CONSENT DECREE

Connecticut Department of Children and Youth Services

United States District Court
District of Connecticut
January 7, 1991

CONSENT DECREE

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SECTION I. PREAMBLE

I. PREAMBLE

Background

On December 19, 1989, the plaintiffs identified as Juan F., a minor, by and through his next friends Brian Lynch, M.S.W., and Isabel Romero; Becky M., a minor, by and through her next friends Morris Wessel, M.D., and Nancy Orsi; Benjamin B., a minor, by and through his next friends Barry Kasdan, M.S.W., and Edythe Latney, M.H.S.A.; Jason B., a minor, by and through his next friends George Pipkin and John Leventhal, M.D.; Anna R., a minor, by and through her next friends Cesar Batalla and Julia Ramos Grenier, Ph.D.; Dominique S., a minor, by and through his next friends Nancy Humphreys, D.S.W., and Margaret Penn, M.S.W.; Patrick S., a minor, by and through his next friends Jerry Reisman, Ph.D., and Julia Hamilton; Daniel C., a minor, by and through his next friends Patrick Bologna, M.S.W., and Cynthia McKenna, M.S.W.; Florence J., a minor, by and through her next friends Michael Rohde, M.H.S.A. and Judith Hyde, M.A.; on behalf of themselves and all others similarly situated, instituted this action against William O'Neill, Governor, State of Connecticut, and Amy B. Wheaton, Ph.D., Commissioner, Department of Children and Youth Services, State of Connecticut, in their official capacities.

This action consisted of broad-scale challenges to the management, policies, practices, operations, funding, and protocols of the Connecticut Department of Children and Youth Services ("DCYS" or the "Department"). The over one hundred issues identified for resolution may be generally separated into the following categories:

(1) Investigations and pre-placement services;

(2) Foster care and other out-of-home placements and services;

(3) Medical care;

(4) Mental health care;

(5) Adoption;

(6) Staffing; and

(7) Management and systems.

In a commendable effort to resolve their disputes without lengthy and expensive formal judicial proceedings, the parties agreed to mediate the complex factual and legal issues raised in this case. The agreement of the parties was formalized in a Mediation Order dated July 16, 1990.

The Mediation Order in pertinent part provided:

(1) That Theodore J. Stein, M.S.W., Ph.D. (selected by plaintiffs), Patricia Wilson-Coker, M.S.W., J.D. (selected by defendants), and Senior Judge Robert C. Zampano, as Chairperson, would constitute the DCYS Mediation Panel;

(2) That the DCYS Mediation Panel was empowered to resolve and submit fair and just settlement terms on each issue

involved in this lawsuit;

(3) That certain timetables and mediation procedural phases would be adhered to by the DCYS Mediation Panel including an Investigation and Information-Gathering Phase, a Consultation Phase, a Deliberation Phase, a Settlement Report or Consent Decree Phase, and a Post-Settlement Phase;

(4) That if by December 31, 1990, a Consent Decree had not been unanimously agreed upon by the DCYS Mediation Panel, the mediation process would terminate unless all counsel agreed to an extension of the process;

(5) That if the DCYS Mediation Panel was unable to resolve all issues and matters submitted to it, the case would be returned to the Trial Judge for formal judicial proceedings;

(6) That if all issues and matters submitted to the DCYS Mediation Panel were resolved by unanimous decision, the determinations would be final and binding, and would not be subject to appeal; and

(7) That if a Consent Decree was unanimously agreed upon by the DCYS Mediation Panel, the Consent Decree would provide for the implementation and monitoring of the Consent Decree.

The Mediation Process

For over five months, the DCYS Mediation Panel heard from hundreds of people, conducted four public hearings, reviewed numerous documents, conferred with counsel, discussed each and every issue and matter presented to it, appointed medical and

mental health subpanels for recommendations,[1] and, by December 1, 1990, reached unanimity in principle on each issue and matter involved in this case.

During December 1990, the DCYS Mediation Panel reviewed each one of its determinations and drafted this Consent Decree to incorporate its judgment on each issue and matter.

The Structure of the Consent Decree

The DCYS Mediation Panel fully recognized the scope of its adjudications and the effects upon all aspects of the management, operations, procedures, staffing, and funding of the Department. Therefore it very carefully formulated this Consent Decree to consist of definitive, rational, and fair resolutions of the issues, with reasonable implementation and monitoring provisions to reduce to the extent possible the impact on the Department's operations and funding.

Thus, this Consent Decree mandates prudent, state-of-the-art, conclusive adjudications; however, it also provides for fiscal and compliance flexibility and reasonableness in the implementation and monitoring of these adjudications.

As soon as practicable after the effective date of this Consent Decree, the DCYS Monitoring Panel will meet with officials of the Department, members of administrative and legislative bodies, representatives of the Governor's Office, and

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[1] Dr. John M. Leventhal (selected by plaintiffs) and Dr. Mark D. Simms (selected by defendants) were the members of the Medical Subpanel; Dr. Joseph L. Woolston (selected by plaintiffs) and Dr. Kenneth E. Towbin (selected by defendants) were the members of the Mental Health Subpanel.

other persons or entities, to review and discuss the required funding for the implementation of the provisions of this Consent Decree. Thereafter, the DCYS Monitoring Panel will establish on an annual basis binding timetables and fiscal patterns for the funding of the provisions of this Consent Decree as implemented by the determinations of the DCYS Monitoring Panel.

To ensure implementation and compliance with the standards and adjudications set forth in this Consent Decree, but also to ensure that the implementation and compliance will be flexible and reasonable within the intent of the DCYS Mediation Panel, the members of the DCYS Mediation Panel will compose the membership of the DCYS Monitoring Panel established by this Consent Decree.

Section II. General Provisions

II. GENERAL PROVISIONS

(1) The provisions of this Consent Decree resolve the existing disputes and issues in the case of JUAN F., by and through his next friends Brian Lynch, M.S.W., and Isabel Romero, on behalf of themselves and all others similarly situated, et al. v. William O'Neill, et al., Civil Action No. H-89-859 (AHN).

(2) This Consent Decree satisfies and resolves the claims of the plaintiffs and plaintiffs' class in the above-entitled case as of the date of this Consent Decree.

(3) The provisions of this Consent Decree are the result of lengthy discussions and negotiations among the members of the DCYS Mediation Panel. They have been agreed upon solely as a means to put a reasonable end to this complex case and to avoid the costs, time, and risks that would be involved for the parties to litigate the case in full. In many respects, this Consent Decree embodies a compromise of the issues involved in this case and, while its provisions are binding on the parties herein, its provisions are not to be construed to be statements, rulings, or precedents with respect to the constitutional and other legal rights of persons who are parties or nonparties to this litigation in this or any other action. Moreover, the provisions of this Consent Decree are not to be construed as statements, rulings, or precedents with respect to the constitutional or

other legal rights of any person or persons involved in any action pertaining to the Department of Children and Youth Services.

(4) All provisions of this Consent Decree shall be deemed final and binding upon the parties except that the implementation of and compliance with those provisions, and all time specifications contained therein, shall be determined from time to time by the unanimous decision of the members of the DCYS Monitoring Panel. Detail, definition, implementation, and compliance mandates shall be set forth in writing and distributed by way of Manuals or similar memoranda.

(5) The DCYS Monitoring Panel's Manuals, memoranda, and any other document issued under its direction, shall be deemed final and binding upon the parties, and not subject to appeal.

(6) The DCYS Monitoring Panel by unanimous decision may amend, alter, or change the contents of its Manuals, memoranda, or other documents issued under its direction. The amendments, alterations, or changes shall be deemed final and binding upon the parties and not subject to appeal.

(7) All disputes and issues concerning any aspect of the provisions of this Consent Decree or the DCYS Monitoring Panel's Manuals, memoranda, or other documents issued under its direction, shall be resolved by the unanimous decision of the DCYS Monitoring Panel. The DCYS Monitoring Panel's determinations shall be deemed final and binding upon the parties, and not subject to appeal.

(8) If any issue, matter, or dispute is not resolved by the unanimous decision of the DCYS Monitoring Panel, any one of the members of the DCYS Monitoring Panel, or any party or counsel, may refer that issue, matter, or dispute to the Trial Judge for resolution pursuant to proceedings the Trial Judge deems appropriate. At any such proceeding, any one of the DCYS Monitoring Panel may be called as a witness by a party, counsel, or the Trial Judge.

(9) The provisions of this Consent Decree satisfy and resolve the disputes and claims of the parties and the plaintiff class members in the above-entitled action, and shall apply to and be binding upon their employees, heirs, successors-in-interest and assigns. It does not resolve any claims or disputes said persons might have for monetary relief in pending or future litigation.

(10) This Consent Decree satisfies and resolves the claims of plaintiffs and plaintiff class members under the various federal statutes and constitutional provisions pleaded in the Complaint, but resolves no claims which plaintiffs and plaintiff class members might have under other federal statutes and constitutional provisions, including (but not limited to) claims under the Education for Handicapped Children Act and claims relating to conditions of confinement within any of the Department's operated institutions and facilities.

(11) Nothing contained in this Consent Decree shall be interpreted so as to reduce the requirements and obligations imposed on the Department by the terms of prior judicial rulings, decrees, and consent judgments in other actions.

(13) This case shall be certified as a class action and the class certified shall be defined as:

(a) All children who are now, or will be, in the care, custody, or supervision of the Commissioner of the Department of Children and Youth Services as a result of being abused, neglected or abandoned or being found at risk of such maltreatment; and

(b) All children about whom the Department knows, or should know by virtue of a report to the Department, who are now, or will be, abused, neglected or abandoned, or who are now, or will be, at serious risk of such maltreatment.

(13) Notice to plaintiff class members of this Consent Decree shall issue pursuant to the December 13, 1990 Order Directing Notice of Proposed Settlement.

(14) Plaintiffs shall file their motion for costs and attorneys' fees within thirty days of judicial approval of this Consent Decree. Any disputes regarding this motion shall be submitted in the first instance to the Settlement Judge for resolution. If informal resolution is not possible, the matter shall thereafter be referred to the Trial Judge for an appropriate hearing. Defendants shall pay plaintiffs their costs and attorneys' fees within sixty days of the entry of a judicial Order directing payment.

(15) This Court has subject matter and personal jurisdiction over this action and therefore the authority to enter this Consent Decree.

(16) This Court shall have continuing jurisdiction of this action to ensure compliance with this Consent Decree.

Section III. Definitions

III. DEFINITIONS

As used in this Consent Decree, the following terms shall have the following meaning unless specifically stated otherwise:

(1) "Adolescent" -- a youth between the age of twelve and eighteen.

(2) "Case" -- refers to a family under protective services investigation; a child and his family receiving services at home or a child out-of-home under a court order; or a child or family receiving services provided on a voluntary basis.

(3) "Child" -- any person under eighteen years of age.

(4) "Commissioner" -- the Commissioner of the Connecticut Department of Children and Youth Services acting by him/herself or through agents, employees, or assigns and shall include any successor Commissioner or Commissioners who at any time after judicial approval of this Consent Decree may come to assume any or all of the responsibilities and obligations currently held by the Commissioner of the Connecticut Department of Children and Youth Services.

(5) "DCYS" -- the Connecticut Department of Children and Youth Services, and any successor agency or agencies that at any time after judicial approval of this Consent Decree may come to assume any or all of the responsibilities and obligations

currently held by the Department of Children and Youth Services.

(6) "Department" -- same as "DCYS".

(7) "Manuals" -- refers to guidelines and handbooks to be promulgated by the DCYS Monitoring Panel that will set forth the directives and details concerning the procedures, timetables, additional staffing requirements, funding requirements, and other matters necessary to implement and monitor the mandates in this Consent Decree.

(8) "Out-of-Home Care" -- any type of round-the-clock, seven-day a week care of a child outside of his or her own home including care in foster family homes and congregate care settings.

(9) "Parent" -- a child's biological or adoptive parent, guardian, or caretaker (other than foster parent) in whose care a biological or adoptive parent or guardian has left the child.

(10) "Services" -- assistance provided by the Department and others to children and/or their families.

(11) "Social Workers" -- employees of the Department's regional offices who provide casework services, including Intake Workers, Treatment Workers, Hotline Workers, Adoption Specialists and Social Worker trainees.

Section IV. The Training Academy

IV. THE TRAINING ACADEMY

(A) Objectives

The Department, under the direction and with the approval of the DCYS Monitoring Panel, shall establish a Training Academy for the following purposes:

(1) To provide pre-service training that meets nationally accepted standards for new workers, supervisors, non-clerical support staff, and other persons designated in the Training Academy Manual;

(2) To provide in-service training that meets nationally accepted standards for workers, supervisors, non-clerical support staff, adoption homefinders, foster homefinders, and other persons designated in the Training Academy Manual;

(3) To provide training that meets nationally accepted standards for foster and adoptive parents;

(4) To develop statewide, and as appropriate, region-specific training plans for workers, supervisors, foster parents, adoptive parents, and other persons designated in the Training Academy Manual;

(5) To establish a computerized system that is part of a single statewide computer system to record and preserve information relating to pre-service, in-service, and other training plans, programs, evaluations of programs, and

evaluations of workers, supervisors, non-clerical support staff, foster parents, and other persons designated in the Training Academy Manual;

(6) To develop curricula and educational materials which may be used by facilities of the Department, contractees who care for the Department's children, and other related entities concerning health, human sexuality, AIDS, pregnancy, birth control, HIV infection, alcohol, drugs, tobacco, and other subjects designated in the Training Academy Manual;

(7) To administer the Social Work Internship Program and the Tuition Reimbursement Program;

(8) To maintain a library containing educational books, materials, and equipment required for the fulfillment of the objectives and effective operation of the Training Academy and regional offices;

(9) To engage in research and study to improve the performance and activities of workers, supervisors, managers, non-clerical support staff, adoptive and foster parents, and other persons designated in the Training Academy Manual;

(10) To promulgate guidelines for the reimbursement of expenses for those who participate in programs authorized by the Training Academy;

(11) To develop and implement Training Academy evaluation procedures;

(12) To issue an annual report, describing Training Academy activities;

(13) To train staff in the use and operation of the single statewide computer system; and

(14) To perform all other duties and activities prescribed in the Training Academy Manual.

(B) <u>Location</u>

The Training Academy shall be centrally located and shall have the space, equipment, furniture, and all other items and features specified in the Training Academy Manual.

(C) <u>Director</u>

The Director of Staff Development shall be the Director of the Training Academy. The Director should possess the following qualifications:

(1) A Masters Degree, preferably one in social work or child welfare;

(2) At least five years experience in providing services in a human service agency, or three years experience in providing services in a human service agency and two years of experience as a supervisor in a human service agency; and

(3) Two years experience teaching in a school or department of social work, child welfare, or human services, or two years of experience as a training instructor in a public or private social welfare agency.

(D) <u>Staff and Consultants</u>

(1) The Training Academy shall consist of adequate qualified staff;

(2) The training staff and librarian shall

possess the qualifications set forth in the Training Academy Manual; and

(3) When deemed necessary, the DCYS Monitoring Panel may appoint experts and consultants to effectuate the objectives of the Training Academy.

(E) Advisory Board

(1) The Department, with the approval of the DCYS Monitoring Panel, shall appoint an Advisory Board consisting of representatives from the Department, educational institutions, public and private sector agencies, and community providers to recommend: policies; goals; minimum standards for knowledge and skills for social workers, superiors, foster parents, adoptive parents, and non-clerical support staff; training programs; recruitment of staff; procedures for assessing the qualifications of social workers, superiors, new hires, foster parents, adoptive parents, and non-clerical support staff; and all other acts necessary for the fulfillment of the objectives and effective administration of the Training Academy; and

(2) To the extent deemed necessary by the DCYS Monitoring Panel, the recommendations of the Advisory Board shall be incorporated into the requirements set forth in the Training Academy Manual.

(F) General Training Plans

(1) A statewide Training Plan shall be developed annually for the following purposes:

(a) To describe the contents and objectives of

each training program that will be administered by the Training Academy;

(b) To describe procedures to be followed by regional training units;

(c) To identify on at least a bi-annual basis the dates, times, and training staff for each training program;

(d) To ensure, when necessary, that trainees will have direct and supervised client contact;

(e) To establish procedures to enable participants to attend training programs at the Training Academy, or to arrange regional training sessions for the convenience of participants; and

(f) To incorporate all other information designated in the Training Academy Manual for the development and distribution of general Training Plans.

(G) Individual Training Plans

(1) Individual Training Plans for social workers and supervisors shall be developed for the following purposes:

(a) To incorporate evaluations of the strengths and weaknesses of a worker's and supervisor's knowledge and skills; and

(b) To designate timeframes and training programs required to improve a worker's and supervisor's knowledge and skills or to remedy professional deficiencies.

(2) Information recorded in Individual Training Plans

and subsequent amendments shall be maintained in the worker's personnel file.

(H) Pre-Service Staff Training

(1) Pre-service training shall:

(a) Be provided to the new worker for the first four months of employment;

(b) Consist of both didactic (e.g., lectures, seminars) and supervised casework experiences in training units; and

(c) Comply with the timetables, procedures, and subjects of instruction prescribed in the Training Academy Manual.

(2) No trainee shall be solely responsible for any case function (e.g., intake, investigations, in-home, substitute care services) during the first twelve weeks of the pre-service training period.

(3) All trainees will be evaluated on a weekly basis by the instructors and supervisors.

(4) The period of pre-service training may be extended up to a maximum of thirty days to remedy difficulties encountered during the training period.

(5) With respect to newly hired workers who have at least twelve consecutive months of direct child welfare experience in the thirty-six months preceding the date of hire:

(a) An Individual Training Plan shall be developed for the worker within five days of commencing employment;

(b) The worker must attend the first three weeks of pre-service training required for all new workers;

(c) Subsequent training after the first three weeks will depend on the training needs identified in the Individual Training Plan;

(d) The worker shall not have sole responsibility for any case function until the worker has completed the mandatory three-week pre-service training; and

(e) At the completion of the mandatory three-week pre-service training, a worker who demonstrates the requisite knowledge and skills may be assigned to a regular department unit.

(I) Training Units

(1) Training Units shall be established within each region or within two geographically contiguous regions for the following purposes:

(a) To contribute to the pre-service training prescribed in this Consent Decree;

(b) To provide a locus for supervised case work experience for new workers during the required pre-service training period; and

(c) To maintain balanced caseloads for workers who provide services to clients.

(2) The supervisor/instructor shall provide the training throughout the period of time the trainee is assigned to the Training Unit.

(3) Training Unit supervisors/instructors shall be experienced personnel who have attained the level of supervisor or Master Social Worker, or such other person or contractees whose experience allows them to provide services in any type of case, and who have been trained as supervisors/instructors as set forth in the Training Academy Manual.

(4) The ratio of supervisor/instructor to trainees shall not exceed one supervisor/instructor to three trainees.

(5) The caseload of supervisor/instructor shall not exceed one-half of the maximum caseload permitted by this Consent Decree.

(6) During the first six weeks of the pre-service training period, no trainee shall provide services to any client except under the direct supervision of a supervisor/instructor.

(7) In the seventh week of the pre-service training period and on subsequent weeks for the balance of the four-month training period, the trainee may be assigned additional cases pursuant to the timetables and procedures set forth in the Training Academy Manual.

(8) The cases assigned to the trainee by the completion of the training period shall constitute the trainee's first caseload.

(9) During the pre-service training period, the

trainee shall not be solely responsible for any investigation of an alleged child abuse case.

(10) During the pre-service training period, the trainee may be assigned one case of alleged child neglect in any two-week period, but shall not be assigned more than three such cases. If the trainee in consultation with the supervisor/instructor determines that the child should be removed from the home, the case shall immediately be assigned to the supervisor/instructor for appropriate action.

(11) Prior to the trainee's assignment to a regular departmental unit in any region, there shall be a pre-assignment conference attended by the trainee, the supervisor/instructor, and the supervisor of the regular unit to review and discuss:

(a) Strengths and weaknesses in the trainee's performance observed during the training period, and the supervisory requirements for the trainee;

(b) The case plan for each child on the worker's caseload;

(c) The services needed for a child or family; and

(d) Specific problems in each case.

(12) The issues discussed and conclusions reached on each case during the pre-assignment conference shall be reduced to writing, and copies of the report shall be filed in the case record. A summary of the worker's strengths and weaknesses shall be used as a part of a formal performance review pursuant to the

close of the working test period and shall be maintained in the files of the supervisor/instructor, the supervisor of the Transfer Unit, and the trainee.

(13) Following the preparation and filing of a conference report, the trainee may be assigned to a regular unit of the Department.

(J) In-Service Training and Continuing Education

(1) The objectives of In-service Training and continuing education for professional staff (e.g., workers, supervisors, and managers) are:

(a) To acquaint professional staff, through lectures, seminars, and workshops, with new knowledge and new methods relating to a workers' duties, management practices, and supervisory techniques;

(b) To reinforce and update prior training particularly in areas suggested in the worker's and supervisor's Individual Training Plans; and

(c) To encourage professional staff to improve their knowledge and skills by enrolling in courses at educational institutions and attending workshops offered by professional organizations.

(2) In addition to other technical training requirements for in-service training, the professional staff annually must receive five days of general in-service training and other special training as may be deemed necessary, or indicated in a worker's or supervisor's Individual Training Plan.

(3) Supervisors shall be required to attend training programs prescribed in the Training Academy Manual.

(4) The Training Academy Manual shall establish timetables and particularized procedures to fulfill the objectives and effective administration of the In-Service Training Program.

(K) <u>Training for Current Employees</u>

(1) A training program for employees who are on staff before opening of the Training Academy shall be developed or purchased. The training program shall:

(a) Be in accordance with nationally accepted training curriculum;

(b) Provide for Individual Training Plans for each employee; and

(c) Be implemented, and workers be trained, within twelve months from a date to be determined by the DCYS Monitoring Panel.

(2) While employees are in training their cases will be managed by their supervisors or other workers.

(L) <u>Non-Clerical Support Staff Training</u>

(1) Non-Clerical Support Staff Training shall be developed for the following purposes:

(a) To provide pre-service and in-service training which shall include, but not be limited to: the three-week orientation training program required for workers; the procedures for gathering and documenting information; accessing

services for clients; and the necessary computer skills and ability to go on-line on the various databases of the Department; and

(b) To provide such other training to meet minimum standards for knowledge and skills for non-clerical support staff as may be prescribed in the Training Academy Manual.

(2) Non-Clerical Support Staff shall not, unless accompanied by a social worker, have direct contact with clients before completing the three-week training program.

(M) Foster Parent Training

(1) Foster Parent Training shall be developed for the following purposes:

(a) To provide a foster parent with the information, rules, data, advice, and training deemed necessary to comply with the objectives and procedures of the Foster Care Program;

(b) To provide specific pre-service and in-service training programs for the foster parent;

(c) To enable a prospective or new foster parent to meet experienced foster parents;

(d) To establish training plans and programs for continuing education and training of a foster parent;

(e) To develop particularized training programs for a foster parent of a child with special problems and needs (e.g., medical, emotional, behavioral, health); and

(f) To incorporate all other training plans and programs required for a foster parent as designated in the Training Academy Manual.

(2) At a time designated by the Monitoring Panel, all foster parents, immediately upon licensing must attend the training program prescribed in the Training Academy Manual.

(3) At a time designated by the Monitoring Panel, all current foster parents, as a condition for relicensing, must attend the training program prescribed in the Training Academy Manual.

(4) Commencing at the time mandated in the Training Academy Manual, no child shall be placed in a foster home until the foster parent satisfactorily demonstrates the knowledge and skills deemed necessary for foster parents.

(5) Commencing at the time mandated in the Training Academy Manual, no child with special needs shall be placed in a foster home until the foster parent satisfactorily demonstrates the special knowledge and skills required of a foster parent for the special needs of that child.

(N) <u>Training Academy Manual</u>

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel shall promulgate and distribute a Training Academy Manual.

Section V. Central and Regional Offices

V. CENTRAL AND REGIONAL OFFICES

(A) Central Office

Under the direction and with the approval of the DCYS Monitoring Panel, the functions of the Central Office shall include:

(1) Development and dissemination of policies and procedures:

(a) To ensure guidance and uniformity in the day-to-day operations of programs and services to clients including foster and adoptive parents;

(b) For the evaluation of the services rendered by community service providers and other persons or entities under contract; and

(c) To maintain or establish liaison with statewide organizations (e.g., Parents Anonymous, child guidance clinics);

(2) Development and implementation of policies and guidelines regarding the selection, compensation, and deployment of Master Social Workers;

(3) Establishment of an Office of Public Relations to undertake a statewide education program and to inform mandated reporters and the general public about the Department's mission, authority, services, and the appropriate procedures for

reporting;

(4) Operation of all divisions of the Department, the Unified School District, statewide units and functions including those created in this Consent Decree (e.g., Hotline, Health Management Unit, Training Academy);

(5) Oversight of institutions and facilities of the Department (e.g., Long Lane School, State Receiving Home, RiverView, Altobello, Housatonic, High Meadows);

(6) Development of statewide plans; and

(7) Management of the single statewide computer information system.

(B) Regional Office

Under the direction and with the approval of the DCYS Monitoring Panel, the regional administrator of Childrens Protective Services and designated staff shall assume the following functions:

(1) Supervision of regional personnel including Intake and Treatment workers; case aides; clinical consultants; Regional Resource Groups; Voluntary Service Units; Family Training and Support Units; Contract Units; and clerical staff;

(2) Identification of each region's capacity to provide services (e.g., community service and other providers);

(3) Leading negotiations for the terms of contracts and participating in evaluation and monitoring of contracts with community service and other providers, pursuant to the standards and procedures established by the Central Office;

(4) Maintain and establish liaison with community service and other providers to develop a cooperative working relationships;

(5) Working with Regional Advisory Committees;

(6) Submission of required regional plans (e.g., foster and adoptive parent recruitment programs) to the Central Office for consideration and approval; and

(7) Compliance with other requirements prescribed by the Central and Regional Office Manual.

(C) Central and Regional Office Manual

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel, in consultation with the Commissioner, and other managers of the Department shall design and implement a management structure that delineates reporting relationships, lines of authority that support the programs and practices required by this Consent Decree, and facilitates communication and accountability among the Department's management, professional, and support staff.

VI. HEALTH MANAGEMENT UNIT

(A) Formation

Within a reasonable time after the effective date of this Consent Decree, the Department, under the direction and with the approval of the DCYS Monitoring Panel, shall establish a Central Office Health Management Unit for children under the supervision, care or custody of the Department.

(B) Purposes

The Health Management Unit shall be established for the following purposes:

(1) To review policies, standards, proposals, programs, and procedures relating to all aspects of the medical and mental health, and substance abuse of the children;

(2) To develop policies, standards, proposals, procedures, and programs relating to all aspects of the medical and mental health, and substance abuse of the children;

(3) To implement and to assist in the implementation of policies, standards, proposals, procedures, and programs relating to all aspects of the medical and mental health, and substance abuse of the children;

(4) In conjunction with the Training Academy, to develop appropriate training materials and programs to educate foster parents, prospective adoptive parents, and Department

Section VI. Health Management Unit

personnel concerning all aspects of the medical and mental health, and substance abuse of the children;

(5) In conjunction with the Division of Quality Assurance, to carry out a statewide Quality Assurance program for the health care delivery system for children in the Department's care;

(6) To coordinate with the Deputy Commissioner for Programs regional activities relating to the medical and mental health, and substance abuse of the children;

(7) To coordinate programs and activities and establish and maintain liaison with other state agencies, health organizations, and community providers relating to all aspects of the medical and mental health, and substance abuse of the children;

(8) To ensure that medical and mental health, and substance abuse policies, standards, plans, and procedures comply with Federal and other applicable rules and guidelines relating to the medical and mental health, and substance abuse of children under the supervision and custody of the Department;

(9) To establish procedures for the evaluation of the type and quality of medical and mental health, and substance abuse care being received by children in out-of-home placements;

(10) To establish procedures for the provision of support services to assist children in residential care, including transition to biological or foster homes or to other facilities;

(11) To establish procedures for reviewing the deaths of all children under the care or supervision of the Department;

(12) To investigate and research new methods for the medical and medical health, and substance abuse treatment and care of children;

(13) To coordinate with the Medical Review Board activities related to emergency medical care and advice related to HIV infection issues; and

(14) To take all other action deemed necessary for the effective administration of the Health Management Unit; and to comply with all provisions of the Health Management Unit Manual.

(C) Director and Personnel

The Director of the Health Management Unit shall be a physician. The Director, under the direction and with the approval of the DCYS Monitoring Panel, shall retain a Substance Abuse Coordinator (either on a full-time or part-time basis, to coordinate substance abuse education and treatment) and such other personnel to perform the functions of the Health Management Unit.

(D) Department's Institutions - Coordination Plan

(1) The Health Management Unit shall prepare a plan for the coordination of services among current health facilities (Altobello, RiverView, Housatonic Adolescent Hospital, High Meadows, State Receiving Home) which shall include:

(a) Compliance with the principles espoused in the Child and Adolescent Service System Program (CASSP);

(b) Recommendations for professional staffing and functions consistent with nationally recognized guidelines;

(c) Recommendations for establishing or strengthening interaction among the Department's health and treatment facilities, and therapeutic foster homes; and

(d) Recommendations concerning the continuation of the Diagnostic Evaluation Placement Program at High Meadows, and the most effective uses of the Housatonic Adolescent Hospital.

(E) Health Management Unit Manual

Within a reasonable time after the effective date of this Consent Decree, and with assistance and recommendations of the members of medical or mental health subpanels, or other consultants, the DCYS Monitoring Panel shall promulgate and distribute a Health Management Unit Manual.

Section VII. Contracts Unit

VII. CONTRACTS UNIT

(A) Purposes

Within a reasonable time after the effective date of this Consent Decree, the Department, under the direction and with the approval of the DCYS Monitoring Panel, shall establish and staff a Central Office Contracts Unit with regional Contracts Units for the following purposes:

(1) To compile and review existing contracts, grants-in-aid, and expenditures of the Department's funds for services and programs;

(2) To determine the objectives of existing contracts, grants-in-aid, and the procedures for evaluating effectiveness;

(3) To establish criteria and guidelines for future contracts, grants-in-aid, and expenditures of the Department's funds for services and programs;

(4) To review all future contracts, grants-in-aid, and expenditures of the Department's funds for services and programs to ensure that there is compliance with the objectives for the awards and expenditures, and that criteria and guidelines are complied with;

(5) To monitor performance of all future contracts, grants-in-aid, and expenditures of the Department's funds for service and programs to ensure compliance with the objectives for

the awards and expenditures;

(6) To establish procedures for the discontinuance or modification of funding for contracts, grants-in-aid, and programs and services that are not in compliance;

(7) To perform the duties and to comply with the timetables, criteria, and procedures set forth in the Contracts Unit Manual for the award of contracts, grants-in-aid, and the expenditure of Department funds for services and programs;

(8) To establish procedures to ensure that contracts are fully executed before the contractee is expected to render services pursuant to a contract; and

(9) To establish procedures for prompt payment according to the terms of a contract.

(B) Personnel

The supervisor and staff of the Contracts Unit shall consist of persons or consultants with the educational background and experience (accounting, legal, financial, business, and clerical) set forth in the Contract Units Manual. Contract Units shall be adequately staffed to carry out assigned functions.

(C) Contracts Unit Manual

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel shall promulgate and distribute a Contracts Unit Manual.

Section VIII. Social Workers and Support Staff

VIII. SOCIAL WORKERS AND SUPPORT STAFF

(A) Support Staff

(1) The support staff shall include clerical staff, case-aides, and data entry operators.

(2) All support staff hired after the signing of this Consent Decree must have a high school diploma, complete the training requirements specified in the Training Academy Manual, and reflect the region's staffing needs. Case-aides must have a valid Connecticut driver's license.

(3) The DCYS Monitoring Panel shall establish a ratio of support staff members to social workers.

(B) Social Workers: Qualifications and Caseload Size

(1) Preference in hiring social workers will be given to those with a Bachelors Degree in social work or a human services field, or a Masters Degree in social work or child welfare.

(2) For five years after this Consent Decree, social workers without a Masters Degree may be promoted to supervisor if they have at least three years experience and were hired before the signing of this Consent Decree.

(3) The Department shall use a nationally accepted or court-approved case-load weighting formula for mixed caseloads. The formula shall be predicated on the following standards:

(a) Social workers responsible for investigation of protective service cases will carry a caseload of nine to fifteen open investigations per month;

(b) Social workers responsible for providing in-home supervision will carry a caseload of seven to thirteen families;

(c) Social workers responsible for providing services to children with a return home, adoption, or independent living plan, and Adoption Specialists, will carry a caseload of seventeen to twenty-three children; and

(d) Social workers responsible for providing Aftercare Services will carry a caseload of thirty-seven to forty-three children; and

(e) A Family Training and Support Unit worker will carry a caseload of five new foster and/or adoptive homestudies per month.

(4) Social worker's caseloads may be modified by the DCYS Monitoring Panel as necessary.

(5) Social workers will not carry a caseload at the upper range of any caseload standard for a period exceeding six consecutive months, except under emergency circumstances that must be documented and submitted to the DCYS Monitoring Panel for review.

(C) Master Social Workers

Every year a number of social workers will be appointed Master Social Workers by the Regional Administrator of Childrens

Protective Services, for a two-year period to handle complex cases, participate in staff training, and provide direction and support to other social workers. Only social workers who have demonstrated excellence in serving clients, and who have at least five years experience and a Masters Degree in social work, child welfare, or a related field will be eligible. The number of Master Social Workers and the annual monetary bonus shall be determined by the DCYS Monitoring Panel.

(D) Supervisors: Qualifications and Staffing Ratios

(1) The DCYS Monitoring Panel shall establish a ratio of supervisors to social workers.

(2) Preference in hiring supervisors will be given to those with a Masters Degree in social work, child welfare, or a related field.

(3) After this Consent Decree has been in effect for five years, preference in promotions to supervisors hired before the signing of this Consent Decree will be given to those with a Masters Degree in social work, child welfare, or a related field.

(E) Department Personnel Recruitment and Retention Plans

The Department, under the direction and with the approval of the DCYS Monitoring Panel, shall develop plans for personnel recruitment and staff retention.

(1) Recruitment Plan

(a) The purpose of the Recruitment Plan is to increase generally the number of staff, to continue affirmative action in the hiring of social workers and supervisors, and

increase the number of minorities in child care, clinical, and management positions.

(b) The Recruitment Plan must specify all recruitment activities including: sending written notices of available positions to institutions of higher education; advertising available positions for social workers and supervisors in professional journals and newsletters; and developing a speaker's bureau to inform the public of the Department's missions, programs, and employment opportunities.

(c) All recruitment activities must be documented (e.g., dates of activity; institutions where notices were sent; professional journals or newsletters where advertisements were placed; job fairs and conferences attended; names of applicants; and how each applicant learned of the position).

(2) Retention Plan

(a) The purpose of the Retention Plan is to improve the rate of retention.

(b) The Retention Plan shall include: educational leaves for social workers and supervisors to pursue advanced degrees in related fields; opportunities for all personnel to transfer to new service areas within the Department; opportunities for social workers and supervisors to attend professional conferences; counseling for social workers who experience death of a child client; and opportunities for professional staff to have input into changes in the Department's programs.

Section IX. Policy

(c) A tuition reimbursement program for those pursuing advanced degrees in evening programs shall be developed by the DCYS Monitoring Panel in consultation with Connecticut institutions of higher education.

(3) The Department shall work with the Division of State Personnel to create a permanent job classification for Master Social Workers.

IX. POLICY

(A) Purposes

The Division of Policy shall, among other functions, have the following purposes:

(1) To review, coordinate, revise, and update existing agency policies, standards, and procedures;

(2) To coordinate, revise, and otherwise conform existing policies, standards, and procedures to the provisions and mandates of this Consent Decree;

(3) To develop and adhere to a schedule that will ensure that policies, standards, and procedures are reviewed and updated annually to conform with state and federal law;

(4) To develop procedural manuals describing the specific tasks which must be undertaken to fulfill required staff functions and manage Department programs;

(5) To issue policy manuals to all Department Unit Supervisors and Managers;

(6) To issue and distribute policy and procedural manuals in loose-leaf binders to permit additions or changes. The Division of Policy shall ensure that changes in law, policy, or procedure are promptly communicated to all staff and distributed in written form within a reasonable period.

(B) Personnel

Staff of the Division of Policy shall have experience in writing policy and procedures, and an educational background in the areas of policy being drafted. The Division of Policy shall have an adequate number of qualified staff to perform its functions.

(C) Monitoring

Except in emergency situations, the DCYS Monitoring Panel shall approve all policy directives before they are issued.

X. QUALITY ASSURANCE

(A) Purposes

The purposes of the Quality Assurance Division shall include:

(1) Development and implementation of procedures to ensure effective review and evaluation of programs, contracts, and records designated in the Quality Assurance Manual;

(2) Development of methods and instruments that:

(a) Ensure case records contain required treatment plans, including any medical and mental health components, other relevant data and information, and demonstrate that agency policy has been adhered to;

(b) Ensure that quality assurance for Department hospitals and, to the extent possible, agencies under contract to the Department, provide medical, mental health, and substance abuse services that are modelled after the standards of the Joint Commission on the Accreditation of Health Organizations;

(c) Ensure that the central office Quality Assurance Unit coordinate its efforts with quality assurance at Department institutions and in regional offices; and

(d) Record on standardized forms the data and information required to perform the duties assigned to it in the Quality Assurance Manual.

Section X. Quality Assurance

(3) Investigate or contract for investigations of reports of child abuse or neglect, or a child-at-risk of abuse or neglect, in a foster home, Department institution or facility.

(B) Director and Personnel

(1) The preferred qualifications for the Director of the Quality Assurance Unit are a Master's Degree and five years experience performing quality assurance functions in a human service agency, hospital, or similar facility;

(2) The preferred qualifications for staff are:

(a) A Bachelors Degree; and

(b) Experience in a human service agency, hospital, or similar setting.

(3) For those conducting investigations of child abuse or neglect, the qualifications shall be those specified in the Intake and Investigation Manual.

(4) At least one staff person shall have the knowledge and skills in the development of statistical procedures, in the design of methodologies for the review and evaluation of records, in the preparation of reports, and in the use of computers; and

(5) The Quality Assurance Unit shall be adequately staffed to carry out the following functions:

(a) To relicense foster homes and congregate care settings and to perform licensing functions related to child caring agencies;

(b) To ensure required annual review and evaluation of Hotline records and the case records of social

workers in all regional offices and sub-region offices;

(c) To enter data regarding quality assurance reviews into a computerized program, which shall be part of the single statewide computer, within thirty days of the time the data is compiled;

(d) To edit and clean data within thirty days from the time the data is entered into the computerized program;

(e) To analyze data and produce required reports;

(f) To conduct in a timely fashion investigations of child abuse or neglect or a child-at-risk of abuse or neglect in foster homes, Department institution or facility; and

(g) To perform all the duties prescribed in the Quality Assurance Manual.

(C) Quality Assurance Manual

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel shall promulgate and distribute a Quality Assurance Manual.

XI. STATEWIDE HOTLINE

(A) Purposes

The Department, under the direction and with the approval of the DCYS Monitoring Panel, shall establish a statewide toll free "Hotline" for the following purposes:

(1) To accept and process reports of child abuse or neglect or of a child-at-risk of abuse or neglect; and

(2) To accept and process calls from persons seeking information, referral, and voluntary assistance for problems relating to child abuse or neglect.

(B) Personnel and Assignments

(1) The Hotline shall be adequately staffed to carry out assigned functions. Personnel must possess the educational requirements and receive the special training set forth in the Hotline Manual.

(2) Priority in assignments to the Hotline shall be given to:

(a) Those individuals who have met the educational requirements, received the special training, and who have at least three years experience in child abuse and neglect investigations; and

(b) Supervisors who have met the educational requirements, received the special training, and who have at

Section XI. Statewide Hotline

least three years of experience in conducting child abuse and neglect investigations and one year experience in supervising a unit of child abuse or neglect investigations.

(C) Procedures

(1) The Hotline shall operate twenty-four hours a day, seven days a week.

(2) All reports of child abuse or neglect or a child-at-risk of abuse or neglect are actionable and shall be immediately referred (e.g., facsimile or electronic mail) to regional protective service units or to after-hours investigators (e.g., Careline) for investigation unless:

(a) The alleged victim is over the age of eighteen;

(b) The call does not involve intra-family child abuse or neglect or a child-at-risk of intra-family abuse or neglect; or

(c) The caller is unable to furnish sufficient information to initiate an investigation.

(3) With respect to actionable cases, the operator shall complete a Hotline Information Sheet that at a minimum contains:

(a) Basic identification information relating to the caller; the victim; basic medical information known by the caller about the victim; family members; and the alleged abuser;

(b) A summary of the allegations of child

abuse or neglect or a child-at-risk of abuse or neglect;

(c) The dates and times of referrals to units for investigation;

(d) Cross-reference information, if any, obtained from the Computerized Central Registry concerning prior reports of investigations relating to the victim or members of the family and cross reference information from the subfile in the Computerized Central Registry containing data concerning investigations in progress; and

(e) Other pertinent data to facilitate prompt and effective processing of the case report.

(4) The facts and data collected on the Hotline Information Sheet, except for cross-reference information, shall be entered in the Computerized Central Registry only if the report is substantiated.

(5) All information that is to be added to, or expunged from, the Computerized Central Registry shall be done pursuant to the provisions set forth in the Hotline Manual.

(6) Reports made to the Hotline concerning children already under the care and custody of the Department and placed in out-of-home care shall also be referred to the Quality Assurance Unit.

(7) A log of calls containing basic information and notations of referrals shall be kept regarding non-actionable matters.

(D) Hotline Manual

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel shall promulgate and distribute a Hotline Manual.

Section XII. Child Protective Services - Intake and Investigation

XII. CHILD PROTECTIVE SERVICES - INTAKE AND INVESTIGATION

(A) Purposes

The Department, under the direction and with the approval of the DCYS Monitoring Panel, shall promulgate comprehensive guidelines and regulations to facilitate the uniform intake and investigation of reports of suspected child abuse or neglect. The Regional Intake and Investigation Units shall:

(1) Investigate and take all appropriate action with respect to allegations and acts of child abuse or neglect and of a child-at-risk of abuse or neglect;

(2) Provide services to enable children to remain within the family when reasonable or return to the family when feasible;

(3) Establish procedures that provide for:

(a) Contact with a child's most recent medical providers when there is an allegation or investigation that suggests abuse, sexual abuse, neglect or a child-at-risk of abuse or neglect; and

(b) The compilation, with the parent's permission, of relevant medical information and records by investigators;

(4) Provide medical resource information to parents for their children (e.g., local Title XIX medical providers);

(5) Refer families with children who have special medical needs to the appropriate support services;

(6) Provide information to parents and caretakers regarding services that their children may be entitled to or eligible for;

(7) Refer children for appropriate services that they are entitled to and eligible for (e.g., WIC, Title V, Head Start);

(8) Refer a child to a physician or nurse practitioner for a medical evaluation:

(a) Within twenty-four hours after learning that a child suffers from any of the conditions set forth in the Investigations Manual; or

(b) As soon as practicable to address ongoing health care needs or document problems (e.g., failure to thrive, sexual abuse that occurred several weeks prior);

(9) Develop and implement concrete mechanisms to improve relations with medical and other service providers so that investigations can be conducted and services provided in a more collegial and cooperative atmosphere;

(10) Contact, in person or by phone, pediatric care sites in each region annually to provide information on maltreatment, and facilitate direct communication between medical providers' intake and supervisory staff; and

(11) Assume and fulfill all duties and responsibilities assigned to it in the Intake and Investigation Manual.

(B) Intake and Investigation Manual

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel shall promulgate and distribute an Intake and Investigation Manual. The Intake and Investigation Manual shall:

(1) Define the duties and responsibilities of the Intake and Investigation workers;

(2) Describe the procedures to discharge those duties and responsibilities in an effective and prompt manner;

(3) Establish a uniform system for prioritizing abuse or neglect reports;

(4) Standardize interview protocols for abuse and neglect investigations that:

(a) Provide for initial face to face contact with the parent, if the parent is home; and the child, if the child is home, or within twenty-four hours if the child is not in the home; and

(b) Provide for at least one contact, in person or by telephone, with some combination of school, pre-school or day-care personnel; medical and other community providers; relatives; neighbors; and any other person deemed necessary under the circumstances;

(5) List items of information that must be obtained

for a complete and meaningful investigation;

(6) Establish procedures for creating a record or maintaining in a family's case record information gathered during an investigation or transmitted from the Hotline whether or not such information is subsequently substantiated;

(7) Establish procedures for compiling information that shall form the basis for a Psychosocial Database;

(8) Designate model forms and records to be completed and maintained by Intake and Investigation workers with respect to each case;

(9) Particularize existing risk assessment guidelines to determine:

(a) Whether parents are providing an adequate level of child care;

(b) Whether the basic needs (e.g., medical, shelter) of the child are being furnished; and

(c) Whether the home environment requires removal for the safety and welfare of the child;

(10) Establish uniform criteria for determining whether a case is or is not substantiated;

(11) Designate the timetables that the Intake and Investigation workers must adhere to, unless extended for good cause after consultation with a supervisor. These timetables must include:

(a) A thirty to forty five-day limitation period to decide whether a case is or is not substantiated;

(b) A ninety-day limitation period to decide whether judicial intervention is required based on information known to date; and

(c) A one hundred and eighty-day limitation period for monitoring and supervising a case before transfer to a treatment unit if deemed in the best interest of the child;

(12) Contain provisions for preparing case summaries and transferring cases to Treatment Units;

(13) Contain provisions to ensure that mandated reporters are notified in writing within five days of the decision whether or not a case was substantiated and referred for services; and

(14) Contain all other pertinent information to enable the Intake and Investigation workers to perform their duties in effective and efficient ways.

(C) <u>Placement Prevention and Family Preservation Services</u>

(1) The Department, under the direction and with the approval of the DCYS Monitoring Panel, shall develop or contract for all reasonable and necessary services to prevent placement and aid in family preservation including:

(a) Twenty-four hour emergency caretaker and homemaker programs;

(b) Parent-aids;

(c) Day-care;

(d) Crisis, individual, and family counseling;

(e) Emergency shelters;

(f) Intensive family preservation services; and

(g) A computerized resource directory of programs within a region (e.g., mental health, and drug and alcohol abuse counseling) deemed appropriate to prevent placement and aid in family preservation for parents, foster parents, home-based family services, self-help groups, and unmarried persons.

(2) In an individual case, if a service identified above is deemed necessary to prevent a child's removal from his home, the Department shall make reasonable efforts to contract, provide, or arrange for the service within a period of time that will permit the child to remain in his home. If such service cannot be arranged, all specific efforts made to obtain the service shall be documented in the family's case record.

(3) The Department, under the direction and with the approval of the DCYS Monitoring Panel, shall establish a pilot Discretionary Fund Program to assist intake and treatment workers to prevent a child's placement. Discretionary Funds shall not be available to any person until it can be documented that all other avenues for financial relief (e.g., public and private agency programs, food banks, Goodwill) have been unsuccessfully pursued. Discretionary Funds shall be readily available to social workers to assist them in the provision of concrete emergency assistance to families in order to prevent a child's placement, for example

(a) To pay rent to avoid eviction;

(b) To provide security deposits for rental housing;

(c) To purchase food, clothing, furniture, and other basic needs; and

(d) To pay for emergency home repairs.

The Discretionary Fund Program shall be designed with an evaluation component and will be implemented statewide if it proves effective and cost efficient.

(D) <u>High-Risk Newborns</u>

(1) Pursuant to the criteria and procedures set forth in the Intake and Investigation Unit Manual, there shall be an immediate investigation of a newborn considered to be at risk (e.g., a serious medical problem and the mother's condition or behavior) by a hospital or other medical provider. The investigation may be conducted in collaboration with appropriate regional agencies or organizations (e.g., Visiting Nurses Association; Public Health Nursing).

(2) If a newborn considered to be at-risk is released home, a social worker, with parental permission, shall maintain close contact (e.g. twice a week with the family for at least four weeks). The Department shall establish uniform guidelines for such contact including:

(a) Purpose and method to the contact;

(b) Mechanisms for collaborating or contracting with agencies providing home-based services (e.g., Visiting Nurses Association, Public Health nurses, parent-aides); and

(c) Provisions either to close the case or to continue contacts beyond four weeks.

(E) Personnel

Intake and Investigation workers shall have the experience, education, and training as set forth in the Intake and Investigation Unit Manual.

Section XIII. Voluntary Service Units

XIII. Voluntary Service Units

(A) Formation and Status

(1) Under the direction and with the approval of the DCYS Monitoring Panel, the Department shall institute and staff or contract for Voluntary Service Units.

(2) Voluntary Service Units shall be considered pilot programs that shall be periodically reviewed by the DCYS Monitoring Panel to determine their effectiveness, their potential as permanent programs, and whether they should be modified or discontinued.

(B) Objectives

The purposes of the Voluntary Service Units are to provide information, advice, limited case management, and access to services to:

(1) Referrals from the Hotline operators or other Department units;

(2) Youths transitioning to independence or youths emancipated one year or less;

(3) Families with minor children who are at-risk of abuse or neglect because of substance abuse, mental health, domestic violence, or other serious problems with the families' environment;

(4) Adoptive parents of children placed by the

Department who are in need of specialized services; and

(5) Referrals to the Non-committed Treatment Program.

(C) Miscellaneous

(1) Personnel shall receive special training in the procedures for accepting and processing clients pursuant to the provisions set forth in the Voluntary Service Unit Manual.

(2) The Voluntary Service Units shall have access to the Computerized Resource Directory.

(D) Voluntary Service Manual

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel shall promulgate and distribute a Voluntary Service Manual detailing issues of eligibility, the extent of services to be provided, and provisions for evaluating the pilot program.

Section XIV. Treatment Units

XIV. TREATMENT UNITS

(A) Transfer and Assignment

A case shall be transferred to a Treatment Unit within forty-eight hours from the approval of the Case Summary by the Intake Investigation Unit supervisor. Within seventy-two hours after transfer, the case shall be assigned to a Treatment Worker.

(B) Preliminary Treatment Plan: Child In-Home

(1) A Preliminary Treatment Plan for each child shall be developed to gather diagnostic/assessment information. This information shall specifically describe the problems identified at intake (e.g., whether child neglect is due to lack of resources, lack of knowledge, or indifference to a child's needs).

(2) Within thirty days after a case is assigned to a Treatment Worker, a planning conference shall be held with the Treatment Worker and the Treatment Worker's supervisor. The parent, the legal representative of the parent, and the adolescent child shall be invited to the planning conference when necessary or appropriate.

(3) Within ten working days of the planning conference, a written Preliminary Treatment Plan shall be developed. The Preliminary Treatment Plan shall, in specific terms, include:

(a) The reasons for the child's commitment to the Department;

(b) The goal to be achieved (e.g., return home or adoption);

(c) The procedures for conducting an assessment to identify any problems, in addition to those identified by the Intake/Investigation Worker, that must be resolved to achieve the goal;

(d) The steps to be followed during the assessment, including timetables for conducting the assessment;

(e) The Department's responsibilities to accomplish each step;

(f) The responsibilities and duties of the child, if any, and of the parent to accomplish each step;

(g) The identity of the person responsible for conducting the assessment;

(h) The identity, nature, and timetable for each service to be provided, or services for which a client is wait-listed;

(i) The timetables for each required procedure and service;

(j) The responsibilities of the worker and Department for monitoring the treatment plan;

(k) The arrangement made to provide the services needed before the implementation of the assessment plan, and the services needed by the parent and child before the finalization

of the permanent treatment plan;

(l) The schedule for visitation between the Department's staff and the child in the presence and outside the presence of the parent; and

(m) The information and procedures specified in the Treatment Worker Manual.

(C) <u>Permanent Treatment Plan: Child In-Home</u>

(1) If a Preliminary Treatment Plan is deemed unnecessary (e.g., a healthy child is abandoned), a written Permanent Treatment Plan shall be developed within thirty days after a case is assigned to a Treatment Worker.

(2) Within ninety days after the completion of the Preliminary Treatment Plan, a written Permanent Treatment Plan shall be developed that, in specific terms, shall include:

(a) The procedures and timetables to achieve the goal, resolve the problems, and implement the services set forth in the Preliminary Treatment Plan;

(b) The goal that describes, in behaviorally specific terms, the expected outcome of solving problems that gave rise to Departmental involvement;

(c) The responsibilities of the Department's staff, the child, and the parent in addition to those set forth in the Preliminary Treatment Plan;

(d) The responsibilities of the community service provider to furnish services. The nature, extent, and timetable for the services shall be summarized and signed by the worker and

service provider for the purpose of providing a framework for collaboration between the Department and the provider as set forth in the Treatment Unit Manual; and

(e) Such other information and procedures that are specified in the Treatment Unit Manual.

(D) Treatment Plans: Child Out-of-Home

(1) When a child is placed out-of-home the written Preliminary Treatment Plan and the Permanent Treatment Plan shall:

(a) Conform to the requirements of this Consent Decree;

(b) Incorporate all the case planning requirements specified in relevant federal law;

(c) Describe the type of home or institution most appropriate for the child;

(d) Contain the procedures that comply with the terms of the Voluntary Placement Agreement or judicial mandates; and

(e) Specify the care and services given to the child, parent, and foster parent that will facilitate the child's return home, return to relatives, adoption, independent living, or planned long-term foster care, and addresses the needs of the child in foster care.

(2) The Priority of goals for a child's out-of-home Treatment Plan shall be:

(a) Return home;

(b) Return to a relative;

(c) Adoption;

(d) Independent living for a youth sixteen years of age or older; and

(e) Long term foster care.

These priorities may vary under certain circumstances described in the Treatment Unit Manual.

(3) With respect to visitation, Treatment Plans shall contain a schedule for parent and child visits and describe:

(a) The location for the visits which are most conducive to effective parent and child interaction (e.g., visitation centers, the parent's home, the foster parent's home);

(b) The method of transportation for the visits;

(c) The supervision during the visits;

(d) The foster parent's role during the visits;

(e) A plan for overnight visits before a child is returned home; and

(f) The information and procedures required in the Treatment Unit Manual.

(4) Routine visits at an office of the Department should be avoided if possible.

(E) Case Management Procedures for Children in Out-of-Home Care

(1) Case management procedures shall:

(a) Provide for personal contact between the Treatment Worker and the child, foster parent, or residential caretaker within twenty-four to forty-eight hours from the time

of placement; for weekly contact in the following months; and for alternating personal and telephone contact on a weekly basis;

(b) Establish, as appropriate, a schedule for personal and telephone contacts between the Treatment Worker and the child, biological parent, foster parent, and community service provider(s) on a weekly or bi-weekly basis to determine and discuss the needs of the child; the case and supervision of the child; the services being provided the child; the problems being encountered with the child; compliance with placement requirements; compliance of the parent with the service provisions of the treatment plan; and visitation;

(c) Provide for Treatment Workers to monitor implementation of Treatment Plans and to document client progress;

(d) Provide for, to the extent possible, Discretionary Fund aid to the foster parent for basic and emergency needs of the child; and

(e) Include such other information and management requirements as set forth in the Treatment Unit Manual.

(2) Except in emergency situations, a child may not be removed from a foster home after one year of continuous residence unless the foster parents are notified of their right to request a removal hearing, as more fully set forth in the Treatment Unit Manual and the Foster Parent Manual.

(3) Reports of alleged child abuse or neglect of a child in a foster home or residential facility shall immediately

be processed by the Division of Quality Assurance.

(4) With respect to a child who has two or more foster home placements due to child related-behavior, the Treatment Unit Worker shall:

(a) Discuss the situation with a supervisor, the community service provider, and a member of a Regional Resource Group and/or a Community Consultant;

(b) Record, in the case record, the reasons for the multiple placements; the decisions reached at the placement conference; the necessity for further evaluations of the child's care; and whether the best interest of the child requires another foster home placement or placement in some other suitable facility; and

(c) Implement the decisions reached at the placement conference within ten working days.

(5) Mechanisms will be established to collaborate with residential care programs. The mechanisms shall:

(a) Provide a copy of the Mental Health portion of the Treatment Plan to the residential care provider;

(b) Establish written procedures for communicating and resolving any disagreement between the residential care therapist and department personnel (e.g., social worker, regional community consultant);

(c) Provide for the Treatment Worker to have bi-weekly telephone or personal contact with the child's institutional therapist and personal contact with the child at

least every thirty days to discuss progress and complication in treatment, and to review the Mental Health portion of the Treatment Plan;

(d) Provide reviews of the child's Mental Health Casework Plan with the residential therapist to determine whether the child can be placed in a less restrictive setting;

(e) Provide for the appropriate Regional Administrator to receive a list of children and youth who remain in residential care beyond their clinical requirements;

(f) Provide for children and youths in residential care, and during their transition to biological, foster, or group homes, to receive the same level of support services as those available to foster children and their foster parents; and

(g) Provide for meetings and contacts between the social worker and residential care providers to be documented in the child's case file.

(6) Establish mechanisms for collaboration with in-patient psychiatric hospitals including:

(a) Making a copy of the Mental Health portion of the Treatment Plan for the psychiatrist and in-patient treatment team;

(b) Providing for the Treatment Worker to have weekly personal contact, for the first thirty days and bi-weekly contact thereafter, with the child and the child's in-patient therapist to discuss progress and complication in treatment, and

to review the Mental Health portion of the Treatment Plan;

(c) Providing for weekly contact between the hospital therapist and the child's social worker;

(d) Provide for children and youths in psychiatric care, and during their transition to residential care, biological, foster, or group homes, to receive the same level of support services as those available to children and foster parents; and

(e) Provide for meetings and contacts between the worker and psychiatric care providers to be documented in the child's case file.

(F) Case Management Procedures for Children in Their Own Home Under Protective Supervision

(1) Case Management Procedures for adjudicated cases where a judge has determined that the child can safely remain in their own home under Department supervision shall:

(a) Provide for personal contact between the Treatment Worker and the child and the parent once each week for the first thirty days; and for alternating personal and telephone contact weekly thereafter;

(b) Determine whether the parent and child are participating in the assessment and/or treatment plan, any difficulties encountered, and the reasons therefore;

(c) Provide for children to be seen alone at weekly and bi-weekly meetings;

(d) Provide for bi-weekly telephone contact with

community service providers involved with a parent and/or child to determine if the parent and/or child is participating in the service plan or assessment and if any difficulties have arisen;

(e) Provide for a bi-monthly conference with the social worker, and/or their supervisor, community-service providers, the parent, adolescent child, and, by invitation, Community Consultants or the appropriate member of the Regional Resource Group to assess client progress and determine whether to continue the plan for a specified period; modify the plan or terminate services; and

(f) Provide for conferences, with the same individuals as the bi-monthly conference, to be convened in an expedited manner if an assessment or Treatment Plan is not proceeding according to the Plan's timetable to identify and resolve problems;

(2) Unless a court dictates otherwise, before the Department terminates services to a parent and/or child a conference with the Treatment Unit worker and supervisor, the appropriate member of the Regional Resource Group, and as available a Community Consultant, and community service providers working with the family and/or child to discuss whether it is in the best interest of the child to terminate services.

(3) The decision to terminate services shall be based on a risk assessment protocol that shows the risk to the child has been reduced to the point where, in the professional judgement of the conferees, the child can safely remain in home

without the ongoing supervision of the Department.

(4) All contacts and written communications between Treatment Workers, family members, and community service providers shall be logged on a case contact log sheet and summarized on the appropriate forms.

(G) Supervision

(1) Treatment Unit Supervisors shall meet with individual social workers for approximately one hour per week to discuss the status of cases and determine which cases require the assistance of the Regional Resource Group and/or Community Consultants.

(2) Treatment Unit Supervisors shall meet with their unit and a mental health expert (e.g., Community Consultant) once each week for approximately ninety minutes to discuss selected cases and to:

(a) Address concerns regarding mental health or substance abuse problems of children;

(b) Recommend referrals for needed services;

(c) Assess the effectiveness of mental health services provided to children; and

(d) Make recommendations for amendments or changes to the mental health portion of a child's Treatment Plan.

(3) Recommendations of the mental health expert shall be documented in the child's case record.

(H) Medical Aspects of Treatment Plans

(1) All Treatment Plans shall have, as an integral

part, a health plan that shall be developed after a comprehensive multidisciplinary evaluation. The health plan portion of a Treatment Plan shall:

(a) Review the physical, mental, and developmental status of the child;

(b) Describe and identify the services required to meet the health needs of the child; and

(c) Be reviewed regularly to ensure that it accurately reflects changes in a child's health status and current needs.

(2) Where appropriate, a member of a Regional Resource Group or a Community Consultant, or health, mental health or educational professional shall be invited to treatment planning conferences.

(I) Mental Health and Substance Abuse Aspects of Treatment Plans

All Treatment Plans shall have where appropriate, as an integral part, a mental health and substance abuse plan. The mental health and substance abuse plan portion of a Treatment Plan shall:

(1) Indicate what services are necessary, and who, where, and, when the services can be obtained or provided; and

(2) Include information about mental health or substance abuse issues which threaten, or have disrupted, placement in a home setting.

(J) Independent Living Aspects of Treatment Plans

(1) For any youth sixteen years of age or older the

Treatment Plan shall include a Plan for Independent Living unless there is medical, psychiatric, or psychological evidence indicating the youth's needs preclude living independently.

(2) The Treatment Plan for any child fourteen years of age or older may include any of the services described in the Independent Living Manual to prepare the youth for living independently.

(3) In preparation for a Plan for Independent Living, a conference shall be held between the social worker and the youth and other individuals invited at the youth's request (e.g., biological parent, relative, foster parent) who can facilitate the youth's plan. The conference shall include discussion of:

(a) The occupational and/or post high school interests of the youth;

(b) The options to pursue occupational or educational interests;

(c) The need to develop skills or knowledge to enable the youth to live independently; and

(d) Any assessment that is needed to assist the youth to determine his or her interests.

(4) Within thirty days of the conference, a written Independent Living Plan shall be developed which includes provisions and timetables for offering services and assessments identified at the conference.

(5) At least six months prior to the youth's transition to independent living, the Independent Living Plan shall be amended

to include a Transitional Living Plan that shall specify:

(a) The estimated date of the youth's discharge to living independently;

(b) The youth's anticipated living arrangements;

(c) An estimated budget (e.g., rent, utilities, transportation, clothing, recreational expenses, and health care needs);

(d) Sources and amounts of income;

(e) Assistance to be provided by the Department, including Aftercare Services;

(f) A schedule of voluntary meetings between the social worker and the youth; and

(g) Any other plans necessary to facilitate the youth's transition to independent living.

(6) Ninety days before the youth is expected to leave the physical and/or legal custody of the Department, a conference shall be held between the social worker and the youth and other individuals invited at the youth's request (e.g., biological parent, relative, foster parent) who can facilitate the youth's plan. The conference shall include discussion of:

(a) Concerns that the youth has about making the transition to independent living;

(b) Any difficulties with the transition to independent living, foreseen by the foster parent, relative who has had ongoing contact with the youth, or professionals who have been providing services to the youth;

(c) Expectations about the youth's continuation with any service program, including the responsibilities of the youth, the social worker, service providers, the foster parent and any relative who will assist the youth;

(d) Any benefits to which the youth will be entitled (e.g., a housing allowance) or any benefits which will be discontinued (e.g., Medicaid) will be identified and the effects on the youth discussed; and

(e) The existence of mentoring groups, the services they provide and arrangements for making an appointment with a mentor or group.

(7) Before a youth is discharged to independent living the Department shall provide, or assist the youth in acquiring, the following:

(a) A Social Security card;

(b) The youth's complete medical record, including a list of physicians, clinics or hospitals where the youth has been served;

(c) Any medical information about the youth's biological family which could have bearing on the youth's future medical needs;

(d) A birth certificate;

(e) The youth's educational records and transcripts from the last school attended;

(f) A copy of the youth's high school diploma or assistance in obtaining a GED certificate;

(g) A listing of available services, (e.g. medical, counseling, self-help, crisis hotlines) in the community where the youth will be living;

(h) The name, address, and telephone number of a mentor or family member; and

(i) The name and telephone number of the youth's social worker and supervisor.

(8) The Department shall assist the youth in acquiring a driver's license and housing.

(9) For youths who will require assistance from any other state agency, the social worker shall:

(a) Contact a representative of the other agency at least ninety days prior to the discharge of the youth to independent living to identify eligibility criteria and requirements and to arrange a meeting with the youth, the social worker, and a representative of the state agency or, if a meeting is not possible, obtain the name of a contact person at the agency; and

(b) Document, in the youth's file with a copy to the contact at the other agency, the information gathered and results of the contact.

(10) The Department shall provide or arrange for transitional living facilities (e.g., subsidized apartments) or a monthly housing allowance for youths in those facilities until the youth is self-supporting or reaches the age of eighteen.

(11) The Department, under the direction and with the

approval of the DCYS Monitoring Panel, shall establish a regional Mentoring Program with a statewide coordinator to identify foster families or other adults to provide encouragement and advice to the youth and be a link to the community as the youth begins independent living.

(K) Treatment Plan Amendments/Exceptions

Additional problems, changed circumstances, and exceptions to the preferred planning options that bear directly on the ability to achieve the objectives of a treatment plan, shall be written, signed, dated, attached to the original plan, and distributed to the appropriate individuals.

(L) Treatment Plans - General Requirements

(1) All treatment plans shall be signed by all the participants in the development of the plan. A biological parent and an adolescent child shall be asked to sign the treatment plan and shall be provided with copies. Service providers shall be given copies of the portion of the plan specifying their responsibilities unless a release is signed by the parent in which case the provider shall be given a copy of the entire plan.

(2) All treatment plans shall be implemented within ten working days of the time they are developed. Implementation shall begin when the assessment procedures described in the plan have started or required services are first provided. If implementation does not begin within ten working days because a service is not readily available, reasonable efforts shall be made to obtain the service and those efforts shall be documented.

(M) Personnel

Treatment Unit workers and supervisors shall have the qualifications, experience, and training provided in the Treatment Unit Manual.

(N) Treatment Unit Manual

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel shall promulgate and distribute a Treatment Unit Manual.

XV. FAMILY TRAINING AND SUPPORT UNIT

(A) Purposes

Under the direction and with the approval of the DCYS Monitoring Panel, the Department shall develop and implement in each region a Family Training and Support Unit(s). Family Training and Support Units will be under the supervision of the Regional Administrator of Childrens Protective Services. The regional Family Training and Support Units will be coordinated by, and will receive direction from, a statewide Director of Family Recruitment and Training (the "Director"). The primary purposes of the Family Training and Support Units shall be:

(1) To assume responsibility of and to take all appropriate actions with respect to foster and adoptive home surveys, recruitments, orientations, screening, pre-licensing training, home studies, and licensing for foster and adoptive homes;

(2) To submit to the Director staffing and funding needs, and regional plans for timely recruitment, orientation, training, and support programs for foster and adoptive parents;

(3) To submit a plan for timely licensing of foster and adoptive homes and additional staffing required by mandates for licensing of relative foster homes pursuant to state law;

(4) To follow directives for determining and

Section XV. Family Training and Support Unit

monitoring the type and quality of care in foster and adoptive homes;

(5) To provide ongoing support for foster and adoptive parents;

(6) To recommend to the Director contracts with community service providers or other suitable providers to assist in the implementation of objectives and directives of the Family Training and Support Units;

(7) To follow procedures established by the Director for the documentation of foster and adoptive parent recruitment programs (e.g., community and media efforts, dates of meetings, identification of participants, follow up contacts);

(8) To assist the Director in the development of brochures and manuals relating to the recruitment, orientation, training, and support of foster and adoptive parents or homes, which brochures and manuals shall be published by the Department;

(9) To develop and submit to the Director plans and procedures to ensure that placements do not exceed nationally accepted standards or state regulations; and

(10) To ensure that plans and recommendations, including staffing patterns, submitted to the Director shall be implemented according to timetables established by the Director in consultation with the DCYS Monitoring Panel.

(B) <u>Responsibilities of the Family Training & Support Units: Foster Care</u>

Pursuant to the directives and timetables of the DCYS Monitoring Panel, the Family Training and Support Units shall:

(1) Establish plans to be implemented for:

(a) Recruitment of foster parents for children with special needs (e.g., handicapped children; children with diverse racial, cultural, and language backgrounds; children who are at a legal-risk; children who are HIV positive);

(b) Recruitment or development of special foster homes as identified by Administrative Reviewers, Quality Assurance, or other Units;

(c) Recruitment of foster parents without automatic disqualification based on an applicant's age, race, employment status, marital status, or sexual orientation;

(d) Orientation sessions for prospective foster parents to be conducted on a bi-weekly basis in each region or in geographically contiguous regions;

(e) Pre-screening of foster care applicants to determine their ability to provide effective parenting, to determine their interest and ability to parent a child from a different race or culture, and to determine their interest and ability to parent a special needs child;

(f) Orientation, training, and licensing of foster parents within ninety days of application (unless the applicant delays the process); and

(g) Working in conjunction with Quality Assurance staff to review and evaluate foster parents' records for relicensing at least annually.

(2) Cooperate with the child's social worker to place

children, unless it is not in the best interest of the child, in the same foster home with siblings; with their relatives; with foster parents who live in close proximity to a child's own home; in homes of the same racial and cultural backgrounds; in homes where the child's own language is spoken if he cannot make known his needs in English; in homes that will accept a legal-risk placement if the child is not likely to be returned to the biological home or to a relative's home;

(3) Develop, implement, and document procedures for locating appropriate homes and moving children not placed in accordance with the preceding guidelines in a timely fashion, unless such movement is not in the child's best interest;

(4) Except in emergency situations, provide the foster parents with information in the child's file relevant to meeting his or her needs while in foster care (e.g., Medical Passport, identification of special needs, behavioral problems) at the time of placement. For children placed under emergency circumstances, the information shall be provided within ninety-six hours after placement;

(5) Provide advance notice to a child and caretaker prior to moving the child except in emergency circumstances, and shall provide, whenever possible, the opportunity for pre-placement visitation, and encourage contact between the former caretaker, the child, and the prospective caretaker;

(6) Develop and implement retention and support programs such as foster parents' group meetings; newsletters;

annual recognition dinners; updated brochures on services written in various languages; respite programs; services to avoid disruption (e.g., intensive family preservation services, day care, parent-aides, case-aides); and other direct financial assistance for transportation as indicated in the Treatment Plan; and

(7) Develop and implement pilot programs involving support groups for children, foster, and adoptive parents. The support groups shall address the common needs of children in placement and the special informational needs of families when the parents' racial or cultural background differs from that of the child they care for (e.g., coping with racism, understanding differences in skin and hair care, ethnic food preparation). These pilot programs shall include provisions for appropriate staffing, review, evaluation, and dissemination of the programs.

(C) <u>Other Matters Pertaining to Children in Foster Care</u>

The Department, under the direction and with the approval of the DCYS Monitoring Panel shall:

(1) Review rates and implement changes (e.g., clothing reimbursement according to a foster child's age);

(2) Develop and maintain a computerized foster care vacancy list on the single statewide computer system which shall contain relevant information such as a description of the foster care home; identification of the foster parent; number of vacancies in the home; knowledge and skill of the foster parent; licensing data; preferences of the foster parent (e.g., child's

age). The list shall be periodically updated on the Department's computer system;

(3) Maintain a health care program for foster children that at a minimum:

(a) Provides for an initial physical examination by a physician or nurse practitioner, within seventy-two hours of the placement;

(b) Provides for the collection of relevant health, family, education, and mental health history from the biological parent;

(c) Requires foster parents, within one week of placement, to arrange for a well-child visit to occur within sixty days of placement;

(d) Requires well-child care, treatment, immunizations, and medical screening tests that conform to the standards of the American Academy of Pediatrics, based on the child's age; and

(e) Requires instruction for the foster parent or the adolescent regarding routine preventive health care, safety and injury prevention education; nutrition, dietary, and physical exercise information; drug abuse prevention instruction; the availability of family planning advice and tests for sexually transmitted diseases and tuberculosis when indicated.

(4) Develop and implement guidelines for advising foster parents how to obtain well-child care without a primary care physician;

(5) Maintain the Medical Passport Program that records pertinent health information about the child (e.g., HIV status). The Medical Passport program shall conform to the standards outlined in the Medical Passport Manual;

(6) Inform foster parents about obtaining immediate emergency health care services, medication, and permission to treat the child;

(7) Develop and implement a dental care program that contains at a minimum:

(a) A regional list of dentists who will treat the child;

(b) A "Dental Passport," (which may be included in a redesigned Medical Passport) containing pertinent information to assist in the ongoing dental treatment of the child;

(c) The child's needs for dental care which shall be included in a child's Treatment Plan;

(d) A requirement that children over two years of age receive an evaluation and appropriate treatment by a dentist within ninety days of placement, and every six months thereafter unless the dentist recommends more or less; and

(e) To the extent possible, an agreement with a dentist in each region to provide dental care to foster children.

(8) Develop and implement a program that provides:

(a) Within thirty days after placement and annually thereafter, for a comprehensive multidisciplinary

evaluation by appropriate providers in the region in order to identify the necessity, if any, for further specialized diagnostic or therapeutic services;

(b) A specific statement of a child's status and needs;

(c) Developmental and psychosocial assessments; and

(d) Monitoring of a child's progress in the foster home; and

(9) Develop and implement schedules and conditions for reimbursement to foster parents at one hundred percent of USDA foster parent rates, and, on a case by case basis, for special reimbursement to foster parents with special needs children or those who otherwise qualify under incentives established by the DCYS Monitoring Panel.

(D) <u>Responsibilities of the Family Training and Support Units: Adoptive Home Recruitment</u>

Pursuant to the directives and timetables of the DCYS Monitoring Panel, the Department's Family Training and Support Units shall:

(1) Determine the current need and availability of adoptive homes for children with and without special medical, psychological, cultural, racial, or linguistic requirements;

(2) Inform the general public of the need for and advantages of child adoption;

(3) Encourage greater participation in child adoption by community organizations, churches, child advocacy groups,

adoptive parents groups, and other state and local organizations;

(4) Work cooperatively with the Connecticut Adoption Resource Exchange and the DCYS Office of Public Relations to distribute brochures, news releases, informational publications, and to conduct private and public meetings with interested persons and agencies, concerning the orientation, training, and licensing of adoptive parents;

(5) Work cooperatively with the Connecticut Adoption Resource Exchange to implement and staff projects (e.g., One Church One Child) on a full-time basis; and

(6) Design and implement such other programs to recruit and support suitable persons as adoptive parents as from time to time the DCYS Monitoring Panel may prescribe.

(E) <u>Director, Personnel, and Consultants</u>

Pursuant to the timetables and directives of the DCYS Monitoring Panel:

(1) A statewide Director shall be appointed to direct the activities of the Family Training and Support Units and to consult and coordinate plans and programs with Regional Administrators of Child Protective Services, Adoption Resource Exchange, and the Training Academy;

(2) Staff, consultants, and other personnel shall be hired by the Department as needed by the Director to assist in the statewide objectives of Family Recruitment and Support; and

(3) Staff and other personnel shall be hired by the

Department to enhance the operations of the Regional Family Training and Support Units upon the recommendation of the Director. Such staffing shall include at least one social worker whose primary responsibility is:

(a) To support and assist forty foster parents to obtain needed equipment or resources for foster children;

(b) Assist foster parents in gaining access to educational opportunities and training as may be required by the Department;

(c) Assist in the development of foster parent support groups; and

(d) Act as an ombudsman for foster parents (e.g., when the foster parent encounters difficulties working within the Department);

(4) The Director shall, in consultation with Regional Family Training and Support Units and the Director of Careline, develop a twenty-four hour a day telephone response capacity to address foster parent concerns and need for information.

(F) Family Training and Support Unit Manual

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel shall promulgate and distribute a Family Training and Support Unit Manual.

Section XVI. Adoption

XVI. ADOPTION

(A) Objectives

When it is determined that a child cannot return home, the goal of the child's Treatment Plan shall be adoption except in the following circumstances:

(1) An adolescent child does not wish to be adopted;

(2) Adoption is not feasible because the child has repeatedly demonstrated over a period of time the inability to function in a community setting. Annual re-evaluations of the child must be performed to determine if adoption has become feasible;

(3) The child is over twelve and the foster parent is not willing to become an adoptive parent but is willing to sign a long-term care agreement and, pursuant to a conference, it is determined that it is in the child's best interest to remain in the foster home;

(4) The child is placed with a relative who is not willing to become an adoptive parent but agrees to care for the child through his minority, and it is determined to be in the child's best interest to remain in that home. In such circumstances the relative shall be advised and assisted in the process to obtain legal guardianship; and

(5) A child has exceptional special needs which will

make adoptive placement very difficult and the child has been in the care of a foster parent who will not adopt, but agrees to care for the child until adulthood. In such circumstance, a conference shall be held and a determination made that continued care in that home is in the child's best interest if a more permanent home cannot be found. The Adoption Resource Exchange should be apprised of this type of case as soon as termination of parental rights is contemplated and special efforts to locate an adoptive home begun. If no home can be found within eighteen months, another conference must be held and a decision reached whether to continue the search or change the child's plan to long term foster care.

(B) Personnel

(1) Treatment Workers retain primary responsibility for a child's case after termination of parental rights when a pre-adoptive home has been identified for the child, or when the child's foster parents decide to adopt the child within ninety days after termination is granted;

(2) At least one Adoption Resource Exchange worker shall be assigned full-time to each Regional Office to ensure that children are photolisted and registered on the Adoption Resource Exchange in a timely manner, and to involve the child in other special needs recruitment efforts (e.g., adoption);

(3) Adoption Specialists shall be assigned in Regional Offices in sufficient numbers to meet the caseload requirements. Adoption Specialists shall be specially trained and prepared to

provide advice in conferences concerning permanency planning, and adoption, the preparation of children for adoption, recommendations and monitoring of Permanency Planning Services Programs contracts with private agencies, and the performance of other duties specified in the Adoption Manual.

(C) <u>Voluntary Termination of Parental Rights</u>

(1) Fifteen working days after the decision to plan for adoption is made, the Treatment Worker shall discuss relinquishment with the biological parent and, if the parent voluntarily decides to terminate parental rights, the Treatment Worker shall prepare the relinquishment documents, obtain any necessary signatures, and forward the documents to counsel within seven days of the conference with the parent.

(2) The Treatment Worker's duties with respect to voluntary parental termination shall be performed pursuant to the timetables, criteria, and procedures prescribed in the Adoption Manual.

(D) <u>Involuntary Parental Termination</u>

(1) If voluntary parental termination is not obtained, the Treatment Worker shall:

(a) Confer with counsel within ten working days of the conference with the parent to determine the sufficiency of the grounds to terminate parental rights;

(b) Within sixty days prepare the appropriate documentation, under the direction of counsel, to obtain judicial termination of parental rights;

(c) Monitor and document the progress of judicial proceedings relating to involuntary parental termination; and

(d) Assist counsel in performing other activities to effect, as quickly as possible, an involuntary parental termination.

(2) The Treatment Worker's duties with respect to involuntary parental termination shall be performed pursuant to the timelines, criteria, and procedures prescribed in the Adoption Manual.

(E) Adoption By The Foster Parent

(1) Ten working days after the decision to plan for adoption is made, the Treatment Worker shall consult with a supervisor and a member of the Regional Resource Group or Community Consultant to decide whether it is in the child's best interest to be adopted by the foster parent. The consultation shall be documented;

(2) If there is a determination that it is in the child's best interest to be adopted by a foster parent, the Treatment Worker shall meet with the foster parent within five working days of the consultation and explain in detail:

(a) The process of freeing a child for adoption;

(b) The available pre-adoption services and programs that are available, including orientation, training, and licensing;

(c) The available post-adoption services and programs, including adoption Subsidy;

(d) The home study process;

(e) The special needs of the child, if any, with specific information concerning professional, medical, and mental health care of the child to date;

(f) The opportunities available to speak to other adoptive parents and professionals who have knowledge of the child's special needs;

(g) The costs associated with adopting a child that must be borne by an adoptive parent:

(h) All other aspects of the adoption to enable the foster parent to make an informed decision; and

(i) The provisions of the Adoptive Parents Manual which apply to foster parents.

(3) Within ninety days after termination of parental rights, the foster parents must decide whether to adopt the child.

(4) If a foster parent elects to adopt the child, the Treatment Worker shall:

(a) Within five working days refer the case for an adoption home study;

(b) Request the assistance of an Adoption Specialist and/or the Adoption Resource Exchange to discuss and assist in the preparation of the child for adoption;

(c) Document the results of discussions with the Adoption Specialist or the Adoption Resource Exchange and prepare a written Adoption Plan for the child in the child's case record;

and

(d) Monitor compliance with the provisions of the Adoption Manual.

(F) Adoption By Non-Foster Parents: Matching

(1) In cases of adoption by non-foster parents, consideration will be given to the following principles:

(a) Protecting the child's established relationships;

(b) Placing a child in a pre-adoptive home of the same racial, cultural, ethnic, and/or lingual background of the child;

(c) Placing the child in the same pre-adoptive home as siblings; and

(d) Placing the child with pre-adoptive parents who have received training to work with any special needs of the child.

(2) If the above guidelines cannot be followed documentation of the efforts to place the child shall be kept in the child's case record.

(G) Duties of the Adoption Specialist

(1) Whenever a child's plan changes to adoption:

(a) The case may be referred to the Adoption Specialist at the time the decision is made to pursue termination of parental rights. In such case, the Adoption Specialist shall review the matter with counsel and assume responsibility for the case during and subsequent to that proceeding;

(b) The case must be referred to an Adoption Specialist after termination of parental rights if the child's foster parent decides not to adopt the child, and the child is not placed in another pre-adoptive home within ninety days;

(2) An Adoption Specialist may provide assistance to a Treatment Worker with all adoption-related tasks of permanency planning (e.g. preparing a child for adoption by his foster parent, monitoring permanency planning contracts). When the Adoption Specialist assists in such manner, the Treatment Worker shall continue to work with the child and foster parent;

(3) After referred by the Treatment Worker, the Adoption Specialist shall review the child's case record within five working days, meet with the Treatment Worker to discuss the child's special needs, and be introduced to the child and foster parent;

(4) The Adoption Specialist assumes full responsibility for a case (including administrative case review and bi-weekly visits to the foster home) immediately after to these meetings.

(5) The Adoption Specialist is responsible for developing a written plan for those children whose adoption has special problems or whose case has been referred for special handling. This plan shall, if it is in the child's best interest:

(a) Protect established relationships;

(b) Enable the child to be with siblings;

(c) Provide for placement in a home with the same cultural, racial, ethnic and linguistic background as the child;

(d) Take into consideration the special needs of the child; and

(e) Contain provisions for contracting with in-state or out-of-state agencies to recruit an adoptive home if a home has not been found within ninety days.

(6) The Adoption Specialist shall perform all other duties and comply with the guidelines, timetables, criteria, and procedures prescribed in the Adoption Manual.

(H) Post-Adoption Services

The Adoption Manual shall prescribe timetables, criteria, and procedures for post-adoption services and programs which shall include continuing meetings with adoptive parents for consultation, advice, training, and aid for the purposes of family preservation.

(I) Adoption Manual

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel shall promulgate and distribute an Adoption Manual.

Section XVII. Regional Resource Groups

XVII. REGIONAL RESOURCE GROUPS

(A) Purposes

The Department, under the direction and with the approval of the DCYS Monitoring Panel, shall establish a Regional Resource Group(s) in each region for the following purposes:

(1) To provide consultation and assistance in the type and performance of services, including those offered by other State agencies;

(2) To provide expertise in child development; child behavioral management; mental health assessment; HIV infection; AIDS; management and placement issues; special education; and other areas as may be set forth in the provisions of the Regional Resource Group Manual;

(3) To evaluate the special needs of children;

(4) To review and assist in the preparation of and participation in legal proceedings;

(5) To evaluate, when necessary, the degree of risk to a child and recommend whether immediate intervention is needed to safeguard a child in his or her own home or whether an out-of-home placement is needed;

(6) To determine the information to be compiled for purposes of assessment of services;

(7) To determine the professional expertise (e.g., physicians, psychologists, educational evaluators) needed to compile necessary information;

(8) To participate in Administrative Case Reviews, as necessary;

(9) To participate in regional training and training in the Training Academy;

(10) To develop a mechanism for the staff of the Department's institutions, hospital facilities, and the Unified School District who have expertise in child behavior management and special education to be utilized as consultants to the Regional Resource Groups, foster parents, and adoptive parents;

(11) To develop, in conjunction with medical consultants, a uniform system for reviewing medical records;

(12) To maintain and update the Computer Resource Directory; and

(13) To facilitate access to the non-committed Treatment Program in regions with no Voluntary Service Unit.

(B) Personnel

(1) The personnel of the Regional Resource Groups shall not carry a caseload;

(2) Each Regional Resource Group shall have, at a minimum, the following personnel:

(a) A psychiatric social worker;

(b) A nurse practitioner;

(c) A registered nurse who shall, among other

things assist the nurse practitioner and shall manage medical records;

(d) A certified substance abuse counselor; and

(e) To the extent practicable, an Assistant Attorney General.

(3) The level of experience, degree requirements, and number of personnel for each Regional Resource Group shall be set forth in the provisions of the Regional Resource Group Manual.

(C) Regional Resource Group Manual

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel shall promulgate and distribute a Regional Resource Group Manual.

Section XVIII. Consultants

XVIII. CONSULTANTS

(A) Community Consultants

(1) Purposes

Within a reasonable time after the effective date of this Consent Decree, the Department shall contract with professionals in each region for the following purposes:

(a) To participate in case consultations, case assessments, and group conferences concerning a child's medical or mental health;

(b) To recommend or undertake specific assessment tasks or treatment programs (e.g., physical examinations, educational assessments) with definite timetables for fulfillment;

(c) To provide clinical assessments that take into account a child cultural; and

(d) To perform such other duties as may be designated in the Community Consultants Manual.

(2) Community Consultants

(a) The Community Consultants shall include a Board certified pediatrician, psychologists, and child psychiatrists. The Department shall make efforts to contract with professionals familiar with the language and customs of the

black and Latino population as well as various small cultural groups in the state (e.g., Vietnamese, Laotians).

(b) Treatment recommendations made by Community Consultants shall be included in a family's or child's records. These recommendations shall be followed or the record documented regarding the reasons why such recommendations were not followed.

(3) Community Consultant Manual

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel shall promulgate and distribute a Community Consultant Manual.

(B) Language Consultants

(1) The Department shall contract with language consultants:

(a) To attend meetings with biological parents, foster parents, and relatives of a child when those persons cannot communicate in English; and

(b) To translate forms and letters sent to parents regarding the child.

Section XIX. Administrative Case Review

XIX. ADMINISTRATIVE CASE REVIEW

(A) Functions

The Administrative Case Review shall include the following functions:

(1) To review the implementation of objectives set forth in the Treatment Plan; the progress being made in reducing or eliminating problems related to returning a child home or to a relative's home; compliance with the Visitation Plan; the progress being made in a child's Adoption Plan, including the availability of an adoptive home; the services being provided to an adolescent in accordance with his/her Independent Living Plan; and to those in planned long-term foster care;

(2) To identify and recommend procedures for eliminating obstacles to achieving objectives in the Treatment Plan and to put these recommendations in writing;

(3) To recommend with reasons in writing either to continue the current Treatment Plan or to change the plan to an Adoption Plan when:

(a) It is in the best interest of the child;

(b) The plan to return the child to the biological home or to a relative's home has been in force for more than twelve months; and

(c) It is not expected that the child will be returned to his biological or relative's home within another six-

month period.

(B) Staff

(1) There shall be sufficient qualified workers in Quality Assurance to ensure that cases are thoroughly reviewed every six months in accordance with federal law. It is anticipated that a thorough review should last at least one hour.

(2) To ensure objectivity, Quality Assurance staff should not conduct an Administrative Review of any case that they reviewed in the annual Quality Assurance Review of case records required by this Consent Decree.

(3) Preference in hiring staff shall be given to persons with at least three years of experience in providing services, or two years of experience in providing services and one year of experience as a unit supervisor.

(C) Attendance

(1) Administrative Case Reviews shall be conducted by a Quality Assurance Reviewer, the social worker in charge of the case, and at least one or more of the following:

(a) A member of a Regional Resource Group or a Community Consultant;

(b) The social worker's supervisor;

(c) A support staff worker who has assisted on the case;

(d) A representative from the community service provider who rendered services to the child or family;

(e) Legal counsel if the plan involves

termination of parental rights;

(f) The Adoption Specialist if the plan involves adoption;

(g) The child's parent or relative if the plan involves returning the child home or to a relative's home;

(h) An adolescent child; and

(i) The child's foster parent or caretaker.

(2) The Quality Assurance Reviewer shall:

(a) Schedule dates and times for the review;

(b) Invite those required to attend;

(c) File all notices in the case record; and

(d) Arrange transportation and day-care to facilitate attendance by the biological or foster parent.

(3) At least two weeks prior to the review, the social worker shall prepare and submit to those individuals who will conduct the Administrative Case Review a case review summary sheet which describes progress since the child's first Treatment Plan and last Administrative Case Review; a list of persons who could make contributions to future plans; and relevant monitoring information.

(4) The child's case record shall be brought to the Administrative Case Review.

(D) <u>Administrative Case Review Manual</u>

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel shall promulgate and distribute an Administrative Case Review Manual.

Section XX. Aftercare Services

XX. AFTERCARE SERVICES

(A) Objectives

The primary purposes of providing Aftercare Services shall be:

(1) To monitor the child's care and welfare within the home; and

(2) To support and stabilize the child's home situation to prevent a recurrence of out-of-home placement.

(B) Eligibility

(1) Aftercare services shall be mandatory for all children who were in out-of-home placement and returned to their own homes, or relative's homes; and for children placed in pre-adoptive homes.

(2) Aftercare services shall be provided on a voluntary basis for children and families after a child's commitment has expired, and for adoptive families after finalization.

(C) Duration

Aftercare services shall be provided for four months and, if it is in the child's best interest, up to nine months.

(D) Services

(1) Services shall include:

(a) Coordination such as matching clients with

community service providers or with others who provide services (e.g., health care, counseling, day treatment, education);

(b) Parent-aides;

(c) Respite care limited to emergencies;

(d) Crisis intervention;

(d) Intensive Family Preservation Services; and

(e) Weekly visits by a social worker with the child and family for the first two weeks, then bi-weekly with alternate week telephone contact.

(E) Personnel

(1) Aftercare services are provided by the child's social worker or a contractee if it is in the best interest of the child;

(2) Aftercare Plans are developed by the social worker for children who are in foster home care, or by a discharge worker and the child's social worker for children who were in congregate settings;

(3) A discharge worker shall be assigned in each residential treatment facility and in the State's psychiatric hospitals (e.g., RiverView, Altobello, High Meadows). The discharge worker and the social worker shall develop an appropriate Aftercare Plan that shall be implemented by the child's social worker, or by a contractee if it is in the best interest of the child.

(F) Aftercare Plans

(1) Aftercare Plans shall be developed at least thirty

days prior to the child's return to his own home, independent living facility, the home of a relative, or an adoptive home.

(2) Prior to the adoption of an Aftercare Plan, a planning conference shall be held, attended by the child's social worker and one or more of the following persons:

(a) The social worker's supervisor;

(b) A member of a Regional Resource Group or Community Consultant who is familiar with the family;

(c) A representative of a community service provider who rendered services to the child or the parent; and/or

(d) Any other person whose advice may be needed to effect a meaningful Aftercare Plan.

(2) The written Aftercare Plan shall include:

(a) The services to be rendered to the child and family; and

(b) A timetable for the implementation of the services, which services shall commence within ten days from the date the child leaves out-of-home care.

(G) <u>Aftercare Manual</u>

Within a reasonable time after the effective date of this Consent Decree, the DCYS Monitoring Panel shall promulgate and distribute an Aftercare Manual.

Section XXI. Regional Services

XXI. REGIONAL SERVICES

(A) Objectives

As soon as practicable after the effective date of this Consent Decree, the DCYS Monitoring Panel shall consult with Department personnel and other persons and entities deemed necessary to establish a Master Plan for the prompt implementation of required regional services and programs. The Master Plan shall include:

(1) A methodology for conducting a "capacity" assessment to determine among other things: office space and equipment needs for current and new workers; automobiles;

(2) Identification of regional needs such as Early Intervention Programs; training programs; family preservation programs; parent-aide programs; respite care projects; programs relating to sexual abuse, substance abuse, medical and mental health, and neglect; day-care; Visitation Centers; Foster Care Clinics; health services and programs; transportation procedures (coordination with state agencies and local organizations who furnish transportation services, taxi and bus companies) to facilitate transportation for clients without resources; and other services and programs mandated by this Consent Decree;

(3) Timetables for the implementation of each service and program within each region, with priority to the development

and expansion of services and programs for children at the greatest risk;

(4) A mandatory funding schedule for the implementation of each service and program within each region;

(5) Timely and specific Requests For Proposals to implement each service and program within each region or statewide. Within ten working days following the issuance of each Request For Proposal, a bidders conference shall be held to provide information and answer questions relating to the subject matter of the Request For Proposals;

(6) Standards, procedures, and fee schedules for the implementation of regional services and programs through community service providers, with periodic evaluation studies to determine the utilization, amount and effectiveness of services and programs for children under the supervision, care, and custody of the Department;

(7) A methodology for the immediate compilation of information, data, and information relating to needs assessment, implementation, and funding until the statewide computer system is operational. Once the single statewide computer system is operational, data for the needs assessment shall be compiled on a computer program developed for that purpose which program shall be a part of the single statewide computer system;

(8) An investigation of needs and implementation plan for alternative settings, placements, services where needed for

children under the supervision and custody of the Department including:

(a) Therapeutic Foster Homes for the specialized treatment, care, and supervision of children with mental illness;

(b) Long-term Structured Family Living Homes as an alternative to long-term (e.g., more than eighteen months) hospital treatment, that, in close collaboration with the Department hospitals, will provide twenty-four hour supervision for children;

(c) Half-Way Houses to serve the needs of children during transitional periods;

(d) Residential Treatment Facilities for children who cannot be managed in a less restrictive setting, and whose needs may include provision for visiting resources;

(e) Out-patient mental health services needed to meet the recommendations of Treatment Plans;

(f) The needs for day treatment and extended day services including those for substance abusing adolescents;

(g) The needs for assessment and diagnostic shelter services to provide on-site medical and mental health consultation; and

(h) Alternative living arrangements for adolescents with mental health and substance abuse needs;

(9) The development, in collaboration with local hospital emergency rooms and local mental health providers, of a mechanism for twenty-four hour emergency mental health services

for children in the care of the Department; and

(10) Such other provisions deemed appropriate by the DCYS Monitoring Panel.

(B) Department Institutions

(1) The bed capacity at Altobello and RiverView shall remain at no less than fifty beds in each facility unless: consistent with the requirements of the State Commission on Health Care and Costs and, in addition, there is a statistically significant decline in need, a feasible phasing-out procedure, and an assessment study which confirms the decrease.

(2) Criteria for admission to a Department hospital shall be outlined in the Health Management Unit Manual.

(3) A certified Substance Abuse Coordinator, possessing an M.S.W. or higher degree, shall be retained at Altobello and Housatonic either full-time or part-time to coordinate substance abuse education and treatment programs in each facility.

(4) The State Receiving Home and the Diagnostic Evaluation Placement Program at High Meadows shall have the capability: for complete multi-disciplinary medical and mental health assessments by professionals; to initiate and continue treatment with medication; to complete full-scale medical and mental health assessment and treatment plans within six weeks of a request by the staff at the State Receiving Home, and the Diagnostic Evaluation Placement Program at High Meadows, or by the Department supervisor after consultation with a mental health

professional; and to furnish weekly progress reports to the Regional Director of Childrens Protective Services after a child remains at the State Receiving Home for more than eight weeks.

(5) The capacity to conduct multidisciplinary mental health assessments shall be preserved at High Meadows and Housatonic Adolescent Facility.

Section XXII. Paperwork, Information Management and Technology

XXII. PAPERWORK, INFORMATION MANAGEMENT, AND TECHNOLOGY

(A) Assessment Committee - Purposes

Within a reasonable time after the effective date of this Consent Decree, the Department, under the direction and with the approval of the DCYS Monitoring Panel, shall form a Paperwork, Information Management, and Technology Assessment Committee (the "Assessment Committee"), and any necessary subcommittees, which may include independent consultants. The members of the Assessment Committee shall be available up to half-time, as necessary, for up to six months unless otherwise determined by the DCYS Monitoring Panel. The Assessment Committee shall have the following purposes:

(1) To consult with Department personnel at all levels to determine what reports are needed to meet the needs of Department personnel, including management, workers, and supervisors, and to comply with state and federal reporting requirements;

(2) To review and revise current Department paperwork requirements with the aim of reducing paperwork and computerizing where possible;

(3) To draft required forms and reporting formats to meet the needs and criteria established by the Assessment Committee;

(4) To develop a uniform case record;

(5) To study and recommend to the DCYS Monitoring Panel the current and future computer needs of the Department, and the elements of a single statewide networked computer system that shall be implemented (the "Single Statewide Computer System") with terminals which possess stand alone capacities (e.g., word-processing). This study shall address the following issues:

(a) Whether any of the current computer systems can be modified to meet the requirements and capacities of this Consent Decree, or whether a new system must be purchased;

(b) The number of terminals necessary to meet the needs of the Department;

(c) Staffing requirements to support the Single Statewide Computer System;

(d) Telephone or electronic requirements to support the Single Statewide Computer System, the Hotline, and the Central and Regional Offices;

(e) The extent to which forms and reports can be computerized;

(f) The ratio of terminals to personnel for each category of department employee, unit, or function;

(g) Any software which may be designed or purchased to fulfill the requirements of the Department and training necessitated thereby;

(h) The projected cost, budget, and timeframe for

implementing the recommendations of the Assessment Committee; and

(i) Such other tasks as shall be designated to it by the DCYS Monitoring Panel.

(B) <u>Capacities of the Single Statewide Computer System</u>

(1) The Single Statewide Computer System shall have a Computerized Resource Directory for the following purposes:

(a) To list all state and community service providers, whether or not funded directly by the Department, and all individual service providers with contracts to provide services to Department clients, with relevant pertinent information (e.g., name, address, contact, eligibility requirements, availability); and

(b) Such other information as the DCYS Monitoring Panel or the various Regional Resource Groups prescribe from time to time.

(2) The Single Statewide Computer System shall have a Case Management System for the following purposes:

(a) To maintain for each child on the Department caseload, a case file which identifies the child's and/or family's placement, treatment and service needs, and the date the needs were identified, acted on, or wait-listed;

(b) To generate, on a regional and statewide basis, reports describing gaps in placement and service/treatment resources by type and need for which a client has waited ninety days or more;

(c) To issue an alert to the appropriate Regional

Director when the number of children and/or families wait-listed for a service in any region for six weeks or more exceeds twenty; and

(d) To generate, on a regional and statewide basis, data on newly emerging needs in order to determine what new program, services, or treatments should be developed.

(3) The Single Statewide Computer System shall have a Computerized Central Registry for the following purposes:

(a) To maintain a listing of substantiated cases of child abuse or neglect and a child-at-risk of abuse or neglect; and

(b) To maintain a listing of pending investigations of child abuse or neglect and a child-at-risk of abuse or neglect.

(4) The Single Statewide Computer System shall have such other capacities as may be required by this Consent Decree or as the DCYS Monitoring Plan may prescribe.

Section XXIII. Probate Court Ordered Studies

XXIII. PROBATE COURT ORDERED STUDIES

The Department, under the direction and with the approval of the DCYS Monitoring Panel, shall:

(A) Develop procedures to complete Probate Court Studies within the timeframes specified by state law;

(B) Assign qualified workers and support staff to conduct Probate Court Studies;

(C) Review the number of employees required periodically to ensure that Probate Court Studies are completed in a timely fashion;

(D) Develop a mechanism or contract, if necessary, with qualified persons to eliminate the existing backlog of Probate Court Studies within eighteen months of the signing of this Consent Decree; and

(E) Develop procedures to facilitate effective working relationships with the Probate Courts.

Section XXIV. Funding

XXIV. FUNDING

The State of Connecticut shall pay for, and fund, the costs for the establishment, implementation, compliance, maintenance, and monitoring of all mandates in this Consent Decree and all determinations and directives of the DCYS Monitoring Panel as may be set forth in Manuals, memoranda, or other materials issued in the performance of its duties.

Section XXV. DCYS Monitoring Panel

XXV. DCYS MONITORING PANEL

(A) Purposes

Commencing on the effective date of this Consent Decree, the DCYS Monitoring Panel is established for the following purposes:

(1) To determine, promulgate, or approve the policies, standards, procedures, programs, Manuals, and staffing to fulfill the mandates of this Consent Decree;

(2) To implement with definite and reasonable timetables the policies, standards, procedures, programs, Manuals, and staffing patterns deemed necessary to fulfill the mandates of this Consent Decree;

(3) To establish mandatory funding amounts and patterns to ensure compliance with the policies, standards, procedures, timetables, programs, Manuals, and staffing patterns of the DCYS Monitoring Panel;

(4) To take any and all action, including resort to judicial processes, to effect reasonable and ongoing compliance with the determinations of the DCYS Monitoring Panel concerning policies, standards, procedures, timetables, programs, Manuals, staffing patterns, and funding requirements;

(5) To resolve all issues and matters relating to this Consent Decree and the policies, standards, procedures,

timetables, programs, Manuals, and staffing patterns promulgated by the DCYS Monitoring Panel; and

(6) To prepare and submit to the Trial Judge, counsel for the parties, and such other persons or entities named by the Trial Judge, progress and compliance reports periodically as the Trial Judge shall determine.

(B) Composition

The members of the DCYS Mediation Panel shall constitute the membership of the DCYS Monitoring Panel, with the judicial member serving as Chairperson.

(C) Vacancies

If any member of the DCYS Monitoring Panel resigns or is unable to serve for any reason, the Trial Judge shall fill the vacancy in the same manner as the original appointment (See Section I(A)(D) of the Mediation Order, filed July 16, 1990).

(D) Removal

The Trial Judge for good cause may remove and replace any member of the DCYS Monitoring Panel.

(E) Resolution of Issues

(1) All issues and matters relating to the interpretation of this Consent Decree, or to the implementation and compliance requirements set forth in the policies, standards, procedures, timetables, programs, Manuals, funding patterns, and staffing patterns promulgated by the DCYS Monitoring Panel, shall first be submitted to the DCYS Monitoring Panel for resolution.

(2) All such issues and matters resolved by the

unanimous decision of the DCYS Monitoring Panel shall be deemed final and binding and shall not be subject to appeal.

(3) If any such issue or matter is not resolved by the unanimous decision of the DCYS Monitoring Panel, the issue or matter shall be referred to the Trial Judge for adjudication pursuant to any proceeding the Trial Judge shall deem feasible. At any such proceeding, the members of the DCYS Monitoring Panel may be called as witnesses by a party or the Trial Judge.

(F) Performance of Duties

The DCYS Monitoring Panel shall perform its duties at such times and places, and in such manner, as it deems necessary and reasonable.

(G) Staff

The DCYS Monitoring Panel, to the extent it deems necessary, may retain clerical or other professional and administrative staff to assist it in the performance of its duties.

(H) Consultants and Subpanels

The DCYS Monitoring Panel, to the extent it deems necessary, may retain medical or mental health monitoring subpanel experts, consultants, or other professionals to assist it in the performance of its duties.

(I) Other Expenses and Costs

The DCYS Monitoring Panel may rent space, purchase equipment, materials, supplies, and incur such other costs it deems necessary to the performance of its duties.

(J) Fees and Expenses

(1) The State of Connecticut shall pay the fees of the non-judicial members of the DCYS Monitoring Panel as shall be determined reasonable by the Trial Judge.

(2) The State of Connecticut, to the extent deemed reasonable by the judicial member of the DCYS Monitoring Panel, shall pay:

(a) All expenses incurred by the non-judicial members of the DCYS Monitoring Panel in the performance of their duties;

(b) All fees and expenses of staff, consultants, experts, professionals, or other persons retained by the DCYS Monitoring Panel in the performance of its duties; and

(c) All costs and expenses for equipment, materials, supplies, and other needs required by the DCYS Monitoring Panel in the performance of its duties.

(3) Any dispute or issue over fees, expenses, or costs shall be referred to the Trial Judge for resolution.

(K) Liability

The State of Connecticut shall defend, indemnify, and hold harmless to the same extent as state employees the members of the DCYS Monitoring Panel in any litigation or proceeding involving the DCYS Monitoring Panel in the performance of its duties.

(L) Termination

(1) The Trial Judge for good cause may terminate the

DCYS Monitoring Panel pursuant to conditions and orders the Trial Judge deems feasible; or

(2) The DCYS Monitoring Panel shall terminate when it has substantially performed all of its duties.

Section XXVI. Modification of Consent Decree

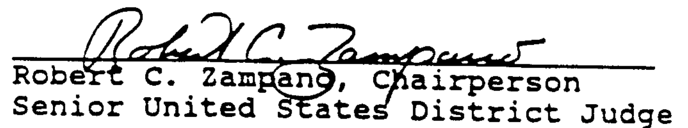
XXVI. Modification of Consent Decree

This Consent Decree may be modified, amended, or changed by the Trial Judge, only upon appropriate motion filed by any party or the DCYS Monitoring Panel.

DCYS Mediation Panel

Patricia Wilson-Coker, M.S.W., J.D.

Theodore J. Stein, M.S.W., Ph.D.



Robert C. Zampano, Chairperson
Senior United States District Judge