



OLR RESEARCH REPORT

October 15, 2012

2012-R-0461

OLR BACKGROUNDER: *JUAN F.* CONSENT DECREE

By: Robin K. Cohen, Principal Analyst

This report provides general background information on the *Juan F.* consent decree, focusing specifically on the Department of Children and Families' (DCF) progress in freeing itself from court oversight.

SUMMARY

For over 20 years, DCF has been operating under a consent decree resulting from a lawsuit (*Juan F.*) brought in 1989. The suit charged that DCF's predecessor agency was failing to provide necessary services for children and youth who had been, or who would potentially become, abused or neglected. At the time, there was a wide belief that the agency was grossly underfunded to meet its mandates to protect children. The consent decree called for a number of reforms, including the establishment of a training academy for social workers. A court monitor would be responsible for overseeing the reforms.

Ten years ago, the parties to the decree suggested a way for the agency to remove itself from court monitoring. This included establishing an "exit plan," which contained 22 outcome measures that DCF would have to satisfy in a sustained way. To date, DCF has met many of the benchmarks for these measures but has failed to meet others. The measures that have been successfully met include (1) starting investigations of alleged abuse or neglect within statutorily prescribed timeframes and (2) finding relatives to care for children who have been removed from their parents' custody. Conversely, the department has

been unable to develop treatment plans expeditiously once cases are opened, and it has not been successful in ensuring that all of a child or family's medical needs that are specified in these plans are met, including mental health.

New state legislation that permits DCF to differentiate serious abuse reports from other reports appears to be helping the department ([PA 11-240](#)). And the monitor is using a pre-certification process that recognizes DCF's successes in meeting the outcome measures to streamline the exit plan process.

JUAN F.

Suit

In 1989, two children's advocacy groups filed a class action lawsuit in U.S. District Court against the state broadly challenging the DCF's predecessor agency (Department of Children and Youth Services) with failing to (1) meet the [reasonable efforts provisions](#) under Title IV-E of the Social Security Act (e.g., provide services to prevent the removal of children from their homes) and (2) provide the "right to liberty and family integrity" protected by the 1st, 9th, and 14th amendments of the U.S. Constitution. The plaintiffs based these claims on the department being grossly underfunded and understaffed; not investigating child abuse neglect, in large part due to overwhelmed social workers; and failing to ensure an adequate supply of trained foster parents to care for these children.

Consent Decree

Shortly after the plaintiffs filed their suit, the court established a mediation panel to interview department employees, examine documents, and hold a public hearing to determine how best to solve the problems outlined in the suit.

The panel agreed on a settlement and in January 1991, lawyers for the children and the state signed a formal consent decree, known as *Juan F.*, after one of the child plaintiffs. Among other things, the decree established staffing ratios the department had to meet, as well as a training academy for social workers. (See attached OLR report, [91-R-0178](#) for a summary of the decree.) Detailed manuals to guide implementation were incorporated into the consent decree in September 1992.

The decree also authorized the court to appoint a monitor to oversee the decree's implementation. Since 1992, three individuals have assumed the role, with the current monitor, Ray Mancuso, appointed in 2005.

Noncompliance, Corrections, and Exit Plan

Since the decree was signed, DCF has struggled to meet its terms, falling out of compliance a number of times and entering into corrective action agreements. Nevertheless, in 2002, the parties entered into a court-approved agreement that would allow DCF to exit the decree.

But in September 2003, lawyers for the children asked the court to place DCF in federal receivership. In response, DCF admitted its failure to comply with the decree and agreed to a stipulation that established a "transition task force" (consisting of the DCF commissioner, Office of Policy and Management secretary, and court monitor) to assume all decision-making authority that substantially would affect the safety and welfare of the *Juan F.* class (i.e., abused and neglected children or those at risk of abuse or neglect who are or become committed to DCF or come under its care or custody). The governor would make decisions when the task force could not agree. (DCF resumed its management authority in late 2005.)

The stipulation also required the court monitor, in consultation with the other two task force members, to develop a definitive exit plan, the provisions of which DCF would have to meet in order to be removed from the court's jurisdiction. The state challenged this provision given its lack of funds to make the required improvements, but the court was not moved.

The exit plan (approved by the court in early 2004) includes 22 measures with which DCF must comply for at least two quarters (six months). DCF must then maintain compliance through any decision the court makes to terminate its monitoring. (The plaintiffs asserted noncompliance with the plan in 2006 and 2008.)

The monitor has prepared quarterly reports on DCF's success in meeting the benchmarks: to date, DCF has met a majority of them. According to the latest report covering the second quarter of the 2012 calendar year, DCF has maintained compliance (two or more quarters, including the most recent two quarters) with 14 of the 22 measures, as shown in Table 1.

TABLE 1: DCF SUCCESS IN MEETING EXIT PLAN BENCHMARKS

Measures	Measure #	Benchmark	Baseline	# Consecutive Quarters Benchmark Met
Investigation commenced within certain timeframes	1	>=90%	None indicated (NI)	31
Investigation completed within 45 days of Hotline acceptance	2	>=85%	73.7%	31
Search for relative or other familiar person for placement	4	>=85%	58%	26
Repeat maltreatment of children who remain in their home	5	<=7%	9.3%	21
Maltreatment of children in out-of-home care	6	<=2%	1.2%	34
Transfer of guardianship of children whose custody is legally transferred within 24 months of most recent removal from home	9	>=70%	60.5%	14
Re-entry into DCF custody within 12 months of prior out-of-home placement	11	<=7%	6.9%	3
No more than three placements during a 12-month period	12	>=85%	NI	16
Most foster or pre-adoptive parents offered 45 hours of post-licensing training within 18 months of initial licensure and nine hours each subsequent year	13	100%	NI	16
Social worker visits all children placed out-of-home (except probate, interstate, voluntary) at least monthly, with quarterly visits by DCF social worker	16	>=85% M >=100% Q	NI	27
Reduction in number of children placed in privately operated residential care (i.e., mental health facilities)	19	<=11%	13.5%	25
Children age 18 or older achieve certain education or employment benchmarks	20	>=85	NI	2
Discharge plans for children transitioning to DMHAS or DDS	21	100%	NI	3
Multi-disciplinary exam of children within 30 days of placement	22	>=85%	5.6%	26

Source: *Juan F. v. Malloy* Exit Plan (April 1-June 30, 2012), *Juan F. v. Rowland* exit plan

Although DCF met many benchmarks, it failed to do so for eight measures during the latest two quarters reported. (For several of these, the department came very close to meeting the benchmark, or successfully met them in previous consecutive quarters.) Table 2 shows those measures that fell short according to the monitor’s exit plan report for the second quarter of 2012.

TABLE 2: MEASURE BENCHMARK NOT MET

<i>Measure</i>	<i>Measure #</i>	<i>Benchmark</i>	<i>Q2 Results</i>	<i>Q1 Results</i>
Treatment plans developed and approved by DCF supervisor within earlier of 60 days of case opening in treatment unit or child placed out of home and each subsequent six months	3	>=90%	63%	39.6%
Children reunited with their parents or guardians within 12 months [1]	7	>=60	61.1	58.9
Adoptions finalized within 24 months of most recent removal [2]	8	>=32.0	34.3	23.7
Siblings placed together unless documented therapeutic reason	10	>=95.0	89.2	88.5
Children in foster care must be in homes operating within licensed capacity unless necessary to accommodate sibling groups [3]	14	>=96.0	95.0	97.7
Families and children must have all medical, dental, and mental health needs met as specified in the treatment plan	15	>=80.0	61.1	60.4
DCF visit in-home family cases at least twice monthly [4]	17	>=85.0	85.8	84.8
Meet various caseload standards [5]	18	100	99.7	99.8

Source: *Juan F. v. Malloy* Exit Plan (April 1-June 30, 2012), *Juan F. v. Rowland* exit plan

- [1] Although it did not meet the benchmark for the first two quarters of 2012, DCF met it for nine consecutive quarters through the end of 2011.
- [2] The department met this benchmark in most of the quarters, including eight consecutive quarters starting in the last quarter of 2006.
- [3] For 15 consecutive quarters, beginning with the third quarter of 2006, DCF met this benchmark.
- [4] The first quarter of 2012 was the only quarter since the 3rd quarter of 2006 that DCF failed to meet this benchmark.
- [5] Ratio of workers to cases maximums are: investigators (1:17), in-home treatment (1:15), adoption and adolescent specialty (1:20), probate (1:35, 1:20 for workers also providing services), in-home voluntary and interstate compact (1:49).

Current Status

Although DCF has made considerable progress meeting and sustaining many of the outcome measure benchmarks, (1) the plaintiffs have initiated contempt proceedings and (2) DCF filed a motion to vacate the decree, only to have the court deny it.

In his latest quarterly report, court monitor Mancuso acknowledges the progress DCF has made, especially in the area of placing fewer children in congregate care settings and placing more children in family foster care. He points specifically to the department’s new Differential Response System, authorized by the legislature in 2011 ([PA 11-240](#), codified in [CGS § 17a-101g\(g\)](#)). This system has enabled the department to respond to certain abuse or neglect reports without an investigation, but instead make referrals to community providers.

Additionally, the parties and court monitor have recently created a “Pre-Certification” review process that allows the monitor to forego a full review (called for in the exit plan) of certain measures when DCF asserts that it is in sustained compliance with all outcome measures. According to the latest exit plan quarterly report, the monitor undertook seven pre-certification reviews and determined that five of these had met the quantitative and qualitative standards set forth for each, thus making them pre-certified. These include outcome measures 12, 14, 16, 20, and 21. The other two (7, 8) were in progress. (Since the plan was submitted, measure 7 was pre-certified, according to Mancuso.)

The quarterly report also discusses remaining challenges, such as the unavailability of, or wait-listing for, core services and variations among social workers with regards to their skill sets and proficiency.

OTHER RESOURCES

Hartford Courant, [*DCF Moves Closer to Ending Court Oversight*](#), September 20, 2012

Juan F. quarterly [report](#) for April through June 2012

RC:ts

ATTACHMENT 1

CHI
GIM
SUV 800
Allan Green
Director
FAX (203) 240-8307
CON 385
1545

✓ Judicial Procedure
Children & Youth Services, CT Dept. of

Connecticut General Assembly



5300 Legislative Office Bldg.
Hartford, Connecticut 06106
(203) 240-8400

Unofficial electronic
version, scanned by
CT Legislative Library
for archival purposes.

OFFICE OF LEGISLATIVE RESEARCH

January 3, 1991

91-R-0178

FROM: Office of Legislative Research
Robin Katz, Associate Analyst
George Coppolo, Chief Attorney
Lawrence K. Furbish, Assistant Director
David E. O'Connor, Senior Research Attorney
Saul Spigel, Chief Analyst
Joan Soulsby, Office of Fiscal Analysis

RE: DCYS Consent Decree

You asked for a summary of the recent consent decree in Juan F. v. O'Neill. You asked us to highlight the portions that will require legislative action and state appropriations.

SUMMARY

The decree covers all areas of policy, management, procedures, and operations of the Department of Children and Youth Services (DCYS). These areas include investigations of child abuse and neglect, foster care, other out-of-home placements, care for children who are placed in DCYS' care, and adoptive services. The decree also covers qualifications, training, responsibilities, workload, and supervision of departmental staff and internal systems operations such as case reviews, quality assurance, and data management.

The decree establishes a three-person monitoring panel to determine the specific methodology and pace for implementing it. The lawsuit's DCYS mediation panel becomes the monitoring panel. The panel determines, promulgates, and approves policies, standards, procedures, programs, operating manuals, and staffing levels needed for compliance. And it establishes the funding levels needed to accomplish

this. It decides all matters relating to interpreting the decree, and its unanimous decision is not appealable. In essence, this panel will run DCYS for the foreseeable future, and its decisions will determine how much money the agency will need and when.

The major costs of implementing the decree arise from its mandate to severely reduce staff caseloads, which will necessitate hiring significant numbers of new staff, and its requirement to create an academy to train them. Other significant cost centers are (1) a requirement to raise the rate for foster care from 70% to 100% of the U.S. Department of Agriculture estimates for child care costs, (2) establishing a new health management unit for children committed to DCYS care, and (3) requiring contract management staff in each regional office. The additional staffing requirements will also necessitate space and equipment expenditures.

The decree does not seem to require many statutory changes. Some changes may need to be made in the definitions of child abuse to cover reporting on "at-risk" newborns, to require information about people who report abuse, and to require DCYS to notify people who report abuse of the case's disposition. Two new pilot programs, one to create a discretionary fund for caseworkers' use, the other for a volunteer program, may need statutory authorization.

Following is a chapter-by-chapter outline with a brief summary and statement of any need for legislative action and potential costs, starting with Chapter IV (Chapters I, II, and III are introductory).

IV. TRAINING ACADEMY

Summary: DCYS, under direction of the Monitoring Panel, must establish a centrally located, adequately staffed Training Academy which will provide both pre-service and in-service training to new and existing staff. The training must meet nationally accepted standards. The academy will develop training plans to be used on both a statewide and regional basis for social workers, supervisors, foster parents, and others designated in a Training Academy Manual. A computer system will be necessary to record and preserve training information. The academy will develop curricula and educational materials concerning health, human sexuality, and other relevant child and adolescent issues and will maintain a library with resources necessary to fulfill objectives and effective operation of the academy and the regional offices. The academy must also (1) research and study to improve the performance and activities of department staff; (2) promulgate guidelines for reimbursement of expenses; (3) develop and implement evaluation procedures; (4) issue an annual report describing its activities; and (5)

train staff in the use of the computer. The academy will administer the Social Work Internship Program and the Tuition Reimbursement Program. The Monitoring Panel is responsible for promulgating and distributing the manual.

Pre-Service Training (PST)

Pre-service training must be provided to all new workers for the first four months of employment. No caseworker will be solely responsible for any case function during the first three months. Instructors will evaluate trainees weekly. The training can be extended a maximum of 30 days. If someone is hired who has 12 consecutive months of direct child welfare experience in the 36 preceding months, she must attend the first three weeks of PST. An individual training plan must also be developed for her within five days of commencing employment. These workers will not have sole responsibility for cases for the first three weeks and will be assigned to a regular unit after three weeks if they demonstrate requisite knowledge and skills.

Training Units: Training units must be established in each of the six regions or within two geographically contiguous regions. These units will (1) contribute to PST, (2) provide the focus for supervised case work experience for new workers, and (3) maintain balanced caseloads.

Supervisor/Instructor: Supervisor/instructors will provide training throughout the time a trainee is assigned to a training unit. The ratio of supervisor/instructors to trainees will be 1:3. The caseload for the supervisor/instructors cannot exceed one-half of the maximum caseload permitted by the consent decree.

Trainee Work Assignments: During PST, a trainee (1) will not be responsible for alleged child abuse investigations and (2) may be assigned one case of alleged neglect in any two-week period, but not more than three.

In-Service Training (IST)

Professional staff must annually receive five days of general IST and other special training. Supervisors must attend training programs prescribed in the Training Academy Manual. For current DCYS staff employed before the opening of the academy, there will be a training program implemented within 12 months from the date determined by the panel. While these employees are in training, their cases will be managed by their supervisors or other workers.

Non-Clerical Support Staff

The academy will provide PST and IST to non-clerical support staff which includes (1) a three week orientation training program, (2) procedures for gathering and documenting information, (3) accessing services for clients, (4) computer skills, and (5) other items prescribed in the manual.

Foster Parent Training

Foster parent training will include the following: (1) information, rules, data, advice, and training needed to comply with the foster care program; (2) PST and IST; (3) meetings with experienced foster parents; (4) training plans for continuing education and training; and (5) particularized training for foster parents with special needs children. The panel is to decide which parents must attend this program. Current foster parents will be required to attend this training as a condition of license renewal.

Statutory Changes Required: Legislation will probably be required to establish the training academy. By law, DCYS is required to establish staff development and other training and education programs designed to improve the quality of DCYS services and programs (CGS Sec. 17-412). That language is broad in scope. In addition, the decree specifically prohibits the placement of children in foster homes before foster parents satisfactorily demonstrate the knowledge and skills necessary for foster parents. Stronger statutory language may be appropriate.

Cost Increases: To the extent that training is provided by the Staff Development and Training Unit, it is unclear what the additional components of the training academy will entail. The existing computer system may need enhancement to incorporate the training academy requirements. There is presently no mandatory pre-service training. The in-service training is similarly not mandatory. Since the existing training unit is composed of three people, and the decree requires a 1:3 supervisor-trainee ratio, additional costs could be significant. There is almost no foster parent training, at least not of the magnitude required under the Decree. Additional resources would be anticipated for this provision. The decree requires that the academy be in a centrally located place. There is no space currently available. Acquisition costs could be considerable.

V. CENTRAL AND REGIONAL OFFICES

Summary: The DCYS Central Office is to develop and disseminate policies and procedures; develop and implement policies and guidelines; establish an Office of Public

Relations; operate all department divisions, the unified school district, statewide units and functions; oversee all DCYS institutions and facilities; develop statewide plans; and manage a single statewide computer information system.

The regional offices must administer child protection services by (1) supervising regional personnel; (2) identifying the capacity to provide services; (3) leading negotiations for terms of contracts and participating in evaluations and monitoring of contracts with community services and other providers; (4) maintaining and establishing a liaison with these providers and contractees; (5) working with the regional advisory councils; (6) submitting plans to the Central Office; and (7) complying with the manuals.

Within a reasonable time after the effective date of the consent decree, the panel, in consultation with the commissioner and other managers, must design and implement a management structure.

Statutory Changes Required: None

Cost Increases: Not determinable. The existing Division of Policy, Planning and Communications may be able to absorb the duties of the Office of Public Relations.

VI. HEALTH MANAGEMENT UNIT

Summary: DCYS and the panel must establish a Health Management Unit for children under the care, custody, or supervision of DCYS. The unit will (1) review policies, standards, and proposals relating to all aspects of health, mental health, and substance abuse (hereinafter health); (2) develop policies, standards, and proposals, relating to health; (3) implement and assist in implementation of these policies; (4) develop training manuals; (5) carry out quality assurance program in conjunction with the existing Quality Assurance Unit; (6) coordinate with the Deputy Commissioner for Programs the regional activities relating to health; (7) coordinate programs and activities and establish and maintain liaison with other state agencies, health organizations, and community providers relating to health; (8) ensure that health policies comply with federal rules and guidelines; (9) establish procedures for evaluating health care being received in out-of-home placements; (10) establish procedures for reviewing the deaths of all children under DCYS care or supervision; (11) establish procedures for provision of support services to assist children in residential care; (12) investigate and research new methods for health; and (13) coordinate with Medical Review Board activities related to emergency care and HIV infection.

The unit director must be a physician and staff must also include a full- or part-time substance abuse coordinator.

The unit must coordinate services among the current health facilities, which includes (1) compliance with the Child and Adolescent Support Services Program; (2) recommendations for establishing or strengthening interaction among DCYS' health and treatment facilities; and (3) recommendations concerning a continuation of the Diagnostic Evaluation Placement Program at High Meadows.

The panel must promulgate and distribute a manual for the unit.

Statutory Changes Required: None

Cost Increases: Not determinable. Since there is currently no Health Management Unit within the department, its addition may entail significant expenditures. The hiring of a physician and a substance abuse coordinator will likely result in additional expenditures. Space for the unit and staff may not be available and would result in additional costs to the department.

VII. CONTRACTS UNITS

Summary: Contracts Units must be set up in the central and regional DCYS offices. These offices will be responsible for compiling and reviewing existing contracts, grants-in-aid, and expenditures of DCYS funds for services and programs. They must also (1) determine objectives of contracts and grants; (2) establish criteria for future contracts and grants; (3) review all future grants and contracts; (4) monitor performance of grantees and contractors; and (5) establish prompt payment procedures.

The units will be supervised and staffed with individuals with educational backgrounds set forth in a manual that the Monitoring Panel promulgates and distributes.

Statutory Changes Required: None

Cost Increases: Not determinable. There is currently one person in the Central Office's Budget Unit who works with contracts. In the regions, fiscal administrators handle contracts along with all other budgetary concerns. The addition of staff to perform the decree's provisions could result in additional expenditures, including personnel, other expenses, and equipment.

VIII. SOCIAL WORKERS AND SUPPORT STAFF

Summary: Social workers with bachelors and masters degrees will receive preference in hiring. The decree establishes new worker-client ratios which are significantly lower than current practice. Social workers investigating child protective services cases (abuse, neglect, and abandonment) can handle no more than 15 cases per month. The current caseloads range from 30 to 50 per worker. There are additional ratios established under the decree as well. The Monitoring Panel is permitted to modify the caseload sizes, but no social worker can carry a caseload in excess of the upper range for more than six consecutive months except under emergency circumstances.

The decree calls for the establishment of a new job title, Master Social Worker. DCYS will work with the Personnel Department to create the job classification. Every year several social workers will be appointed by regional administrators to this position. They will be responsible for handling complex cases, participating in staff training, and providing direction to other social workers. To qualify, a worker must have a Masters in Social Work, five years experience, and demonstrated excellence in the field. The panel will establish a ratio of supervisors to social workers.

The department's support staff will be required to have high school diplomas and to complete training requirements. The Monitoring Panel will establish a ratio of support staff to social workers.

The department must develop recruitment and retention plans. The purpose of the recruitment plan is to increase generally the number of staff, continue affirmative action for social workers and supervisors, and increase the number of minorities in child care, clinical, and management positions. The retention plan must include (1) educational leaves for social workers and supervisors, (2) opportunities to transfer to other areas in the department, and (3) tuition reimbursement.

Statutory Changes Required: None

Cost Increases: The decrease in caseload ratios, by more than 50% in some cases, will require the department to hire additional social workers and support staff. The creation of a new job classification and placement of social workers in these positions will likely result in additional expenditures. If the panel establishes a lower supervisor to social workers ratio, the department may have to hire additional staff. The tuition reimbursement program would also be expected to have associate costs.

IX. POLICY DIVISION

Summary: The Division of Policy is to review, revise, and update existing agency policies, procedures, and standards, make sure they conform to the consent decree; develop a schedule that assures they will be reviewed annually; and develop and disseminate procedure manuals.

Statutory Changes Required: None

Cost Increases: Not determinable. DCYS currently has a Policy, Planning, and Communication Division that reviews policy and regulations. It is not clear whether the consent decree imposes new responsibilities on the division and, if so, how many new staff would be needed.

X. QUALITY ASSURANCE DIVISION

Summary: This division is to perform the following functions: (1) license foster homes, congregate care settings, and child caring agencies; (2) investigate abuse and neglect allegations in foster homes and department institutions and facilities; (3) ensure annual review of abuse hotline and social workers' records; and (4) enter and edit review data. It must develop and implement procedures to ensure that (1) records contain all required information and (2) DCYS hospitals and, to the extent possible, contract agencies, provide medical, mental health, and substance abuse services modeled after Joint Commission on the Accreditation of Health Organizations' (JCAHO) standards.

Quality assurance functions are apparently to be conducted by both central and regional offices.

Statutory Changes Required: Requiring agencies under contract to DCYS to meet JCAHO standards may require statutory authority.

Cost Increases: Possible. The existing Division of Quality Assurance currently performs most of the functions the consent decree requires, e.g, licensing foster homes, investigating abuse complaints at DCYS facilities, and conducting administrative case reviews. To the extent the decree imposes new requirements, more staff will be needed.

The decree requires at least one staff member be skilled in statistical procedures and computer use. It also requires that review data be entered within 30 days of being compiled and edited within an additional 30 days. These requirements could mean different or additional staff will be needed.

XI. STATEWIDE HOTLINE

Summary: DCYS must operate a 24-hour, seven-day-a-week, toll-free telephone line to process reports of child abuse and neglect and to provide information and referrals for related problems. The decree specifies procedures for collecting information about alleged abuse and neglect incidents and for responding to reports. It requires the Hotline to be staffed adequately with priority in staffing going to individuals who have at least three years of experience in abuse and neglect investigations.

Statutory Changes Required: Under the consent decree reports of abuse that do not involve members of the child's family do not have to be referred for immediate action. (This appears to follow current DCYS policy.) But the statutes require people to report abuse to DCYS that is "inflicted...by a person given access" to a child by a parent. This apparent discrepancy may need clarification (CGS Sec. 17-38a(b)).

The decree also requires the hotline investigator to record information relating to the caller. The statutes do not now require this information in child abuse reports (see CGS Sec. 17-38a(c)).

Cost Increases: Negligible. DCYS currently operates a child abuse hotline. To the extent the consent decree requires more experienced staff working it or more intensive record keeping, costs will increase.

XII. CHILD PROTECTIVE SERVICES--INTAKE AND INVESTIGATION

Summary: The decree calls for DCYS to establish guidelines for uniform intake and investigation of child abuse and neglect reports in all regions. It must also provide services to enable children to stay with their families when reasonable or return to them when feasible. The latter policy reiterates existing DCYS policy.

The decree sets out time limits for making decisions about abuse reports: a decision on whether a case is or is not substantiated must be made within 30 to 45 days of receiving a report (the current DCYS standard is 45 days); a decision on whether court intervention is necessary must be made within 90 days; and case supervision by the intake unit can last only 180 days before transfer to a treatment unit. The decree also requires DCYS to report to the person who reported the abuse within five days of deciding whether or not a case is substantiated and referred for services.

The Monitoring Panel will promulgate uniform procedures for ranking abuse and neglect reports, standardized protocols for interviews, and uniform criteria for determining if abuse is substantiated.

The decree requires DCYS to develop or contract for "all reasonable and necessary services" to prevent placement outside the home and aid in family preservation. DCYS must make reasonable efforts to provide the service in time to permit the child to remain at home. The department must establish a pilot discretionary fund that social workers can use when no other resources are available. The fund can be used for such items as rent or security deposits or to buy food and clothing. If an evaluation proves it effective and cost-efficient it is to be established statewide.

If a hospital or medical provider considers a newborn to be at-risk (e.g., a serious medical problem, the mother's condition or behavior), the decree requires DCYS to investigate immediately. If the baby is released home, a social worker, with parental permission, must maintain close contact (e.g., twice weekly visits for four weeks). DCYS must establish uniform guidelines to handle these cases.

Statutory Changes Required: Current statutes do not contain time periods for investigations or treatment decisions, and they do not require DCYS to notify the party that reported the alleged abuse about the results of its investigation. Both provisions may need to be added. The pilot discretionary fund needs legislative authorization. Definitions of "abused" and "neglected" in CGS secs. 17-38a and 38b and sec. 46b-120 may need to be changed to reflect the decree's inclusion of "at-risk newborns."

Cost Increases: The pilot discretionary fund will require an unspecified appropriation, which could grow if the fund is made permanent statewide. Requiring case disposition within time periods that are narrower than current practice and will require the addition of an unknown number of staff. Developing or contracting for services to keep children in their homes could require additional funding.

XIII. VOLUNTARY SERVICE UNITS

Summary: The decree establishes a pilot voluntary service program for providing information, advice, limited case management, and service access to people referred from hotline operators, youths who are emancipated less than one year or who are "transitioning" to independence, families with minor children who are "at-risk" of abuse or neglect, adoptive parents of children who need specialized services, and children referred from the noncommitted treatment

program. These services are apparently to be provided by volunteers under the supervision of DCYS staff or an agency with which DCYS contracts.

Statutory Change Required: The pilot program should probably be authorized in statute.

Increased Cost: While the program apparently involves volunteer service providers, DCYS must provide supervision and training either directly or through contracting with another agency.

XIV. TREATMENT UNITS

Treatment: Transfer and Assignment

Summary: The consent decree establishes specific time frames and requirements for cases that are accepted by the department for service and transferred to treatment units. Cases must be transferred to treatment within 48 hours of intake approval and assigned to a treatment worker within 72 hours after transfer.

Statutory Changes Required: None

Cost Increases: Not determinable. The change, in conjunction with caseload changes, will require additional staff since it mandates specific actions within specific deadlines.

Treatment: Plans in General

Summary: The consent decree requires planning conferences and development of preliminary treatment plans to gather information about children coming from intake. Follow-up permanent treatment plans are also required. The decree includes specific time frames for the conference, preliminary plan, permanent plan, and implementation.

The decree also lists many of the specific things that must be in the treatment plans including such things as goals, resources, timetables, responsibilities of the various parties, services to be provided, and visitation. All treatment plans must have a health plan component and the consent decree contains specific requirements for plan components in appropriate cases needing mental health or substance abuse treatment and for independent living planning arrangements for children 16 or older. Changes or deviations from the plan must be documented and all participants must sign the plan.

Statutory Changes Required: None

Cost Increases: Not determinable. The department currently has a treatment plan requirement that is supposed to be done during intake. The Legislative Program Review and Investigations Committee report found that the plans were not always done. The consent decree also requires many specific things to be in the plans which are not included now, so it would be expected that more time will be required for workers to produce these plans.

Treatment: Case Management and Supervision

Summary: The consent decree mandates a number of specific case management procedures including personal contact by the treatment worker 24 to 48 hours after an out-of-home placement and for alternating personal and phone weekly contacts thereafter and a weekly assessment of implementation of the treatment plan. Children remaining in their own homes must be seen in person weekly for 30 days and then contacted alternating in-person and by telephone. These children must be seen alone. A special discretionary fund must be created to meet the emergency needs of a child in foster care and, except in an emergency, a foster child who has been in a home for one year cannot be removed without the foster parents being notified of their right to a removal hearing. An alleged child abuse report concerning a child in a foster home or residential setting must be processed immediately. There are special procedures to be used for children who have been moved to different foster homes due to behavior problems and for those with a mental health treatment plan who are in residential care or in-patient psychiatric treatment.

The consent decree prohibits terminating services to a child remaining at home unless a risk assessment protocol shows that the risk has been reduced so the child can remain at home without departmental supervision.

Treatment unit supervisors must meet with social workers individually weekly for one hour to discuss cases. Supervisors must meet with their unit's mental health expert weekly for 90 minutes to discuss selected cases.

Statutory Changes Required: None

Cost Increases: Not determinable. The Program Review study found that the existing case management system is burdened with excessive and unnecessary paperwork. If this were eliminated it might reduce the cost of meeting the new case management requirements. But these requirements are extensive in terms of staff time, so they will probably represent a substantial increase in costs.

Treatment: Manual and Personnel

Summary: The monitoring panel must promulgate and distribute a treatment unit manual within a reasonable time and workers and supervisors must have the qualifications, experience and training specified in the manual.

Statutory Changes Required: None

Cost Increases: Not determinable. The manual could be developed by central staff and there will be printing and distribution costs but they will likely not be extensive.

XV. FAMILY TRAINING AND SUPPORT UNIT

Summary: DCYS, under the direction and approval of the Monitoring Panel, must develop and implement a family training and support unit in each region. The unit will be coordinated by and receive direction from a statewide director and will be responsible for foster and adoptive home surveys, recruitments, orientations, screening, pre-licensing training, home studies, and licensing for foster and adoptive homes.

Statutory Changes Required: None

Cost Increases: There is the potential for a significant cost increase. DCYS must have a statewide director and additional staff and provide services not currently provided. It also may have to upgrade its computer capabilities to establish the foster care vacancy list information required by the decree. Another significant cost increase will result from requiring foster parents to be reimbursed at 100% or more of USDA rates. The current reimbursement is at around 70% of the USDA rates. Even without an increase in caseload this change alone may cost over \$5 million a year, according to the Office of Fiscal Analysis.

XVI. ADOPTION

Summary: The DCYS Monitoring Panel will promulgate and distribute an adoption manual. The manual will prescribe timetables, criteria, and procedures concerning DCYS workers' duties with respect to voluntary and involuntary termination of parental rights and post-adoption services and programs. At least one adoption resource exchange worker must be assigned full-time to each regional office to ensure that children are registered in a timely manner and involved in adoption efforts. Adoption specialists must be assigned

in the regional offices in sufficient numbers to meet the caseload requirements and must be specially trained and prepared in adoption duties.

Statutory Changes Required: None

Cost Increases: This will probably require hiring additional employees. The precise number of new employees will ultimately depend on the timetables, criteria, and procedures established by the panel.

XVII. REGIONAL RESOURCE GROUPS

Summary: DCYS, under the direction and approval of the Monitoring Panel, must establish a regional resource group in each DCYS region. Each group must consist of, at a minimum: a psychiatric social worker, a nurse practitioner, a registered nurse, a certified substance abuse counselor, and, if possible, an assistant attorney general. Personnel in the group cannot carry a caseload. Each resource group would have 13 specified duties including such things as:

1. evaluating the degree of risk to a child and recommending whether immediate intervention is needed to safeguard a child;
2. providing expertise in child development; child behavioral management; mental health assessment; HIV infection; AIDS; spend education; and other areas set forth in the resource group manual prepared by the panel;
3. participate in case reviews and training; and
4. maintaining and updating the computer resource directory.

Statutory Changes Required: None

Cost Increases: This section may result in increased costs for additional staff and increased salaries. It ultimately will depend on staffing levels and qualifications established by the panel.

XVIII. CONSULTANTS

Summary: DCYS must contract with professionals in each region to: (a) participate in case consultations, case assessments, and group conferences concerning a child's medical or mental health; (b) recommend or undertake assessment programs; (c) provide clinical assessments; and (d) perform other duties as designated in the community

consultants manual prepared by the Monitoring Panel. The community consultants must include a board certified pediatrician, psychologists, and child psychiatrists. DCYS must also contract with language consultants who can attend and translate at meetings and translate forms and letters.

Statutory Changes Required: None

Cost Increases: It is not clear whether the consent decree requires new expenditures in this area.

XIX. ADMINISTRATIVE CASE REVIEW

Summary: DCYS must have a sufficient number of qualified workers in the Quality Assurance Unit to ensure that cases are thoroughly reviewed every six months. Case reviews must be conducted by a quality assurance reviewer, the social worker in charge, and at least one of a list of people specified by the consent decree. At least two weeks prior to review, the social worker must prepare and submit a case review summary sheet for those who will conduct the review.

Statutory Changes Required: None

Cost Increases: There may be a cost increase for additional staff, but it is hard to determine at this point.

XX. AFTERCARE SERVICES

Summary: The purpose of aftercare services is to monitor the child's welfare in the home and to provide support so the child will not have to be removed from the home again. It is mandatory for all children who were in out-of-home placement. It lasts from four to nine months. The Monitoring Panel must develop and disseminate an aftercare manual.

Statutory Changes Required: None

Cost Increases: Additional staff may be needed to provide the services that are mandated.

XXI. REGIONAL SERVICES

Summary: The Monitoring Panel must write a master plan for the prompt implementation of required regional services. The bed capacity at Altobello and Riverview must remain at no less than 50, and there must be a certified substance abuse coordinator for programs at Altobello or Housatonic. The

State Receiving Home and High Meadows must have the capacity to develop multi-disciplinary assessments and treatment plans within six weeks of a request.

Statutory Changes Required: None

Cost Increases: Additional staff may be needed.

XXII. PAPERWORK, INFORMATION MANAGEMENT, AND TECHNOLOGY

Summary: The department must form a committee with an aim toward reducing paperwork and creating more useful forms and report formats. It must also assess computer needs. The committee may include independent consultants. The single statewide computer system must have specified capacities.

Statutory Change Required: None

Cost Increases: New duties for existing staff (up to half-time for six months) may create staff shortages elsewhere, thus incurring possible costs for more staff, as may hiring consultants. The specific computer capacity requirements may create new costs.

XXIII. PROBATE COURT ORDERED STUDIES

Summary: The department must find ways, and staff, to complete probate court studies within the time required by state law. It must find a way to eliminate the existing backlog of probate court studies within 18 months. This could include contracting out, if necessary.

Statutory Changes Required: None

Cost Increases: It probably will require additional staff and thus increase costs.

XXIV. FUNDING

The consent decree requires the state to pay for all the consent decree mandates.

XXV. DCYS MONITORING PANEL

Summary: The Mediation Panel is to become the Monitoring Panel, with the judge serving as chairman. The Monitoring Panel is to determine, promulgate, or approve the policies, standards, procedures, programs, manuals, and staffing needed to comply with the consent decree and implement its mandates. It is to establish funding amounts

needed. It may take whatever action necessary to effect compliance, including judicial process. All matters relating to interpretation of the consent decree must first be submitted to the Panel, and any unanimous decision cannot be appealed. Non-unanimous decisions are to be adjudicated by the trial judge. The panel may incur costs to perform its duties, including renting space, buying equipment, hiring consultants, and paying nonjudicial panel members.

Statutory Change Required: None

Costs Incurred: The decree requires the state to pay the panel's costs and fees.