

**Appendix B: DCF Court Monitor's 2017-2018 Protocol for Outcome Measures 3 and 4  
Updated April 2017 for Use in Blind Reviews**

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Updated April 2017 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 OM4 (Formerly 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 4 (Formerly OM15) respectively.)*

**Override Request is**      1.  Approved      2.  Denied      3.  N/A

**Rationale for Determination:**

*Signature*

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

Ray Mancuso, Juan F. Court Monitor

### 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"/>	25 days post ACR or FC (or at day 205 from date of prior family case plan if no FC is held which allows for 180 day federal requirement plus our 25 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"/>	<b>Supervisory Screening</b>	
<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 2017-2018 Protocol for Outcome Measures 3 and 4 (Formerly OM15)**

**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"/> Kebu 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 DelGrego	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 4 (Formerly OM15): \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_  
 (enter month and year of prior plan to date of current plan reviewed for OM 3) as: mm / yyyy through 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 in the investigation regardless of substantiation. (Check all that apply.) Then check all that were substantiated.

Risk Factors Alleged/Identified in Investigation	Identified		Substantiated	
	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes	2. <input type="checkbox"/> No
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

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 Recommitted 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.



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

**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.

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**

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**Notes:**

### 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 score of "Appropriate Case Plan" even in the event that it could have achieved the numerical score deemed acceptable using the following five point scoring tool in each of the eight sections as it will be designated as absent for the purpose of overall scoring. The essential elements required are 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*

Court Monitor's consideration for an override of the SWS approval may be requested 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 205 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.

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<sup>7</sup> Decisions 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><u>Standard for Compliance:</u></p> <ul style="list-style-type: none"> <li>▪ <i>The worker has identified case participants and significant inter-relationships.</i></li> </ul> <p><u>Considerations:</u></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>
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**Circle Score:**

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

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

**Standards for Compliance:**

- *The input of the family/child is considered/addressed in the Case Planning process.<sup>8</sup>*
- *The Case Plan emphasizes individual child and/or family strengths.*

**Considerations:**

- Is DCF using effective outreach and engagement strategies to build a working partnership with the child and family?
- 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)?
- *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?*
- 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?)
- Were the required visitation plan and medical screens included in the process and provided to the family during the meeting?<sup>9</sup>
- 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 CPC, 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?

***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>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.

<p><b>Circle Score:</b></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>
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<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> <http://www.ct.gov/dcf/lib/dcf/policy/pdf/42070000.pdf> and <http://www.ct.gov/dcf/lib/dcf/policy/pdf/42030000.pdf> issued April 1, 2015 outlines the requirements for all adolescent planning including those who are not returning home requiring Independent Living planning.

<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: \_\_\_\_\_



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<sup>16</sup> SDM® requires 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>Standard for Compliance:</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>Considerations:</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>
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<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>
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<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.

Circle Score:

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

## II.4. Planning for Permanency

### Standard for Compliance:

- *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:
 
  - Reunification
  - Adoption
  - Transfer of Guardianship
  - Long Term Foster Care with a licensed Relative
  - OPPLA
  - 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.*

### Considerations:

- Are the action steps consistent with the permanency goal?
- 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 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?

### Notes:

*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>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:

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### 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 within 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

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<sup>21</sup> If it is the initial plan or no approval is present enter "9999"



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 OM4 (Formerly 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> 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 Court Monitor/Assistant Court Monitor for review.

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



**Outcome Measure 4 (Formerly 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 4 (Formerly 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 4 (Formerly 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 4 (Formerly 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.

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<sup>23</sup> 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 OM4 (Formerly OM15) indicated prior, review each section based upon the standards for compliance and considerations indicated for that particular section.

<p><b>L. 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.



*Reviewer Notes for I.1*

**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.

<b>II. Permanency</b>	
<p><b>Circle Score:</b>                      5 Optimal                      4 Very Good                      3 Marginal                      2 Poor                      1 Absent/Adverse                      99 - N/A (In Home)</p>	<p><b>II.1 Securing the Permanent Placement - Action Plan for the Next Six Months</b></p> <p><u>Standard for Compliance</u></p> <ul style="list-style-type: none"> <li>▪ <i>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.</i></li> </ul> <p><u>Considerations</u></p> <ul style="list-style-type: none"> <li>▪ 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)?</li> <li>▪ 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?</li> <li>▪ 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?</li> <li>▪ If OPPLA has been identified as the permanency goal, has there been identification of the resource selected to provide this long term placement resource?</li> <li>▪ 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?</li> <li>▪ 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?</li> <li>▪ Are barriers to achieving reunification or the permanent placement addressed?</li> </ul> <p><u>Reviewer Notes:</u></p>

**II. Permanency**

Circle Score:

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

**II.2 DCF Case Management - Legal Action 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 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.*

**Considerations:**

- 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 MAP determinations (where present)?
- Were legal actions during the prior six months consistent with the SDM® Family Reunification Assessment/Reassessment tools where these are available<sup>28</sup> ?
- For In-Home cases did worker file petitions or seek protective supervision when warranted by the facts of the case?

**Reviewer Notes:**

<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: \_\_\_\_\_

<b>II. Permanency</b>	
<p><b>Circle Score:</b>                      5 Optimal                      4 Very Good                      3 Marginal                      2 Poor                      1 Absent/Adverse                      99 - N/A (In Home)</p>	<p><b>II.3 DCF Case Management – Recruitment for Placement Providers to achieve the Permanency Goal during the prior Six Months</b></p> <p><u><b>Standard for Compliance</b></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 its recruitment efforts.</i></li> </ul> <p><u><b>Considerations:</b></u></p> <ul style="list-style-type: none"> <li>▪ 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?</li> <li>▪ For TPR’d children in placement, was the child registered on the Adoption Resource Exchange (unless a documented exception applied)?</li> <li>▪ 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?</li> <li>▪ 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?</li> <li>▪ 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?</li> </ul> <p><u><b>Reviewer Notes:</b></u></p>

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

**II. Permanency**

Circle Score:

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

**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>****Standard for Compliance**

- *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.*
- *The current Adolescent Policy has been adhered to for all children in care ages 14 or older as indicated.*

**Considerations:**

- In cases with a stated goal of reunification have all court ordered preservation services been provided (reasonable efforts) in a timely manner?
- 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.
- 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?
- 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 OPPLA is cited as a goal, were more permanent goals considered and ruled out?
- 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?
- Has child been provided with appropriate/timely transitions in placement toward goal achievement as assessed appropriate by input from DCF and providers?
- 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.

**Reviewer Notes:**

<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.

**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)****Circle Score:**

- 5 Optimal  
 4 Very Good  
 3 Marginal  
 2 Poor  
 1 Absent/Adverse  
 99 - N/A (TPR'd  
 infant/toddler)

**III.3 Mental Health, Behavioral and Substance Abuse Services****Standard of Compliance**

- *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.*

**Considerations**

- **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 child in 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 treatment/specialized services<sup>34</sup>?
  - 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 Assessments in place?

**Reviewer Notes:**

<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)	
<p><b>Circle Score:</b>                      5 Optimal                      4 Very Good                      3 Marginal                      2 Poor                      1 Absent/Adverse                      99 - N/A</p>	<p><b>IV.2 Education</b></p> <p><u>Standard for Compliance</u></p> <ul style="list-style-type: none"> <li>▪ <i>Child has been assessed for early intervention or special educational needs where such action is indicated by the child's behaviors or educational difficulties.</i></li> <li>▪ <i>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.</i></li> </ul> <p><u>Considerations</u></p> <ul style="list-style-type: none"> <li>▪ Where special educational needs were present and of a nature requiring consultation, was ARG involvement noted?</li> <li>▪ Have necessary PPT meetings and assessments been scheduled/held? Is there documented contact with the school to assess progress?</li> <li>▪ Is child academically achieving to his/her potential – If there is an IEP in place, does the IEP need to be revisited?</li> <li>▪ Has child attended school with regularity since DCF involvement?</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>▪ 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?</li> <li>▪ 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?</li> <li>▪ 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?</li> </ul> <p><u>Reviewer Notes:</u></p>

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 OM4 (Formerly 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. 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 _____ <i>Identify "other" below</i>
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	
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 _____	3. Prevention Programs (Violence) _____
	2. Domestic Violence Services Programs- Perpetrator _____	4. Domestic Violence Shelter _____
4. Education	1. Educational Screening or Evaluation _____	3. Individualized Programs per IEP Evaluation _____
	2. Head Start _____	4. Tuition for Private School/College _____
5. Employment	1. Job Coaching/Placement _____	
6. Housing	1. Community Housing Assistance (CHAP) _____	3. Housing Assistance (Section 8) _____
	2. Emergency Shelter (Adult/Family) _____	4. Transitional Living Program _____
7. Medical	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 _____ Identify "other" below
	5. A) Medication Management - Parent _____ B) Medication Management - Child _____	
8. Mental Health	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 _____	
	13. A) Mental Health Screening or Evaluation - Parent _____ B) Mental Health Screening or Evaluation - Child _____	25. Other - Parent _____ Other - Child _____ Identify "other" as applicable in space given

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

Identified Need Type:	Subcategory of Services/Programs Associated with the Identified Need	
<p><b>12. In-Home Support Services</b></p> <p><i>* Reminder: If legal is barrier - check 28 - write in legal and brief description of specific systemic issue</i></p>	<ol style="list-style-type: none"> <li>1. Family Advocacy _____</li> <li>2. Adoption Supports (PPSP) _____</li> <li>3. Delinquency Prevention _____</li> <li>4. Family Preservation _____</li> <li>5. Family Reunification _____</li> <li>6. Family Stabilization _____</li> <li>7. Flex Funds for Basic Needs _____</li> <li>8. Foster Care Support _____</li> <li>9. In-Home Parent Education and Support _____</li> <li>10. Juvenile/Criminal Diversion _____</li> <li>11. Maintaining Family Ties _____</li> <li>12. Medically Fragile Services/Support _____</li> <li>13. Mentoring _____</li> <li>14. Outreach, Tracking and Reunification Programs _____</li> </ol>	<ol style="list-style-type: none"> <li>15. Parenting Classes _____</li> <li>16. Parenting Groups _____</li> <li>17. Peer Mediation _____</li> <li>18. Positive Youth Development Program _____</li> <li>19. Preparation for Adult Living Settings _____</li> <li>20. Respite Services _____</li> <li>21. Services for the Disabled (TDD/TTY) _____</li> <li>22. Social Recreational Programs _____</li> <li>23. Supervised Visitation _____</li> <li>24. Translation Services _____</li> <li>25. VNA Services _____</li> <li>26. WIC Services _____</li> <li>27. Young Parents Program _____</li> <li>28. Other _____</li> </ol>
<p><b>13. Training</b></p>	<ol style="list-style-type: none"> <li>1. Adoption Training _____</li> <li>2. Foster Parent Training _____</li> </ol>	<ol style="list-style-type: none"> <li>3. Life Skills Training _____</li> </ol>
<p><b>14. DCF</b></p>	<ol style="list-style-type: none"> <li>1. Worker/Child Visitation _____</li> <li>2. Worker Parent Visitation _____</li> </ol>	<ol style="list-style-type: none"> <li>3. Provider Contact _____</li> <li>4. Case Management/Support/Advocacy _____</li> <li>5. ARG/AAG Consult _____</li> </ol>

**OM 4 (Formerly OM15) Scoring Sheet:**

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**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: \_\_\_\_\_

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

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

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

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

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

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

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**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> 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: \_\_\_\_\_

**OM4 (Formerly 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 OM4 (Formerly OM15). Also include a comparative assessment of ACR findings in regard to OM4 (Formerly OM15) issues noted vs your findings.)**