

**Appendix C: Directional Guide for DCF Court Monitor's OM3 and OM4 Blind  
Reviews**

**Updated April 14, 2017**

*For Use in 2017-2018*

**Directional Guide for DCF Court Monitor's OM3 and OM4 Blind  
Reviews**  
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*Juan F.* Court Monitor's Office  
300 Church Street - 4<sup>th</sup> Floor  
Wallingford, CT 06492  
203-741-0458

**Overview of the Process:**

This original revised blind case review process was developed and agreed upon in conjunction with the parties of the *Juan F. v Rell* case to measure the improvements the quality and validity of data collected and reported for Outcome Measure 3 – Treatment Planning<sup>1</sup> (OM3) and Outcome Measure 15 – Needs Met (originally identified as OM15 now designated as OM4)). The Revised 2017 Exit Plan continues reviews of Outcome Measure 3 and Outcome Measure 4 (Formerly OM15) on a quarterly basis, with 50-55 cases randomly selected from the ACR schedule by the Monitor’s Office for blind case review. Distribution of the blind cases will be determined by the LINK caseload report from the month immediately proceeding each quarter being reviewed, so that area offices will be represented within the sample in accordance with percentage of overall caseload. No prior notification will be sent to the ACR Social Work Supervisor or Area Office staff for selected cases.

Each case will be assigned to a Court Monitor (CM) reviewer who, at approximately 25 days after the scheduled CPC, ACR review or potential family conference date, shall print off the case plan document and ACRI documentation as well as complete a review of the LINK record, with a concentration on the last six-month period of time and the prior case planning documentation - collecting necessary data elements per the tool required responses. CM Reviewers will prescreen cases to ensure that the case is in fact not in need of replacement before proceeding with the full review - ensuring that the timeframes for case planning are within the sample period and that probate, interstate compact, subsidy only, and committed delinquent only children in placement cases will be excluded from the sample. If there is no case plan approved at the 25<sup>th</sup> day from the ACR date scheduled or identified, or the case plan is not approved timely, no more than 205 days from the prior approval for ongoing cases; or approved at 85 days from the date of disposition for newly opened cases, the OM3 measure is to be given absent scores across all domains for official scoring. Feedback on the draft plan will be provided as a courtesy to the Department. (Factors will be considered on a case by case basis should there be a need in relation to scheduling delays related to family request or extenuating circumstances.)

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

All cases will undergo a secondary screening. If agreement is not present that senior reviewer will seek out the initial CM reviewer to present their opinions and findings and the senior reviewer will arrive at a determination of the appropriate score to reflect the level of performance for the specific item(s). If there is not consensus between the senior reviewer and the initial reviewer at the time of this determination, this write up, as well as the original score will be presented to the Assistant Court Monitor or the Court Monitor for determination of compliance for OM3 and OM4 (Formerly OM15) as needed. If there are areas that do not attain the “very good” or “optimal” level, yet consensus is the overall score should be “an appropriate Case Plan” the review team will need to clearly outline their reasoning for such a determination. These cases will be reviewed by the Court Monitor for approval of an "override" exception of the appropriate of the case plan. Individual domains are not subject to override. The Monitor will produce a report of findings on these two measures (OM3 and OM4 (Formerly OM15)) within 45 - 60 days of the close of each calendar quarter.

**Reminders:**

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

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

- For numeric responses use “99”
- For dated responses use “11/11/9999”

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

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

- For string or alphanumeric responses use “skip”

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

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

#### Administrative and Descriptive Data Elements

Question	Directions and Data Sources
<b>Safety Assessment</b>	Please respond to the question regarding your assessment of the level of risk/safety concerns present for this case. Refer to Senior reviewer with a write up of your concerns if "yes" is selected.
<b>Override Questions</b>	Each of the Measures can be subject to override request. Please indicate for OM3 and OM4 (Formerly OM15) if you are requesting an override exception to pass the measure even though one or more sections are scored at the marginal or lower level. You must write up the reason/rationale for your request on page 20 (OM3) and/or page 38 (OM4 (Formerly OM15)) or the tool will be returned to you. The Court Monitor will select the appropriate response to your request and his brief rationale and signature. You do not need to fill in that section
<b>Check List</b>	Use at your discretion
<b>A1.</b>	<b>Reviewer Name:</b> Select the name or names of the reviewer(s) completing the form from the menu of names provided.
<b>A2.</b>	<b>Date of LINK Extraction:</b> Enter the date of the LINK record review/extraction as month/date/year.
<b>A3.</b>	<b>Date of TPC/ACR or Family Conference Attended:</b> Enter the date of the TPC/ACR or family conference attended as month/date/year. <i>A3.1: Date of ACRI Completion and A3.2 Date of Approved Case Plan are new requirements as of 1<sup>st</sup> Quarter 2013. These dates are located on the completed forms. The ACRI date is located on the completed form in the upper left-hand. The date of the completed case plan, the lower right-hand. You no longer need to ask the question regarding date of receipt of the ACRI as this is now clearly identifiable in LINK.</i>
<b>A4.</b>	<b>Date of Case Plan Review post TPC/ACR or Family Conference:</b> Enter the date you reviewed LINK Case Planning documentation (approximately 25 days) post TPC/ACR or Family conference to obtain the final approved Case Plan document and completed ACRI and family conference documentation.
<b>A5.</b>	<b>Quarter of Review for OM3:</b> Quarter of the review should be entered as calendar quarter 1,2,3,4 and year should be entered as a two digit number, the two separated by a dash. For example, the first quarter of 2014 would be 1-14.
<b>A6.</b>	<b>Period of Review for OM4 (Formerly OM15):</b> Period of Review is the six month period ending with the current approved treatment plan unless the case has been open less than six months. It would be entered as the month and year of the prior approved plan through the month and year of the current approved plan if the case plans were timely. <i>Note: If this is an initial plan coming from intake use the date of investigation determination as the start date for the PUR. If there is no approved case plan use the month in which the case plan should have been approved for the second date (25 days from the date of the meeting).</i>
<b>A7.</b>	<b>Supervisory Approval:</b> Supervisory Approval will be the initials of the senior reviewer or Court Monitor that reviewed the tool prior to acceptance for data entry.

**Descriptive Information**

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

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

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

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

#### Methodology:

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

The initial process required the pairing of DCF QID staff with Monitor's Review staff, during the first several quarters. This changed in the second quarter 2007 when reviews began to be completed by one individual as a result of fiscal and staffing considerations. In 2011 the process largely became a blind review process so that the Department was not provided with the advantage of forewarning of the review for the identified cases.

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

1. Within 25 days after the ACR or family conference, the treatment plan should be approved by the SWS Review the full Case LINK Record documentation with a concentration on the most recent six months information. This includes narratives, Case Planning documentation, investigation protocols, **and the provider narratives for any foster care provider during the last six-month period.** Take notes, questions and concerns related to case practice, assessment and Case Planning. This will give you a sense of history, needs, and strengths of the active case participants and DCF. (3-5 hours)

2. Gather any outstanding questions and email the SWS to request clarification necessary to proceed with scoring (if this is a consensus case the lead reviewer will be the point person of contact and issue the email) (1-2 hours)
3. Upon response from the region, finalize your individual assessment(s) of the Case Plan and Needs Met Outcome Measures and fill out the scoring forms for each. Arrive at the scores for each section and overall scoring for OM3 and OM4 (Formerly OM15)

**Assignment Example:**

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

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

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

Area Office	Total Caseload	Juan F.	In Home	% of State Caseload
Bridgeport	1202	766	284	8.7%
Danbury	521	352	149	3.8%
Hartford	1847	1415	410	13.4%
Manchester	1143	738	314	8.3%
Meriden	525	357	123	3.8%
Middletown	424	291	117	3.1%
Milford	1094	666	278	7.9%
New Britain	1297	913	371	9.4%
New Haven	1259	854	339	9.1%
Norwalk <sup>3</sup>	511	330	108	3.7%
Norwich	1226	937	333	8.9%
Special Invest. Unit	77	0	0	0.0%
Torrington	487	326	91	3.5%
Waterbury	1403	939	294	10.2%
Willimantic	783	533	133	5.7%
<b>Grand Total</b>	<b>13,800</b>	<b>9,417</b>	<b>3,344</b>	<b>100.0%</b>

The sample, as indicated above, incorporates both out of home and in-home cases as close as possible to the statewide rate of distribution on or near the last date of the prior quarter or first date of the quarter being

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



measured. It is our belief at this juncture that we will have 10-12 CM reviewers and two senior reviewers (who will also be conducting secondary reviews during this period).

**Assignment:**

Blind reviews

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

**Outcome Measure 3 – Case Planning**

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

This principle is:

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

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

General Family Assessment:

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

Development of Goals and Steps:

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

While the 2017 Revised Exit Plan has identified that some of these domains have been achieved for two consecutive quarters to date and therefore are in the pre-certified status at the time of revision, this process continues to measure all domains for consistency in data collection and reporting obligations. Each of these eight sections will be detailed following the overview of the scoring system used for Outcome Measure 3.

**Sectional Scoring**

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

The reviewer finds a failure to incorporate the most essential elements for the standard of compliance detailed in the Department's protocol. The process does not take into account the

relevant considerations deemed essential, and the resulting document is in conflict with record review findings and observations during attendance at the ACR.

**Absent/Adverse Score – 1**

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

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

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

**Overall Scoring**

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

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

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

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

*Monitoring Senior reviewers and the Court Monitor, but will also be forwarded to the TAC for their review.”<sup>4</sup>*

### **Non-negotiable Requirements**

There are three elements that are required under the Outcome Measure Requirements for any plan to be scored as an “Appropriate Case Plan”. These can not be overridden. If they are not answered affirmatively, you will still measure the eight sections to establish performance levels for informational purposes, but regardless of your findings, the plan must be ranked as “not an appropriate Case Plan.” These non-negotiable elements are located at the top of the Scoring Sheet on page 21. They are:

**Currency of Case Plan:** “There must be an approved Case Plan less than seven months old at the point of your review.” For our current purposes we look at the 205 days as the outside time frame.  $181 + 25 \text{ days} = 206 \text{ days}$ . If there is not, the plan 205 days old or less, it is “not an appropriate Case Plan”.

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

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

**SWS Approval:** In general, the federal requirement states that all children in placement cases should have an ACR at 45 days with a case plan approved within 60 days of the child entering placement and from that point forward, an ACR approximately every 181 days from the prior ACR. DCF policy required that a case plan be approved within 10 days of that ACR. The new ACRI process has lengthened the timeframe for approval by an additional 15 days as the ACR staff has been granted a grace period to 15 days post ACR to complete their paperwork. This gives the AO staff 25 days from the date of the ACR to approve the case plan. You must review the Case Planning icon documentation to determine if SWS approval has been granted to the Case Plan developed during the meeting attended. This is not a determination of whether the Case Plan was corrected or edited as per the meeting notes, it is specifically the approval status of the SWS we are capturing for this element. The quality of the Case Plan is captured under the eight sections detailed below. In-Home family cases should be approved within 60 days of the case plan opening in Ongoing Services and from that point forward, approximately every 181-201 days from the prior case plan approval. (Per Department practice these dates would be end dates of 85 and 205 at this juncture – allowing for the extension of approval due to the ACRI approval/SWS approval process which grants a total of 25 days)

**Hold on to all materials.** At the completion of your review for the Case Plan post attendance at the TPC/ACR or family conference, please indicate all of your sectional ratings on page 23 of the tool, and indicate whether the three non-negotiable items were present. Select your overall score. Document your rationale for OM3 and OM4 (Formerly OM15). If a consensus vote between the initial and senior reviewer cannot be reached, the Assistant Court Monitor or Court Monitor will act as a third voice. If this cannot be done immediately, a time will be arranged for a three-way conversation at the next available time.

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

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

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

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

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

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

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

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

### **Section 1.2. Identifying Information (Page 13)**

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

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

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

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

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

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

#### **Optimal Score – 5**

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

#### **Very Good Score – 4**

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

#### **Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

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

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

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

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

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

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

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

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

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

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

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

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

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

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

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

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

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

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

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



**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

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

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

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

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

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

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

<sup>10</sup> See April 2015 Policy release -- 42-3 and 42-7.

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

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

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

- the need for an assessment to determine educational and/or vocational interests and level of ability, and/or post high school educational interests
- whether the youth has taken a career interest assessment
- whether the youth has taken a learning-style inventory
- the need to achieve timely permanency
- whether the youth has been referred to a Life-Long Family Ties Program
- issues of sexual orientation, cultural awareness
- the need for future referral to Adult Services
- whether the case should be transferred to a specialty unit
- mental and medical health status (including identifying future needs)
- housing
- finances (including any sources of income and any survivor benefits)
- substance abuse
- legal issues
- parenting issues
- Independent Living Passport and essential documents.

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

**Section II.2. Progress (page 18)**

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

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

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

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

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**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

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

relevant considerations deemed essential, and the resulting document is in conflict with record review findings and observations during attendance at the ACR.

#### **Absent/Adverse Score – 1**

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

### **Section II.3. Action Steps to Achieving Goals Identified for the Upcoming Six Month Period (p. 19)**

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

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

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

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

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

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

#### **Optimal Score – 5**

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

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

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

**Section II.4. Planning for Permanency (page 20)**

The **standard** for compliance requires that:

- *The plan contains the identification of an appropriate case permanency goal<sup>17</sup> (based on the circumstances of the case) using one of the current approved terms:*
  - *Reunification*
  - *Adoption*
  - *Transfer of Guardianship*
  - *Long Term Foster Care with a licensed Relative*
  - *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.*

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

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

- Is the permanency goal(s) consistent with the stated goals and action steps?

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

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

- 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?

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

**The OM3 Scoring Sheet:**

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

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

After reviewing the full picture presented by the scores that you have entered, Rank the overall quality of the Case Planning process and plan document as Appropriate or Not Appropriate give the scoring methodology and facts of the case before you. **Provide a brief rationale for overall scoring of the case as having met needs or not met needs during the period. Space is provided on the page following the overall scoring section for this purpose.**

### **Outcome Measure 4 (Formerly Outcome Measure 15) – Needs Met**

This review for Outcome Measure 4 (Formerly Outcome Measure 15) requires reviewers to consider one primary principle based upon a series of standards and considerations outlined within eleven sections of measurement that have been crafted in consultation with the parties and Technical Advisory Committee (TAC) to arrive at a determination of performance as it relates to the Department's ability to meet the needs of the clients it serves.

This principle is:

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

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

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

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

#### **Permanency Ratings:**

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

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

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

#### **Well Being (Other Considerations) Ratings:**

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

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

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

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

Use the open white space to take notes (or attach additional sheets as needed.) You will be required to support your scoring if asked by a senior reviewer. Each score is based upon reviewer judgment, but it must be supported by the facts of the case, and expectations of the DCF policy and Outcome Measure 4 (Formerly Outcome Measure 15) requirements. Scoring reflects the compilation of data regarding needs met from your review of case documentation, attendance at the TPC/ACR or family conference, and the final approved Case Plan.

**Overall Scoring**

The final designation for Outcome Measure 4 (Formerly Outcome Measure 15) is located at the bottom of the scoring sheet on page (47)of the protocol document. There are two options to choose from

*Needs Met*  
and  
*Needs Not Met.*

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



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

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

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

On pages 39-42 of the tool, you will find the crosswalk of services for each of the 14 category of needs deemed essential. Additionally you will find a listing of subcategories for each of those needs types. In rare situations where there is an identified need, but the subcategory does not fit appropriately, you would enter 99 as the subcategory and write in the appropriate service/program. Please keep in mind that placement and permanency must be included in your determination of needs. The majority of related services for these will be located under Need Types 9 and 11, but due to the individual nature of all cases, it could result in a service or program outside of these areas. You are to circle the subcategory number associated with any unmet need you have identified in your review of the last six months of service. On the blank line following the identified subcategory of service, enter the barrier to the need using the listing of barriers on page 36. Most barriers should fit into the selections on the menu; however, there is an "other" response in the event you cannot designate one of the already identified barriers. Be sure to write and indicate what the "other" is for data entry purposes.

On or around page 43 you will answer the following three questions. These are:

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

The presence of an unmet need does not indicate an automatic "needs not met" on the overall scoring of the case. You will need to determine the relationship/impact on OM 4 (Formerly OM15) Meeting the needs of children and families is central, but there are prioritized needs, sequential needs, and individual circumstances that have to be considered in their totality when making a determination of needs met. For instance, in the example provided, there could have been a need for alternate hours due to the parent attending another service at that same time, that would increase the likelihood of success overall. If the case participants deemed it best to pursue the other service (i.e. mental health or substance abuse in-patient or intensive outpatient) and postpone the domestic violence until such time that the service was completed, you would need to give that decision weight as you factor the sectional scoring. There is no one right answer for all cases.

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

Pages 44-46 of our tool are seeking to capture your findings related to services needed on the current Case Plan, based upon your review of the LINK record and attendance at the TPC/ACR or family conference, but which have NOT been incorporated. These are to be identified using the same crosswalk, and include a section for you to write a very brief comment related to what barrier you see that led to the failure of the Department to include the need in the current plan. If you find the occasion to enter information in this section on unidentified needs going forward, this information should be considered in your assessment of sections in both OM3 and OM15 where applicable.

#### **OM 4 (Formerly OM15) Scoring**

Reviewers are to score each section identified below indicating in the spaces provided on the identified page the rationale for each section's findings. These scores are then to be brought over to the scoring sheet on page 47 where you will review the sectional scores as a composite and arrive at the overall determination of "needs met"

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

### **Section I.1: In-Home Risk/Safety (p.27)**

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

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

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

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

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

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

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

**Not Applicable to This Case – 99**

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

**Section 1.2: Child in Placement Risk/Safety (p.29)**

The standards for the section are clearly delineated as:

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

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

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

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

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

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

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

**Not Applicable to This Case – 99**

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

## Section II.1 Securing the Permanent Placement – Action Plan for the Next Six Months (p.30)

The **standard** is delineated as follows:

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

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

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

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

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

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

### **Optimal Score – 5**

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

### **Very Good Score – 4**

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

### **Marginal Score – 3**

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

### **Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

**Not Applicable to This Case – 99**

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

**Section II.2. Legal Action to Achieve the Permanency Goal During the Prior Six Months (p.31)**

The standards are delineated as follows:

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

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

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

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

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

**Reminders:**

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

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

### Section II.3. Recruitment for Placement Providers to achieve the Permanency Goal during the Prior Six Months (p.32)

The **standard** is delineated as:

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

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

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

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

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

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

#### **Optimal Score – 5**

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

#### **Very Good Score – 4**

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

#### **Marginal Score – 3**

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

#### **Poor Score – 2**

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



**Absent/Adverse Score – 1**

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

**Not Applicable to This Case – 99**

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

**Reminder:**

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

**Section II.4. Contracting or Providing Services to Achieve the Permanency Goal during the Prior Six Months (p.33)**

The standards are delineated as:

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

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

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

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

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

**Reminders:**

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

**Section III.1. Medical Needs (p.34)**

The **standard** is delineated as:

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

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

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

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

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

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

**Reminders:**

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

Periodicity - Medical

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

Immunizations

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

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

**Section III.2: Dental Needs (p.35)**

The **standard** is delineated as:

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

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

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

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

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

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

**Reminder:**

- MDE recommendations should be well documented in the record and incorporated into the 60 day Case Planning document. Follow up should be documented in LINK and within the six-month Case Plan. If the timing of the case incorporates these time frames be sure to focus on this aspect of case management. If the period of review is outside of this period you should not expect to see historical information in the case plan document and would only include an MDE need if it was unmet and carried over from that prior period.
- In short: EPSDT information is provided for reference regarding the timing requirements for well checks.

Periodicity – Dental

- AAP recommends that children at risk have their initial dental screen as early as 6 months and no later than 6 months after the first tooth erupts or 12 months of age (whichever comes first).
- Semi-annual screening and cleaning visits thereafter (unless more frequent visits are required per Dentist's evaluation)
- The TPC/ACR or family conference should incorporate the child(ren)'s dental care status into the discussion of needs.

**Section III.3. Mental Health, Behavioral and Substance Abuse Services (p. 36)**

The standards are delineated as:

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

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

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

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

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

**Reminder:**

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

**Section IV.1. Child's Current Placement (p. 37)**

The **standard** is delineated as:

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

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

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

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

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

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

**Optimal Score – 5**

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

**Very Good Score – 4**

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

**Marginal Score – 3**

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

**Poor Score – 2**

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

**Absent/Adverse Score – 1**

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

**Not Applicable to This Case – 99**

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

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



**Section IV.2. Education (p. 38)**

The **standard** is delineated as:

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

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

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

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

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

#### **Overall Scoring for OM4 (Formerly OM 15)**

What is your conclusion: Needs Met or Not Met? Is an override warranted? Use your review and area office feedback to draw your final conclusions related to the last six month period of the ongoing services case. Be sure to provide rationale for Overall Scoring of the case as having met needs or not met during the period. Space is provided on page 48 for this purpose. In this space be sure to include comparison with the ACR designation of the strengths and ANI for areas of well being and case practice that we review: Visitation and documentation are 11.4, Medical/Vision/Dental is III.1, Substance Abuse/Support Services and Mental Health are III.3, Education is IV.2, etc. Revisit the comments of the ACR reviewer and ratings and determine if they are consistent with your own and comment to that point in your write up so that the secondary screener has an understanding of your position in relation to what was determined by the agency review.