. Included questions would be:

1. What is the quantity and quality of the visitation between worker and child in DCF's in-home caseloads? (elements a-i below)
  - a. During each of the six months preceding this review, did the worker physically meet with the child in accordance to the mandate?
  - b. How many times during the past six month period did the work did the DCF worker meet with the child in person?
  - c. Did the social worker meet with the child alone?
  - d. During conversation, did the worker assess the parent's ability to meet the needs and well-being of the child?
  - e. Did the social worker discuss progress or regression in meeting the Case Plan goal?
  - f. Did the social worker document any needs for additional supports to maintain the child in the home?
  - g. Was the primary caregiver (parent) spoken to during the visit?



**Outcome Measure 6: Caseload Standards**

*(Measure Formerly Identified as Outcome Measure 18)*

The caseload of no DCF social worker shall exceed the following caseload standards, with exceptions for emergency reasons on caseloads, lasting no more than 30 days. Additionally, the average caseload of all caseload carrying DCF social workers in each of the following categories shall not exceed 0.75 (*i.e.*, 75% utilization) of these maximum caseload standards:

- A. Investigators shall have no more than 17 investigative cases at any time.
- B. In-home treatment workers shall have no more than 15 cases at any time.
- C. Out-of-Home treatment workers shall have no more than 20 individual children assigned to them at any time. This includes voluntary placements.
- D. Adoption and adolescent specialty workers shall have no more than 20 cases at any time.
- E. Probate workers shall have no more than 35 cases at any time. When the probate or interstate worker is also assigned to provide services to the family, those families shall be counted as in home treatment cases with a ratio of 1:20 cases.
- F. Social workers with in-home voluntary and interstate compact cases shall have no more than 49 cases at any time.
- G. A worker with a mixed caseload shall not exceed the maximum weighted caseload derived from the caseload standards in A through F above.

Case Review is not required to verify compliance status with the quantitative requirement for this measure. LINK will be used to capture compliance with the percentage of workers at or below established caseload utilization via the average of the daily reports during each quarter. LINK logic<sup>5</sup> for the reporting is provided below:

*Caseload Standards*

*Report Source: LINK*

*Each night a batch program will run that will recognize any assignment changes and calculate caseload accordingly based on the point designations in figure 1.1. These point totals will be displayed next to each Worker's name on a Supervisor's Workers tab of the LINK desktop as well as in Worker Search.*

*Compliance can be measured through a utility that displays the number of workers over 100% on any given day and, of those, the number of workers that have been over 100% for 30 of the most recent 30 calendar days.*

---

<sup>5</sup> On-Line LINK reporting documentation taken directly from the DCF LINK Reports: Caseload Reports: "Percentage Utilization Calculation".

**Percentage Utilization Calculation:**

*For each of the 9 categories, the program computes % Utilizations follows:*

*Determine the % Util. for each assignment category for a worker by dividing the number of caseload points for that Worker by the Maximum number of points for that category. Then add all of the percentages to arrive at an overall percentage utilization figure.*

*Adolescent (#points in category /20)*  
+  
*CPS In-Home (#points in category /15)*  
+  
*CPS (#points in category /20)*  
+  
*CPS OOH (#points in category /20)*  
+  
*ICO (#points in category /49)*  
+  
*Investigation (#points in category /17)*  
+  
*Permanency (#points in category /20)*  
+  
*Probate (#points in category /35)*  
+  
*Voluntary (#points in category /49)*  
= % Utilization

**Methodological Note**

1. The Court Monitor shall, prior to the Court's adjudication of the Defendants' motion, determine which, if any, Outcome Measures require a final review in order to assess the Defendants' achievements, subject to Paragraph 10 of this 2016 Revised Exit Plan. The Court Monitor's determination on which Outcome Measures require a final review shall be conclusive and binding on the parties. For any Outcome Measures requiring a final review, the Court Monitor shall conduct a review of a statistically significant valid sample of case files at the 96% confidence level, and such other measurements as are necessary, to determine whether Defendants are in compliance with their obligations.

## Pre-Certified July 2014

### Outcome Measure 7: Repeat Maltreatment of Children

*(Measure Formerly Identified as Outcome Measure 5)*

**No more than 7% of the children who are victims of substantiated maltreatment during any six-month period shall be the substantiated victims of additional maltreatment during any subsequent six-month period.**

Case Review is not required to verify compliance status with the quantitative requirement for this measure. LINK Reporting will be used to capture compliance with the required percentage of repeat maltreatment for children in DCF involved families in the in-home caseload. The logic established by the DCF to be used by the LINK system to capture this measurement is provided below<sup>6</sup>:

#### ***Repeat Maltreatment***

*Data Source: LINK*

*Every six months, the Department will determine if this outcome has been achieved through applying the federal reporting logic to produce a six-month outcome report:*

- *Query the LINK database to retrieve all investigations completed during the 6-month period to then determine all associated, substantiated allegations (including type), substantiated victims and designated worker and office.*
- *For each substantiated victim, look forward 8 to 183 days to determine if the victim had another substantiated allegation during the period using the CPS Report Incident Date or CPS Report Received Date if there is no valid Incident Date.*
- *Compare the two datasets to determine the substantiated victims contained in both extracts.*
- *Divide the number of repeat victims by the number of total victims to determine percentage of repeat maltreatment.*

*Note: CPS Reports that contain the same child(ren) and are less than or equal to 7 days apart are considered as the same incident and would not be counted as Repeat Maltreatment should they fall into both periods of measure.*

#### Methodological Note:

Per bullet 10: Pre-Certification Review completed July 2014 with respect to a OM7: (a) did not identify any material issues requiring remediation; and (b) TBD if assertions of noncompliance are present or compliance has been sustained at the time Defendants assert sustained compliance with all Outcome Measures; and (c) or whether the Court Monitor has or has not identified any material issues requiring remediation subsequent to the Pre-Certification, the final review as per

<sup>6</sup> On-Line LINK reporting documentation taken directly from the DCF LINK Reports: Outcomes for Children "Data Mapping". May be subject to enhancement changes through December 2004.

bullet 6 of this 2016 Revised Exit Plan. This will determine if additional case review will or will not be required at the Court Monitor's discretion after the Defendants assert sustained compliance with all Outcome Measures.

## Pre-Certified – October 2014

### **Outcome Measure 8: Maltreatment of Children in Out-of-Home Care**

*(Measure Formerly Identified as Outcome Measure 6)*

**No more than 2% of the children in out-of-home care on or after January 1, 2004 shall be the victims of substantiated maltreatment by substitute caregivers while in out-of-home care.**

Case Review is not required to verify compliance status with the quantitative requirement for this measure. LINK Reporting will be used to capture compliance with the percentage requirement for repeat maltreatment of children in out of home placement. The logic established by the DCF to be used by the LINK system to capture this measurement is provided below<sup>7</sup>:

#### *Neglect/Abuse in Custody*

*Data Source: LINK*

*Query the LINK database to retrieve all investigations completed during the period to then determine all associated, substantiated allegations (including type), substantiated victims and the date of the associated reports.*

*Query the LINK database to retrieve all Juan F. Children in open placement during the period.*

*Compare the two datasets to identify the children contained in both extracts to then compare the CPS Report date to the child's placement begin and end date.*

*Divide the number of children involved in instances where the CPS report date fell within the placement dates by the total number of Juan F. Children in care during the period.*

#### Methodological Note:

Per bullet 10: Pre-Certification Review completed October 2014 with respect to a OM8: (a) did not identify any material issues requiring remediation; and (b) TBD if assertions of noncompliance are present or compliance has been sustained at the time Defendants assert sustained compliance with all Outcome Measures; and (c) or whether the Court Monitor has or has not identified any material issues requiring remediation subsequent to the Pre-Certification, the final review as per bullet 6 of this 2016 Revised Exit Plan. This will determine if additional case review will or will not be required at the Court Monitor's discretion after the Defendants assert sustained compliance with all Outcome Measures.

<sup>7</sup> On-Line LINK reporting documentation taken directly from the DCF LINK Reports: Outcomes Data: "Data Mapping". May be subject to enhancement changes through December 2004.

## Pre-Certified January 2016

### **Outcome Measure 9: Re-Entry into DCF Custody**

*(Measure Formerly Identified as Outcome Measure 11)*

**Of all children who enter DCF custody, 7% or fewer shall have re-entered care within 12 months of the prior out-of-home placement.**

Case Review is not required to verify compliance status with the quantitative requirement for this measure. LINK Reporting will be used to capture compliance with the required percentage for re-entry into out of home care. The logic established by the DCF to be used by the LINK system to capture this measurement is provided below<sup>8</sup>:

#### *Re-entry in to DCF Custody*

*Data Source: LINK*

*DCF will query the LINK database to retrieve all children entering care during the period of measurement.*

*DCF will query the LINK database to retrieve the most recent discharge date (prior to the date of entry in step indicated above) if there is any.*

*DCF will subtract the most recent discharge date from the entry date to determine time between discharge and re-entry.*

*DCF will divide the number of children re-entering care within twelve months by the number of children entering care during the period.*

*There will be a six-month lag beyond the end of the reporting period required to determine children discharged during the period. The first quarter 2004 report will be available October 2004.*

#### Methodological Note:

Per bullet 10: Pre-Certification Review completed January 2016 with respect to a OM9: (a) did not identify any material issues requiring remediation; and (b) TBD if assertions of noncompliance are present or compliance has been sustained at the time Defendants assert sustained compliance with all Outcome Measures; and (c) or whether the Court Monitor has or has not identified any material issues requiring remediation subsequent to the Pre-Certification, the final review as per bullet 6 of this 2016 Revised Exit Plan. This will determine if additional case review will or will not be required at the Court Monitor's discretion after the Defendants assert sustained compliance with all Outcome Measures.

---

<sup>8</sup> On-Line LINK reporting documentation taken directly from the DCF LINK Reports: Outcomes Data "Data Mapping". May be subject to enhancement changes through December 2004.

## Pre-Certified April 2012

### **Outcome Measure 10: Worker-Child Visitation (Out-of-Home)**

*(Measure Formerly Identified as Outcome Measure 16)*

**DCF shall visit at least 85% of all out-of-home children at least once a month, except for probate, interstate or voluntary cases. All children must be seen by their DCF social worker at least quarterly.**

Case Review is required to verify compliance status with the quantitative requirement for this measure until such time that LINK enhancements are completed. The logic established by the DCF will be established based upon enhancements to the LINK system as indicated below<sup>9</sup>:

- *Current Narrative Categories will be condensed and those that are to be counted for reporting purposes will be clearly delineated.*
- *A new narrative category will be added for Service Provider Contact with Child (counted toward the requirement for out of state placements.*
- *The logic that will be applied when enhancements are realized in LINK will result in two reports averaging each quarter's performance as follows:*
  1. *What percentage of children placed are seen on a monthly basis by the DCF/ICPC or private provider social worker?*
  2. *What percentage of children in placement, regardless of where that placement is geographically, has been seen in the last quarter by his/her DCF worker?*
- *This calculation is based upon:*
  1. *The denominator is all Juan F. children in an open placement for at least 30 days during the period, excluding Probate, Voluntary and ICO cases.*
  2. *The numerator is all children from the denominator who have been visited at least once in the calendar month or calendar quarter.*

The Office of Research and Evaluation will include the following questions in its data collection instruments.

1. Does the case record contain documentation that a face-to-face visit with the child in placement occurred in each calendar month of the quarter under review?
2. Did the DCF Social Worker meet with this child in person at least once during the quarter of this review?

<sup>9</sup> Documentation is taken from the LINK Modifications to Support Juan F. Exit Outcomes Presentation of April 13, 2004.

Methodological Notes:

1. The Department's ORE has conducted in conjunction with the Court Monitor's Office a case review on the full universe of children in out of home placement.
  - a. The universe included all children in out of home placement during two quarters of review beginning January 1, 2004 forward. Probate cases will be excluded.
  - b. Quantitative quarterly reporting is due to the Monitor's Office no later than 45 days from the close of each calendar quarter. Initial reporting is expected August 15, 2004.
  
2. Additionally, Per bullet 10: Pre-Certification Review completed April 2012 with respect to a OM10: (a) did not identify any material issues requiring remediation; and (b) TBD if assertions of noncompliance are present or compliance has been sustained at the time Defendants assert sustained compliance with all Outcome Measures; and (c) or whether the Court Monitor has or has not identified any material issues requiring remediation subsequent to the Pre-Certification, the final review as per paragraph 6 of this 2016 Revised Exit Plan. This will determine if additional case review will or will not be required at the Court Monitor's discretion after the Defendants assert sustained compliance with all Outcome Measures. This qualitative review could include a sample of all open cases identified, except probate, interstate, and subsidy only. Questions would include:
  - a. What is the quantity and quality of the visitation between worker and child in out of home placement? (Elements a-i below)
  - b. In how many of the last six months did the DCF worker meet with the child in person?
  - c. If child is out of state, did ICPC/private provider social worker document in-person visits with the child during each month in the six-month period ending with this review?
  - d. Did the DCF worker see this child within the quarter preceding this review?
  - e. Did the social worker meet with the child alone?
  - f. During conversation, did the worker assess the placement's ability to meet the needs and well-being of the child?
  - g. Did the social worker discuss progress or regression in meeting the Case Plan goal?
  - h. Did the social worker document any needs for FASU support to maintain the placement?
  - i. Was the caretaker spoken to during the visit?



# ***APPENDIX B***

**Directional Guide for OM3 and OM15 Blind Reviews**  
**Updated October 2014**  
*For Use in 2014-15*

Juan F. Court Monitor's Office  
300 Church Street - 4<sup>th</sup> Floor  
Wallingford, CT 06492  
203-741-0458

**Overview of the Process:**

This revised blind case review process was developed and agreed upon in conjunction with the parties of the *Juan F. v Rell* case to measure the improvements the quality and validity of data collected and reported for Outcome Measure 3 – Treatment Planning<sup>1</sup> (OM3) and Outcome Measure 15 – Needs Met (OM15). On a quarterly basis 50-55 cases will be randomly selected from the ACR schedule by the Monitor’s Office for blind case review. (Additionally one case per area office will be selected for an attended review of a child in placement case which will focus more upon the ACR process and its impact upon the case plan development. These are reported on separately and internally.) Distribution of the blind cases will be determined by the LINK caseload report from the month immediately proceeding each quarter being reviewed, so that area offices will be represented within the sample in accordance with percentage of overall caseload. No prior notification will be sent to the ACR Social Work Supervisor or Area Office staff for selected cases.

Each case will be assigned to a Court Monitor (CM) reviewer who, at approximately 25 days after the scheduled CPC, ACR review or potential family conference date, shall print off the case plan document and ACRI documentation as well as complete a review of the LINK record, with a concentration on the last six-month period of time and the prior case planning documentation - collecting necessary data elements per the tool required responses. . CM Reviewers will prescreen cases to ensure that the case is in fact not in need of replacement before proceeding with the full review - ensuring that the timeframes for case planning are within the sample period and that probate, interstate compact, subsidy only, and committed delinquent only children in placement cases will be excluded from the sample.

Using the approved Case Plan documentation, record documentation and ACRI notes, and the reviewer shall complete the review of the approved case plan and conduct an assessment of the Department's efforts in meeting the child and family's needs throughout the prior six month period. A list of questions will be generated to clarify any outstanding issues<sup>2</sup>. The area office responses will be given consideration in addition to the documentation available through record review and attendance at the ACR or Family Conference as the protocol is applied.

All cases will undergo a secondary screening. If agreement is not present that senior reviewer will seek out the initial CM reviewer to present their opinions and findings and the senior reviewer will arrive at a determination of the appropriate score to reflect the level of performance for the specific item(s). If there is not consensus between the senior reviewer and the initial reviewer at the time of this determination, this write up, as well as the original score will be presented to the Assistant Court Monitor or the Court Monitor for determination of compliance for OM3 and OM15 as needed. If there are areas that do not attain the “very good” or “optimal” level, yet consensus is the overall score should be “an appropriate Case Plan” the review team will need to clearly outline their reasoning for such a determination. These cases will be reviewed by the Court Monitor for approval of an "override" exception.

The Monitor will produce a report of findings on these two measures (OM3 and OM15) within 45 - 60 days of the close of each calendar quarter.

**Reminders:**

Please be sure to include the Case ID number at the bottom of each page to ensure that it can be identified and relocated to the proper tool in the event of separation during any stage of this process.

If any response requires a skip response, please use the following format:

- For numeric responses use “99”
- For dated responses use “11/11/9999”
- For string or alphanumeric responses use “skip”

If in doubt, talk it over with your co-reviewer or senior reviewer.

---

<sup>1</sup> In September 2009 DCF revised it's Treatment Planning process and implemented a new strategy that engages a more family engaged case planning focus at 90 day intervals. As such the term Treatment Plan is now replaced in DCF vernacular with the term Case Plan.

<sup>2</sup> In situations where multiple reviewers are conducting a joint review, one reviewer will be identified as a lead and will be responsible for facilitating the communication to avoid multiple contacts and confusion with area office staff.

Assessment of Risk - Each tool has a cover page to quickly identify any cases that require the attention of the Ombudsman. This question must be answered for each tool submitted. If you find any clear risk factors present in the case you are reviewing that are not being appropriately addressed by the assigned social worker or social work supervisor please personally hand the tool to a senior reviewer with a brief written synopsis of the concerns and identifying information on the case. This will be used to provide the background to the Ombudsman assigned to review the matter. If you are in the LINK review portion of the protocol and feel that the matter is of such nature that it cannot wait until the completion of the full protocol process, please notify the senior reviewer immediately.

#### Administrative and Descriptive Data Elements

Question	Directions and Data Sources
<b>Safety Assessment</b>	Please respond to the question regarding your assessment of the level of risk/safety concerns present for this case. Refer to Senior reviewer with a write up of your concerns if "yes" is selected.
<b>Override Questions</b>	Each of the Measures can be subject to override request. Please indicate for OM3 and OM15 if you are requesting an override exception to pass the measure even though one or more sections are scored at the marginal or lower level. You must write up the reason/rationale for your request on page 20 (OM3) and/or page 38 (OM15) or the tool will be returned to you. The Court Monitor will select the appropriate response to your request and his brief rationale and signature. You do not need to fill in that section
<b>Check List</b>	Use at your discretion
<b>A1.</b>	<b>Reviewer Name:</b> Select the name or names of the reviewer(s) completing the form from the menu of names provided.
<b>A2.</b>	<b>Date of LINK Extraction:</b> Enter the date of the LINK record review/extraction as month/date/year.
<b>A3.</b>	<b>Date of TPC/ACR or Family Conference Attended:</b> Enter the date of the TPC/ACR or family conference attended as month/date/year. <i>A3.1: Date of ACRI Completion and A3.2 Date of Approved Case Plan are new requirements as of 1<sup>st</sup> Quarter 2013. These dates are located on the completed forms. The ACRI date is located on the completed form in the upper left-hand. The date of the completed case plan, the lower right-hand. <u>You no longer need to ask the question regarding date of receipt of the ACRI as this is now clearly identifiable in LINK.</u></i>
<b>A4.</b>	<b>Date of Case Plan Review post TPC/ACR or Family Conference:</b> Enter the date you reviewed LINK Case Planning documentation (approximately 25 days) post TPC/ACR or Family conference to obtain the final approved Case Plan document and completed ACRI and family conference documentation.
<b>A5.</b>	<b>Quarter of Review for OM3:</b> Quarter of the review should be entered as calendar quarter 1,2,3,4 and year should be entered as a two digit number, the two separated by a dash. For example, the first quarter of 2014 would be 1-14.
<b>A6.</b>	<b>Period of Review for OM15:</b> Period of Review is the six month period ending with the current approved treatment plan unless the case has been open less than six months. It would be entered as the month and year of the prior approved plan through the month and year of the current approved plan if the case plans were timely. <i>Note: If this is an initial plan coming from intake use the date of investigation determination as the start date for the PUR. If there is no approved case plan use the month in which the case plan should have been approved for the second date(25 days from the date of the meeting).</i>
<b>A7.</b>	<b>Supervisory Approval:</b> Supervisory Approval will be the initials of the senior reviewer or Court Monitor that reviewed the tool prior to acceptance for data entry.

**Descriptive Information**

<b>D1.</b>	<b>LINK Case ID:</b> Enter the LINK Case ID number of the case assigned to you. Verify the information via the LINK case number located in parenthesis at the top of the desktop outliner.
<b>D2.</b>	<b>Date the case was most recently opened:</b> Enter the date shown next to the Status on the desktop outliner.
<b>D3.</b>	<b>Causes for DCF's Involvement on the date case was most recently opened:</b> Check all that apply in the menu based upon your review of the LINK Investigation Icon data or VSR protocol information that corresponds to the date entered in D2. Indicate if there was a substantiation of each of the allegations a through k. Be certain to include DV and substance abuse if they are included as subcategories underneath emotional or physical neglect CAN codes.
<b>D3a.</b>	<b>Primary Reason cited for D3:</b> Enter the primary finding of the Investigation or VSR protocol document. Only one reason may be selected. If no primary reason is identifiable from the documentation, enter UTD.
<b>D3b to D3f.</b>	<b>SDM Investigations paperwork/assessment scores.</b> Please identify the investigation SDM neglect and abuse scores, overall risk level and subsequent overrides, safety assessments, reassessment level and scores. Respond accordingly to each question. A-f relate to the investigation assessment.
<b>D3g-i</b>	D.g-D.i relate to the re-assessment of risk at no more than 180 day intervals from the first assessment. Use the information provided on-line related to SDM to assist you with identifying these elements on the SDM tools.
<b>D4.</b>	<b>Assigned Social Worker Name:</b> Double click on the Assignment Icon. Look for the worker listed as "primary" at the time of the TPC/ACR or Family Conference during the period being reviewed. Enter as Last Name, First Name.
<b>D5.</b>	<b>Social Work Supervisor:</b> In LINK select worker search and enter name of individual identified in D4. The Social Work Supervisor's name and ID will be located as the last information on the desktop. Enter as Last Name, First Name.
<b>D6.a-b</b>	<b>Area Office and Region:</b> This information is located in both the case assignment icon used for D4 and the Worker search desktop opened for D5. Either location is acceptable for verification of the Area Office Assignment. The region can be determined by designation assignment found on the tool. <i>(Note: As of 9/2014 Stamford is no longer an office designation)</i>
<b>D7.</b>	<b>Case Assignment Type:</b> This information is determined after your review of the LINK Case Planning information corresponding to the individual name provided to you by the supervisor. Only one response can be selected. If you have any question related to the case type, please contact the supervisor.
<b>D8.</b>	<b>Case Name:</b> Enter the child or parent's name provided to you by the supervisor after confirming the spelling via the case maintenance participant section of the LINK record. Last Name, First Name
<b>D9.</b>	<b>Child's Date of Birth:</b> Enter the date of birth for the identified child as shown in the case maintenance section of LINK. If the case is identified an in-home assignment of any type enter 11/11/9999.
<b>D10.</b>	<b>Current Legal Status:</b> Using the Legal Icon, review the legal status of the CIP or child(ren) active in the home. If it is an in-home case, and any child active in the home is under protective supervision, please select that response, as only one response may be selected to this question. Likewise, if petitions have been filed and pending you may select that response rather than in-home with no legal to provide a greater level of detail.
<b>D10a.</b>	<b>Juvenile Justice System Involvement:</b> Review LINK narratives with a focus on legal narratives to determine if there is juvenile justice involvement. Identification of a probation or parole officer as case participant invited to the TPC/ACR can also be used to determine criminal court involvement.
<b>D.10b.</b>	<b>Educational Status:</b> Review educational icon and information within the LINK narratives and Case Planning document to determine if child is special education eligible.
<b>D11.</b>	<b>Race:</b> Go to the Person Management screen for the selected individual and click on the up arrow next to race (Do not accept at face value that the option shown is the only option selected). Select the appropriate response from the list provided. In a CIP case you are looking at the identified child. In a family case, you are looking at the race of the named case participant. If more than one race is selected in LINK, use option 9 on the tool, "Multiracial".

	“Unknown” and “UTD” are actual selections on the LINK menu – use only that as shown in the Person Management screen. Use Option 7 on the tool, “Blank”, only if nothing is selected in LINK.
<b>D11.a.</b>	<b>Sex of Child:</b> Indicate sex of child through person management identification.
<b>D12</b>	<b>Ethnicity:</b> Similar to race, you are finding the information for either the child or case named individual based upon the assignment type. Go to the Person Management screen as described for Race. Click on the up arrow next to ethnicity. Ethnicity should be identified as Hispanic if Hispanic Latino, Other Spanish or Hispanic or Cuban, Dominican or Puerto Rican category is checked. You may also select Hispanic if the checkbox on the case management screen next to Hispanic/Latino Origin is checked, but the additional ethnicity screen is not filled out. Select “Blank” if neither section is filled out. Select “unknown” only if the LINK entry indicates this is the ethnicity.
<b>D13.</b>	<b>TPR Filing:</b> Use the Legal Icon to review the legal status of the child and determine if TPR has been filed, or if there is documentation that an Exception to TPR is documented in LINK. Important: If child’s goal does not require TPR, or child has not been in care long enough to trigger legal filing of TPR select option 4. If this is an in-home case, select option 5. “No” should be selected only if the circumstances of the case require such legal filing or the child has been in care for 15 months, and has a goal of adoption with no legal filings recorded.
<b>D13a.</b>	<b>Date of Filing:</b> Review Legal Icon for Petition Filing Date. In most cases the dates will be identical for both parents. If there are two dates shown for the parents, select the earlier of the two dates to enter in the space provided. If TPR has not been filed, enter 11/11/9999.
<b>D13b.</b>	<b>TPR Granted:</b> Review Legal Icon for details related to status of the petition filed in D13. Select “yes” if there is a record of TPR granted. Select the appropriate N/A response if TPR does not apply to the circumstance of the case. Select “no” only if there is evidence that TPR petition was filed for one or both parents and it has not yet been granted for one or both.
<b>D13c.</b>	<b>Date of TPR:</b> Enter the date that TPR was granted. If TPR was granted on different days for the parents, select the later date. If TPR is still pending on one of the parents, or it is not applicable to the case, you will enter 11/11/9999.
<b>D14.</b>	<b>Date of most recent removal episode:</b> This is the result of legal action (CPS) or date of voluntary placement (VSR). It does not include family arrangements. Review Placement Icon data against Legal Icon data to determine the date of the 96 hour hold or OTC and date of placement. If the two differ, use the legal icon data as your response. For an in-home case, enter 11/11/9999. If the initial removal date is blank or incorrect given the data reviewed in LINK, please email the case id and information related to the incorrect information to Joni Beth Roderick so that this data can be provided to the Department for clean up purposes.
<b>D14a</b>	<b>Identify the current placement at the point of the ACR or FC.</b> What is the date upon which the child entered this placement setting? Enter as mm/dd/yyyy.
<b>D15</b>	<b>Time in Out-of-home Care:</b> Calculate the time span in months from the date entered in D14 to the date upon which you are reviewing the LINK record. Round to the nearest whole month.
<b>D15a.</b>	<b>ASFA Timeframe:</b> Using the information located for D14, determine whether the child has been in care for 15 consecutive or 15 of the last 22 months and respond accordingly.
<b>D16.</b>	<b>What is the child or family’s stated goal on the most recent approved Case Plan?</b> This is the goal as stated on the Case Plan resulting from the TPC/ACR or family conference. If that plan is not approved, select option 6. If the goal stated does not comply with those approved by the federal government and DCF as provided for in the menu options select option 7. As of July 2007 all APPLA goals are subsumed under one generic goal: APPLA. There is no longer a designation of Permanent Non-Relative Foster Care or APPLA: Other.
<b>D16.a</b>	The <b>SDM Family Reunification Assessment/Reassessment Form</b> identifies the preferred permanency plan for the child. Does this section "Section E" of the SDM tool correspond with the goal identified in the approved Case Plan? Respond accordingly.
<b>D16.b</b>	<b>SDM Family Reunification Assessment/Reassessment Form:</b> Does the form indicate that there was an override to the data based determined permanency plan? Respond accordingly.
<b>D17.</b>	<b>Concurrent Plan:</b> Select the stated concurrent plan from the approved Case Plan. If no concurrent plan is in place select option 6, “none”. If plan is not approved or is missing Treatment Goal information select option 7.

<b>D18a-z.</b>	<b>ACR Participation:</b> Consider those at the meeting, via review of the ACR documentation, LINK narratives leading up to the TPC/ACR or family conference to determine the level of participation/engagement effort with identified case participants in the table on page 8. If there are no active service providers, in the space provided for identification indicate "skip" and select N/A in each column. If there are no "other" identified, in the space provided indicate "skip" and select N/A in each column.
<b>D19.</b>	<b>Current Residence of Identified Child:</b> Double click on the Placement/Services Icon and find the current residence of the child-in-placement. This should be the placement with an open end date. If there is no placement indicated, and the child is not in an in-home case, review the narratives to establish current residence. This may be the case for children hospitalized, in detention, or in and emergency temporary placement setting that has not been entered into LINK. Select option 10 only for situations in which the Department still has commitment and the child is living with the biological parent prior to revocation, or in cases where the adoption or TOG has recently occurred, but the case has not yet been closed. If the case is the associated CIP family case, select option 19. If it is an in-home family case select option 20.
<b>D19a and D19b</b>	If you were advised that the identified CIP was on the ASO or <b>children awaiting placement list</b> , please indicate that in 19a and respond to 19b by entering the number of days the child has been in delayed status.
<b>D20.</b>	<b>If Child was reunified:</b> If the child was in care during the six-month period, but commitment has been revoked and child has since been reunified, enter the date of reunification to the home. This would be the date of the revocation of commitment – not the trial return period.

*Read through this directional guide and protocol document carefully before you begin your first review, and subsequently skim both documents for each review that you conduct to refresh the scope and guidelines upon which you are making your determinations related to Outcome Measures 3 and 15.*

#### Methodology:

The Monitor's Office is responsible to review a at least 50 cases per calendar quarter. At the close of the month prior to the start of each calendar quarter, we identify the caseload for the regional offices using the DCF LINK Caseload Detail Report. The case sample is stratified based upon the distribution of area office caseload. Since caseload shifts from period to period this process reflects changes that may occur over time. The sample also incorporates both in-home and out of home cases based on overall statewide percentages reflected in that point in time report.

The initial process required the pairing of DCF QID staff with Monitor's Review staff, during the first several quarters. This changed in the second quarter 2007 when reviews began to be completed by one individual as a result of fiscal and staffing considerations. In 2011 the process largely became a blind review process so that the Department was not provided with the advantage of forewarning of the review for the identified cases. However, we continue to review the ACR process impact on the planning process via selection of one attended case per quarter per area office that is reported on separately.

Please keep in mind that although the criterion for scoring requires consistency in definition and process to ensure validity, no two Case Plans will look alike. Each case has unique circumstances that must be factored into your decision making process as you conduct each component of the process. There is no one correct way to meet all case needs. You must evaluate the facts of the case in relationship to the standards and considerations and have a solid basis for justifying the scoring derived from your review. We estimate each review will take from approximately 7 hours to 12 hours depending upon the circumstances and complexity of the case assigned. Those selected for interrater or our consensus reviews may take an additional 1-2 hours depending upon the length and depth of discussion held among the group participants.

1. *For those requiring attendance, Attend the TPC/ACR or family conference. You may ask clarifying questions as needed, but recall that you are an observer to the process and must use discretion when entering into discussions occurring between the child, family, provider and DCF. (2 hours)*
2. Approximately 25 days after the ACR or family conference, the treatment plan should be approved by the SWS Review the full Case LINK Record documentation with a concentration on the most recent six months information. This includes narratives, Case Planning documentation, investigation protocols,

and the provider narratives for any foster care provider during the last six-month period. Take notes, questions and concerns related to case practice, assessment and Case Planning. This will give you a sense of history, needs, and strengths of the active case participants and DCF. (3-5 hours)

3. Gather any outstanding questions and email the SWS to request clarification necessary to proceed with scoring (if this is a consensus case the lead reviewer will be the point person of contact and issue the email) (1-2 hours)
4. Upon response from the region, finalize your individual assessment(s) of the Case Plan and Needs Met Outcome Measures and fill out the scoring forms for each. Arrive at the scores for each section and overall scoring for OM3 and OM15.

#### Assignment Example:

As an example of our process, the January 3, 2013 Caseload is shown below, with the corresponding sample size and review assignments.

Area Office	Total Caseload	Juan F.	In Home	% of State Caseload	Sample	OOH	In-Home
Bridgeport	1,317	832	234	9.1%	5.0	4	1
Danbury	372	217	46	2.4%	2.0	1	1
Hartford	2,011	1,488	391	16.3%	8.0	6	2
Manchester	1,133	697	203	7.6%	4.0	3	1
Meriden	554	370	110	4.0%	2.0	1	1
Middletown	478	302	66	3.3%	2.0	1	1
Milford	980	606	222	6.6%	4.0	2	2
New Britain	1,398	935	327	10.2%	5.0	3	2
New Haven	1,139	867	302	9.5%	5.0	3	2
Stamford	305	88	17	1.0%	1.0	1	0
Norwalk	213	210	70	2.3%	2.0	1	1
Norwich	1,151	810	274	8.9%	5.0	3	2
Special Invest. Unit	79	0	0	0.0%	0.0	0	0
Torrington	505	358	91	3.9%	2.0	1	1
Waterbury	1,192	792	177	8.7%	5.0	4	1
Willimantic	849	567	145	6.2%	3.0	2	1
<b>Grand Total</b>	<b>13,676</b>	<b>9,139</b>	<b>2,675</b>	<b>100.00%</b>	<b>55.0</b>	<b>36</b>	<b>19</b>

Comparatively on September 3, 2014 the caseload report showed a distribution of:

Area Office	Total Caseload	Juan F.	In Home	% of State Caseload
Bridgeport	1202	766	284	8.7%
Danbury	521	352	149	3.8%
Hartford	1847	1415	410	13.4%
Manchester	1143	738	314	8.3%
Meriden	525	357	123	3.8%
Middletown	424	291	117	3.1%
Milford	1094	666	278	7.9%
New Britain	1297	913	371	9.4%
New Haven	1259	854	339	9.1%
Norwalk <sup>3</sup>	511	330	108	3.7%
Norwich	1226	937	333	8.9%
Special Invest. Unit	77	0	0	0.0%
Torrington	487	326	91	3.5%
Waterbury	1403	939	294	10.2%
Willimantic	783	533	133	5.7%

<sup>3</sup> Norwalk and Stamford offices consolidated and are now located in one location in Norwalk.



<b>Grand Total</b>	13,800	9,417	3,344	100.0%
--------------------	--------	-------	-------	--------

The sample, as indicated above, incorporates both out of home and in-home cases as close as possible to the statewide rate of distribution on or near the last date of the prior quarter or first date of the quarter being measured. It is our belief at this juncture that we will have 10-12 CM reviewers and two senior reviewers (who will also be conducting secondary reviews during this period).

**Assignment:**

Attended Reviews:

Upon request CM reviewers will be required to give Joni Beth Roderick a list of the dates they are available to participate during each upcoming quarter so that she can determine how to best select the a sample to accommodate the 14 cases attended by scheduling attendance of reviewers at the TPC/ACR. We will attempt to assign reviewers within reasonable geographic distance from home when possible.

If upon presenting oneself to the area office, a reviewer is advised that the schedule has been changed, the reviewer can at their discretion attempt to attend another meeting if one is being held that date, or can contact the Court Monitor to advise that an alternate case will need to be selected at a new date and time. If a reviewer has a conflict arise with the scheduling of an identified case assigned for attendance, it should be brought to the attention of Joni Beth Roderick so that an alternate case may be assigned.

Blind reviews

Cases will be assigned for review as deemed appropriate each quarter based upon reviewers availability and Court Monitor's discretion. Any conflicts with case assignment must be raised to Joni Beth ASAP so that replacements can be provided.

### **Outcome Measure 3 – Case Planning**

This review for Outcome Measure 3 requires the reviewers to consider one primary principle based upon a series of standards and considerations outlined within the following eight sections of measurement that have been crafted in consultation with the parties and Technical Advisory Committee (TAC) to arrive at a determination of performance as it relates to Case Planning for the children and families of DCF's caseload.

This principle is:

*Is DCF's Case Planning practice adequate to meet the children and families' needs to resolve the presenting issues (CPS/Voluntary Services/FWSN) and advance the case to safe and appropriate closure?*

The eight sections of measurement that are incorporated under this principle are:

General Family Assessment:

- I.1 Reason for DCF Involvement
- I.2 Identifying Information
- I.3 Engagement of Child and Family (Formerly Identified as Strengths/Needs/Other Issues)
- I.4. Assessment at the Date of the Review (Formerly Present Situation and Assessment ....)

Development of Goals and Steps:

- II.1 Determining the Goals/Objectives
- II.2 Progress
- II.3 Action Steps to Achieving Goals/Objectives Identified For the Upcoming Six Month Period
- II.4 Planning for Permanency

Each of these eight sections will be detailed following the overview of the scoring system used for Outcome Measure 3.

**Sectional Scoring**

Reviewers will score each of the eight sections based upon a 5 point scoring system. These scores are:

**Optimal Score – 5**

The reviewer finds evidence of all essential Case Planning efforts for both the standard of compliance and all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that essential elements for the standard of compliance are substantially present given the review of relevant consideration items.

**Marginal Score – 3**

There is an attempt to include the essential elements for compliance but the review finds that substantial elements for compliance as detailed by the Department's protocol are not present. Some relevant considerations have not been incorporated into the process.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standard of compliance detailed in the Department's protocol. The process does not take into account the relevant considerations deemed essential, and the resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no Case Plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

Each section of the tool details the standard that is to be strived for, and a list of possible considerations that may be applicable to determining if DCF has conducted its practice in accordance with that standard. **These considerations will not apply to every situation or every case. In fact, there may be an additional consideration(s) that are of equal or more importance in a specific situation.** This is why your record review is critical in obtaining the most complete picture of the situation and case practice prior to scoring the tool. You need to become familiar with or refresh your understanding of the Case Plan, TPC/ACR invitation requirements, and the family conferencing process. Please seek assistance from Court Monitor senior review staff if you have any questions related to these areas of the work.

Use the open white space to take notes (or attach additional sheets as needed.) You will be required to support your scoring if asked by a senior reviewer, the Assistant Court Monitor or Court Monitor. Each score is based upon reviewer judgment, but it must be supported by the facts of the case, and expectations of the DCF Policy and Outcome Measure 3 requirements. Scoring reflects what is in the actual final approved Case Plan document and the quality of the process that led up to that point. However, if a section requires a specific identifiable item, and the document fails to incorporate that item, it should not be scored with the higher rankings of 4 or 5. If a case plan is still in draft form at the point of your review, you can still review the individual sections, but the final designation for overall scoring should reflect as not an "appropriate case plan" unless you feel that the Area Office in its six months worth of narrative and in reply to your query has sufficiently demonstrated consistent case planning oversight and that the failure to approve the case plan has been identified as a minor lapse in a clerical function (the click off in LINK) versus ongoing casework/supervisory deficit.

**ACRI/CM Comparison:** *In each section or domain of OM3/OM15* you will see on the left hand side the request to identify in the checkbox available, for each child in placement case, whether you feel that the ACR SWS adequately assessed and captured the issues that you noted in your review in the ACRI documentation related to OM3. **You need to check off whether the ACR SWS correctly responded to the element scoring for the section based upon their comments (i.e. does their yes/no response jive with their written comments) and then, secondly does your assessment agree with that of the ACR reviewer's assessment for that domain.** If case is an in-home case, or identified as "no case plan" indicate such by marking area with an N/A.

**Overall Scoring**

The final designation for Outcome Measure 3 is located at the bottom of the scoring sheet on page 21 of the protocol document. There are two options to choose from

*Appropriate Case Plan*  
and  
*Not an Appropriate Case Plan.*

Compliance with Outcome Measure 3 will be based upon the Department's ability to achieve the designation of "Appropriate Case Plan" in the sample cases reviewed. If in the overall determination you find that a score of less than 4 on any one section did not hinder the Case Planning process overall, you have the ability to determine that that plan is appropriate and enact an override to the overall score assigned. Likewise, if the Case Plan document has many of the correct elements, but overall fails to reflect the core issues present within the case, you may override by downgrading the overall score. There is not a strict mathematical equation to arrive at the overall determination. As stated on the original protocol document,

*"While ratings of 5 and 4 reflecting high standards and best case practices will generally be considered necessary for a finding of "Appropriate Case Plan", instructions to the reviewers and senior reviewers for this process will stress that a reviewer's determination is not tied to a numerical scoring system but rather will be based on their overall review of all domains and elements of the case. This will allow reviewers to make informed decisions and over-ride the rare case in which one domain with a lower score does not substantially impact the overall quality of performance. To ensure the validity of this process, the tool will provide space in which all scoring must be justified or defended by the reviewers. All cases will initially be reviewed in pairs and then screened by Monitoring Senior reviewers prior to data entry. Any case which falls into the category of over-ride utilization will not only be reviewed by the Monitoring Senior reviewers and the Court Monitor, but will also be forwarded to the TAC for their review."*<sup>4</sup>

#### **Non-negotiable Requirements**

There are three elements that are required under the Outcome Measure Requirements for any plan to be scored as an "Appropriate Case Plan". These can not be overridden. If they are not answered affirmatively, you will still measure the eight sections to establish performance levels, but regardless of your findings, the plan must be ranked as "not an appropriate Case Plan." These non-negotiable elements are located at the top of the Scoring Sheet on page 17. They are:

Currency of Case Plan: There must be an approved Case Plan less than seven months old at the point of your review. If there is not, the plan is "not an appropriate Case Plan".

Language Requirement: Using the information located under "Primary Language" and "Translator Required" in the LINK person management screens as well as your attendance at the ACR, you will be asked to answer two questions "Was the family or child's language needs accommodated?" and "Check the reasons that apply to your determination of the response to L.1 below (the prior question)? If the former question is answered "no" or "UTD" and the reason stated is either "Case Plan document not written in the primary language" or "both Case Plan and meeting language requirements were not met". The plan must be ranked as "not an appropriate Case Plan". (If there is no case plan initialized be sure to use the appropriate response identifying that rather than UTD response.)

Workers and supervisors have been instructed to indicate in narrative if the plan has been translated – if you do not see this documentation, you cannot respond affirmatively to this question.

SWS Approval: In general, the federal requirement states that all children in placement cases should have an ACR at 45 days with a case plan approved within 60 days of the child entering placement and from that point forward, an ACR approximately every 181 days from the prior ACR. DCF policy required that a case plan be approved within 10 days of that ACR. The new ACRI process has lengthened the timeframe for approval by an additional 15 days as the ACR staff has been granted a grace period to 15 days post ACR to complete their paperwork. This gives the AO staff 25 days from the date of the ACR to approve the case plan.

---

<sup>4</sup> **Note:** There have been some adjustments to the original protocol, but the majority of practices remain in place. It is a three tier system of review. No longer do we require a paired review process, and the TAC oversight has been reserved for very isolated instances and has not been utilized in some time. The third review is conducted by the Court Monitor or Assistant Court Monitor prior to data entry on every case to enhance quality and validity.

You must review the Case Planning icon documentation to determine if SWS approval has been granted to the Case Plan developed during the meeting attended. This is not a determination of whether the Case Plan was corrected or edited as per the meeting notes, it is specifically the approval status of the SWS we are capturing for this element. The quality of the Case Plan is captured under the eight sections detailed below. In-Home family cases should be approved within 60 days of the case plan opening in Ongoing Services and from that point forward, approximately every 181-201 days from the prior case plan approval.

**Hold on to all materials.** At the completion of your review for the Case Plan post attendance at the TPC/ACR or family conference, please indicate all of your sectional ratings on page 21 of the tool, and indicate whether the three non-negotiable items were present. Select your overall score. Document your rationale for OM3 and OM15. If a consensus vote between the initial and senior reviewer cannot be reached, the Assistant Court Monitor or Court Monitor will act as a third voice. If this cannot be done immediately, a time will be arranged for a three-way conversation at the next available time.

**Section I.1: Reason for DCF Involvement (page 12)**

The **standard** requires that, "*The plan provides a description of the current assessed risk and safety factors for the child/family and/ or provides brief details of the assessed barriers to achieving the stated case planning goal. For the Voluntary Services client, the section would identify the primary and acute behaviors necessitating intervention and/or the necessary mental or behavioral health services that were not available without Department intervention and which is requested for the upcoming period.*

*The purpose for such a standard is to ensure that family members, as appropriate to age and role, should understand the reasons for DCF involvement.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic **considerations** which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met and might include:

- o Is the statement reflective of SDM, narrative entry, and other assessments conducted and available for review in the 6 month period leading up to and including the TPC/ACR or Family Conference
- o If participants were present at the ACR, did the discussion provide adequate explanation at an appropriate level to facilitate an understanding for the continued reasons for DCF involvement in the child/family's life?

If you find other considerations of equal or greater weight or feel that one or more of the basic considerations do not apply it is your responsibility to document these issues and relate how they factor into your final determination of scoring for the section. The considerations include not only the written explanation within the plan document, but the documentation and verbal information that you locate during your record review process and attendance at the TPC/ACR or family conference if this is an attended review. If the client or providers did not participate in the TPC/ACR/or family conference, the record review and follow up questions to the area office can help determine if there is evidence of discussion or understanding of the reason for DCF involvement. If there is some justified reason for the plan document to deviate from a full disclosure of the reason for involvement, but communication reflects a clear understanding, this should be given appropriate weight when factoring your score.

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence of all essential Case Planning efforts for both the standard of compliance and all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that essential elements for the standard of compliance are substantially present given the review of relevant consideration items.

**Marginal Score – 3**

There is an attempt to include the essential elements for compliance but the review finds that substantial elements for compliance as detailed by the Department's protocol are not present. Some relevant considerations have not been incorporated into the process.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standard of compliance detailed in the Department's protocol. The process does not take into account the relevant considerations deemed essential, and the resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no Case Plan less

than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Section I.2. Identifying Information (Page 13)**

- The **standard** requires that "*The worker has identified case participants and significant inter-relationships.*"

*The purpose for the standard is to ensure that all case participants and their interrelationships are correctly identified to best inform the assessment of risks, supports, and strengths upon which the plan is to be developed.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic **considerations** which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- Is the date of birth, sex, and primary language information provided on all active family members living in the home?
- Has the worker identified the relationship between each adult to the children living within the home?
- Does the worker identify the non-custodial birth/adoptive parent and provide a brief statement as to their relationship to his/her child residing in the home? (If whereabouts unknown, or if there is no ongoing relationship, this should be documented in a very brief statement.)
- Does this section include **pertinent** religious, medical, mental health, employment, criminal activity or educational information if important to setting the baseline for goal establishment?
- Are cultural connections and the positive/negative nature of the relationships or experiences that the family has experienced included?
- Have family and community support networks been explored/identified?

If you find other considerations of equal or greater weight or feel that one or more of the basic considerations do not apply it is your responsibility to document these issues and relate how they factor into your final determination of scoring for the section. The considerations include not only the written explanation within the plan document, but the documentation and verbal information that you locate during your record review process and attendance at the TPC/ACR or family conference if this is an attended review. If the client or providers did not participate in the TPC/ACR/or family conference, the record review and follow up questions to the area office can help to determine if there is evidence of discussion or understanding of the reason for DCF involvement.

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence of all essential Case Planning efforts for both the standard of compliance and all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that essential elements for the standard of compliance are substantially present given the review of relevant consideration items.

**Marginal Score – 3**

There is an attempt to include the essential elements for compliance but the review finds that substantial elements for compliance as detailed by the Department's protocol are not present. Some relevant considerations have not been incorporated into the process.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standard of compliance detailed in the Department's protocol. The process does not take into account the relevant considerations deemed essential, and the resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no Case Plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Section I.3. Engagement of Child and Family (Formerly Strengths/Needs/Other Issues (Page 14)**

- The **standard** requires that *"The input of the family/child is considered/addressed in the Case Planning process"*.<sup>5</sup>
- *The Case Plan emphasizes individual child and/or family strengths.*

*The purpose of this section is to ensure that the child and or family's perception, as well as that of providers involved in the case are provided along with that of DCF. This family engagement is needed to approach Case Planning as a team, and assists in developing the strength based assessment required in Section I.4.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic **considerations** which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- Is DCF using effective outreach and engagement strategies to build a working partnership with the child and family?
- What was the quality of the Family Feedback Narrative or Child's Perception included within the plan document?
- Are current needs and strengths evident from both the worker/DCF perspective and the perspective of the client(s)?
- *Is the Case Plan reflective of the SDM® Family Strengths and Needs Assessment/Reassessment and SDM® Family Reunification Assessment/Reassessment or ongoing SW assessment through case management and provider input in cases where SDM is not required?*
- Were the required visitation plan and medical screens included in the process and provided to the family during the meeting?
- Was there evidence that the SW had engaged the child and/or family in the development of the case plan prior to the meeting attended?
- Was the TPC, ACR or Family Conference facilitation successful in engaging the child or family in discussion of their case plan?
- Is there evidence that the family been informed of the consequences of not taking the necessary action to meet the **prior** plan's requirements?
- Is there evidence that the family/child has been involved in identification of barriers and the development of the action steps?
- Has the family been informed of the consequences of not taking the necessary action in the **upcoming** six-month period?

If you find other considerations of equal or greater weight or feel that one or more of the basic considerations do not apply it is your responsibility to document these issues and relate how they factor into your final determination of scoring for the section. The considerations include not only the written explanation within the

<sup>5</sup> Notes: The client statement of issues needs and strengths should be the result of a discussion with the client in which the client is given the opportunity to indicate how they view the issues. Items to consider are: the client's perspective on what led to/required DCF involvement, how they feel they are progressing toward case closure, their self identified strengths, and any barriers they feel are preventing them from their goals. This may be a discussion at the ACR or one documented in LINK narrative preceding the finalization of the Case Plan in LINK.

plan document, but the documentation and verbal information that you locate during your record review process and attendance at the TPC/ACR or family conference if this is an attended review. If the client or providers did not participate in the TPC/ACR/or family conference, the record review and follow up questions to the area office can help determine if there is evidence of discussion or understanding of the reason for DCF involvement. The perceptions provided can include direct comments from the participants, or can be a summary of the comments provided during the TPC/ACR or family conference. They should not be carried over from prior Case Planning period engagement and outreach, and need to reflect the current status and issues prevalent in the case.

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence of all essential Case Planning efforts for both the standard of compliance and all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that essential elements for the standard of compliance are substantially present given the review of relevant consideration items.

**Marginal Score – 3**

There is an attempt to include the essential elements for compliance but the review finds that substantial elements for compliance as detailed by the Department's protocol are not present. Some relevant considerations have not been incorporated into the process.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standard of compliance detailed in the Department's protocol. The process does not take into account the relevant considerations deemed essential, and the resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no Case Plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Section I.4. Assessment at the Date of the Review (Page 15)**

- The standard for compliance requires "*The risks, safety concerns, and needs for the child and family are identified within the worker's assessment of the family/child's current level of functioning.*"

*The purpose of this section is to synthesize all available information from all sources to set the stage for the development of goals, objectives and the permanency goal for the next six-month period.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic considerations which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

Are the identified risks, safety concerns, and needs documented in the LINK record within the six-month period leading up to the TPC/ACR meeting and any risks or needs identified at that meeting<sup>6</sup> included into the planning document as appropriate?

---

<sup>6</sup> As the Technical Advisory Committee indicates, "In order to be best informed about recent practice, reviewers must also generally review (*skim*) the entire case record to better understand the family and the child's history and the needs so that the actions taken by the Department can be viewed in the context of a complete understanding of the child and family."



- Were the Priority and Other identified needs of the primary and secondary caretaker, as well as the all needs for each child and strengths of the family members as identified by SDM® incorporated into the discussion at the TPC/ACR/FC and as appropriate, included into the domains within the assessment section of the Case Plan document?<sup>7</sup>
- Are the identified risks, safety concerns, and needs documented in the LINK record within the six-month period leading up to the TPC/ACR meeting and any risks or needs identified at that meeting<sup>8</sup> included into the planning document as appropriate?
- Does the assessment accurately take into account the history of referrals, substantiations, and services provided to assist the client to reduce the risks identified to the date of the most recent ACR?
- Does the section incorporate the current visitation evaluation from the most recent SDM® *Family Reunification Assessment/Reassessment form*?
- Has the social worker considered all available information including the provider's written and verbal comments, formal summary assessments, past history and recent progress; and included those that are pertinent?<sup>9</sup>

If you find other considerations of equal or greater weight or feel that one or more of the basic considerations do not apply it is your responsibility to document these issues and relate how they factor into your final determination of scoring for the section. The considerations include not only the written explanation within the plan document, but the documentation and verbal information that you locate during your record review process and attendance at the TPC/ACR or family conference if this is an attended review. If the client or providers did not participate in the TPC/ACR/or family conference, the record review and follow up questions to the area office can help determine if there is evidence of discussion or understanding of the priority needs of the family, and its strengths. The reviewer must consider the quality and scope of the section, and the accuracy of the identified risks, safety concerns and needs in relation to the case events documented in LINK in the six months leading up to the TPC/ACR or family conference and finalization of the case plan reviewed. If goal is Transfer of Guardianship (TOG, STOG or Permanent TOG - with or without subsidy) or child is adolescent, a special focus on those areas must be included per policy.

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence of all essential Case Planning efforts for both the standard of compliance and all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that essential elements for the standard of compliance are substantially present given the review of relevant consideration items.

**Marginal Score – 3**

There is an attempt to include the essential elements for compliance but the review finds that substantial elements for compliance as detailed by the Department's protocol are not present. Some relevant considerations have not been incorporated into the process.

---

<sup>7</sup> SDM® requires the assessment of all active case participant children in the home as well as the primary and secondary caregivers in the home. The present situation and current assessment as well as the goals and objectives for the period should be reflective of the SDM® documentation.

<sup>8</sup> As the Technical Advisory Committee indicates, "In order to be best informed about recent practice, reviewers must also generally review (*skim*) the entire case record to better understand the family and the child's history and the needs so that the actions taken by the Department can be viewed in the context of a complete understanding of the child and family."

<sup>9</sup> As the Technical Advisory Committee indicates, "In order to be best informed about recent practice, reviewers must also generally review (*skim*) the entire case record to better understand the family and the child's history and the needs so that the actions taken by the Department can be viewed in the context of a complete understanding of the child and family."

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standard of compliance detailed in the Department's protocol. The process does not take into account the relevant considerations deemed essential, and the resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no Case Plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Section II.1. Determining the Goals/Objectives (page 16)**

The **standards** for compliance require that the process result in a document that has:

- *Clear, prioritized goals/objectives are stated within the case objective section of the Case Plan for the child, and where applicable for the parent or guardian which are consistent with the family assessment.*
- *The social worker shall address and document those issues which are specific to the needs of the adolescent population (children fourteen years of age who will not return home).<sup>10</sup>*
- *Adolescent Discharge Plan is completed during period if required by case circumstances<sup>11</sup>.*
- *There is evidence<sup>12</sup> that the family/child has been involved in development of the goals/objectives.*

*The purpose for this section is to clearly establish the goals and objectives (not to be confused with the overarching permanency goal which is measured in II.4.) and connect these efforts to the reason for DCF's involvement and strengthening the child and family's ability to achieve the overall permanency goal. Further, if concurrent planning efforts are indicated, these are reflected as well so that all parties have a common understanding of what is expected of each participant in the six-month period ahead.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic **considerations** which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- Are stated goals/objectives connected to child and the reason for DCF's continued involvement? Are they supported by the SDM® Family Strengths and Needs Reassessment, SDM® Family Reunification Assessment/Reassessment and/or the most current SDM® Risk Reassessment and Safety Plan (when present) at the point of Case Planning?<sup>13</sup>
- Do the goals/objectives reflect concurrent planning efforts where there is a stated concurrent plan?

<sup>10</sup> Per 2006 Policy release – Independent Living planning is to be conducted for all children age 14 or older who are not to return home. See Chapter 42-10-2 for specific requirements of the conference and subsequent documentation.

<sup>11</sup> A conference shall be held to finalize an Adolescent Discharge Plan for all youth eighteen (18) years of age or older in out-of-home placement at least one hundred and eighty (180) days (six months) prior to the anticipated discharge from Department care.

<sup>12</sup> Either observed via attendance at the ACR or as documented LINK narrative to that effect.

<sup>13</sup> SDM® requires the assessment of all active case participant children in the home as well as the primary and secondary caregivers in the home. The present situation and current assessment as well as the goals and objectives for the period should be reflective of the SDM® documentation.

- Form 2250 is no longer being completed. As such for the Adolescent Population specific focus on engagement related to their issues must be monitored. Was there discussion with the child/family and providers for any adolescent (ages 14-21) in out of home care with a goal other than reunification regarding applicable issues such as:
  - need to develop Life Skills and/or knowledge to enable self-sufficiently
  - development and support of family members and significant adults willing and able to make a lifelong commitment
  - the need for an assessment to determine educational and/or vocational interests and level of ability, and/or post high school educational interests
  - whether the youth has taken a career interest assessment
  - whether the youth has taken a learning-style inventory
  - the need to achieve timely permanency
  - whether the youth has been referred to a Life-Long Family Ties Program
  - issues of sexual orientation, cultural awareness
  - the need for future referral to Adult Services
  - whether the case should be transferred to a specialty unit
  - mental and medical health status (including identifying future needs)
  - housing
  - finances (including any sources of income and any survivor benefits)
  - substance abuse
  - legal issues
  - parenting issues
  - Independent Living Passport and essential documents.

If you find other considerations of equal or greater weight or feel that one or more of the basic considerations do not apply it is your responsibility to document these issues and relate how they factor into your final determination of scoring for the section. The considerations include not only the written explanation within the plan document, but the documentation and verbal information that you locate during your record review process and attendance at the TPC/ACR or family conference. If the client or providers did not participate in the TPC/ACR/or family conference, the record review can be used to determine if there is evidence of discussion or understanding of the reason for DCF involvement.

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence of all essential Case Planning efforts for both the standard of compliance and all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that essential elements for the standard of compliance are substantially present given the review of relevant consideration items.

**Marginal Score – 3**

There is an attempt to include the essential elements for compliance but the review finds that substantial elements for compliance as detailed by the Department's protocol are not present. Some relevant considerations have not been incorporated into the process.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standard of compliance detailed in the Department's protocol. The process does not take into account the relevant considerations deemed essential, and the resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no Case Plan less

than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

### Section II.2. Progress (page 17)

- The **standard** for compliance requires that the “*The Case Objective section within the plan reflects the progress<sup>14</sup> towards goals/objectives in the last six month period as evaluated by DCF with input from the family and providers.*”

*The purpose of this section is to ensure that the child and/or family is advised of the progress/regress and effect (both positive and consequential) of their actions during the prior six-month period as it relates to goal achievement, and to inform the plan and the upcoming process through the identification of barriers that need to be addressed.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic **considerations** which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- Has the social worker focused on the strengths of the client, and incorporated input from involved professionals during the 6 month period?
- Does section accurately reflect the level of family’s compliance with the SDM® Safety Plan in place, or agency, provider and/or court expectations at the point of this current Case Planning process?
- Does SDM® Risk Reassessment correspond with the progress noted within the case narratives, that discussed at the ACR or family conference and that identified within the Case Planning document?
- Have barriers been identified to progress as a result of this case planning effort so that future efforts have been informed by this Case Planning process?

If you find other considerations of equal or greater weight or feel that one or more of the basic considerations do not apply it is your responsibility to document these issues and relate how they factor into your final determination of scoring for the section. The considerations include not only the written explanation within the plan document, but the documentation and verbal information that you locate during your record review process and attendance at the TPC/ACR or family conference if this is an attended review. If the client or providers did not participate in the TPC/ACR/or family conference, the record review can be used to determine if there is evidence of discussion or understanding of the reason for DCF’s continued involvement.

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

#### **Optimal Score – 5**

The reviewer finds evidence of all essential Case Planning efforts for both the standard of compliance and all relevant consideration items.

#### **Very Good Score – 4**

The reviewer finds evidence that essential elements for the standard of compliance are substantially present given the review of relevant consideration items.

#### **Marginal Score – 3**

There is an attempt to include the essential elements for compliance but the review finds that substantial elements for compliance as detailed by the Department’s protocol are not present. Some relevant considerations have not been incorporated into the process.

---

<sup>14</sup> “Progress” can actually be regress or stability over the period. This section is measuring the accuracy of the worker’s synopsis of what has transpired over the last Case Planning period. It may not be a positive movement and could still be a five ranking if it is accurate depiction of what is documented in LINK, and discussed at the ACR/TPC or Family Conference.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standard of compliance detailed in the Department's protocol. The process does not take into account the relevant considerations deemed essential, and the resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no Case Plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Section II.3. Action Steps to Achieving Goals Identified for the Upcoming Six Month Period (p. 18)**

- The **standard** for compliance requires that there “*There are clearly stated action steps for each goal/objective and the responsible parties (DCF, providers, and all active family members<sup>15</sup>) for each goal are identified.*”

*The purpose for this section is to ensure that the actions required of the case participants during the upcoming Case Planning cycle are broken down into time specific, measurable, meaningful incremental steps to progress toward goal achievement. This requires that efforts to engage the participant in the development are present and at a minimum it is clear that they have been informed and understand what is expected and the possible consequences for failing to take the action required.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic **considerations** which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- Are the stated goals/objectives and action steps consistent with the case documentation for each active family member given the assessment information available to you from your review of the case information and attendance at the ACR or family conference?<sup>16</sup>
  - Are the stated steps and goals/objectives consistent with the ACRI documentation?
  - Are the stated steps and goals/objectives reflective of the permanency goal?
  - Are the stated steps consistent with the SDM® Safety Plan and SDM® Family Strengths and Needs Reassessment documentation at the time of this Case Planning cycle?
- *Are action steps for goals/objectives Specific, Measurable, Achievable, Realistic and Time limited?*

**Notes:** This is the section that informs the families of all expectations within the next six-month planning cycle and is therefore deemed the most critical. Although not required in detail as in the past, each goal should adopt the *SMART* elements as detailed in the directional guide above. If certain action steps are legally mandated, these *should* be identified as such.

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

<sup>15</sup> Review will include the completed family Case Plan document for additional details to capture all information related to the parents' action steps as they relate to the child's goals as workers often do not include this information on the child's Case Plan document.

<sup>16</sup> SDM allows for 3 priority needs for each active family case participant. Other needs may be pulled in as required by the case circumstances. In cases where SDM is not indicated, the social worker shall use alternate means of assessment, provider and family feedback, and supervision to determine the priority needs for the period.

**Optimal Score – 5**

The reviewer finds evidence of all essential Case Planning efforts for both the standard of compliance and all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that essential elements for the standard of compliance are substantially present given the review of relevant consideration items.

**Marginal Score – 3**

There is an attempt to include the essential elements for compliance but the review finds that substantial elements for compliance as detailed by the Department's protocol are not present. Some relevant considerations have not been incorporated into the process.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standard of compliance detailed in the Department's protocol. The process does not take into account the relevant considerations deemed essential, and the resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no Case Plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Section II.4. Planning for Permanency (page 19)**

The **standard** for compliance requires that:

- *The plan contains the identification of an appropriate case permanency goal<sup>17</sup> (based on the circumstances of the case) using one of the current approved terms:*
  - *Reunification*
  - *Adoption*
  - *Transfer of Guardianship*
  - *Long Term Foster Care with a licensed Relative*
  - *APPLA*
  - *In-Home Goals – Safety/Well Being Issues*
- *There is an identification of a concurrent goal and plan if the case permanency goal is reunification.*
- *There is a visitation plan for parents and siblings for cases involving a child in placement. It should describe the frequency, duration and type of visitation permitted between parents and their children, between siblings, and between other relatives as necessary.*
- *In cases with court involvement, the Case Plan goal or concurrent plan goal as stated in the document coincides with the court approved permanency goal for the child.*

*The purpose for this section is to ensure that an appropriate<sup>18</sup> Case Plan goal, and if required concurrent goal, has been identified and is understood by the child and/or family as appropriate to age and role.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case

---

<sup>17</sup> TPR is not a permanency goal; it is an action step toward achieving permanency. The concurrent goal must be clearly stated in this section with a brief statement of the timing and activities that DCF is going to take toward achieving the concurrent plan.

<sup>18</sup> Defined as: realistic based on the age of the child(ren), length of time in care, and consistency with the facts of the case. Also must be supported by the action steps and short term goals set forth in II.3.

circumstance. Basic **considerations** which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- Is the permanency goal(s) consistent with the stated goals and action steps?
- If appropriate given the circumstances of the case has a concurrent plan been developed where the goal is other than reunification?
- For in-home cases, did the worker and family develop a plan that could be followed in the event that circumstances require the removal of their children or inability to reunify? (This plan would identify relative or other persons known to child as a potential resource for placement. If no resources have been identified, this should be indicated.)
- Does the goal coincide with the SDM Family Reunification Assessment/Reassessment Permanency Recommendation?
- If the goal is APPLA, has the area office followed the appropriate referral process to the Permanency Planning Team and received their approval to proceed with this non-preferred goal?

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence of all essential Case Planning efforts for both the standard of compliance and all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that essential elements for the standard of compliance are substantially present given the review of relevant consideration items.

**Marginal Score – 3**

There is an attempt to include the essential elements for compliance but the review finds that substantial elements for compliance as detailed by the Department's protocol are not present. Some relevant considerations have not been incorporated into the process.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standard of compliance detailed in the Department's protocol. The process does not take into account the relevant considerations deemed essential, and the resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no Case Plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

**The OM3 Scoring Sheet:**

Answer the areas related to non-negotiable requirements: Timing, Language, and Approval. Follow that up with the questions related to the ACR process and proceed to the overall scoring page in which you will bring your scores from the individual sections and enter them for ease of data entry.

In all cases, the SWS must be contacted via email and provided the opportunity to clarify areas of contradiction or provide additional input/information regarding the case planning and supervision of the case during the prior six month period. This conversation or email response is voluntary. If the SWS does not respond to your offer, the case is to be scored with the information available within the record.

After reviewing the full picture presented by the scores that you have entered, Rank the overall quality of the Case Planning process and plan document as Appropriate or Not Appropriate give the scoring methodology and facts of the case before you. **Be sure to provide rationale for overall scoring of the case as having met needs or not met needs during the period. Be certain to include a brief statement in regard to your overall**

agreement level with the ACR findings and reaction of the AO staff to the recommendations in the resulting approved plan where applicable. Space is provided on the page following the overall scoring section for this purpose.

### Outcome Measure 15 – Needs Met

This review for Outcome Measure 15 requires reviewers to consider one primary principle based upon a series of standards and considerations outlined within eleven sections of measurement that have been crafted in consultation with the parties and Technical Advisory Committee (TAC) to arrive at a determination of performance as it relates to the Department's ability to meet the needs of the clients it serves.

This principle is:

*Is DCF's Case Planning practice, referral and provision of service adequate to meet the children and families' needs, resolve presenting issues and advance the case to safe and appropriate closure?*

The eleven sections of measurement that are incorporated under this principle are:

Safety Ratings (you will respond to one or both of the sections based on the status of the case assigned during the six-month period):

- I.1. In Home Cases
- I.2. Children in Placement Cases

Permanency Ratings:

- II.1 Securing the Permanent Placement – Action Plan for the Next Six Months
- II.2 DCF Case Management – Legal Action to Achieve the Permanency Goal During the Prior Six Months
- II.3 DCF Case Management – Recruitment for Placement Providers to Achieve The Permanency Goal during the Prior Six Month Period
- II.4. DCF Case Management – Contracting or Providing Services to achieve the Permanency Goal during the Prior Six Months

Well Being (Medical, Dental, Mental Health) Ratings:

- III.1. Medical Needs
- III.2. Dental Needs
- III.3. Mental Health, Behavioral and Substance Abuse Services

Well Being (Other Considerations) Ratings:

- IV.1. Child's Current Placement
- IV.2. Education

As part of this process you are examining at the impact of the prior Case Plan and actions/steps and services implemented up to through the current Case Planning process including the attendance at the TPC/ACR or family conference and finally the new Case Plan. This measure is no longer subject to the restriction of "passing" OM3. It is also not limited to needs identified in the Case Planning document, but includes those needs identified within the plan document and those identified via the case review and attendance at the TPC/ACR or family conference. Even if you deem Outcome Measure 3 as "Not an Appropriate Case Plan" you could find that through the full review process and attendance, needs were adequately assessed and provided for (or vice versa).

While the focus is on the six-month period leading up to the TPC/ACR or family conference, you will find it necessary to revisit the LINK record for background information to best understand the client's needs, prior service intervention history, placement and investigative history, etc as you make your determination related to the quality of the Department's practice.



Sections will be measured on a five part scale which includes:

**Optimal Score – 5**

The reviewer finds evidence that DCF has met all elements identified for the standards of compliance, and that DCF's assessment and service provision has incorporated all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that the essential elements for the standards of compliance are substantially present via DCF's assessment and service provision as it relates to the relevant considerations items.

**Marginal Score – 3**

There is an attempt to include the essential elements for the standards of compliance. However, the reviewer finds substantial elements for compliance are not present. Some relevant considerations have not been incorporated into the process.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standards of compliance. The process does not take into account the relevant considerations deemed essential in assessment and service provision. The resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt or a total disregard of the standards for compliance and relevant considerations in the case documentation. As a result there is no Case Plan less than 7 months old at the point of review or the needs assessment and service provision process has been so poorly performed that it has had an adverse affect on case planning efforts.

Each section of the tool lays out the standard that is to be strived for, and a list of possible considerations that may be applicable to determining if DCF has conducted its practice in accordance with that standard. **These considerations will not apply to every situation or every case. In fact, there may also be an additional consideration(s) that are of equal or more import in a specific situation.** This is why your record reviews and in some situations attendance at the TPC/ACR or family conference is critical in obtaining the fullest picture of the situation and case practice prior to scoring the tool.

Use the open white space to take notes (or attach additional sheets as needed.) You will be required to support your scoring if asked by a senior reviewer. Each score is based upon reviewer judgment, but it must be supported by the facts of the case, and expectations of the DCF policy and Outcome Measure 15 requirements. Scoring reflects the compilation of data regarding needs met from your review of case documentation, attendance at the TPC/ACR or family conference, and the final approved Case Plan.

**Overall Scoring**

The final designation for Outcome Measure 15 is located at the bottom of the scoring sheet on page (44 of the protocol document. There are two options to choose from

*Needs Met*  
and  
*Needs Not Met.*

While ratings of 5 and 4 reflecting high standards and best case practices will generally be considered necessary for a finding of "Needs Met", instructions to the reviewers and senior reviewers for this process will stress that a reviewer's determination is not tied to a numerical scoring system but rather will be based on their overall review of all domains and elements of the case. This will allow reviewers to make informed decisions and over-ride the rare case in which one domain with a lower score does not substantially impact the overall quality of performance. To ensure the validity of this process, the tool will provide space in which all scoring must be justified or defended by the reviewers. All cases will initially be reviewed by a CM reviewer(s) then screened by Monitoring Senior reviewers prior to data entry. Any case which falls into the category of over-ride utilization will not only be reviewed by the Monitoring Senior reviewers, but will also be forwarded to the Court Monitor or Assistant Court Monitor for review prior to data entry. Problematic cases may be sent to the TAC for their review.

### **Additional Informational Data Related to Systemic Service Issues**

We are capturing data related to needs not met, the barriers to meeting those needs during the last six months, and needs not identified on the current approved Case Plan that were evident from your review of the case and attendance at the ACR or FC. You will find the listing of barriers on page 36 of the tool document (pages approximate based upon printer). Unmet needs for the prior six months are to be filled in on pages 37-39. Needs not identified going forward with the current approved Case Plan are to be identified on pages 41-43

#### **The First Grid: Unmet Needs - Last Six Months**

On pages 37-39 of the tool, you will find the crosswalk of services for each of the 14 category of needs deemed essential. Additionally you will find a listing of subcategories for each of those needs types. In rare situations where there is an identified need, but the subcategory does not fit appropriately, you would enter 99 as the subcategory and write in the appropriate service/program. Please keep in mind that placement and permanency must be included in your determination of needs. The majority of related services for these will be located under Need Types 9 and 11, but due to the individual nature of all cases, it could result in a service or program outside of these areas. You are to circle the subcategory number associated with any unmet need you have identified in your review of the last six months of service. On the blank line following the identified subcategory of service, enter the barrier to the need using the listing of barriers on page 36. Most barriers should fit into the selections on the menu; however, there is an "other" response in the event you cannot designate one of the already identified barriers. Be sure to write and indicate what the "other" is for data entry purposes.

On page 40 you will answer the following three questions. These are:

- 15.15 Were all needs and services unmet during the prior six months discussed at the ACR, and as appropriate incorporated as action steps on the current Case Plan?**
- 15.16 Were any of these identified unmet needs indicated as a need for the identified person in the SDM Family Strengths and Needs Assessment Tool, SDM Risk Reassessment Tool, or SDM Safety Assessment Tool or through attendance at the ACR?**
- 15.26 Are there service needs not identified in the current Case Plan but that are clearly identified within the six months of LINK documentation reviewed, DCF-ACRI, SDM Family Strengths and Needs Assessment Tool, SDM Risk Reassessment Tool, or SDM Safety Assessment Tool or through attendance at the ACR ?**

The presence of an unmet need does not indicate an automatic "needs not met" on the overall scoring of the case. You will need to determine the relationship/impact on OM15. Meeting the needs of children and families is central, but there are prioritized needs, sequential needs, and individual circumstances that have to be considered in their totality when making a determination of needs met. For instance, in the example provided, there could have been a need for alternate hours due to the parent attending another service at that same time, that would increase the likelihood of success overall. If the case participants deemed it best to pursue the other service (i.e. mental health or substance abuse in-patient or intensive outpatient) and postpone the domestic violence until such time that the service was completed, you would need to give that decision weight as you factor the sectional scoring. There is no one right answer for all cases.

#### **The Second Grid: Needs Not Identified for Prioritization or Action in the Next Six Months**

Pages 41-43 of our tool are seeking to capture your findings related to services needed on the current Case Plan, based upon your review of the LINK record and attendance at the TPC/ACR or family conference, but which have NOT been incorporated. These are to be identified using the same crosswalk, and include a section for you to write a very brief comment related to what barrier you see that led to the failure of the Department to include the need in the current plan. If you find the occasion to enter information in this section on unidentified needs going forward, this information should be considered in your assessment of sections in both OM3 and OM15 where applicable.

#### **OM15 Scoring**

Reviewers are to score each section identified below indicating in the spaces provided on the identified page the rationale for each section's findings. These scores are then to be brought over to the scoring sheet on page 44 where you will review the sectional scores as a composite and arrive at the overall determination of "needs met"

or "needs not met" for the prior six month period. Sectional directions are provided on the tool, but are stated below for reference as well.

**Section I.1: In-Home Risk/Safety (p.25)**

The **standards** for the section are clearly delineated as:

- **The child(ren) is/are currently in an environment that is safe from known and manageable risks of harm.**
- **Risk, such as but not limited to: domestic violence, substance abuse, mental health or parenting, and participants strengths have been adequately assessed with input from service providers, family, and DCF staff involved in this case and the necessary support services to address safety and risk related to the reason for initial or ongoing DCF involvement have been identified and provided in a timely manner.**
- **Services to address assessed needs newly identified during the Case Planning period or that have been carried over from the prior planning period have been identified and incorporated into the action steps for the current Case Plan cycle in accordance with SMART guidelines.**
- **Legal action required to ensure the child(ren)'s safety have been taken in a timely and informed manner.**

*The purpose of this section is to ensure that the Department has conducted the appropriate assessments to identify the risk factors that are detrimental to the safety of the child residing in the biological, adoptive or guardian home. And through appropriate service provision and legal action ameliorated and/or managed those risks so that the child(ren) are reasonably safe from further harm.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic **considerations** which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- Were services<sup>19</sup> identified by the court or through DCF's Case Planning process provided appropriate in relation to the identified needs?
- Does the review indicate that the service providers have a clear understanding of what it will take to achieve successful results and outcomes? Is this reflected in their discussion/reporting of parent/child progress?
- During the Case Planning process were providers and family given the opportunity to take part in the discussion related to the progress in the last six-month period and in developing the plan of action and goals for the upcoming period?
- Is the resulting Case Plan reflective of the input and information within the case record?
- Is child's safety discussed at the ACR? Have realistic expectations been set for the family in regard to improving the level of risk within the home setting?
- Has there been any repeat maltreatment of the child during the six-month period?
- Have there been episodes of domestic violence reported within the home during the past six-month period?
- Have informal supports within the community been identified at the ACR or within the Case Plan document?

This applies to in-home cases for both CPS and Voluntary situations and the full spectrum of service array identified within the crosswalk as they relate to safety matters. You must first look at the prior Case Plan to assess if identified needs were addressed, secondly, as needs arose in the case during the six-month period, in what manner and timeframe were they attended to, and lastly, for those needs identified but not fully resolved, is the current planning preparing to address the barriers and provide for those needs?

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

---

<sup>19</sup> This includes the full array of services as they relate to safety.

**Optimal Score – 5**

The reviewer finds evidence that DCF has met all elements identified for the standards of compliance, and that DCF's assessment and service provision has incorporated all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that the essential elements for the standards of compliance are substantially present via DCF's assessment and service provision as it relates to the relevant considerations items.

**Marginal Score – 3**

There is an attempt to include the essential elements for the standards of compliance. However, the reviewer finds substantial elements for compliance are not present. Some relevant considerations have not been incorporated into DCF's assessment and service provision.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standards of compliance. The process does not take into account the relevant considerations deemed essential in assessment and service provision. The resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt or a total disregard of the standards for compliance and relevant considerations in the case documentation. As a result there is no Case Plan less than 7 months old at the point of review or the needs assessment and service provision process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Not Applicable to This Case – 99**

To be selected if the case is not indicated as an applicable case type below the considerations listed.

**Section I.2: Child in Placement Risk/Safety (p.26)**

The standards for the section are clearly delineated as:

- **Risk, such as but not limited to: domestic violence, substance abuse, parenting, or the child's behaviors have been adequately assessed with input from service providers, family, and DCF staff involved in this case and the appropriate support services to address safety and risk related to the reason for initial or ongoing DCF involvement have been identified and provided in a timely manner.**
- **The child is currently in an environment that is safe from known and manageable risks of harm.**
- **Services to address assessed needs newly identified during the Case Planning period or that have been carried over from the prior planning period, have been identified and incorporated into the action steps for the current Case Plan cycle.**

*The purpose of this section is to ensure that the Department has conducted the appropriate assessments to identify the risk factors that are detrimental to the safety of the child residing in out of home placement. And, through appropriate placement, service provision and legal action, the Department is adequately managing known risks to the child's physical safety and to the safety of others in the placement setting.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic considerations which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- Were services<sup>20</sup> identified by the court or through DCF's Case Planning process provided appropriate in relation to the identified needs?
- Have child's high risk behaviors been reduced through provision of services?
- Have there been any substantiated reports while in care during the last six-month period?

---

<sup>20</sup> This includes the full spectrum of services as they relate to safety – see Crosswalk of Services for listing.

- Are provider and family input considered regarding the family's ability to achieve the safety goals set during the prior six-month period?
- During the Case Planning process were providers and family given the opportunity to take part in developing the plan of action and goals for the upcoming period?
- Is the Case Plan reflective of the input at the ACR and information within the case record?
- Is child's safety within the foster or residential care placement discussed at the ACR?
- Is child's safety during visits with family discussed at the ACR?

This applies to children in placement for both CPS and Voluntary situations and the full spectrum of service array identified within the crosswalk as they relate to safety matters. First look at the prior Case Plan to assess if identified needs were addressed, secondly, as needs arose in the case during the six-month period, in what manner and timeframe were they attended to, and lastly, for those needs identified but not fully resolved, is the current planning preparing to address the barriers and provide for those needs?

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence that DCF has met all elements identified for the standards of compliance, and that DCF's assessment and service provision has incorporated all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that the essential elements for the standards of compliance are substantially present via DCF's assessment and service provision as it relates to the relevant considerations items.

**Marginal Score – 3**

There is an attempt to include the essential elements for the standards of compliance. However, the reviewer finds substantial elements for compliance are not present. Some relevant considerations have not been incorporated into DCF's assessment and service provision.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standards of compliance. The process does not take into account the relevant considerations deemed essential in assessment and service provision. The resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt or a total disregard of the standards for compliance and relevant considerations in the case documentation. As a result there is no Case Plan less than 7 months old at the point of review or the needs assessment and service provision process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Not Applicable to This Case – 99**

To be selected if the case is not indicated as an applicable case type below the considerations listed.

**Section II.1 Securing the Permanent Placement – Action Plan for the Next Six Months (p.27)**

The **standard** is delineated as follows:

- **As warranted by the length of time in care and specific to the child’s needs, action steps are underway, or are identified in the most recent Case Plan to secure (or maintain) the permanent placement that is most appropriate to the child’s needs given DCF’s assessment and the information and feedback of the family and providers.**

*The purpose for this section is to ensure that the Department in collaboration with the child, family and providers has identified and begun implementing the necessary steps to ensure that the child will find a permanent placement most appropriate to his or her needs.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic **considerations** which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- Is the goal realistic given the current status of the child and family – specifically, has the child been in care for 15 of the last 22 months with little or no movement toward a permanent resource (biological family through reunification or with permanency placement resources via adoption, TOG, LTFC)?
- Is the Department's action plan for the next six month period consistent with the SDM Family Reunification Risk Reassessment score? Has visitation evaluation been undertaken and considered?
- If APPLA has been identified as the permanency goal, has there been identification of the resource selected to provide this long term placement resource?
- Does the child in placement, for which the courts have ruled no further reunification efforts, have an identified caregiver that will endure through the child’s independence, either through Adoption, Transfer of Guardianship, or Relative Long Term Foster Care or APPLA?
- Where indicated, are PPSP contracts or other services in place or identified to begin to support the current placement in the next six-month period?
- Are appropriate recruitment efforts by DCF and/or private providers being utilized to recruit an appropriate placement resource to meet the individualized needs of this child?
- Are barriers to achieving reunification or the permanent placement addressed?

This section applies only to Children in Placement (CPS and Voluntary) cases. Is the Department’s planning active and likely to result in movement to the most appropriate placement in the next six months? Is the child moving toward permanency?

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence that DCF has met all elements identified for the standards of compliance, and that DCF’s assessment and service provision has incorporated all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that the essential elements for the standards of compliance are substantially present via DCF’s assessment and service provision as it relates to the relevant considerations items.

**Marginal Score – 3**

There is an attempt to include the essential elements for the standards of compliance. However, the reviewer finds substantial elements for compliance are not present. Some relevant considerations have not been incorporated into DCF’s assessment and service provision.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standards of compliance. The process does not take into account the relevant considerations deemed essential in assessment and service provision. The resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt or a total disregard of the standards for compliance and relevant considerations in the case documentation. As a result there is no Case Plan less than 7 months old at the point of review or the needs assessment and service provision process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Not Applicable to This Case – 99**

To be selected if the case is not indicated as an applicable case type below the considerations listed.

**Section II.2. Legal Action to Achieve the Permanency Goal During the Prior Six Months (p.28)**

The standards are delineated as follows:

- **The Department has taken the necessary steps during the previous six months to move toward achieving a permanent resource for the child through prompt legal action.**
- **The family has been advised of the permanency goal, and the implications of a failure to abide by the required action steps set forth by the courts order or within the Case Plan.**

*The purpose of this section is to determine the level with which the Department has assessed the need for, and effectively used the legal system options available to move a case toward its permanency goal in the prior six-month period. And, also to determine if they did so in a manner that was informative to family and inclusive of both family and provider feedback.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic considerations which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- Is the stated permanency goal (or concurrent plan) consistent with the federally approved goals and the court approved goal where there is court involvement?
- In cases with a stated goal of reunification were all court ordered preservation services provided (reasonable efforts) in a timely manner?
- Did the feedback from family and providers indicate that the stated goal remained an appropriate permanency plan for this child?
- Were the prior plan's action steps to achieve adoption, transfer of guardianship, independent living or long term foster care implemented over the course of six months leading up to the ACR attended?
- Were case management efforts during the past six-month period consistent with Multi-Disciplinary Assessment for Permanency (MAP) determinations (where present)?
- Were legal acts during the prior six months consistent with the SDM Family Reunification Assessment/Reassessment tools where these were completed?
- For an in-home case, did the worker file petitions or seek protective supervision when warranted by the facts of the case?

This could apply to both in-home and child in placement cases, both CPS and Voluntary Services. (When reviewing in-home cases, you must consider the need for timely neglect petitions as a means to ensure safety and permanency, case management during protective supervision status, etc.)

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence that DCF has met all elements identified for the standards of compliance, and that DCF's assessment and service provision has incorporated all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that the essential elements for the standards of compliance are substantially present via DCF's assessment and service provision as it relates to the relevant considerations items.

**Marginal Score – 3**

There is an attempt to include the essential elements for the standards of compliance. However, the reviewer finds substantial elements for compliance are not present. Some relevant considerations have not been incorporated into DCF's assessment and service provision.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standards of compliance. The process does not take into account the relevant considerations deemed essential in assessment and service provision. The resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt or a total disregard of the standards for compliance and relevant considerations in the case documentation. As a result there is no Case Plan less than 7 months old at the point of review or the needs assessment and service provision process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Reminders:**

- Keep in mind the length of time for which the stated goal is in place, and whether it is realistic given the circumstances of the case, and the level of shared perception and cooperation of the case participants.
- Look for the use of supervision and consultation with the ARG or AAG, documentation of the MAP determination.
- Review the Case Plan documents and legal narratives to establish what services or action steps were court-ordered. DCF is required to ensure that the court ordered services are made accessible to its clients in a timely manner. Was this accomplished in the prior six-month period?
- DCF Policy 46-3-10 Gives you information on Neglect Petitions – should this option have been utilized in the last six-month period?
- MAP guidelines<sup>21</sup> are included in the addendum documents along with the tool used during the process.
- The first permanency plan must be filed in court no later than nine months after the child's out-of-home placement. The permanency plan must be filed in and approved by the juvenile court on a yearly basis or whenever there is a change to the plan. Was this done in accordance with the timeframe?
- ASFA timelines, 15 consecutive or 15 of the last 22 months in care, are an important factor to consider when determining the adequacy of the Case Plan goal. Is the current goal realistic? Has TPR been determined not to be in the best interest of the child? Has a TPR been filed?
- Legal Risk Homes should be considered for situations that are appropriate given the goal and facts of the case.
- See internal DCF memo of April 18, 2005 from Barbara J. Clair Esquire, Assistant Director, Legal Division regarding Post-TPR Permanency. Page two sets forth some timelines and expectations regarding timeliness that should be considered, and refers you to DCF Policy Chapter 48 for additional reference. *This memo is no longer available on-line outlined the need to put aside the lengthy timeline for filing in cases in which the child was to be adopted by a resource in which they had been placed for a considerable period of time - negating the need to "start the clock" at the time of teaming approval for the adoption, so that permanency could proceed more expeditiously.*

---

<sup>21</sup> Policy has not yet been promulgated in relation to MAP expectations. Guidelines that have been shared with legal and area office staff are added for reference.



**Section II.3. Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months (p.29)**

The **standard** is delineated as:

- **The Department has taken the necessary steps during the previous six months to move toward achieving a permanent resource for the child through its recruitment efforts.**

*The purpose of this section is to determine if the action steps required in relation to securing a placement for the child on the prior Case Plan were taken and successful, or if unsuccessful, that those results were adequately assessed in consultation with family and providers so that barriers have been identified and subsequent planning/action steps have been enacted or proposed for the current planning cycle?*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic **considerations** which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- Were the prior plan's action steps to achieve adoption, transfer of guardianship, or APPLA implemented over the course of six months leading up to the ACR attended?
- For TPR'd children in placement, was the child registered on the Adoption Resource Exchange (unless a documented exception applied)?
- Where indicated, were PPSP contracts or other services in place or identified to begin to support the current placement in the next six-month period?
- Is there evidence of appropriate recruitment efforts by DCF and/or private providers being utilized to recruit an appropriate placement resource to meet the individualized needs of this child? (May include relative search where appropriate)
- If APPLA is the goal did DCF attempt to provide kinship connections for the child via contracts with Life Long Family Ties or other resources?

This applies to children in placement, both CPS and Voluntary Services. While II.1 looks at the upcoming planning related to securing a placement, II.3 looks at the prior six month's efforts. Were recruitment efforts (both internal and external) appropriate given the facts of the case?

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence that DCF has met all elements identified for the standards of compliance, and that DCF's assessment and service provision has incorporated all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that the essential elements for the standards of compliance are substantially present via DCF's assessment and service provision as it relates to the relevant considerations items.

**Marginal Score – 3**

There is an attempt to include the essential elements for the standards of compliance. However, the reviewer finds substantial elements for compliance are not present. Some relevant considerations have not been incorporated into DCF's assessment and service provision.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standards of compliance. The process does not take into account the relevant considerations deemed essential in assessment and service provision. The resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt or a total disregard of the standards for compliance and relevant considerations in the case documentation. As a result there is no Case Plan less than 7 months old at the point of review or the needs assessment and service provision process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Not Applicable to This Case – 99**

To be selected if the case is not indicated as an applicable case type below the considerations listed.

**Reminder:**

See DCF Policy Regarding Foster and Adoptive Services and Adoption: Chapters 41 and 48 for reference.

**Section II.4. Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months (p.30)**

The standards are delineated as:

- **The Department has taken the necessary steps during the previous six months to move toward achieving a permanent resource for the child through internal case management and contracting for services.**
- **The current Adolescent Policy has been adhered to for all children in care ages 14 or older as indicated.**

*The purpose of this section is to determine the level with which the Department, in consultation with the child and/or family and providers has met the expectations for movement toward the permanency goal within the prior six-month planning cycle.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic considerations (outlined on the tool for reference) which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- In cases with a stated goal of reunification have all court ordered preservation services been provided (reasonable efforts) in a timely manner?
- Were the prior plan's action steps to achieve adoption, transfer of guardianship, independent living or long term foster care implemented over the course of six months leading up to the ACR attended?
- Was the child been in care with a permanency goal that remained unmet for greater than 12 months? If child had been in care for 15 or the last 22 months, were ASFA guidelines appropriately considered in the development of the permanency goal, and where applicable was an exception to ASFA documented?
- In cases where APPLA is cited as a goal, were more permanent goals considered and ruled out?
- What is the level of emphasis put on the child's ILP during the period? Did child receive independent living, life skills, or transitional living services deemed appropriate?
- If housing is a barrier to reunification, has the Department assisted parent with Section 8 process, considered flex funding, or identified other means to address this barrier(s)?
- If other barriers were identified, did DCF attempt to address those barriers during the prior six-month period?
- For In-home cases, consider the case management of DCF and provider services to maintain the child(ren) in their home and move toward achieving the level of safety/wellbeing required to move toward case closure.

While considerations are most heavily weighted for children in placement cases, this section applies to both in-home and children in placement cases under CPS or Voluntary Services.

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence that DCF has met all elements identified for the standards of compliance, and that DCF's assessment and service provision has incorporated all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that the essential elements for the standards of compliance are substantially present via DCF's assessment and service provision as it relates to the relevant considerations items.

**Marginal Score – 3**

There is an attempt to include the essential elements for the standards of compliance. However, the reviewer finds substantial elements for compliance are not present. Some relevant considerations have not been incorporated into DCF's assessment and service provision.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standards of compliance. The process does not take into account the relevant considerations deemed essential in assessment and service provision. The resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt or a total disregard of the standards for compliance and relevant considerations in the case documentation. As a result there is no Case Plan less than 7 months old at the point of review or the needs assessment and service provision process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Reminders:**

- Narratives, the prior Case Planning document, assessments, provider feedback and family contacts all play a role in determining what services or steps were required during the prior six-month period.
- For children 15.5 or older, there should also be an Independent Living plan that identifies specific elements to achieve their goals.
- Foster Parent Provider support is also an area that should be explored as it relates to permanency for the child. For in-home cases, necessary supports could include childcare, domestic violence, training or in-home services.
- Also critical in this regard is the visitation contact and case management of the DCF worker.
- Housing is not a responsibility of DCF, but they are to assist in referrals, flex funding and brainstorming to address barriers in this regard.

**Section III.1. Medical Needs (p.31)**

The standard is delineated as:

- **Have the necessary medical interventions and well child/preventative care identified for this child(ren) been provided?**

*The purpose of this section is to ensure that children's medical needs are properly assessed and shared with the child and family as appropriate to age and role in the case, and that well child/preventative care and medical interventions which are deemed necessary are provided in a timely and appropriate manner.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic considerations which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- For children in out-of-home placement
  - Are newly emergent medical needs of children in home and in placement during the past six-month period assessed and responded to in a timely and appropriate manner?
  - If an MDE was required during the six-month period, does the Case Plan assessment include the recommendations and appropriate services to address the medical needs?
  - Is the child current with routine well care, in that health maintenance needs been met through adherence to EPSDT standards for well checks and child is current with vaccinations?

- Is special medical training, equipment or supports currently being provided, so that the child/family or placement provider has the necessary tools to ensure optimal level of health given child's diagnosis/condition?
- Does the documentation indicate that use of psychotropic medications is being managed and reviewed by qualified medical personnel as appropriate?
- For in-home cases:
  - Have chronic medical needs for children active in DCF's in home cases been addressed with parents?
  - Is special medical training, equipment or supports currently being provided, so that the child/family or placement provider has the necessary tools to ensure optimal level of health given child's diagnosis/condition?
- For both in-home and child in out-of-home placement cases:
  - Is there evidence that the family and active providers in this case were given the opportunity to provide input into the identification of needs and services that may meet those needs?
  - Where non-routine medical needs were present, was ARG or outside specialist involvement noted?
  - Were there documented efforts by DCF to overcome access barriers to appropriate medical care?
  - Was there improvement or stabilization of health as a result of DCF and provider intervention efforts?
  - Did DCF make appropriate efforts to engage parents in the process of attending to medical needs of children?
  - Was there discussion of the medical issues related to this child(ren) during the ACR, and did necessary adjustments to the current Case Plan result?
  - Did DCF make the necessary referrals to address the medical issues identified as a priority within the SDM Family Strengths and Needs Assessment?

This applies to both in-home cases and children in placement, both CPS and Voluntary Services.

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence that DCF has met all elements identified for the standards of compliance, and that DCF's assessment and service provision has incorporated all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that the essential elements for the standards of compliance are substantially present via DCF's assessment and service provision as it relates to the relevant considerations items.

**Marginal Score – 3**

There is an attempt to include the essential elements for the standards of compliance. However, the reviewer finds substantial elements for compliance are not present. Some relevant considerations have not been incorporated into DCF's assessment and service provision.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standards of compliance. The process does not take into account the relevant considerations deemed essential in assessment and service provision. The resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt or a total disregard of the standards for compliance and relevant considerations in the case documentation. As a result there is no Case Plan less than 7 months old at the point of review or the needs assessment and service provision process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Reminders:**

- MDE recommendations should be well documented in the record and incorporated into the FIRST60 day Case Planning document. Follow up should be documented in LINK and within the six-month Case Plan that follows or subsequent plan if the situation warrants additional care beyond that time frame to address the identified needs. If the timing of the case incorporates these time frames be sure to focus on this aspect of case management. If the period of review is outside of this period you should not expect to see historical information in the case plan document and would only include an MDE need if it was unmet and carried over from that prior period.
- EPSDT information is provided for reference regarding the timing requirements for well checks. In short:

Periodicity - Medical

- Well Care check between 2-4 days of birth (usually occurs in the hospital setting prior to discharge)
- Two Weeks
- 2, 4, 6, 9, 12, 15, 18 and 24 months of age
- Annually for ages 3-6 years
- Age 8
- Annually ages 10-18

Immunizations

Although the immunization schedule chart is provided for reference, we will not determine the exact timing requirements for immunizations this review. The question that you are to focus on is whether the child is current for immunizations or is in the process of getting caught up with the requirement upon DCF involvement.

- If circumstances indicated a need for a B-3 referral related to medical condition or physical delays, was this followed up on and were any subsequent recommendations regarding medical care implemented?
- ARG Resources should be utilized for medically complex children, or acute care needs that emerge during the period.
- The TPC/ACR or family conference should incorporate the child(ren)'s medical status into the discussion of needs.

**Section III.2: Dental Needs (p.32)**

The standard is delineated as:

- **Have the necessary dental interventions and well care services identified for this child been provided?**

*The purpose of this section is to ensure that children's dental needs are properly assessed and shared with the child and family as appropriate to age and role in the case, and that well care services and dental interventions which are deemed necessary are provided in a timely and appropriate manner.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic considerations which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- For children in out-of-home placement:
  - Have routine dental needs been addressed in accordance with EPSDT standards by qualified dental personnel?
  - If an MDE was required during the six-month period, does the Case Plan assessment include the recommendations and appropriate services to address the dental needs?
  - Have newly emergent dental needs of children in placement been assessed and responded to in a timely and appropriate manner?

- In-home cases:
  - Have chronic or acute dental needs for children active in DCF's in home cases been addressed with parents?
- For both in-home and Child in out-of-home placement cases:
  - Is there evidence that the family and active providers in this case were given the opportunity to provide input into the identification of needs and services that may meet those needs?
  - Where non-routine dental needs were present, was ARG or outside specialist involvement noted?
  - Were there documented efforts by DCF to overcome barriers to access for appropriate dental care?
  - Did DCF make appropriate efforts to engage parents in the process of attending to dental needs of children?
  - Was there discussion of the dental issues related to this child(ren) during the ACR, and did necessary adjustments to the current Case Plan result?
  - Did DCF make the necessary referrals to address the dental issues identified as a priority within the SDM Family Strengths and Needs Assessment?

This applies to both in-home cases and children in placement, both CPS and Voluntary Services.

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence that DCF has met all elements identified for the standards of compliance, and that DCF's assessment and service provision has incorporated all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that the essential elements for the standards of compliance are substantially present via DCF's assessment and service provision as it relates to the relevant considerations items.

**Marginal Score – 3**

There is an attempt to include the essential elements for the standards of compliance. However, the reviewer finds substantial elements for compliance are not present. Some relevant considerations have not been incorporated into DCF's assessment and service provision.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standards of compliance. The process does not take into account the relevant considerations deemed essential in assessment and service provision. The resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt or a total disregard of the standards for compliance and relevant considerations in the case documentation. As a result there is no Case Plan less than 7 months old at the point of review or the needs assessment and service provision process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Reminder:**

- MDE recommendations should be well documented in the record and incorporated into the 60 day Case Planning document. Follow up should be documented in LINK and within the six-month Case Plan. If the timing of the case incorporates these time frames be sure to focus on this aspect of case management. If the period of review is outside of this period you should not expect to see historical information in the case plan document and would only include an MDE need if it was unmet and carried over from that prior period.
- In short: EPSDT information is provided for reference regarding the timing requirements for well checks.
  - Periodicity – Dental
    - AAP recommends that children at risk have their initial dental screen as early as 6 months and no later than 6 months after the first tooth erupts or 12 months of age (whichever comes first).
    - Semi-annual screening and cleaning visits thereafter (unless more frequent visits are required per Dentist's evaluation)
- The TPC/ACR or family conference should incorporate the child(ren)'s dental care status into the discussion of needs.

**Section III.3. Mental Health, Behavioral and Substance Abuse Services (p. 33)**

The standards are delineated as:

- **Mental Health and Substance Abuse Service Needs for children and families were assessed and addressed during the past six months with ongoing input from qualified mental health professionals and family informing the current Case Planning process.**
- **Specialized services were provided as necessary to meet the individualized needs of the child and family to achieve the case goals.**

*The purpose of this section is to ensure that children and family's mental health, behavioral and substance abuse needs are properly assessed and shared with the child and family as appropriate to age and role in the case, and that interventions which are deemed necessary are provided in a timely and appropriate manner.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic considerations which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- For children in out-of-home placement cases:
  - If an MDE was required during the six-month period, does the Case Plan assessment include the recommendations and appropriate services to address the mental health needs?
  - Have the necessary mental health interventions and services identified in the child's MDE been provided?
- For both in-home and child in out-of-home placement cases
  - Was the child in the appropriate level of care (either in-patient or out patient) to address mental health needs as assessed throughout the period?
  - Were there referrals to service and/or assistance with navigation of the system and payment as appropriate to parents or caregivers to assist them in actively participating in the plan to improve the level of functioning and achieve the permanency goal?
  - Is there evidence that the family and active providers in this case were given the opportunity to provide input into the identification of needs and services that may meet those needs?
  - Where mental health or substance abuse needs were present (for children or parents), was ARG or outside specialist involvement noted?
  - What were the DCF actions to overcome access barriers to appropriate services?
  - Did DCF engage parents and children in identifying issues/needs and subsequently the services to address those needs?
  - Was there discussion of the mental health or substance abuse treatment during the ACR, and did necessary adjustments to the current Case Plan result?
  - Did the actions of the Department over the course of the six month planning cycle reflect adequate services to address the emotional/behavioral or substance abuse issues reflected in the SDM Family Strengths and Needs Assessment, Safety Plan or Risk Reassessments in place?

This applies to both children and their families for both in-home cases and children in placement cases (CPS and Voluntary Services).

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence that DCF has met all elements identified for the standards of compliance, and that DCF's assessment and service provision has incorporated all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that the essential elements for the standards of compliance are substantially present via DCF's assessment and service provision as it relates to the relevant considerations items.

**Marginal Score – 3**

There is an attempt to include the essential elements for the standards of compliance. However, the reviewer finds substantial elements for compliance are not present. Some relevant considerations have not been incorporated into DCF's assessment and service provision.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standards of compliance. The process does not take into account the relevant considerations deemed essential in assessment and service provision. The resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt or a total disregard of the standards for compliance and relevant considerations in the case documentation. As a result there is no Case Plan less than 7 months old at the point of review or the needs assessment and service provision process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Reminder:**

- Look for creative planning through use of flex funds or provider/family recommendation. Consider the length of time on wait lists, and/or substitution of services (less individualized to the child or family's needs) when arriving at your scoring determination.
- If there is a placement in a residential setting beyond the point therapeutically indicated, this should also weigh into your determination of how well DCF has met the mental health needs of the child during the period.

**Section IV.1. Child's Current Placement (p. 34)**

The standard is delineated as:

- **The child's current placement or living arrangement is the least restrictive, most family like setting, is stable and consistent with his needs, age, ability, culture and peer group.**

*The purpose for this section is to determine the level with which the Department has been able to secure and maintain stability within the most appropriate placement consistent with the child's needs, age, ability, language and culture.*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic considerations which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:



- If child's placement is in a Safe Home, Shelter, Permanency Diagnostic Center or other short term placement did it exceed 60 days in the 6 month period preceding attendance at ACR?<sup>22</sup>
- Has child exceeded two placement changes (three providers) during the last 12 month period?
- Has the foster or adoptive parent been provided with adequate training and supports to maintain the child in their home?
- Is the child receiving the necessary services/interventions or supports necessary to support the current placement?
- Has worker documented concerns related to the appropriateness of the current placement?
- Has the ARG been involved related to placement issues for this child(ren) and were those recommendations considered and utilized?
- Are services in place to maintain family relationships during placement where appropriate?
- Are social recreational activities being provided as appropriate to the age, ability and interest of the child while in care?
- Was there a discussion of the appropriateness of the current placement for this child(ren) during the ACR, and did necessary adjustments to the current Case Plan result if determined necessary?
- Is there evidence of requests for a different level of out-of-home care? And, if so has child been waitlisted for this level of care for an extended period of time?

This applies to children in placement cases (CPS and Voluntary Services). Is the current placement meeting the child's placement needs?

You will score this section based upon the 5 point scale mentioned prior and provided below for ease of use. Remember, that your professional judgment is critical in assigning the designation and your notes and process should reflect how you arrived at any score.

**Optimal Score – 5**

The reviewer finds evidence that DCF has met all elements identified for the standards of compliance, and that DCF's assessment and service provision has incorporated all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that the essential elements for the standards of compliance are substantially present via DCF's assessment and service provision as it relates to the relevant considerations items.

**Marginal Score – 3**

There is an attempt to include the essential elements for the standards of compliance. However, the reviewer finds substantial elements for compliance are not present. Some relevant considerations have not been incorporated into DCF's assessment and service provision.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standards of compliance. The process does not take into account the relevant considerations deemed essential in assessment and service provision. The resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt or a total disregard of the standards for compliance and relevant considerations in the case documentation. As a result there is no Case Plan less than 7 months old at the point of review or the needs assessment and service provision process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Not Applicable to This Case – 99**

To be selected if the case is not indicated as an applicable case type below the considerations listed.

---

<sup>22</sup> Through record review and attendance at the ACR, the reviewer will determine if an exception to the 60 day rule was in the best interest of the child due to proper and active discharge planning efforts, or a lack of a more appropriate placement resource.

**Section IV.2. Education (p. 35)**

The **standard** is delineated as:

- **Child has been assessed for early intervention or special educational needs where such action is indicated by the child's behaviors or educational difficulties.**
- **DCF has taken appropriate action on behalf of the child and family so that needs identified through assessment process are being addressed through the receipt of identified service interventions.**

*The purpose of this section is to determine how well DCF is working with the educational system and the child, parents or providers to ensure the educational needs are being properly assessed and addressed?*

Acknowledging the individual nature of cases, we cannot determine all critical considerations that may surface. You are to use your judgment in determining the weight of considerations in light of the case circumstance. Basic **considerations** which are likely to factor into the majority of cases are provided below to guide the reviewer in establishing if the standard has been met might include:

- Where special educational needs were present (includes SPED and 504 classification) and of a nature requiring consultation, was ARG involvement noted?
- Have necessary PPT meetings and assessments been scheduled/held?
- Has child been maintained in their school or origin if this was in their best interest?
- Is child academically achieving to his/her potential – If there is an IEP in place, does the IEP need to be revisited?
- Has child attended school with regularity since DCF involvement?
- Is there evidence that the family and active providers in this case were given the opportunity to provide input into the identification of needs and services that may meet those needs?
- If child has required changes in school districts, was that disruption of their education due to the needs of the child, or limited placement pool?
- Was there discussion of the educational issues related to this child(ren) during the ACR, and did necessary adjustments to the current Case Plan result?
- If SDM Family Strengths and Needs Assessment identified educational issues rising to the level of priority need, were these needs adequately attended to over the prior six month Case Planning cycle?

This section applies to both CPS and Voluntary Services children in placement cases and for in-home cases where education has been assessed as a need.

**Overall Scoring for OM15**

What is your conclusion: Needs Met or Not Met? Is an override warranted? Use your review and area office feedback to draw your final conclusions related to the last six month period of the ongoing services case. Be sure to provide rationale for Overall Scoring of the case as having met needs or not met during the period. Space is provided on page 45 for this purpose. In this space be sure to include comparison with the ACR designation of the strengths and ANI for areas of well being and case practice that we review: Visitation and documentation are 11.4, Medical/Vision/Dental is III.1, Substance Abuse/Support Services and Mental Health are III.3, Education is IV.2, etc. Revisit the comments of the ACR reviewer and ratings and determine if they are consistent with your own and comment to that point in your write up so that the secondary screener has an understanding of your position in relation to what was determined by the agency review.



**DCF Court Monitor's 2015 Protocol for Outcome Measures 3 and 15  
Updated June 29, 2015 for Use in Blind Reviews**

**Safety Assessment upon Review**

Are there clear safety factors present that are not being appropriately assessed and addressed by the assigned Social Worker and/or Social Work Supervisor and therefore are placing the child in immediate danger as it applies to safety, well-being or permanency?

- 1.  Yes
- 2.  No
- 3.  UTD – No SWS narratives in LINK during this period

*(If safety situation present is a serious concern, case will be referred to Review Supervisor so that the Ombudsman can be notified to address situation.)*

**Override Exception Requested for OM3**

- 1.  Yes
- 2.  No

**Override Exception Requested for OM15**

- 1.  Yes
- 2.  No

*(Reviewers must include a detailed request for override on any case with a categorical score of three or less which they feel merits an overall passing grade. This is to be included on page 19 or page 38 for Outcome Measures 3 and 15 respectively.)*

**Override Request is**

- 1.  Approved
- 2.  Denied
- 3.  N/A

**Rationale for Determination:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Ray Mancuso, Juan F. Court Monitor

Case ID Number: \_\_\_\_\_

### Check List

	TASK	Comment/Date
<input type="checkbox"/>	Identify that case is valid for review (Case is open at the point that the case plan is due for approval and presents no conflicts)	
<input type="checkbox"/>	20-25 days post ACR or FC (or at day 201 from date of prior family case plan if no FC is held which allows for 181 day federal requirement plus our 20 day allowance) pull the approved case plan or initialized plan in LINK and any corresponding ACRI from LINK for review.	
<input type="checkbox"/>	Review of all relevant LINK documentation including medical, education and legal icon, investigation protocols, provider narratives during the PUR, SDM and minimum of last two case plans with corresponding ACRI and CTM or SNR documentation to identify needs and DCF's ability to meet those needs during the period and plan for the upcoming six months. Take notes.	
<input type="checkbox"/>	If present, review ACR SWS CTM findings on the CIP cases prior to issuing questions to area office staff.	
<input type="checkbox"/>	Develop questions if any that remain open-ended and pose issues for OM3 or OM15 considerations. Issue template letter to area office staff with individualized clarification questions and global statement questions to provide forum for feedback. (If consensus case, gather questions into one request.)	
<input type="checkbox"/>	Incorporate AO response into final scoring.	
<input type="checkbox"/>	If consensus case, meet to finalize scores) If individual case, submit completed tool with all backup information.	
<input type="checkbox"/>	Peer supervision (can be requested to bounce off any questions you may have once the tool is completed and ready for submittal, or at any point along the way if a question arises that poses difficulty - may be requested at time of supervisory screening if questions or concerns arise.)	
<input type="checkbox"/>	Supervisory Screening	
<input type="checkbox"/>	Data Entry	
<input type="checkbox"/>	<p><b>Supervisory Screening Only</b>                      CTM1 RESPONSE is "YES" - follow up with questions at 120 day mark:</p> <p>Was the required action by the area office taken as of the date of the follow up review?</p> <p>Did the AO action or response benefit the child by moving the child toward achievement of the permanency goal or otherwise stated objective/need on the treatment plan ore as identified at the time of the ACR?</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p>

**DCF Court Monitor's 2014-2015 Protocol for Outcome Measures 3 and 15**

**Administrative:**

**A1. Court Monitor Reviewer Name:**

1. <input type="checkbox"/> Maria Ahearn	9. <input type="checkbox"/> MaryAnn Hartmann	16. <input type="checkbox"/> Other	22. <input type="checkbox"/> Jayne Guckert
2. <input type="checkbox"/> Gail Bakulski	10. <input type="checkbox"/> Ray Mancuso	A1.16 a (name of other) :	23. <input type="checkbox"/> Tracy Lovell
3. <input type="checkbox"/> Kit Bennett	11. <input type="checkbox"/> Susan Marks Roberts		24. <input type="checkbox"/> Linda Madigan
5. <input type="checkbox"/> Mary Corcoran	13. <input type="checkbox"/> Joni Beth Roderick	4. <input type="checkbox"/> Keba-Bosley	25. <input type="checkbox"/> Erika Mongrain
6. <input type="checkbox"/> Janice DeBartolo	30. <input type="checkbox"/> Jen Spector	12. <input type="checkbox"/> Barbara O'Connell	26. <input type="checkbox"/> Louise Montemurro
7. <input type="checkbox"/> Paula DelGreco	14. <input type="checkbox"/> Karen Sullivan Oros	17. <input type="checkbox"/> Betsy Palmer-Ehrenfeld	27. <input type="checkbox"/> Jenny Vesco
8. <input type="checkbox"/> Tom Gallese	15. <input type="checkbox"/> Michelle Turco	20. <input type="checkbox"/> April Brenker	28. <input type="checkbox"/> David Williams
		21. <input type="checkbox"/> Nicole Dionis	29. <input type="checkbox"/> Lisa Zuccaro

A2. Date of Case Review LINK Extraction: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

A3. Date of CPC/ACR or Family Conference Held<sup>1</sup>: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

A3.1 Date ACR1 Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ A3.2 Date of Approved Case Plan: \_\_\_\_/\_\_\_\_/\_\_\_\_

A4. Date of Review of Case Plan post CPC/ACR: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

A5. Quarter of Review for Outcome Measure 3: \_\_\_\_\_ (enter as qtr-year: e.g. 1-14)

A6. Period of Review for Outcome Measure 15 (enter month and year of prior plan to date of current plan reviewed for OM 3):

\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_  
 mm / yyyy mm / yyyy

A7. Review Supervisor's Initials: \_\_\_\_\_

<sup>1</sup> Enter 11/11/9999 if a family conference was not held that meets the DCF criteria: parent(s), DCF and one or more other active case participants - either providers or family supports attending.

Case ID Number: \_\_\_\_\_

**Descriptive Information:**

D1. LINK Case Number: \_\_\_\_\_

D2. Date the case was most recently opened/reopened: \_\_\_\_/\_\_\_\_/\_\_\_\_(MM/DD/YYYY)

D3. What was the cause for DCF's involvement on this date? Indicate all risks or issues identified regardless of substantiation. Check all that apply.

Risk Factors Alleged/Identified in Investigation	Identified		Substantiated	
a. Abandonment	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
b. Domestic Violence	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
c. Educational Neglect	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
d. Emotional Neglect	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
e. Emotional Abuse/Maltreatment	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
f. Medical Neglect	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
g. Moral Neglect	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
h. Physical Abuse	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
i. Physical Neglect	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
j. Sexual Abuse	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
j.1. Human Trafficking	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
k. Substance Abuse/Mental Health (parent)	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
l. Voluntary Services Request for medical/mental health/substance abuse/behavioral health of child (No CPS)	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
m. FWSN Referral	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
n. Child's TPR prompted a new case open under child's name	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
o. Child's behavioral, medical, substance abuse or delinquent behaviors in conjunction with CPS concerns in the home	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
p. History of prior investigations	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
q. History of Prior TPRs	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
r. FAR	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
s. Probate	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		
t. SPM (Services Post Majority)	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No		

D3a. Primary Reason cited: \_\_\_\_\_ (of those listed above, indicate primary reason)

D3b. What is the total neglect risk score cited in the SDM® Risk Assessment at that investigation disposition? (Reflected in investigation begun on date entered in question D2) \_\_\_\_\_

D3c. What is the total abuse risk score cited in the SDM® Risk Assessment at that investigation disposition? (Again, referring to Question D2) \_\_\_\_\_

D3d. What is the overall scored risk level cited at that investigation disposition (Question D2):  
 1.  Very Low      2.  Low      3.  Moderate      4.  High      5.  N/A

D3d.1 Is there indication of a policy or discretionary override? 1.  Yes      2.  No      3.  N/A

D3d.2 If yes, what is the final risk level assigned by Supervisor?  
 1.  Low      2.  Moderate      3.  High      4.  N/A

D3e. What is the safety decision documented by the investigation prior to the finalization of that investigation disposition (that began on date of D2)?  
 1.  Safe      2.  Conditionally Safe      3.  Unsafe      4.  N/A

D3f. Was there a documented safety plan as a result of the SDM® Safety Assessment process?  
 1.  Yes      2.  No      3.  N/A

D3f.1 Did the identified services/interventions assist in mitigating the safety factors within the home?  
 1.  Yes      2.  No      3.  N/A

Case ID Number: \_\_\_\_\_

D3g. Have there been ongoing SDM® Risk Reassessments or Reunification Assessment/Reassessment at required intervals (min 180 days) for in-home or reunification cases? *(If initial case, pick N/A)*

1.  Yes      2.  No      3.  N/A

D3h. What is the most current SDM® Risk Reassessment or Reunification Assessment/Reassessment level at the time of preparation for the development of the Case Plan under review?

1.  Very Low      2.  Low      3.  Moderate      4.  High      5.  N/A

D3h.1 Is there indication of a policy or discretionary override? 1.  Yes      2.  No      3.  N/A

D3h.2 If yes, what is the final SDM® Risk Reassessment or Reunification Assessment/Reassessment level assigned by Supervisor?

1.  Very Low      2.  Low      3.  Moderate      4.  High      5.  N/A

D3i. What is the total risk score<sup>2</sup> cited in the SDM® Risk Reassessment or Reunification Assessment/Reassessment on the date of the CPC/ACR/FC? \_\_\_\_\_

D4. What is the name of the assigned Social Worker that wrote (or was responsible to write) the Case Plan for the quarter under review?

\_\_\_\_\_

(Last Name, First Name)

D5. What is the name of the assigned Social Work Supervisor who approved the Case Plan for the quarter under review?

\_\_\_\_\_

(Last Name, First Name)

D6. a. Social Worker's Area Office:

- 1.  Bridgeport
- 2.  Danbury
- 3.  Milford
- 4.  Hartford
- 5.  Manchester
- 6.  Meriden
- 7.  Middletown
- 8.  New Britain
- 9.  New Haven
- 10.  Norwalk
- 11.  Norwich
- 12.  Stamford
- 13.  Torrington
- 14.  Waterbury
- 15.  Willimantic

D6.b. DCF Region (designation beginning after Aug 1 includes Region VI)

- 1.  Region I (Bridgeport, Norwalk)
- 2.  Region II (New Haven, Milford)
- 3.  Region III (Norwich, Middletown, Willimantic)
- 4.  Region IV (Hartford, Manchester)
- 5.  Region V (Danbury, Torrington, Waterbury)
- 6.  Region VI (Meriden, New Britain)

D7. What type of case assignment is noted in LINK record?

- 1.  CPS In-home family case
- 2.  CPS child-in-placement case
- 3.  Voluntary Services in-home family case
- 4.  Voluntary Services child-in-placement case
- 5.  Associated CIP Family Case
- 6.  Associated Voluntary Services Family Case
- 7.  Services Post Majority Child-in-Placement

<sup>2</sup> The reassessed risk score is one combined number.

Case ID Number: \_\_\_\_\_



D8. LINK Family Case or Child's Name: \_\_\_\_\_  
(Last Name, First Name)

D9. Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)  
(enter 11/11/9999 if in-home case)

D10. Current legal status

- 1.  Not Committed
- 2.  Committed (Abuse/Neglect/Uncared for)
- 3.  Dually Committed
- 4.  TPR/Statutory Parent
- 5.  Order of Temporary Custody
- 6.  96 hour hold
- 7.  Protective Supervision
- 8.  N/A - In-home CPS case with no legal involvement
- 9.  N/A - In-home Voluntary Service
- 10.  Committed Delinquent or Recommited Delinquent
- 11.  Committed - Mental Health
- 12.  Commitment/FWSN
- 13.  Probate Court Custody or Probate Court Guardianship
- 14.  DCF Custody Voluntary Services
- 15.  Unknown
- 16.  Pending

D10.a Did child in placement (CIP) have involvement with the criminal justice system (juvenile or adult) during the PUR?

- 1.  Yes
- 2.  No
- 3.  N/A – In-home CPS or voluntary service case

D10b. Is child in placement eligible for special education status?

- 1.  Yes
- 2.  No
- 99.  N/A – In-home service case

D11. Race (Child's or Family Case Name):

- 1.  American Indian or Alaskan Native
- 2.  Asian
- 3.  Black/African American
- 4.  Native Hawaiian
- 5.  White
- 6.  Unknown
- 7.  Blank (no race selected in LINK)
- 8.  UTD
- 9.  Multiracial

D11.a Sex of Child

- 1.  Male
- 2.  Female
- 3.  Intersex
- 99.  N/A - In-home Case

D12. Ethnicity (Child's or Family Case Name):

- 1.  Hispanic
- 2.  Non-Hispanic
- 3.  Blank (no ethnicity selected in LINK)
- 4.  Unknown

Case ID Number: \_\_\_\_\_

**D13. For Child in Placement has TPR been filed?**

- 1.  Yes
- 2.  No
- 3.  N/A – Compelling Reason<sup>3</sup> noted in LINK
- 4.  N/A – child’s goal and length of time in care do not yet require termination of parental rights
- 5.  N/A – In-home case (CPS or Voluntary Services)

**D13.a** Enter the date of filing here: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(11/11/9999 if not applicable)

**D13.b** Has TPR been granted?

- 1.  Yes
- 2.  No
- 3.  N/A – DCF did not file TPR
- 4.  N/A – In-home case (CPS or Voluntary Services)

**D13.c** Enter date that TPR was granted: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(11/11/9999 if not applicable)

**D14.** Date of most recent removal episode? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)

**D14a.** Date of entry into most current placement? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)

**D15.** How many consecutive months has this child been in out-of-home placement as of date of this review (or date of case closure during the period)?

- 1.  < 1 month
- 2.  1- 6 months
- 3.  7-12 months
- 4.  13-18 months
- 5.  19-24 ,months
- 6.  >24 months
- 7.  N/A - no child in placement (in-home case)

**D15.a** Has child’s length of stay exceeded the 15 of the last 22 months benchmark set by ASFA?

- 1.  Yes
- 2.  No
- 3.  N/A – In-home case (CPS or Voluntary Services)
- 4.  N/A – TPR has already been filed or granted or compelling reason filed

**D16.** What is the child or family’s stated goal on the most recent approved Case Plan in place during the period?

- 1.  Reunification
- 2.  Adoption
- 3.  Transfer of Guardianship
- 4.  Long Term Foster Care with a licensed Relative
- 5.  In-Home Goals – Safety/Well Being Issues
- 6.  UTD – Plan incomplete, unapproved or missing for this period
- 7.  Goal indicated is not an approved DCF Goal
- 8.  OPPLA

**D16a.** Does this correspond to the current SDM Family Reunification Assessment/Reassessment Permanency Plan Recommendation arrived at in section E. Permanency Plan Recommendation Summary?

- 1.  Yes
- 2.  No
- 3.  N/A
- 4.  UTD - Required Documentation Not in LINK

**D16b.** Was there an override in the SDM Family Reunification Assessment/Reassessment Permanency Plan Recommendation?

- 1.  Yes
- 2.  No
- 3.  N/A
- 4.  UTD - Required Documentation Not in LINK

<sup>3</sup> Compelling Reason must be consistent with acceptable language identified in DCF’s policy/procedures. See Directional Guide for assistance.

Case ID Number: \_\_\_\_\_

**D17. What is the stated concurrent plan?**

1.  Reunification
2.  Adoption
3.  Transfer of Guardianship
4.  Long Term Foster Care with a licensed Relative
5.  In-Home Goals – Safety/Well Being Issues
6.  None
7.  UTD – Plan incomplete, unapproved or missing for this period
8.  OPPLA

**D18. a – D18.z Please circle the appropriate response to indicate which individuals had a documented engagement with DCF in the Case Planning efforts and who participated in person or via teleconference in the CPC/ACR/Family Conference during this period? Please enter type of provider (do not identify by name) attending and relationship of “other” (e.g. neighbor, friend, MGM, etc.) if present at the meeting.**

	Engagement documented			Participated the CPC/ACR/FC <sup>4</sup>		
<b>Child Age 12 or older</b>	1. Yes	2. No	99. N/A	1. Yes	2. No	99. N/A
<b>Mother</b>	1. Yes	2. No	99. N/A	1. Yes	2. No	99. N/A
<b>Father</b>	1. Yes	2. No	99. N/A	1. Yes	2. No	99. N/A
<b>Foster Parent</b>	1. Yes	2. No	99. N/A	1. Yes	2. No	99. N/A
<b>Active Service Provider 1:</b>	1. Yes	2. No	99. N/A	1. Yes	2. No	99. N/A
<b>Active Service Provider 2:</b>	1. Yes	2. No	99. N/A	1. Yes	2. No	99. N/A
<b>Active Service Provider 3:</b>	1. Yes	2. No	99. N/A	1. Yes	2. No	99. N/A
<b>Active Service Provider 4:</b>	1. Yes	2. No	99. N/A	1. Yes	2. No	99. N/A
<b>Attorney/GAL for child</b>	1. Yes	2. No	99. N/A	1. Yes	2. No	99. N/A
<b>Attorney for parent</b>	1. Yes	2. No	99. N/A	1. Yes	2. No	99. N/A
<b>All Other DCF staff</b>	1. Yes	2. No	99. N/A	1. Yes	2. No	99. N/A
<b>Other 1:</b>	1. Yes	2. No	99. N/A	1. Yes	2. No	99. N/A
<b>Other 2:</b>	1. Yes	2. No	99. N/A	1. Yes	2. No	99. N/A

**D19. Current residence of identified child on the date of this review:**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> In-state non-relative licensed DCF foster care setting</li> <li>2. <input type="checkbox"/> In-state licensed relative DCF foster care setting</li> <li>3. <input type="checkbox"/> In-state private provider foster care setting</li> <li>4. <input type="checkbox"/> In-state residential setting</li> <li>5. <input type="checkbox"/> In state hospital setting</li> <li>6. <input type="checkbox"/> Out-of-state non-relative foster care setting</li> <li>7. <input type="checkbox"/> Out of state relative foster care setting</li> <li>8. <input type="checkbox"/> Out-of state residential setting</li> <li>9. <input type="checkbox"/> Out-of-state hospital setting</li> <li>10. <input type="checkbox"/> Home of biological parent, adoptive parent or legal guardian</li> <li>11. <input type="checkbox"/> Shelter</li> </ol> | <ol style="list-style-type: none"> <li>12. <input type="checkbox"/> Temporary Emergency Foster Care Placement</li> <li>13. <input type="checkbox"/> Detention center/CJTS</li> <li>14. <input type="checkbox"/> Safe Home</li> <li>15. <input type="checkbox"/> Group Home</li> <li>16. <input type="checkbox"/> CHAP/TLAP</li> <li>17. <input type="checkbox"/> AWOL/Unknown</li> <li>18. <input type="checkbox"/> Other _____ (specify)</li> <li>19. <input type="checkbox"/> N/A - Associated CIP Family Case</li> <li>20. <input type="checkbox"/> N/A - In-home family case</li> <li>21. <input type="checkbox"/> STAR Home</li> </ol> |
|--|---|

**D19.a Does child appear on the ASO, or Children Awaiting Placement List as a child requiring a different level of placement/service?**

1.  Yes
2.  No
3.  N/A – No child in placement

<sup>4</sup> Enter N/A if there was not a family conference with participation of others outside of the parent/guardians of the child and the DCF staff involved in the case. A family meeting is not considered a family conference. This response needs to correspond with response to A3 - do not put in a date of a family conference if it was actually a home visit.

Case ID Number: \_\_\_\_\_

D19.b If child is awaiting placement on the CTBHP listing, what is the number of days delayed? \_\_\_\_\_

D.20. If child had been in out-of-home care during the period, but was reunified prior to the date of this review, please enter the date of reunification \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (mm/dd/yyyy)

**End of Descriptive Information**

---

Notes:

Case ID Number: \_\_\_\_\_

### Outcome Measure 3 - Case Planning

The overarching principle that reviewers must consider is: Is DCF's Case Planning practice adequate to meet the children and families' needs to resolve the presenting issues (CPS/Voluntary Service/FWSN) and advance the case to safe and appropriate closure? The following guidelines are provided for consistent application of scoring within each of the following eight sections and overall determination of compliance achieved by DCF for the cases selected each quarter.

In addition to the eight detailed sections of the Case Plan, the Exit Plan requires three essential elements of the plan be in place to achieve a passing grade. A plan that fails any of these essential elements will not receive a Very Good score even in the event that it achieves the numerical score deemed acceptable using the following five point scoring tool in each of the eight sections. These essential elements require that the current plan be:

- *Approved by a SWS, and*
- *Of a time frame less than seven months from the prior plan, and*
- *Written in the primary language of the client*

With the new process of blind reviews being reviewed after the case plan process is completed, consideration for an override of the SWS approval may be extended if there is documentation of supervisory review and oversight of the case planning process with an exception of the technical "click" of the check box in LINK. These situations will be assessed on the merit of the documentation in LINK at the time of the review and are subject to the Monitor's discretion.

The Monitor's Review will utilize the attached Case Planning protocol, which encompasses the requirements of Outcome Measure 3 outlined in the Exit Plan.

The process of review includes a full reading of the LINK record for the six month period, including all ACR and/or family conference documentation, individual icon and narratives on the case and foster provider records<sup>5</sup> through the point of case plan approval as well as prior pertinent LINK information in accordance with the Technical Advisory Committee recommendation which indicates, "In order to be best informed about recent practice, reviewers must also generally review (*skim*) the entire case record to better understand the family and the child's history and the needs so that the actions taken by the department can be viewed in the context of a complete understanding of the child and family." The case plan(s) will then be read in its approved form<sup>6</sup>, and a list of clarifying questions will be generated as necessary for submittal to the area office.

<sup>5</sup> In addition to review of the case and foster provider records, an individual name search should be conducted if the child is in a residential setting to determine if the child has been an identified victim of accepted abuse/neglect report during the period of review.

<sup>6</sup> If case plan is not approved at day 201 from prior ACR date or 10 days from the issuance of the ACRI date the case plan has technically not met the requirement. Our process calls for a review of LINK 25 days from the date of the ACR to allow the Department's process adequate time to go through its documentation. The plan reviewed at the point of the ACR or family conference should be updated and subsequently approved within 20 days from that date. (25 days allows 15 days for the ACR process, 10 days for the AO to approve.) If there is no initialized plan, the case will fail OM 3 review for that quarter with all sections scoring "1". You will base your OM3 scores for an unapproved initialized case plan on what is present at the point of your letter to the area office, giving weight to clarification questions as warranted. An unapproved draft case plan can pass all domains if well written, but still will fail based upon the failure to approve if the timeframe is significantly over the 25 days post ACR or 201 days from the last ACR trigger date for in-home cases.

**Outcome Measure 3 Scoring Guide<sup>7</sup>**

**Optimal Score – 5**

The reviewer finds evidence of all essential Case Planning efforts for both the standard of compliance and all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that essential elements for the standard of compliance are substantially present given the review of relevant consideration items.

**Marginal Score – 3**

There is an attempt to include the essential elements for compliance but the review finds that substantial elements for compliance as detailed by the Department's protocol are not present. Some relevant considerations have not been incorporated into the process.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standard of compliance detailed in the Department's protocol. The process does not take into account the relevant considerations deemed essential, and the resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt to incorporate the standard for compliance or relevant considerations identified by the Department's protocol. As a result there is no Case Plan less than 7 months old at the point of review or the process has been so poorly performed that it has had an adverse affect on case planning efforts.

---

<sup>7</sup> Full guidelines will be referenced within the Reviewers' Handbook. In short – those sections resulting in a score of 4 or 5 will generally be considered passing. Overall determination of a score of "Appropriate Case Plan" or "Not an Appropriate Case Plan" will be based upon the reviewer's documented consideration of each of the individual sections as they relate to a comprehensive plan to address the issues that require ongoing DCF involvement.

## Part I: General Family Assessment

Circle Score:

- 5 Optimal
- 4 Very Good
- 3 Marginal
- 2 Poor
- 1 Absent/Adverse

### I.1. Reason for DCF Involvement.

**Standard for Compliance:**

*The plan provides a description of the **current** assessed risk and safety factors for the child/family and/ or provides brief details of the assessed barriers to achieving the stated case planning goal. For the Voluntary Services client, the section would identify the primary and acute behaviors necessitating intervention and/or the necessary mental or behavioral health services that were not available without Department intervention and which is requested for the upcoming period.*

**Considerations:**

- Is the statement reflective of SDM, narrative entry, and other assessments conducted and available for review in the 6 month period leading up to and including the CPC/ACR or Family Conference
- If participants were present at the ACR, did the discussion provide adequate explanation at an appropriate level to facilitate an understanding for the continued reasons for DCF involvement in the child/family's life?

*Reviewer notes on Case Review/ ACR/Review of Case Plan as they relate to this section of the Case Planning process. Please indicate if AO utilized feedback or indicated rationale for difference of opinion to that of ACR SWS related to this section prior to finalizing approved case plan.*

<p><b>Circle Score:</b></p> <p>5 Optimal          4 Very Good          3 Marginal          2 Poor          1 Absent/Adverse</p>	<p><b>I.2. Identifying Information</b></p> <p><b><u>Standard for Compliance:</u></b></p> <ul style="list-style-type: none"> <li>▪ <i>The worker has identified case participants and significant inter-relationships.</i></li> </ul> <p><b><u>Considerations:</u></b></p> <ul style="list-style-type: none"> <li>▪ Is the correct date of birth, sex, and primary language information provided on the case plan for all active family members living in the home?</li> <li>▪ Has the worker identified the relationship between each adult to the children living within the home?</li> <li>▪ Does the worker identify the non-custodial birth/adoptive parent and provide a brief statement as to their relationship to his/her child residing in the home? (If whereabouts unknown, or if there is no ongoing relationship, this should be documented in a very brief statement.)</li> <li>▪ Does this case plan include <b>pertinent</b> religious, medical, mental health, employment, criminal activity or educational information if important to setting the baseline for goal establishment?</li> <li>▪ Are cultural connections and the positive/negative nature of these relationships or experiences that the family has experienced included?</li> <li>▪ Have family and community support networks been explored/identified within the period under review? (This may be briefly highlighted in the document's assessment but more fully discussed at the ACR and on the ACRI)</li> </ul> <p><i>Reviewer notes on Case Review/ ACR/Review of Case Plan as they relate to this section of the Case Planning process. . Please indicate if AO utilized feedback or indicated rationale for difference of opinion to that of ACR SWS related to this section prior to finalizing approved case plan. :</i></p>
---	---

Case ID Number: \_\_\_\_\_



<p><b>Circle Score:</b></p> <p>5 Optimal          4 Very Good          3 Marginal          2 Poor          1 Absent/Adverse</p>	<p><b>I.3. Engagement of Child and Family (Section Formerly Identified as Strengths/Needs/Other Issues)</b></p> <p><b><u>Standards for Compliance:</u></b></p> <ul style="list-style-type: none"> <li>▪ <i>The input of the family/child is considered/addressed in the Case Planning process.<sup>8</sup></i></li> <li>▪ <i>The Case Plan emphasizes individual child and/or family strengths.</i></li> </ul> <p><b><u>Considerations:</u></b></p> <ul style="list-style-type: none"> <li>▪ Is DCF using effective outreach and engagement strategies to build a working partnership with the child and family?</li> <li>▪ When reading the case plan are the current needs and strengths evident from both the worker/DCF perspective and the perspective of the client(s)?</li> <li>▪ <i>Is the Case Plan reflective of the SDM® Family Strengths and Needs Assessment/Reassessment and SDM® Family Reunification Assessment/Reassessment or ongoing SW assessment through case management and provider input in cases where SDM is not required?</i></li> <li>▪ What was the quality of the Family Feedback Narrative or Child's Perception included within the plan document? (i.e. Does it reflect what was stated at the meeting and recent narratives?)</li> <li>▪ Were the required visitation plan and medical screens included in the process and provided to the family during the meeting?<sup>9</sup></li> <li>▪ Was there evidence that the SW had engaged the child and/or family in the development of the case plan prior to the meeting attended?</li> <li>▪ Was the CPC, ACR or Family Conference facilitation successful in engaging the child or family in discussion of their case plan?</li> <li>▪ Is there evidence that the family been informed of the consequences of not taking the necessary action to meet the <b>prior</b> plan's requirements?</li> <li>▪ Is there evidence that the family/child has been involved in identification of barriers and the development of the action steps?</li> <li>▪ Has the family been informed of the consequences of not taking the necessary action in the <b>upcoming</b> six-month period?</li> </ul> <p><i>Reviewer notes on Case Review/ ACR/Review of Case Plan as they relate to this section of the Case Planning process. . Please indicate if AO utilized feedback or indicated rationale for difference of opinion to that of ACR SWS related to this section prior to finalizing approved case plan.:</i></p>
---	---

<sup>8</sup> Notes: The client statement of issues needs and strengths should be the result of a discussion with the client in which the client is given the opportunity to indicate how they view the issues. Items to consider are: the client's perspective on what led to/required DCF involvement, how they feel they are progressing toward case closure, their self identified strengths, and any barriers they feel are preventing them from their goals. This may be a discussion at the ACR or one documented in LINK narrative preceding the finalization of the Case Plan in LINK.

<sup>9</sup> We have been advised by the QIPS that practice in some offices does not include provision of these documents, but that these elements are discussed and current information is documented in the ACRI and on the case plan. We will continue to look at these areas as required of policy, but give weight to clear communication of these key components in the case plan when arriving at final scoring as it relates to engagement.

Case ID Number: \_\_\_\_\_

<p>Circle Score:</p> <p>5 Optimal 4 Very Good 3 Marginal 2 Poor 1 Absent/Adverse</p>	<p><b>I.4. Assessment at the Date of the Review</b></p> <p><b><u>Standard for Compliance:</u></b></p> <ul style="list-style-type: none"> <li>▪ <i>The risks, safety concerns, and needs for the child and family are identified within the worker's assessment of the family/child's current level of functioning.</i></li> </ul> <p><b><u>Considerations:</u></b></p> <ul style="list-style-type: none"> <li>▪ Were the Priority and Other identified needs of the primary and secondary caretaker, as well as the all needs for <u>each</u> child and strengths of the family members as identified by SDM® incorporated into the discussion at the CPC/ACR/FC and as appropriate, included into the domains within the assessment section of the Case Plan document?<sup>10</sup></li> <li>▪ Are the identified risks, safety concerns, and needs documented in the LINK record within the six-month period leading up to the CPC/ACR meeting and any risks or needs identified at that meeting<sup>11</sup> included into the planning document as appropriate?</li> <li>▪ Does the assessment accurately take into account the history of referrals, substantiations, and services provided to assist the client to reduce the risks identified to the date of the most recent ACR?</li> <li>▪ Does the section incorporate the current visitation evaluation from the most recent SDM® <i>Family Reunification Assessment/Reassessment form</i>?</li> <li>▪ Has the social worker considered all available information including the provider's written and verbal comments, formal summary assessments, past history and recent progress; and included those that are pertinent?<sup>12</sup></li> </ul> <p><b><u>Notes:</u></b> This is the social worker's attempt to synthesize the data they have gathered and draw conclusions regarding the level of risk, well-being and direction of the permanency plan. It is the jumping off point for the development of the next six month's case plan.</p> <p><b><i>Reviewer notes on Case Review/ ACR/Review of Case Plan as they relate to this section of the Case Planning process. . Please indicate if AO utilized feedback or indicated rationale for difference of opinion to that of ACR SWS related to this section prior to finalizing approved case plan. :</i></b></p>
--	--

<sup>10</sup> SDM® requires the assessment of all active case participant children in the home as well as the primary and secondary caregivers in the home. The present situation and current assessment as well as the goals and objectives for the period should be reflective of the SDM® documentation.

<sup>11</sup> As the Technical Advisory Committee indicates, "In order to be best informed about recent practice, reviewers must also generally review (*skim*) the entire case record to better understand the family and the child's history and the needs so that the actions taken by the Department can be viewed in the context of a complete understanding of the child and family."

<sup>12</sup> As the Technical Advisory Committee indicates, "In order to be best informed about recent practice, reviewers must also generally review (*skim*) the entire case record to better understand the family and the child's history and the needs so that the actions taken by the Department can be viewed in the context of a complete understanding of the child and family."

## Part II - Development of the Goals/Objectives and Steps

Circle Score:

- 5 Optimal  
 4 Very Good  
 3 Marginal  
 2 Poor  
 1 Absent/Adverse

### II.1. Determining the Goals/Objectives (Priority Needs)

#### Standards for Compliance:

- Clear, prioritized needs/goals/objectives are stated within the case objective section of the Case Plan for the child, and where applicable for the parent or guardian which are consistent with the family assessment.
- The social worker shall address and document those issues which are specific to the needs of the adolescent population (children fourteen years of age who will not return home).<sup>13</sup>
- Adolescent Discharge Plan is completed during period if required by case circumstances<sup>14</sup>.
- There is evidence<sup>15</sup> that the family/child has been involved in development of the goals/objectives.

#### Considerations:

- Are goals/objectives and the priority needs accurately stated and connected to the child and the reason for DCF's continued involvement? Where applicable, are they supported by the SDM® Family Strengths and Needs Reassessment, SDM® Family Reunification Assessment/Reassessment and/or the most current SDM® Risk Reassessment and Safety Plan (when present) at the point of Case Planning?<sup>16</sup>
- Do the goals/objectives reflect concurrent planning efforts where there is a stated concurrent plan?
- Form 2250 is no longer being completed. As such for the Adolescent Population specific focus on engagement related to their issues must be monitored. Was there discussion with the child/family and providers for any adolescent (ages 14-21) in out of home care with a goal other than reunification regarding applicable issues such as:
  - need to develop Life Skills and/or knowledge to enable self-sufficiently
  - development and support of family members and significant adults willing and able to make a lifelong commitment
  - the need for an assessment to determine educational and/or vocational interests and level of ability, and/or post high school educational interests
  - whether the youth has taken a career interest assessment
  - whether the youth has taken a learning-style inventory
  - the need to achieve timely permanency
  - whether the youth has been referred to a Life-Long Family Ties Program
  - issues of sexual orientation, cultural awareness
  - the need for future referral to Adult Services
  - whether the case should be transferred to a specialty unit
  - mental and medical health status (including identifying future needs)
  - housing
  - finances (including any sources of income and any survivor benefits)
  - substance abuse
  - legal issues
  - parenting issues
  - Independent Living Passport and essential documents.

***Use following page for reviewer notes on Case Review/ ACR/Review of Case Plan as they relate to this section of the Case Planning process. . Please indicate if AO utilized feedback or indicated rationale for difference of opinion to that of ACR SWS related to this section prior to finalizing approved case plan. :***

<sup>13</sup> Per 2006 Policy release – Independent Living planning is to be conducted for all children age 14 or older who are not to return home. See Chapter 42-10-2 for specific requirements of the conference and subsequent documentation.

<sup>14</sup> A conference shall be held to finalize an Adolescent Discharge Plan for all youth eighteen (18) years of age or older in out-of-home placement at least one hundred and eighty (180) days (six months) prior to the anticipated discharge from Department care.

<sup>15</sup> Either observed via attendance at the ACR or as documented LINK narrative to that effect.

Case ID Number: \_\_\_\_\_

---

<sup>16</sup> SDM® requires the assessment of all active case participant children in the home as well as the primary and secondary caregivers in the home. The present situation and current assessment as well as the goals and objectives for the period should be reflective of the SDM® documentation.

Case ID Number: \_\_\_\_\_

<p><b>Circle Score:</b></p> <p>5 Optimal          4 Very Good          3 Marginal          2 Poor          1 Absent/Adverse          99 N/A - Too Soon to Rate</p>	<p><b>II.2. Progress</b></p> <p><u><b>Standard for Compliance:</b></u></p> <ul style="list-style-type: none"> <li>▪ <i>This section within the plan reflects the progress<sup>17</sup> towards addressing the identified priority needs, goals/objectives <u>in the last six month period</u> as evaluated by DCF with input from the family and providers.</i></li> </ul> <p><u><b>Considerations:</b></u></p> <ul style="list-style-type: none"> <li>▪ Has the social worker focused on the strengths of the client, and incorporated input from involved professionals during the 6 month period?</li> <li>▪ Does section accurately reflect the level of family’s compliance with the SDM® Safety Plan in place, or agency, provider and/or court expectations at the point of this current Case Planning process?</li> <li>▪ Does SDM® Risk Reassessment correspond with the progress noted within the case narratives, that discussed at the ACR or family conference and that identified within the Case Planning document?</li> <li>▪ Have barriers been identified to progress as a result of this case planning effort so that future efforts have been informed by this Case Planning process?</li> </ul> <p><u>Notes:</u> If the plan is an initial Case Plan and there are investigation goals, priority needs and/or interventions identified in the SDM® Safety Plan, progress related to these should be indicated. If no goals/objectives or actions steps were set during the investigation phase, the social worker should indicate that the plan is the initial plan and therefore it is too early to note progress.</p> <p><i>Reviewer notes on Case Review/ ACR/Review of Case Plan as they relate to this section of the Case Planning process. . Please indicate if AO utilized feedback or indicated rationale for difference of opinion to that of ACR SWS related to this section prior to finalizing approved case plan. :</i></p>
--	--

<sup>17</sup> “Progress” can actually be regress or stability over the period. This section is measuring the accuracy of the worker’s synopsis of what has transpired over the last Case Planning period. It may not be a positive movement and could still be a five ranking if it is accurate depiction of what is documented in LINK, and discussed at the ACR/CPC or Family Conference.

<p><b>Circle Score:</b></p> <p>5 Optimal          4 Very Good          3 Marginal          2 Poor          1 Absent/Adverse</p>	<p><b>II.3. Action Steps to Achieving Goals/Objectives (Priority Needs) Identified for the Upcoming Six Month Period</b></p> <p><b><u>Standards for Compliance:</u></b></p> <ul style="list-style-type: none"> <li>▪ <i>There are clearly stated action steps for each goal/objective (priority needs) and the responsible parties (DCF, providers, and all active family members<sup>18</sup>) for each goal are identified.</i></li> </ul> <p><b><u>Considerations:</u></b></p> <ul style="list-style-type: none"> <li>▪ Are the stated action steps consistent with the goals/objectives (priority needs) and with the case documentation for each active family member; given the assessment information available to you from your review of the case information and attendance at the ACR or family conference?<sup>19</sup> <ul style="list-style-type: none"> <li>○ Are the stated steps and goals/objectives consistent with the ACRI documentation?</li> <li>○ Are the stated steps and goals/objectives reflective of the permanency goal?</li> <li>○ Are the stated steps consistent with the SDM® Safety Plan and SDM® Family Strengths and Needs Reassessment documentation at the time of this Case Planning cycle?</li> </ul> </li> <li>▪ <i>Are action steps specific, measurable, achievable, realistic and time limited?</i></li> </ul> <p><b><u>Notes:</u></b> This is the section that informs the families of all expectations within the next six-month planning cycle and is therefore deemed the most critical. Each action step should adopt the SMART elements as detailed in the directional guide. If certain action steps are legally mandated, these should be identified as such.</p> <p><b><i>Reviewer notes on Case Review/ ACR/Review of Case Plan as they relate to this section of the Case Planning process. Please indicate if AO utilized feedback or indicated rationale for difference of opinion to that of ACR SWS related to this section prior to finalizing approved case plan.</i></b></p>
---	---

<sup>18</sup> Review will include the completed family Case Plan document for additional details to capture all information related to the parents' action steps as they relate to the child's goals as workers often do not include this information on the child's Case Plan document.

<sup>19</sup> SDM allows for 3 priority needs for each active family case participant. Other needs may be pulled in as required by the case circumstances. In cases where SDM is not indicated, the social worker shall use alternate means of assessment, provider and family feedback, and supervision to determine the priority needs for the period.

<p><b>Circle Score:</b></p> <p>5 Optimal          4 Very Good          3 Marginal          2 Poor          1 Absent/Adverse</p>	<p><b>II.4. Planning for Permanency</b></p> <p><b><u>Standard for Compliance:</u></b></p> <ul style="list-style-type: none"> <li>▪ <i>The plan contains the identification of an appropriate case permanency goal<sup>20</sup> (based on the circumstances of the case) using one of the current approved terms:</i> <ul style="list-style-type: none"> <li>○ Reunification</li> <li>○ Adoption</li> <li>○ Transfer of Guardianship</li> <li>○ Long Term Foster Care with a licensed Relative</li> <li>○ OPPLA</li> <li>○ In-Home Goals – Safety/Well Being Issues</li> </ul> </li> <li>▪ <i>There is an identification of a concurrent goal <u>and</u> plan if the case permanency goal is reunification.</i></li> <li>▪ <i>There is a visitation plan for parents <u>and</u> siblings for cases involving a child in placement. It should describe the frequency, duration and type of visitation permitted between parents and their children, between siblings, and between other relatives as necessary.</i></li> <li>▪ <i>In cases with court involvement, the Case Plan goal or concurrent plan goal as stated in the document coincides with the court approved permanency goal for the child.</i></li> </ul> <p><b><u>Considerations:</u></b></p> <ul style="list-style-type: none"> <li>▪ Are the action steps consistent with the permanency goal?</li> <li>▪ If appropriate given the circumstances of the case has a concurrent plan been developed where the goal is other than reunification?</li> <li>▪ For in-home cases, did the worker and family develop a plan that could be followed in the event that circumstances require the removal of their children or inability to reunify? (This plan would identify relative or other persons known to child as a potential resource for placement. If no resources have been identified, this should be indicated.)</li> <li>▪ Does the goal coincide with the SDM Family Reunification Assessment/Reassessment Permanency Recommendation?</li> <li>▪ If the goal is OPPLA, has the area office followed the appropriate referral process to the Permanency Planning Team and received their approval to proceed with this non-preferred goal?</li> </ul> <p><b><u>Notes:</u></b>  <i>Reviewer notes on Case Review/ ACR/Review of Case Plan as they relate to this section of the Case Planning process. Please indicate if AO utilized feedback or indicated rationale for difference of opinion to that of ACR SWS related to this section prior to finalizing approved case plan.</i></p>
---	--

<sup>20</sup> TPR is not a permanency goal; it is an action step toward achieving permanency. The concurrent goal must be clearly stated in this section with a brief statement of the timing and activities that DCF is going to take toward achieving the concurrent plan.

**Scoring Sheet:**

---

**Timing/Approvals of Case Planning:**

**T1. Was this ACR or Family Conference scheduled at the required timeframe from the prior ACR or CPC based on where it is in the life of the case (within 60 days of the investigation completion or child coming into placement and each 181 days thereafter)?**

- 1. Yes
- 2. No
- 3. UTD - ACR or Family Conference was not documented, so timing cannot be established.

T.1a) If no, what was the stated reason for the delay? \_\_\_\_\_

**SWS1. Has this Case Plan been approved by the SWS?**

- 1. Yes
- 2. No
- 3. UTD – No Plan less than 7 months old

**T2. Was the case plan approved within 25 days from the ACR or family conference held on the date indicated in response to question A3.**

- 1. Yes
- 2. No
- 3. UTD

**T3. How many days passed between this approved plan date and the prior approved plan date?<sup>21</sup> \_\_\_\_\_**

**Language Requirement:**

**L.1. Was the family or child's language needs accommodated?**

- 1. Yes
- 2. No
- 3. UTD
- 99. N/A - There is no case plan or meeting documented

**L.2. Check the reasons that apply to determination of response to L.1. below:**

- 1. Meeting not conducted/translated in primary language
- 2. Case Plan document not written in primary language
- 3. Both Case Plan and meeting language requirements were not met
- 66. N/A – No case plan
- 99. N/A – Both Case Plan and meeting language requirement met

---

<sup>21</sup> If it is the initial plan or no approval is present enter "9999"  
Case ID Number: \_\_\_\_\_



**ACR Meeting and ACRI Documentation Process**

CTM1. Did the ACR SWS identify the Child as one requiring a CTM? 1. Yes 2. No 3. UTD 99. N/A

CTM3a. Do the facts of your review agree with the ACR SWS findings related to the Overall Case Plan (OM3) assessment (Strength vs ANI)? 1. Yes 2. No 3. UTD 99. N/A

**Comment on CTM3a. (REQUIRED)**

CRM3a.1 Do the facts of your review agree with the ACR SWS findings related to the OM15 Needs Met as a Strength vs ANI (Assessment of Needs Child and/or Parents Safety, Permanency, Well Being, Visitation) 1. Yes 2. No 3. UTD 99. N/A

**Comment on CRM3a.1(REQUIRED)**

**Domain Scoring**

**Part I: General Family Assessment Ratings:** For each sub section write in the reviewer rating.

I.1: \_\_\_\_\_ I.3: \_\_\_\_\_  
 I.2: \_\_\_\_\_ I.4: \_\_\_\_\_

**Part II: Development of Goals/Objectives & Action Steps Ratings:** For each sub section write in the reviewer rating.

II.1: \_\_\_\_\_ II.3: \_\_\_\_\_  
 II.2: \_\_\_\_\_ II.4: \_\_\_\_\_

**OR.1. Overall score<sup>22</sup>:**

1. Appropriate Case Plan  
 2. Not an Appropriate Case Plan

*Remember...if there is a 3 ranking or less than for any category and you feel the plan merits consideration for "appropriate" scoring, you must write up request for override and check off the box on the front of the tool so that we can easily flag for immediate consideration.*

**Reviewer notes of Case Review/ACR/Review of Case Plan as they relate to the overall determination of ranking for Outcome Measure 3 the development and finalization of the Case Plan reviewed: (Mandatory: Be sure to include your comments related to the overall case planning. Speak to engagement and the final document itself. Also, briefly touch upon what the AO did with the ACRI recommendations that either helped (or not) in the development of the case plan. )**

<sup>22</sup> The reviewer handbook provides guidance on overall determination. While ratings of 5 and 4 reflecting high standards and best case practices will generally be considered necessary for a finding of "Appropriate Case Plan", instructions to the reviewers and supervisors for this process will stress that a reviewer's determination is not tied to a numerical scoring system but rather will be based on their overall review of all domains and elements of the case. This will allow reviewers to make informed decisions and over-ride the rare case in which one domain with a lower score does not substantially impact the overall quality of performance. To ensure the validity of this process, the tool will provide space in which all scoring must be justified or defended by the reviewers. All cases will initially be reviewed in pairs and then screened by Monitoring Supervisors prior to data entry. Any case which falls into the category of over-ride utilization will not only be reviewed by the Monitoring Supervisors, but will also be forwarded to the TAC for their review.

**End of section for Case Plan (OM3)**

Case ID Number: \_\_\_\_\_

**Outcome Measure 15 - Needs Met**

The overarching principle for reviewers to consider is: Is DCF's Case Planning practice, referral and provision of services adequate to meet the children and families' needs, resolve presenting issues, and advance the case to safe and appropriate closure?

The following guidelines are provided for consistent application of scoring within each of the following sections for specific elements of Outcome Measure 15 and the overall scoring that will determine the level of compliance achieved by DCF for the cases selected each quarter.

The Monitor's Review will utilize the attached Needs Met protocol, which encompasses the requirements of Outcome Measure 15 outlined in the Exit Plan.

The review process looks at the impact of the prior Case Plan and actions implemented up through the current Case Plan development. The review includes a review of approximately a six month period of time in between the prior Administrative Case Plan Review or Family Conference and approval of the current case plan document, this includes a full reading of the LINK record for that six month period including all LINK icon data related to case planning, investigations, medical, dental, mental health, educational, etc. The reviewer will revisit the LINK record to review the prior and current recorded Case Plan documents. While reviewers are focusing on the most recent case practice, they will research prior LINK documentation to obtain information and background as necessary to make informed decisions as it relates to DCF's ability to assess and meet the needs of the children and families during the six month period. In the event that a case selected for review is open in treatment less than 6 months, the review will incorporate the investigation findings/assessment to determine the needs identified for a child or family.

**Outcome Measure 15 Score Guide<sup>23</sup>**

**Optimal Score – 5**

The reviewer finds evidence that DCF has met all elements identified for the standards of compliance, and that DCF's assessment and service provision has incorporated all relevant consideration items.

**Very Good Score – 4**

The reviewer finds evidence that the essential elements for the standards of compliance are substantially present via DCF's assessment and service provision as it relates to the relevant considerations items.

**Marginal Score – 3**

There is an attempt to include the essential elements for the standards of compliance. However, the reviewer finds substantial elements for compliance are not present. Some relevant considerations have not been incorporated into DCF's assessment and service provision.

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standards of compliance. The process does not take into account the relevant considerations deemed essential in assessment and service provision. The resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

The reviewer finds no attempt or a total disregard of the standards for compliance and relevant considerations in the case documentation. As a result there is no Case Plan less than 7 months old at the point of review or the needs assessment and service provision process has been so poorly performed that it has had an adverse affect on case planning efforts.

**Not Applicable to This Case – 99**

To be selected if the case is not indicated as an applicable case type below the considerations listed within the Directional Guide.

---

<sup>23</sup> Full guidelines will be referenced within the Reviewers' Handbook. In short – those sections resulting in a score of 4 or 5 will generally be considered passing. Overall determination of a "Needs Met" or "Needs Not Met" score will be based upon the reviewer's documented consideration of each of the individual sections as well as service provision and case management efforts as a whole.

Using the scoring guide for OM 15 indicated prior, review each section based upon the standards for compliance and considerations indicated for that particular section.

<p><b>I. Risk – Answer only the section that applies to this case; if child was in both settings during the six month period, fill in both section’s scores.</b>  <i>(If score is 2 or less check off box on front page and include write up detailing your concerns regarding safety)</i></p>	
<p><b>Circle Score:</b>                  5 Optimal                  4 Very Good                  3 Marginal                  2 Poor                  1 Absent/Adverse                  99 - N/A (CIP Only)</p>	<p><b>I.1 In-Home:</b> <i>The purpose of this section is to determine whether DCF has conducted the appropriate assessments to identify risk factors that are detrimental to the safety of the child(ren) residing in the biological, adoptive or guardian home and that DCF has provided the appropriate services and legal action to ameliorate or manage those risks so that the children are reasonably safe from further harm. If case identifies multiple risks that are not adequately assessed or addressed, use the cover safety assessment question to indicate that child is in immediate danger of bodily injury or overall well being.</i></p> <p><b>Standard for Compliance:</b></p> <ul style="list-style-type: none"> <li>▪ <i>The child(ren) is/are currently in an environment that is safe from known and manageable risks of harm.</i></li> <li>▪ <i>Risk factors, such as but not limited to: domestic violence, substance abuse, mental health or parenting, and participants strengths have been adequately assessed with input from service providers, family, and DCF staff involved in this case and the necessary support services to address safety and risk factors-related to the reason for initial or ongoing DCF involvement (and as supported by the SDM® tools where these are available)<sup>24</sup> have been identified and provided in a timely manner.</i></li> <li>▪ <i>Services to address assessed needs newly identified during the Case Planning period or that have been carried over from the prior planning period have been identified and incorporated into the action steps for the current Case Plan cycle in accordance with SMART guidelines.</i></li> <li>▪ <i>Legal action required to ensure the child(ren) ’s safety have been taken in a timely and informed manner.</i></li> </ul> <p><b>Considerations:</b></p> <ul style="list-style-type: none"> <li>▪ <i>Were services<sup>25</sup> identified by the court, or appropriate services required as new information became known to DCF that identified a threat to the safety of the children in the home, provided timely to address the identified needs?</i></li> <li>▪ <i>Does the review indicate that the service providers have a clear understanding of what it will take to achieve successful results and outcomes? Is this reflected in their discussion/reporting of parent/child progress?</i></li> <li>▪ <i>During the Case Planning process were providers and family given the opportunity to take part in the discussion related to the progress in the last six month period and in developing the plan of action and goals for the upcoming period?</i></li> <li>▪ <i>Is the resulting Case Plan reflective of the input and information within the case record?</i></li> <li>▪ <i>Is child’s safety discussed at the ACR? Have realistic expectations been set for the family in regard to improving the level of risk within the home setting?</i></li> <li>▪ <i>Has there been any repeat maltreatment of the child during the six-month period?</i></li> <li>▪ <i>Have there been episodes of domestic violence reported within the home during the past six month period?</i></li> <li>▪ <i>Have informal supports within the community been identified at the ACR or within the Case Plan document?</i></li> </ul> <p><b>Reviewer Notes: see next page →</b></p>

<sup>24</sup> This would included all cases newly opened, reopened or with accepted report of abuse or neglect investigated on or after May 1, 2007.

<sup>25</sup> This includes the full array of services as they relate to safety.

Case ID Number: \_\_\_\_\_

--	--

**I. Risk – Answer only the section that applies to this case; if child was in both settings during the six month period, fill in both section’s scores.  
(If score is 2 or less check off box on front page and include write up detailing your concerns regarding safety)**

Circle Score:  
 5 Optimal  
 4 Very Good  
 3 Marginal  
 2 Poor  
 1 Absent/Adverse  
 99 - N/A (In Home)

**I.2. Children in Placement:** *The purpose of this section is to determine whether DCF has conducted the appropriate assessments to identify risk factors that are detrimental to the safety of the child(ren) residing in an out of home placement (includes children on trial home visit still in DCF Custody) and that DCF has provided the appropriate services and legal action to ameliorate or manage those risks so that the children are reasonably safe from further harm. If case identifies multiple risks that are not adequately assessed or addressed, use the cover safety assessment question to indicate that child is in immediate danger of bodily injury or overall well being.*

**Standard for Compliance**

- Risk factors, such as but not limited to: domestic violence, substance abuse, parenting, or the child’s behaviors have been adequately assessed with input from service providers, family, and DCF staff involved in this case and the appropriate support services to address safety and risk factors-related to the reason for initial or ongoing DCF involvement (and as supported by the SDM® tools where these are available)<sup>26</sup> have been identified and provided in a timely manner.
- The child is currently in an environment that is safe from known and manageable risks of harm.
- Services to address assessed needs newly identified during the Case Planning period or that have been carried over from the prior planning period, (and are required to address identified risks) have been identified and incorporated into the action steps for the current Case Plan cycle.

**Considerations:**

- Were services<sup>27</sup> identified by the court or through DCF’s Case Planning process provided appropriate in relation to the identified needs?
- Have child’s high risk behaviors been reduced through provision of services?
- Have there been any substantiated reports of abuse/maltreatment while in care?
- Is provider and family input considered regarding the family’s ability to achieve the safety goals set during the prior six month period?
- During the Case Planning process were providers and family given the opportunity to take part in developing the plan of action and goals for the upcoming period?
- Is the Case Plan reflective of the input at the ACR and information within the case record?
- Is child’s safety within the foster or residential care placement discussed at the ACR?
- Is child’s safety during visits with family discussed at the ACR?

**Reviewer Notes:**

<sup>26</sup> This would included all cases newly opened, reopened or with accepted report of abuse or neglect investigated on or after May 1, 2007.

<sup>27</sup> This includes the full spectrum of services as they relate to safety – see Crosswalk of Services for listing.

Case ID Number: \_\_\_\_\_



**II. Permanency**

Circle Score:  
 5 Optimal  
 4 Very Good  
 3 Marginal  
 2 Poor  
 1 Absent/Adverse  
 99 - N/A (In Home)

**II.1 Securing the Permanent Placement - Action Plan for the Next Six Months**

**Standard for Compliance**

- *As warranted by the length of time in care and specific to the child's needs, action steps are underway, or are identified in the most recent Case Plan to secure (or maintain) the permanent placement that is most appropriate to the child's needs given DCF's assessment and the information and feedback of the family and providers.*

**Considerations**

- Is the goal realistic given the current status of the child and family – specifically, has the child been in care for 15 of the last 22 months with little or no movement toward a permanent resource (biological family through reunification or with permanency placement resources via adoption, TOG, LTFC)?
- Is the Department's action plan for the next six month period consistent with the SDM® Family Reunification Risk Reassessment score? Has visitation evaluation been undertaken and considered?
- Does the child in placement, for which the courts have ruled no further reunification efforts, have an identified caregiver that will endure through the child's independence, either through Adoption, Transfer of Guardianship, Relative Long Term Foster Care or OPPLA?
- If OPPLA has been identified as the permanency goal, has there been identification of the resource selected to provide this long term placement resource?
- Where indicated, are PPSP contracts or other services in place or identified to begin to support the current placement in the next six month period?
- Are appropriate recruitment efforts by DCF and/or private providers being utilized to recruit an appropriate placement resource to meet the individualized needs of this child?
- Are barriers to achieving reunification or the permanent placement addressed?

**Reviewer Notes:**

II. Permanency	
<p>Circle Score:</p> <p>5 Optimal                      4 Very Good                      3 Marginal                      2 Poor                      1 Absent/Adverse</p>	<p><b>II.2 DCF Case Management - Legal Action to Achieve the Permanency Goal During the Prior Six Months</b></p> <p><u>Standard for Compliance</u></p> <ul style="list-style-type: none"> <li>▪ <i>The Department has taken the necessary steps during the previous six months to move toward achieving a permanent resource for the child through prompt legal action.</i></li> <li>▪ <i>The family has been advised of the permanency goal, and the implications of a failure to abide by the required action steps set forth by the courts order or within the Case Plan.</i></li> </ul> <p><u>Considerations:</u></p> <ul style="list-style-type: none"> <li>▪ Is the stated permanency goal (or concurrent plan) consistent with the federally approved goals and the court approved goal where there is court involvement?</li> <li>▪ In cases with a stated goal of reunification were all court ordered preservation services provided (reasonable efforts) in a timely manner?</li> <li>▪ Did the feedback from family and providers indicate that the stated goal remained an appropriate permanency plan for this child?</li> <li>▪ Were the prior plan's action steps to achieve adoption, transfer of guardianship, independent living or long term foster care implemented over the course of six months leading up to the ACR attended?</li> <li>▪ Were case management efforts during the past six month period consistent with MAP determinations (where present)?</li> <li>▪ Were legal actions during the prior six months consistent with the SDM® Family Reunification Assessment/Reassessment tools where these are available<sup>28</sup> ?</li> <li>▪ For In-Home cases did worker file petitions or seek protective supervision when warranted by the facts of the case?</li> </ul> <p><u>Reviewer Notes:</u></p>

<sup>28</sup> This would included all cases newly opened, reopened or with accepted report of abuse or neglect investigated on or after May 1, 2007.

Case ID Number: \_\_\_\_\_

**II. Permanency**

Circle Score:  
 5 Optimal  
 4 Very Good  
 3 Marginal  
 2 Poor  
 1 Absent/Adverse  
 99 - N/A (In Home)

**II.3 DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the prior Six Months**

**Standard for Compliance**

- *The Department has taken the necessary steps during the previous six months to move toward achieving a permanent resource for the child through its recruitment efforts.*

**Considerations:**

- Were the prior plan’s action steps to achieve adoption, transfer of guardianship, or OPPLA implemented over the course of six months leading up to the ACR attended?
- For TPR’d children in placement, was the child registered on the Adoption Resource Exchange (unless a documented exception applied)?
- Where indicated, were PPSP contracts or other services in place or identified to begin to support the current placement in the next six month period?
- Is there evidence of appropriate recruitment efforts<sup>29</sup> or resource search by DCF and/or private providers being utilized to recruit an appropriate placement resource to meet the individualized needs of this child?
- If OPPLA is the goal, did DCF attempt to provide kinship connections for the child via contracts with Life Long Family Ties or other resources?

**Reviewer Notes:**

<sup>29</sup> Could include identification and licensing of relative resources.

II. Permanency	
<p>Circle Score:</p> <p>5 Optimal                      4 Very Good                      3 Marginal                      2 Poor                      1 Absent/Adverse</p>	<p><b>II.4 DCF Case Management - Contracting or Providing Services<sup>30</sup> to achieve the Permanency Goal during the prior Six Months<sup>31</sup></b></p> <p><b><u>Standard for Compliance</u></b></p> <ul style="list-style-type: none"> <li>▪ <i>The Department has taken the necessary steps during the previous six months to move toward achieving a permanent resource or the permanency goal for the child(ren) through internal case management and contracting for services.</i></li> <li>▪ <i>The current Adolescent Policy has been adhered to for all children in care ages 14 or older as indicated.</i></li> </ul> <p><b><u>Considerations:</u></b></p> <ul style="list-style-type: none"> <li>▪ In cases with a stated goal of reunification have all court ordered preservation services been provided (reasonable efforts) in a timely manner?</li> <li>▪ Have the priority and other needs as indicated in the SDM® Strength and Needs tool (where these are available<sup>32</sup>) been provided during the six month period.</li> <li>▪ Were the prior plan’s action steps to achieve adoption, transfer of guardianship, independent living, relative long term foster care or OPPLA implemented over the course of six months leading up to the ACR attended?</li> <li>▪ Was the child been in care with a permanency goal that remained unmet for greater than 12 months? If child had been in care for 15 or the last 22 months, were ASFA guidelines appropriately considered in the development of the permanency goal, and where applicable was an exception to ASFA documented?</li> <li>▪ In cases where OPPLA is cited as a goal, were more permanent goals considered and ruled out?</li> <li>▪ What is the level of emphasis put on the child’s adolescent life skills planning during the period? Did child receive independent living, life skills, or transitional living services deemed appropriate?</li> <li>▪ Has child been provided with appropriate/timely transitions in placement toward goal achievement as assessed appropriate by input from DCF and providers?</li> <li>▪ If housing is a barrier to reunification, has the Department assisted parent with Section 8 process, considered flex funding, or identified other means to address this barrier(s)?</li> <li>▪ If other barriers were identified, did DCF attempt to address those barriers during the prior six month period?</li> <li>▪ For In-Home cases, consider the case management of DCF and provider services to maintain the child(ren) in their home and move toward achieving the level of safety/wellbeing required to move toward case closure.</li> </ul> <p><b><u>Reviewer Notes:</u></b></p>

<sup>30</sup> Includes DCF case management, visitation, advocacy, ARG assessments as well as referrals to community providers for such services as Domestic Violence treatment programs, mentors, parent aides, reunification programs PPSP, etc.

<sup>31</sup> Be very specific in your notes below to delineate the area of lacking performance. Is the issue one of case management or one of lack of resource? If you are identifying a lack of resource there should clearly be a service deficit identified in the following table beginning on page 35 of the tool which identifies services not provided in the prior six month period with an explanation of what the barrier is. Provide additional information in the narrative section as applicable.

<sup>32</sup> This would included all cases newly opened, reopened or with accepted report of abuse or neglect investigated on or after May 1, 2007.

Case ID Number: \_\_\_\_\_

**III. Well-Being (Medical, Dental, Behavioral & Mental Health)**

Circle Score:

- 5 Optimal
- 4 Very Good
- 3 Marginal
- 2 Poor
- 1 Absent/Adverse

**III.1 Medical Needs**

Standards of Compliance

- *Have the necessary medical interventions and services identified for this child(ren) been provided?*

Considerations:

- For children in out-of-home placement
  - Are newly emergent medical needs of children in home and in placement during the past six month period assessed and responded to in a timely and appropriate manner?
  - If an MDE was required during the six month period, does the Case Plan assessment include the recommendations and appropriate services to address the medical needs?
  - Is the child current with routine well care, in that health maintenance needs been met through adherence to EPSDT standards for well checks and child is current with vaccinations?
  - Are special medical training, equipment or supports currently being provided, so that the child/family or placement provider has the necessary tools to ensure optimal level of health given child's diagnosis/condition?
  - Does the documentation indicate that use of psychotropic medications is being managed and reviewed by qualified medical personnel as appropriate?
- For in-home cases:
  - Have chronic medical needs for children active in DCF's in home cases been addressed with parents?
  - Are special medical training, equipment or supports currently being provided, so that the child/family or placement provider has the necessary tools to ensure optimal level of health given child's diagnosis/condition?
- For both in-home and child in out-of-home placement cases:
  - Is there evidence that the family and active providers in this case were given the opportunity to provide input into the identification of needs and services that may meet those needs?
  - Where non-routine medical needs were present, was ARG or outside specialist involvement noted?
  - Were there documented efforts by DCF to overcome access barriers to appropriate medical care?
  - Was there improvement or stabilization of health as a result of DCF and provider intervention efforts?
  - Did DCF make appropriate efforts to engage parents in the process of attending to medical needs of children?
  - Was there discussion of the medical issues related to this child(ren) during the ACR, and did necessary adjustments to the current Case Plan result?
  - Did DCF make the necessary referrals to address the medical issues identified as a priority within the SDM® Family Strengths and Needs Assessment?

Reviewer Notes:

**III. Well-Being (Medical, Dental, Mental Health)**

**Circle Score:**  
 5 Optimal  
 4 Very Good  
 3 Marginal  
 2 Poor  
 1 Absent/Adverse

**III.2. Dental**

**Standards of Compliance**

- *Have the necessary dental interventions and services identified for this child been provided?*<sup>33</sup>

**Considerations:**

- For children in out-of-home placement:
  - Have routine dental needs been addressed in accordance with EPSDT standards by qualified dental personnel?
  - If an MDE was required during the six month period, does the Case Plan assessment include the recommendations and appropriate services to address the dental needs?
  - Have newly emergent dental needs of children in placement been assessed and responded to in a timely and appropriate manner?
- In-home cases:
  - Have chronic or acute dental needs for children active in DCF's in home cases been addressed with parents?
- For both in-home and Child in out-of-home placement cases:
  - Is there evidence that the family and active providers in this case were given the opportunity to provide input into the identification of needs and services that may meet those needs?
  - Where non-routine dental needs were present, was ARG or outside specialist involvement noted?
  - Were there documented efforts by DCF to overcome barriers to access for appropriate dental care?
  - Did DCF make appropriate efforts to engage parents in the process of attending to dental needs of children?
  - Was there discussion of the dental issues related to this child(ren) during the ACR, and did necessary adjustments to the current Case Plan result?
  - Did DCF make the necessary referrals to address the dental issues identified as a priority within the SDM® Family Strengths and Needs Assessment?

**Reviewer Notes:**

<sup>33</sup> For children under age 1, the pediatrician assumes responsibility for dental well-checks. If child is up to date medically, you can consider that their dental well-care is also met. However, if pediatrician or MDE of child under one identifies dental needs, these would need to be addressed by the appropriate referral to the dentist.

III. Well-Being (Medical, Dental, Behavioral & Mental Health)	
<p>Circle Score:  5 Optimal  4 Very Good  3 Marginal  2 Poor  1 Absent/Adverse  99 - N/A (TPR'd infant/toddler)</p>	<p><b>III.3 Mental Health, Behavioral and Substance Abuse Services</b></p> <p><u>Standard of Compliance</u></p> <ul style="list-style-type: none"> <li>▪ <i>Mental Health and Substance Abuse Service Needs for children and families were assessed and addressed during the past six months with ongoing input from qualified mental health professionals and family informing the current Case Planning process.</i></li> <li>▪ <i>Specialized services were provided as necessary to meet the individualized needs of the child and family to achieve the case goals.</i></li> </ul> <p><u>Considerations</u></p> <ul style="list-style-type: none"> <li>▪ <u>For children in out-of-home placement cases:</u> <ul style="list-style-type: none"> <li>○ If an MDE was required during the six month period, does the Case Plan assessment include the recommendations and appropriate services to address the mental health needs?</li> <li>○ Have the necessary mental health interventions and services identified in the child's MDE been provided?</li> </ul> </li> <li>▪ <u>For both in-home and child in out-of-home placement cases</u> <ul style="list-style-type: none"> <li>○ Was child in appropriate level of care (either in patient or out patient) to address mental health needs as assessed throughout the period?</li> <li>○ Were there referrals to service and/or assistance with navigation of the system and payment as appropriate to parents or caregivers to assist them in actively participating in the plan to improve the level of functioning and achieve the permanency goal?</li> <li>○ Is there evidence that the family and active providers in this case were given the opportunity to provide input into the identification of needs and services that may meet those needs?</li> <li>○ Where mental health or substance abuse needs were present (for children or parents), was ARG or outside specialist involvement noted?</li> <li>○ What were the DCF actions to overcome access barriers to appropriate treatment/specialized services<sup>34</sup>?</li> <li>○ Did DCF engage parents and children in identifying issues/needs and subsequently the services to address those needs?</li> <li>○ Was there discussion of the mental health or substance abuse treatment during the ACR, and did necessary adjustments to the current Case Plan result?</li> <li>○ Did the actions of the Department over the course of the six month planning cycle reflect adequate services to address the emotional/behavioral or substance abuse issues reflected in the SDM® Family Strengths and Needs Assessment, Safety Plan or Risk Assessments in place?</li> </ul> </li> </ul> <p><u>Reviewer Notes:</u></p>

<sup>34</sup> This could include treatment level of care options such as residential care, facility/hospitalization, group home, or therapeutic foster care.

IV. Well-Being (Other Special Considerations <sup>35</sup> or Service Needs)	
<p><b>Circle Score:</b>                      5 Optimal                      4 Very Good                      3 Marginal                      2 Poor                      1 Absent/Adverse                      99 - N/A (no CIP)</p>	<p><b>IV.1 Child's Current Placement</b></p> <p><u>Standard for Compliance</u></p> <ul style="list-style-type: none"> <li>▪ <i>The child's current placement or living arrangement is the least restrictive, most family like setting, is stable and consistent with his needs, age, ability, culture and peer group.</i></li> </ul> <p><u>Considerations</u></p> <ul style="list-style-type: none"> <li>▪ If child's placement is in a Safe Home, Shelter, Permanency Diagnostic Center or other short term placement did it exceed 60 days in the 6 month period preceding attendance at ACR?<sup>36</sup></li> <li>▪ Has child exceeded two placement changes (three providers) during the last 12 month period?</li> <li>▪ Has the foster or adoptive parent been provided with adequate training and supports to maintain the child in their home?</li> <li>▪ Is the child receiving the necessary services/interventions or supports necessary to support the current placement?</li> <li>▪ Has worker documented concerns related to the appropriateness of the current placement?</li> <li>▪ Has the ARG been involved related to placement issues for this child(ren) and were those recommendations considered and utilized?</li> <li>▪ Are services in place to maintain family relationships during placement where appropriate?</li> <li>▪ Are social recreational activities being provided as appropriate to the age, ability and interest of the child while in care?</li> <li>▪ Was there a discussion of the appropriateness of the current placement for this child(ren) during the ACR, and did necessary adjustments to the current Case Plan result if determined necessary?</li> <li>▪ Is there evidence of requests for a different level of out-of-home care?</li> </ul> <p><u>Reviewer Notes:</u></p>

<sup>35</sup> Support and Training services may be captured under the category of "Safety" or "Well-Being" as determined appropriate by the reviewer.

<sup>36</sup> Through record review and attendance at the ACR, the reviewer will determine if an exception to the 60 day rule was in the best interest of the child due to proper and active discharge planning efforts, or a lack of more appropriate placement resource.



**IV. Well-Being (Other Special Considerations or Service Needs)**

Circle Score:  
 5 Optimal  
 4 Very Good  
 3 Marginal  
 2 Poor  
 1 Absent/Adverse  
 99 - N/A

**IV.2 Education**

Standard for Compliance

- *Child has been assessed for early intervention or special educational needs where such action is indicated by the child's behaviors or educational difficulties.*
- *DCF has taken appropriate action on behalf of the child and family so that needs identified through assessment process are being addressed through the receipt of identified service interventions.*

Considerations

- Where special educational needs were present and of a nature requiring consultation, was ARG involvement noted?
- Have necessary PPT meetings and assessments been scheduled/held? Is there documented contact with the school to assess progress?
- Is child academically achieving to his/her potential – If there is an IEP in place, does the IEP need to be revisited?
- Has child attended school with regularity since DCF involvement?
- Is there evidence that the family and active providers in this case were given the opportunity to provide input into the identification of needs and services that may meet those needs?
- If child has required changes in school districts, was that disruption of their education due to the needs of the child, or limited placement pool?
- Was there discussion of the educational issues related to this child(ren) during the ACR, and did necessary adjustments to the current Case Plan result?
- If SDM® Family Strengths and Needs Assessment identified educational issues rising to the level of priority need, were these needs adequately attended to over the prior six month Case Planning cycle?

Reviewer Notes:

The following section is for informational purposes. It is primarily included to identify systemic service gaps for further study. This data, through the measures identified for each scoring element, will have already been incorporated into reviewer's determination of ranking as it relates to the identified considerations and standards of compliance. The presence of a barrier does not, in itself, result in a score of "Needs Not Met". Reviewer discretion is required.

Barriers to Services	
1. Approval process	13. Service deferred pending completion of another
2. Child hospitalized	14. Referred service is unwilling to engage client
3. Client refused service (or was subsequently discharged for non-compliance)	15. Transportation unavailable
4a. Delay in referral by DCF	16. Placed on waiting list
4b. No Referral Made by DCF during the PUR	17. No slots were available
5. Hours of operation (Alt. hours needed)	18. No service was identified to address this need
6. Insurance Issues	19. Provider issues - untimely provision of services, gaps in services related to staffing, lack of follow through, etc.
7. Financing unavailable	20. Lack of communication between DCF/Provider
8. Gender-specific service not available male	66. UTD from Case Plan or narrative
9. Gender-specific service not available female	77. Skip—No barriers documented
10. Service not available in primary language	88. N/A – client engaged in recommended service
11. Service does not exist in the community	99. Other (please note barrier in space provided)
12. Services not available for age group	100. Area Office did not respond to reviewer request for clarification on barrier to this service.
	101. DCF failed to properly assess child/family related to this need during the PUR

Directions: Complete the table on page 37-39 related to service needs identified in the prior plan that are unmet/unaddressed at the point of the CPC/ACR attended. Service Need Type and Barriers to Services Tables are provided below for reference. **REMEMBER - THESE ARE THE NEEDS UNMET DURING THE LAST SIX MONTH CASE PLANNING CYCLE.**

**REMEMBER:**

If you found any area of OM15 marginal or lower, or if there was a need not met timely during the period that did not result in a marginal score, but had an impact case planning this is to be captured on the grid/table on pages 37-40. **This grid is reflective of the past six months.**

If you indicated that goals, objectives and action steps were less than "very good" for OM3 you should have something on the grid/table going forward on pages 41-43. **This grid is capturing the needs identified through your review of the case record, including LINK narrative, SDM and the ACR that were not incorporated into the current approved case plan.**

**Identified Categories of Needs & the Crosswalk of Services for the Service Provider Type**

On the next three pages for each service need you identified as unmet or significantly delayed during the period under review, circle the appropriate subcategory number and in the blank next to that identified need identify the barrier by entering the appropriate code from the list provided on page 33. There should be very few UTD/SKIP responses. Additionally if "99 - Other" is selected for barrier, you must indicate what that barrier is by writing a brief description next to the barrier space. Use the back of the sheet to explain/address the barrier or detail the significance the lengthy delay caused to the child or family.

*Unmet Needs in Prior Six Months - Barriers Identified*

Identified Need Type	Subcategory of Services/Programs Associated with the Identified Need	
1. <b>Childcare</b>	1. After School Programs _____	2. Childcare (Daycare) _____
2. <b>Dental</b>	1. Dental Screenings & Evaluation _____	2. Dental or Orthodontic Services _____
3. <b>Domestic Violence</b>	1. Domestic Violence Services Programs- Victim _____	3. Prevention Programs (Violence) _____
	2. Domestic Violence Services Programs- Perpetrator _____	4. Domestic Violence Shelter _____
4. <b>Education</b>	1. Educational Screening or Evaluation _____	3. Individualized Programs per IEP Evaluation _____
	2. Head Start _____	4. Tuition for Private School/College _____
5. <b>Employment</b>	1. Job Coaching/Placement _____	
6. <b>Housing</b>	1. Community Housing Assistance (CHAP) _____	3. Housing Assistance (Section 8) _____
	2. Emergency Shelter (Adult/Family) _____	4. Transitional Living Program _____
7. <b>Medical</b>	1. Developmental Screening or Evaluation _____	6. Occupational Therapy _____
	2. Health /Medical Screening or Evaluation _____	7. Physical Therapy _____
	3. Healthy Start _____	8. Prenatal Services _____
	4. Hospitalization, Medical _____	9. Other Medical Intervention _____ <i>Identify "other" below</i>
	5. A) Medication Management - Parent _____ B) Medication Management - Child _____	
8. <b>Mental Health</b>	1. A) Anger Mgmt - Parent _____ B) Anger Mgmt - Child _____	14. One to One Services _____
	2. Behavior Management _____	15. Other State Agency Programs (DMR, DMHAS, MSS) _____
	3. Care Coordination _____	16. Peer Counseling _____
	4. Crisis Counseling _____	17. Problem Sexual Behavior Evaluation _____
	5. A) Day Treatment/Partial Hospitalization - Parent _____ B) Day Treatment/Partial Hospitalization - Child _____	18. Problem Sexual Behavior Therapy _____
	6. Emergency Mobile Psychiatric Services _____	19. A) Psychiatric Evaluation - Parent _____ B). Psychiatric Evaluation - Child _____
	7. Extended Day Treatment _____	20. A) Psychiatric Hospitalization - Parent _____ B) Psychiatric Hospitalization - Child _____
	8. Family or Marital Counseling _____	21. A) Psychological or Psychosocial Evaluation - Parent _____ B) Psychological or Psychosocial Evaluation - Child _____
	9. A) Group Counseling - Parent _____ B) Group Counseling - Child _____	22. Sex Abuse Evaluation _____
	10. A) Individual Counseling - Parent _____ B) Individual Counseling - Child _____	23. Sexual Abuse Victim Therapy _____
	11. In-Home Treatment (MDFT, MST, FFT) _____	24. Therapeutic Child Care _____
	12. Juvenile Justice Intermediate Evaluation _____	25. Other - Parent _____ Other - Child _____
	13. A) Mental Health Screening or Evaluation - Parent _____ B) Mental Health Screening or Evaluation - Child _____	<i>Identify "other" as applicable in space given</i>

Identified Need Type	Subcategory of Services/Programs Associated with the Identified Need	
9. Out-of-home Care	1. Adoption Recruitment _____ 2. Basic Foster Care _____ 3. Crisis Stabilization Beds _____ 4. Group Home _____ 5. Matching/Placement/Processing (includes ICO) _____ 6. Maternity Home _____ 7. Medically Complex Foster Care _____	8. Permanency Diagnostic Center _____ 9. Permanent Family Residence Homes _____ 10. Relative Foster Care _____ 11. Residential Facility _____ 12. SAFE Homes _____ 13. Therapeutic Foster Care _____ 14. Youth Shelter/STAR _____
10. Substance Abuse	1. A. Detoxification - Parent _____ B. Detoxification - Child _____ 2. A. Drug/Alcohol Education - Parent _____ B. Drug/Alcohol Education - Child _____ 3. A. Drug/Alcohol Testing - Parent _____ B. Drug/Alcohol Testing - Child _____ 4. Inpatient Substance Abuse Treatment - Parent _____ B. Inpatient Substance Abuse Treatment - Child _____ 5. A. Outpatient Substance Abuse Treatment - Parent _____ B. Outpatient Substance Abuse Treatment - Child _____ 6. Relapse Prevention Programs - Parent _____ Relapse Prevention Program - Child _____	7. Substance Abuse Prevention - Parent _____ Substance Abuse Prevention - Child _____ 8. Substance Abuse Screening/Evaluation - Parent _____ Substance Abuse Screening/Evaluation - Child _____ 9. Supportive Housing for Recovering Families (SHRF) _____
11. Out-of-Home Support Services	1. Family Advocacy _____ 2. Adoption Supports (PPSP) _____ 3. Delinquency Prevention _____ 4. Family Preservation _____ 5. Family Reunification _____ 6. Family Stabilization _____ 7. Flex Funds for Basic Needs _____ 8. Foster Care Support _____ 9. In-Home Parent Education and Support _____ 10. Juvenile/Criminal Diversion _____ 11. Maintaining Family Ties _____ 12. Medically Fragile Services/Support _____ 13. Mentoring _____ 14. Outreach, Tracking and Reunification Programs _____	15. Parenting Classes _____ 16. Parenting Groups _____ 17. Peer Mediation _____ 18. Positive Youth Development Program _____ 19. Preparation for Adult Living Settings _____ 20. Respite Services _____ 21. Services for the Disabled (TDD/TTY) _____ 22. Social Recreational Programs _____ 23. Supervised Visitation _____ 24. Translation Services _____ 25. VNA Services _____ 26. WIC Services _____ 27. Young Parents Program _____ 28. Other _____

Identified Need Type	Subcategory of Services/Programs Associated with the Identified Need	
<b>12. In-Home Support Services</b>	1. Family Advocacy _____ 2. Adoption Supports (PPSP) _____ 3. Delinquency Prevention _____ 4. Family Preservation _____ 5. Family Reunification _____ 6. Family Stabilization _____ 7. Flex Funds for Basic Needs _____ 8. Foster Care Support _____ 9. In-Home Parent Education and Support _____ 10. Juvenile/Criminal Diversion _____ 11. Maintaining Family Ties _____ 12. Medically Fragile Services/Support _____ 13. Mentoring _____ 14. Outreach, Tracking and Reunification Programs _____	15. Parenting Classes _____ 16. Parenting Groups _____ 17. Peer Mediation _____ 18. Positive Youth Development Program _____ 19. Preparation for Adult Living Settings _____ 20. Respite Services _____ 21. Services for the Disabled (TDD/TTY) _____ 22. Social Recreational Programs _____ 23. Supervised Visitation _____ 24. Translation Services _____ 25. VNA Services _____ 26. WIC Services _____ 27. Young Parents Program _____ 28. Other _____
<b>13. Training</b>	1. Adoption Training _____ 2. Foster Parent Training _____	3. Life Skills Training _____
<b>14. DCF</b>	1. Worker/Child Visitation _____ 2. Worker Parent Visitation _____	3. Provider Contact _____ 4. Case Management/Support/Advocacy _____ 5. ARG/AAG Consult _____

**15.15** Were all needs and service unmet during the prior six months discussed at the ACR (or on the ACRI documentation) and, as appropriate, incorporated as action steps on the current Case Plan?

1.  Yes - All
2.  Yes - Partially
3.  No - None
4.  N/A - There are no unmet needs
99.  N/A - This is the initial case plan on an in home case with no family conference documented

**15.16** Were any of these identified unmet needs indicated as a need for the identified person in the SDM® Family Strengths and Needs Assessment Tool used to develop the prior plan?

1.  Yes
2.  No
3.  N/A
4.  N/A - There are no unmet needs

**OM15.26** Are there service needs not identified in the current Case Plan, but that are clearly identified within the 6 months of LINK documentation reviewed, ACRI, SDM® Family Strengths and Needs Assessment Tool, SDM® Risk Reassessment tool, or SDM® Safety Assessment Tool?

1.  Yes
2.  No (*If "no" go on to the scoring section on page 41 - nothing is required in the following table*)

**OM15.27** - Using the same table of service categories used for the last six month period, identify on the following pages, those needs that were clearly identified within the 6 months of LINK documentation reviewed, ACRI, SDM® Family Strengths and Needs Assessment Tool, SDM® Risk Reassessment tool, or SDM® Safety Assessment Tool but that were not carried over onto the current Case Plan that you reviewed for this case. **REMEMBER - THESE ARE THE NEEDS GOING FORWARD INTO THE NEXT SIX MONTHS.**

In the space provided following the table, provide any relevant comments regarding these issues, or the case practice around service provision that you feel relevant to the current planning efforts of the Department.

**Priority Needs Remaining Unaddressed in Upcoming Six Month Approved Case Plan**

Identified Need Type	Subcategory of Services/Programs Associated with the Identified Need	
1. Childcare	1. After School Programs _____	2. Childcare (Daycare) _____
2. Dental	1. Dental Screenings & Evaluation _____	2. Dental or Orthodontic Services _____
3. Domestic Violence	1. Domestic Violence Services Programs- Victim _____ 2. Domestic Violence Services Programs- Perpetrator _____	3. Prevention Programs (Violence) _____ 4. Domestic Violence Shelter _____
4. Education	1. Educational Screening or Evaluation _____ 2. Head Start _____	3. Individualized Programs per IEP Evaluation _____ 4. Tuition for Private School/College _____
5. Employment	1. Job Coaching/Placement _____	
6. Housing	1. Community Housing Assistance (CHAP) _____ 2. Emergency Shelter (Adult/Family) _____	3. Housing Assistance (Section 8) _____ 4. Transitional Living Program _____
7. Medical	1. Developmental Screening or Evaluation _____ 2. Health /Medical Screening or Evaluation _____ 3. Healthy Start _____ 4. Hospitalization, Medical _____ 5. A) Medication Management - Parent _____ B) Medication Management - Child _____	6. Occupational Therapy _____ 7. Physical Therapy _____ 8. Prenatal Services _____ 9. Other Medical Intervention _____ Identify "other" below
8. Mental Health	1. A) Anger Mgmt - Parent _____ B) Anger Mgmt - Child _____ 2. Behavior Management _____ 3. Care Coordination _____ 4. Crisis Counseling _____ 5. A) Day Treatment/Partial Hospitalization - Parent _____ B) Day Treatment/Partial Hospitalization - Child _____ 6. Emergency Mobile Psychiatric Services _____ 7. Extended Day Treatment _____ 8. Family or Marital Counseling _____ 9. A) Group Counseling - Parent _____ B) Group Counseling - Child _____ 10. A) Individual Counseling - Parent _____ B) Individual Counseling - Child _____ 11. In-Home Treatment (MDFT, MST, FFT) _____ 12. Juvenile Justice Intermediate Evaluation _____ 13. A) Mental Health Screening or Evaluation - Parent _____ B) Mental Health Screening or Evaluation - Child _____	14. One to One Services _____ 15. Other State Agency Programs (DMR, DMHAS, MSS) _____ 16. Peer Counseling _____ 17. Problem Sexual Behavior Evaluation _____ 18. Problem Sexual Behavior Therapy _____ 19. A) Psychiatric Evaluation - Parent _____ B). Psychiatric Evaluation - Child _____ 20. A) Psychiatric Hospitalization - Parent _____ B) Psychiatric Hospitalization - Child _____ 21. A) Psychological or Psychosocial Evaluation - Parent _____ B) Psychological or Psychosocial Evaluation - Child _____ 22. Sex Abuse Evaluation _____ 23. Sexual Abuse Victim Therapy _____ 24. Therapeutic Child Care _____ 25. Other - Parent _____ Other - Child _____ <i>Identify "other" as applicable in space given</i>





Identified Need Type	Subcategory of Services/Programs Associated with the Identified Need	
<b>12. In-Home Support Services</b>	1. Family Advocacy _____ 2. Adoption Supports (PPSP) _____ 3. Delinquency Prevention _____ 4. Family Preservation _____ 5. Family Reunification _____ 6. Family Stabilization _____ 7. Flex Funds for Basic Needs _____ 8. Foster Care Support _____ 9. In-Home Parent Education and Support _____ 10. Juvenile/Criminal Diversion _____ 11. Maintaining Family Ties _____ 12. Medically Fragile Services/Support _____ 13. Mentoring _____ 14. Outreach, Tracking and Reunification Programs _____	15. Parenting Classes _____ 16. Parenting Groups _____ 17. Peer Mediation _____ 18. Positive Youth Development Program _____ 19. Preparation for Adult Living Settings _____ 20. Respite Services _____ 21. Services for the Disabled (TDD/TTY) _____ 22. Social Recreational Programs _____ 23. Supervised Visitation _____ 24. Translation Services _____ 25. VNA Services _____ 26. WIC Services _____ 27. Young Parents Program _____ 28. Other _____
<i>* Reminder: If Legal is barrier - check 28 - write in legal and brief description of specific systemic issue</i>		
<b>13. Training</b>	1. Adoption Training _____ 2. Foster Parent Training _____	3. Life Skills Training _____
<b>14. DCF</b>	1. Worker/Child Visitation _____ 2. Worker Parent Visitation _____	3. Provider Contact _____ 4. Case Management/Support/Advocacy _____ 5. ARG/AAG Consult _____

**OM 15 Scoring Sheet:**

---

**Part I: Safety Ratings** (you will only respond to one of the sections based on case assigned): For the applicable sub section write in the reviewer rating.

I.1: \_\_\_\_\_  
 I.2: \_\_\_\_\_

---

**Part II: Permanency Ratings:** For each sub section write in the reviewer rating.

II.1: \_\_\_\_\_  
 II.2: \_\_\_\_\_  
 II.3: \_\_\_\_\_  
 II.4: \_\_\_\_\_

---

**Part III: Well Being (Medical Dental, Mental Health) Ratings:** For each sub section write in the reviewer rating.

III.1: \_\_\_\_\_  
 III.2: \_\_\_\_\_  
 III.3: \_\_\_\_\_

---

**Part IV: Well Being (Other Considerations) Ratings:** For each sub section write in the reviewer rating.

IV.1: \_\_\_\_\_  
 IV.2: \_\_\_\_\_

---

**OR.1. Overall Score<sup>37</sup>:**

- 1. Needs Met
  - 2. Needs Not Met
- 

**STOP!** If you identified unmet needs resulting in a lower than optimal score in one or more of the categories above, there should likely be an entry on page 37-39. Likewise if you identified unmet needs not planned for going forward, the rank scoring should accurately reflect the level of impact of that service need in the case planning scoring or in II.4 on OM15. Please consult your notes and be sure to enter this information prior to submitting tool for data entry. Any questions please see a senior reviewer.

*Remember...if there is a 3 ranking or less than for any category you must write up request for override and check off the box on the front of the tool so that we can easily flag for immediate consideration.*

<sup>37</sup> The reviewer handbook provides guidance on overall determination. While ratings of 5 and 4 reflecting high standards and best case practices will generally be considered necessary for a finding of "Needs Met", instructions to the reviewers and supervisors for this process will stress that a reviewer's determination is not tied to a numerical scoring system but rather will be based on their overall review of all domains and elements of the case. This will allow reviewers to make informed decisions and over-ride the rare case in which one domain with a lower score does not substantially impact the overall quality of performance. To ensure the validity of this process, the tool will provide space in which all scoring must be justified or defended by the reviewers. All cases will initially be reviewed in pairs and then screened by Monitoring Supervisors prior to data entry. Any case which falls into the category of over-ride utilization will not only be reviewed by the Monitoring Supervisors, but will also be forwarded to the TAC for their review.

Case ID Number: \_\_\_\_\_

**OM15 Reviewer Notes related to overall scoring (MANDATORY):**

**(Please remember to note in your assessment DCF efforts to attend to or overcome those barriers you identified in OM15. Also include a comparative assessment of ACR findings in regard to OM15 issues noted vs your findings. )**

# ***APPENDIX C***

Core-CT SID	ACCOUNT NAME	BUDGETED - B1 (Updated by CO Only)
10010	PERSONAL SERVICES	273,254,795
10020	OTHER EXPENSES	30,636,026
10050	EQUIPMENT	-
12235	WORKERS' COMPENSATION CLAIMS	10,650,996
12304	FAMILY SUPPORT SERVICES	913,974
12504	HOMELESS YOUTH	2,329,087
12515	DIFFERENTIAL RESPONSE SYSTEM	7,748,997
12570	REGIONAL BEHAVIORAL HEALTH CONSULTATION	1,592,156
16008	HEALTH ASSESSMENT AND CONSULTATION	949,199
16024	GRANTS FOR PSYCHIATRIC CLINICS FOR CHILDREN	14,956,541
16033	DAY TREATMENT CENTERS FOR CHILDREN	6,740,978
16043	JUVENILE JUSTICE OUTREACH SERVICES	11,949,271
16064	CHILD ABUSE AND NEGLECT INTERVENTION	9,199,620
16092	COMMUNITY BASED PREVENTION PROGRAMS	7,631,690
16097	FAMILY VIOLENCE OUTREACH AND COUNSELING	2,316,969
16102	SUPPORT FOR RECOVERING FAMILIES	18,479,526
16107	NO NEXUS SPECIAL EDUCATION	1,662,733
16111	FAMILY PRESERVATION SERVICES	5,808,601
16116	SUBSTANCE ABUSE TREATMENT	9,696,273
16120	CHILD WELFARE SUPPORT SERVICES	2,339,675
16132	BOARD & CARE FOR CHILDREN - ADOPTION	96,346,170
16135	BOARD & CARE FOR CHILDREN - FOSTER	128,733,472
16138	BOARD & CARE FOR CHILDREN - SHORT TERM & RESIDENTIAL	102,579,761
16140	INDIVIDUALIZED FAMILY SUPPORTS	9,696,350
16141	COMMUNITY KIDCARE	37,912,186
16144	COVENANT TO CARE	136,273
16145	NEIGHBORHOOD YOUTH CENTER (NEW HAVEN)	-
	GENERAL FUND TOTAL	\$ 794,261,319

---

***APPENDIX D***

Consent Decree Program Needs									
Service Type or Description of Need	Description	SID	Additional funding needed	1. Full or Partial Year	2. RFP, Amend contract, or other methodology	3. EPOM affected, service need, area to be served, number of clients, target population	5. Description of service model	6. Definitive plan of service on undefined service types, how long will process take	7. List of identified contractor(s) associated with each item.
Return program funding to SFY 13-14 levels and maintain those levels/reverse rescissions	Differential Response System - Community Support for Families	12515	\$ 60,195	Full	Amend	Restore funding to previous levels to ensure timely availability statewide	Engages families who have received a Family Assessment Response from the Department and connects them to concrete, traditional and non-traditional resources and services in their community	N/A	Please see 2nd bottom tab - Identified Contractors
	Access Mental Health Regional Behavioral Health Consultation	12570	\$ 107,468	Full	Amend	Support Psychiatric coverage statewide at all three hubs. In the first year this program supported 5,133 consultative activities involving 1,234 children	Provides psychiatric consultation to pediatric practitioners office integrating primary care and behavioral health	N/A	Beacon Health Options, Inc.
	Child Abuse & Neglect Intervention	16064	\$ 455,124	Full	Amend	#15 Restore funding to Intensive Family Preservation, Reunification and Therapeutic Family Time, Multidisciplinary Teams	Includes multiple service types	N/A	Please see 2nd bottom tab - Identified Contractors
	Family Violence Outreach	16097	\$ 94,610	Full	Amend	#15 Restore funding to previous levels to ensure coverage in Regions 5 and 6	Provides a supportive service array of assessments, interventions and linkages to services to address the needs of families impacted by intimate partner violence.	N/A	Please see 2nd bottom tab - Identified Contractors
		Total Rescissions	\$ 717,397						
Infant Mental Health Training	Repeating series of infant mental health training for all case carrying staff and their supervisors	10020	\$ 240,000	Full	Amend	#15 Statewide to support private and public workforce development improving outcomes for children 0-3	Intensive 8 session training series that increases the competency and capacity of the workforce serving infants and young children and their families	N/A	CT Association for Infant Mental Health
		Total 10020	\$ 240,000						
Health Assessment	Increase funding for Multi-disciplinary Evals commensurate with volume increase due to adding 6 month follow-up visits	16008	\$ 400,000	Full	Amend	#3 Treatment Planning, #15 Needs met to meet increased volume of evaluations required for children and youth ages 0-18 entering foster care and for follow-up evaluations as needed	Developmental, medical and dental evaluation of children ages 0-18 entering foster care to identify needs	N/A	Please see 2nd bottom tab - Identified Contractors
		Total 16008	\$ 400,000						
CBITS	Increase funding to level requested in 2015 for Statewide Unmet Needs to increase availability in school systems in all 6 regions.	16024	\$ 90,000	Partial	RFP	#15 Statewide procurement, children age 9-18	Skill based, group intervention aimed at relieving symptoms of Post Traumatic Stress Disorder (PTSD) and general anxiety among children and youth who have experienced trauma	N/A	N/A
		Total 16024	\$ 90,000						
EDT	Site-based behavioral health treatment and support service for children and youth with behavioral health needs who have returned from out-of-home care or are at risk of placement due to mental health issues or emotional disturbance, providing comprehensive array of clinical services supplemented with psychosocial rehabilitation activities.	16033	\$ 75,000	Full	Amend	#15 Statewide to increase capacity for youth ages 12-18	Behavioral health treatment and support service for children and youth with behavioral health needs who have returned from out-of-home care or are at risk of placement due to mental health issues or emotional disturbance.	N/A	Please see 2nd bottom tab - Identified Contractors
		Total 16033	\$ 75,000						
MST-TAY	CSSD had agreed to fund 1 team but has decided to not pursue this joint venture. Additional funding will allow us to fund 1 more team to have service statewide.	16043	\$ 150,386	Full	Amend	#15 Support statewide coverage, currently not available in portions of Region 1, 3 and 5 for youth aged 17-19	Services for transition aged youth with serious mental health conditions (SMHC) and involvement with the juvenile or criminal justice system	N/A	NAFI-CT
		Total 16043	\$ 150,386						
Therapeutic Child Care	Received funding for SFY2016 for three new program sites (Regs. 3,4,6) Need additional balance for Region 2, will then have one program in each region.	16064	\$ 210,000	Partial	RFP	#15 Development in Region 2, children 2.9-5 years old	Address the behavioral health needs of DCF referred young children (ages 3-5) who have been victims of abuse and/or neglect and could benefit from an intensive trauma-informed child care setting	N/A	Please see 2nd bottom tab - Identified Contractors
Parenting Education and Support	Increase funding for Therapeutic Family Time slots in RTFT; add Circle of Security or other appropriate age-based methods of parent education to IFP and Triple P and increase program slots.	16064	\$ 1,800,000	Partial	RFP	#15 statewide, supports enhancements to the model which include enhanced parent education, staffing model and length of stay based on data analysis	Individualized parenting education and parent coaching using research-based or evidence based curricula, such as Therapeutic Family Time, Circle of Security to	N/A	See RTFT, IFP, & Triple P Contractors
Youth Villages	Based on models in place in other states, funding supports 2 teams for intensive individualized planning and relationship building for older youth.	16064	\$ 440,000	Partial	RFP	#15 Statewide individualized services to ~32 youth age 17 and older who are not yet connected to permanent supportive adults	Intensive case management, housing support, individualized wrap around services for older adolescents in our care at risk of aging out without permanency. 2 teams	N/A	N/A
		Total 16064	\$ 2,450,000						
Child First	New Britain is served by 2 teams through SAMHSA funding directly granted to Wheeler. That funding ends June 30, 2016 and no additional funds are available in the DCF Child First budget to continue this program.	16092	\$ 462,000	Full	Sole source	#15 Fill gap due to expiring federal grant, currently services 42-48 families annually	Home-based assessment, family plan development, parent-child therapeutic intervention and education, and care coordination/case management for high-risk families with children under six years of age (including pregnant women) in order to decrease social-emotional and behavioral problems, developmental and learning problems, and abuse and neglect.	N/A	Wheeler Clinic

Service Type or Description of Need	Description	SID	Additional funding needed	1. Full or Partial Year	2. RFP, Amend contract, or other methodology	3. EPOM affected, service need, area to be served, number of clients, target population	5. Description of service model	6. Definitive plan of service on undefined service types, how long will process take	7. List of identified contractor(s) associated with each item.
		Total 16092	\$ 462,000						
MST-IPV	Region 6 is stilling missing one team. Additional team needed to cover New Britain, using new MST model. Additional funding will allow us to fund 1 more team to have service statewide including required training and model fidelity monitoring.	16097	\$ 530,000	Full	RFP	#15 - Fill gap for intensive support for families involved with IPV, Region 6	Drawing on the evidence base of MST - this model comprehensively addresses the complex and interrelated drivers of IPV while placing a strong emphasis on safety, accountability, child functioning, and involvement of the family's natural support system	N/A	N/A
Recovery Case Management	Domestic Substance Abuse Treatment and Family Evaluation and Treatment Services program whose Fed Funding ends 9/30/2016	16097	\$ 300,000	Full	Amend	#15 90 families annually	Intensive case management and recovery support	N/A	Advanced Behavioral Health
Intimate Partner Violence-FAIR (formerly Integrated Family Violence Services)	Increase funding to level requested in 2015 for Statewide Unmet Needs to increase slot availability proportionally in all 6 regions.	16097	\$ 120,000	Full	Amend	#15 add capacity to newly implemented service based on utilization	Provides a supportive service array of assessments, interventions and linkages to services to address the needs of families impacted by intimate partner violence.	N/A	Please see 2nd bottom tab - Identified Contractors
		Total 16097	\$ 950,000						
Intensive Family Preservation	Increase funding to level requested in 2015 for Statewide Unmet needs to increase slot availability proportionally in all 6 regions.	16111	\$ 84,000	Full	RFP, as per Procurement Plan	#15 supports enhancements to the model which include enhanced parent education, staffing model and length of stay based on data analysis	Reduce immediate safety concerns, reduce the risk of future abuse and/or neglect and reduce the need for out-of-home placement	N/A	Please see 2nd bottom tab - Identified Contractors
		Total 16111	\$ 84,000						
FBR	Intensive, in-home clinical treatment program for families with infants or toddlers (birth to 36 months) who are at risk for abuse and/or neglect, poor developmental outcomes and removal from their home due to parental substance abuse.	16116	\$ 97,263	Full	Amend	#15 families with children 0-3	An intensive, in-home clinical treatment program for families with infants or toddlers (birth to 36 months) who are at risk for abuse and/or neglect, poor developmental outcomes and removal from their home due to parental substance abuse	N/A	Please see 2nd bottom tab - Identified Contractors
		Total 16116	\$ 97,263						
Expansion of Wendy's Wonderful Kids	Funding level requested in 2015 for Statewide Unmet Needs would support 3 recruiters and 1 supervisor to serve 40 families served in family engagement/permanency. Additional funds allow full implementation.	16135	\$ 78,217	Full	Amend	Statewide	Child-focused recruitment model increases a child's chances of adoption through a child-focused strategy, featuring dedicated recruiters with smaller caseloads than traditional adoption agencies.	N/A	Klingberg Comprehensive Family Services
		Total 16135	\$ 78,217						
MST-BSF	Needs assessment shows the need for an additional team, as Bridgeport does not have access to this service. Additional funding will allow us to fully fund 1 more team.	16141	\$ 131,000	Full	RFP	#15 Statewide enhancements that would make the service available to more families. Currently due to funding geographic reach is limited, with additional support, geographic scope would expand and create more accessibility regardless of geographics.	Evidence-based treatment model, provides intensive in-home family and community based treatment to families that are active cases with the Department of Children and Families (DCF) due to the physical abuse and/or neglect of a child in the family and due to the abuse of or dependence upon marijuana, cocaine, heroin, alcohol, or other substances by at least one caregiver in the family	N/A	Please see 2nd bottom tab - Identified Contractors
EMPS	Brings funding level to total requested in 2015 for Statewide Unmet Needs to support full implementation of expanded hours and services to traumatized families.	16141	\$ 450,000	Full	Amend	#15 Statewide	EMPS Mobile Crisis Service is available for any child or youth in the state between the ages 0-18 (or under 19 if still in school) who is in the midst of a behavioral or emotional crisis for which an immediate response is required and who can safely be treated in the community or home setting	N/A	Please see 2nd bottom tab - Identified Contractors
		Total 16141	\$ 581,000						
		Grand Total	\$ 6,375,263						



<b>Differential Response System</b>	<b>Child Abuse and Neglect Intervention</b>
Child and Family Guidance Center	Action for Bridgeport Community Development (ABCD, INC)
Clifford W. Beers Guidance Clinic	AMPS
Communicare	Bristol Hospital
Community Health Resources	Capitol Region Education Council
Village for Families and Children	Catholic Charities Inc Archdiocese of Hartford
Wellmore	The Center for Family Justice (Formerly - Center for Women and Families of Eastern Fairfield County)
Wheeler Clinic	Charlotte Hungerford Hospital
	Child and Family Guidance Center
	Child Guidance Center of Southern Connecticut
	Child Guidance Clinic for Central Connecticut
	City of Bridgeport
	Clifford W. Beers Guidance Clinic
	Community Child Guidance Clinic
	Community Health Center
	Community Health Resources
	Community Mental Health Affiliates
	Day Kimball Hospital
	Eastern Connecticut Health Network
	Exchange Club Center for the Prevention of Child Abuse of CT
	Exchange Club Center for the Prevention of Child Abuse of Southern CT
	Family & Children's Agency
	Family & Children's Aid

	Family Centered Services of CT. [formerly Coordinating Council for Children in Crisis]
	Family Services of Greater Waterbury
	Hispanic Health Council



Therapeutic Child Care	Reunification and Therapeutic Family Time
Action for Bridgeport Community Development (ABCD)	Boys and Girls Village
Family Services of Greater Waterbury	Child & Family Agency of Southeastern Connecticut
Wheeler Clinic .	Child and Family Guidance Center
	Community Mental Health Affiliates
	Family & Children's Aid
	R Kids
	United Services
	Village for Families and Children
	Wheeler Clinic

<b>Intensive Family Preservation</b>	<b>Triple P</b>
Boys and Girls Village	Capitol Region Education Council
Bridges...A Community Support System	Catholic Charities Inc Archdiocese of Hartford
Catholic Charities of Fairfield County	Child and Family Guidance Center
Child & Family Agency of Southeastern Connecticut	Child Guidance Clinic for Central Connecticut
Child and Family Guidance Center	City of Bridgeport
Community Child Guidance Clinic	Community Health Center
Community Health Center	Community Health Resources
Community Mental Health Affiliates	Community Mental Health Affiliates
Family & Children's Agency	Eastern Connecticut Health Network
Klingberg Comprehensive Family Services	Exchange Club Center for the Prevention of Child Abuse of CT
New Opportunities	Exchange Club Center for the Prevention of Child Abuse of Southern CT
United Community and Family Services	Family & Children's Agency
United Services	Family & Children's Aid
Village for Families and Children	Family Centered Services of CT. [formerly Coordinating Council for Children in Crisis]
Waterford Country School	Hispanic Health Council
Wheeler Clinic	Kennedy Center
Yale University	Klingberg Comprehensive Family Services
	Lower Naugatuck Valley Parent Child Resource Center
	McCall Foundation
	Middlesex Hospital
	Saint Francis Hospital & Medical Center
	United Community and Family Services

	United Services
	Wellmore, Inc
	Wheeler Clinic

<b>MST-BSF</b>	<b>EMPS</b>
Community Health Resources	Child and Family Guidance Center
Family Centered Services of CT. [formerly Coordinating Council for Children in Crisis]	Clifford W. Beers Guidance Clinic
Wellmore	Community Health Resources
Wheeler Clinic	United Community and Family Services
	Wellmore
	Wheeler Clinic

Differential Response System Community Support for Families	Child Abuse and Neglect Intervention	Family Violence Outreach/IPV-FAIR	Health Assessment Multi-Disciplinary Evaluations	EDT	Therapeutic Child Reunification and Therapeutic Family Tim	Intensive Family Preservation	Triple P	MST-BSF	EMPS	
Child and Family Guidance Center	Action for Bridgeport Community Development (ABCD, INC)	Child & Family Agency of Southeastern Connecticut	Capitol Region Education Council	Boys and Girls Village	Action for Bridgeport Community	Boys and Girls Village	Boys and Girls Village	Capitol Region Education Council	Community Health Resources	Child and Family Guidance Center
Clifford W. Beers Guidance Clinic	AMPS	Child Guidance Clinic for Central Connecticut	Community Health Center	Charlotte Hungerford Hospital	Family Services of Greater Waterbury	Child & Family Agency of Southeastern Connecticut	Bridges...A Community Support System	Catholic Charities Inc Archdiocese of Hartford	Family Centered Services of CT. [formerly Coordinating Council for Children in Crisis]	Clifford W. Beers Guidance Clinic
Communicare	Bristol Hospital	Community Health Resources	Generations Family Health Center	Children's Center of Hamden	Wheeler Clinic .	Child and Family Guidance Center	Catholic Charities of Fairfield County	Child and Family Guidance Center	Wellmore	Community Health Resources
Community Health Resources	Capitol Region Education Council	Family Centered Services of CT. [formerly Coordinating Council for Children in Crisis]	Optimus Health Care (was Bridgeport Community Health Center)	Community Mental Health Affiliates		Community Mental Health Affiliates	Child & Family Agency of Southeastern Connecticut	Child Guidance Clinic for Central Connecticut	Wheeler Clinic	United Community and Family Services
Village for Families and Children	Catholic Charities Inc Archdiocese of Hartford	Family Re-entry	United Community and Family Services	Family & Children's Aid		Family & Children's Aid	Child and Family Guidance Center	City of Bridgeport		Wellmore
Wellmore	The Center for Family Justice (Formerly - Center for Women and Families of Eastern Fairfield County)	Wellmore, Inc	Village for Families and Children	Hartford Hospital		R Kids	Community Child Guidance Clinic	Community Health Center		Wheeler Clinic
Wheeler Clinic	Charlotte Hungerford Hospital		Wheeler Clinic	Klingberg Comprehensive Family Services		United Services	Community Health Center	Community Health Resources		
	Child and Family Guidance Center		Yale-New Haven Hospital / Saint Raphael Campus	Mid-Fairfield Child Guidance Center		Village for Families and Children	Community Mental Health Affiliates	Community Mental Health Affiliates		
	Child Guidance Center of Southern Connecticut			Natchaug Hospital		Wheeler Clinic	Family & Children's Agency	Eastern Connecticut Health Network		
	Child Guidance Clinic for Central Connecticut			Village for Families and Children			Klingberg Comprehensive Family Services	Exchange Club Center for the Prevention of Child Abuse of CT		
	City of Bridgeport			Wheeler Clinic			New Opportunities	Exchange Club Center for the Prevention of Child Abuse of Southern CT		
	Clifford W. Beers Guidance Clinic						United Community and Family Services	Family & Children's Agency		
	Community Child Guidance Clinic						United Services	Family & Children's Aid		
	Community Health Center						Village for Families and Children	Family Centered Services of CT. [formerly Coordinating Council for Children in		
	Community Health Resources						Waterford Country School	Hispanic Health Council		
	Community Mental Health Affiliates						Wheeler Clinic	Kennedy Center		
	Day Kimball Hospital						Yale University	Klingberg Comprehensive Family Services		
	Eastern Connecticut Health Network							Lower Naugatuck valley Parent Child Resource Center		
	Exchange Club Center for the Prevention of Child Abuse of CT							McCall Foundation		



	Exchange Club Center for the Prevention of Child Abuse of Southern CT						Middlesex Hospital		
	Family & Children's Agency						Saint Francis Hospital & Medical Center		
	Family & Children's Aid						United Community and Family Services		
	Family Centered Services of CT. [formerly Coordinating Council for Children in Crisis]						United Services		
	Family Services of Greater Waterbury						Wellmore, Inc		
	Hispanic Health Council						Wheeler Clinic		