



**DEPARTMENT of CHILDREN and FAMILIES**  
*Making a Difference for Children, Families and Communities*



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## **MEMO**

**TO:** Members, Select Committee on Children  
Members, Human Services Committee  
Senator Edith Prague  
Representative Gail Hamm

**FR:** Government Affairs Office, Department of Children and Families

**DATE:** December 18, 2008

**RE:** Follow-up Responses

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Attached are further responses to recent requests made by various legislators at the last legislative hearing regarding the work of the Department of Children and Families (DCF). The first item is an overview of DCF's licensing functions. We would like to note that not included in this summary is the licensing work conducted by DCF for foster and adoptive families. The primary requester of this information made clear that he was not considering this licensing work in the same context as all other program licenses.

Second, are case summaries of the anecdotes provided by the Office of the Child Advocate (OCA) in their November 13, 2008 testimony. You will note that we maintained the pseudo names utilized by the OCA. We also wish to note that while case specific analysis is both appropriate and instructive, these case examples also point out the number of decisions that get made in a case, the number of parties and decision-makers that are necessarily involved, and the complex nature of the needs of those we serve and their families.

Finally, attached are the class specifications for DCF Social Worker Trainees, Supervisors, Program Supervisor and Program Directors. Our last response to you included the Social Worker and Case Aide positions. While this submission to you is directly responsive to a request, we anticipate that there may be additional questions or a need for contextualizing the class specifications. If this is accurate, please call upon me.

In closing, we appreciate this opportunity to respond and for our on-going dialogue about the Department and its work. Thank you.

**DCF LICENSING OVERVIEW**  
**DECEMBER 2008**

**OVERVIEW**

The Department of Children and Families (DCF) has established a Licensing Unit that is responsible for determining compliance with state and federal regulations and local laws and ordinances, through the inspection and evaluation of in-state programs. These programs fall into one of the following categories of licenses:

- 1) Child Care Facilities--means a congregate residential setting for the out-of-home placement of children or youth under eighteen years of age, licensed by the department of children and families. (e.g. Residential Treatment, Residential Education, Temporary Shelters, Group Homes, and Safe Homes);
- 2) Child Placing Agencies (Private Adoption and Foster Care)-- means an agency, association, corporation, institution, society, or other public or private organization licensed by the department to approve foster or prospective adoptive families and to place a child into an approved foster or prospective adoptive family.
- 3) Extended Day Treatment Programs--means a supplementary care community-based program providing a comprehensive multidisciplinary approach to treatment and rehabilitation of emotionally disturbed, mentally ill, behaviorally disordered or multiply handicapped children and youth during the hours immediately before and after school.
- 4) Out-patient Psychiatric Clinics for Children--means a community-based children's mental health facility which provides mental health services to children and adolescents under eighteen years of age and their families.
- 5) 5) Permanent Family Residences--means two adult persons, or upon the approval of the Commissioner one adult person, agency, association, corporation, institution, society, or other organization licensed by the Department to provide permanent care to handicapped children in a home environment and family setting.

The Licensing Unit also approves out of state child placing agencies for placement of children with Connecticut families through DCF's Interstate Compact Unit.

The Licensing Unit accepts and evaluates applications for renewal and initial licensure; conducts scheduled and unscheduled site inspections to assess for safety and for the quality of care provided to children; generates written reports, approves and monitors plans of correction and recommends the issuance of licenses or licensing actions up to and including the suspension and revocation of licenses. The Licensing Unit provides technical assistance and regulatory consultation to other Department sections and divisions, current licensees, applicants for DCF licensure, and the public at large.

## LICENSED SERVICE TYPES

On December 1, 2008 there were a total of 260 licensed programs across all categories of licenses as follows:

<u>License Category</u>	<u># of Licenses</u>	<u># of Beds/Slots</u>
Child Caring Facility	132	1862
Safe Homes:	14	175
Shelters/STAR:	17	140
Residential Treatment Programs	18	487
Residential Education Programs	4	380
Sub-acute Programs:	4	60
Residential Substance Abuse Programs:	2	108
Sub-acute Shelter:	1	17
Group Homes:	70	435
Group Home--Maternity Homes:	2	46
Child Placing Agencies	44	NA
Extended Day Treatment Programs	25	503
Outpatient Child Clinics	55	NA
Permanent Family Residences	4	8

It should be noted that Licensing is a ministerial function and the Department is required by statute to license all programs in which children receive board and care regardless of whether or not the listed capacity is open or available for DCF placement. For example, the Devereux in Washington, CT has a licensed bed capacity of 110 and the Department does not place children there; American School for the Deaf has a licensed bed capacity of 125, but we only use the 12 bed PACES program.

## LICENSING PROCEDURES

While each of the five (5) various licensing categories are governed by different regulations, there are consistencies across all types. Initial individuals requesting information regarding licensure are directed to the website where they will find information about the RFP process and the basis requirements for licensure. A technical assistance meeting is made available to all perspective licensees. The following documents must be brought to this technical assistance meeting:

- 1) program description;
- 2) staffing description including education and experience requirements;
- 3) sample budget, and;
- 4) description of property to be used.

### Pre-Licensing

The following pre-licensing requirements must be met for all licensed programs:

- Each program must have a comprehensive policy manual, a quality assurance plan, and a training plan for staff.
- Providers must supply copies of health and fire approvals, certificates of occupancy, building permits, proof of zoning approvals, and proof of insurance. Along with health and fire approvals, a floor plan must be included for each building in use.
- For all child caring facilities, a plan for the education of children must be included. This plan must include an educational setting that is approved by the State Department of Education.
- A determination of fiscal viability is required ensuring that the applicant is able to function for a minimum of four (4) months. If the applicant has entered into a contract with DCF or other government entity, a copy of the contract is required to verify fiscal viability.
- The physical plant review should include a building that is completely furnished and ready to open before an initial license can be issued. The behavioral, developmental, and medical characteristics of the children to be served must be taken into account when determining the adequacy and safety of the physical plant.
- The exterior of the general physical plant must be maintained in a manner that is safe and free of rubbish and excess debris including construction materials. The program must have a plan for the maintenance of the yard and the exterior of the building and any materials use for maintenance of the yard must be secured properly. Outdoor recreational equipment, or toys must be properly maintained and stored. The exterior of the building must be painted or have siding that's intact and in good condition. Gutters and roofing must be intact and free from damage so as to ensure proper drainage of water and windows used for ventilation must be screened. Staff and visitor vehicles must be parked in a manner that does not create a potential safety hazard for residents
- Personal hygiene supplies must include towels, wash cloths, shampoo, tooth paste, combs, deodorant, hygiene products specific to the racial and ethnic needs of youth must all be provided.
- There must be sufficient recreational equipment such as televisions, games, books, computers, arts and crafts supplies, athletic equipment, etc. that are age appropriate and of the appropriate developmental level. All recreational equipment must be maintained in proper working order and safely stored.

- Personnel Files: The personnel files of all staff must be reviewed. The files must contain all required contents including background checks and credentialing.
- The facility/program must have sufficient medication administration certified staff in order to ensure that all medication administration times are covered. If the facility does not have a medication certified staff member on site, then the facility must have a plan to ensure that a medication certified staff member is on-call and can arrive at the program to administer medications as needed. Facility must ensure that each shift has at least two staff on duty who are trained in physical restraint, and at least one who is trained in CPR.

#### License Issuance Decision Phase

- If the applicant has demonstrated compliance with all of the above listed requirements, an initial license may be issued. All initial licenses, except for Out Patient child Clinics, are provisional licenses. For Child Caring Facilities, the initial provisional license will be for a licensed bed capacity that is below the intended full capacity for the program. For example a 6-bed group home may be licensed initially for 2 or 3 residents. LBC will be increased after a period of satisfactory performance. All new programs must submit a plan for how they will bring new children into the program and how they will staff the program accordingly. The implementation plan must be accepted by Licensing.
- In order to assess the program's readiness to increase the capacity, the assigned licensing staff member must visit the program, and should take several factors into consideration including staff turnover, safety and physical plant issues, adequacy of safety measures and record-keeping, and several program provision and elements, among others.

#### Compliance Monitoring Phase

- On at least a quarterly basis each licensing staff member must visit their assigned child caring facilities and child placing agencies. During each visit the licensing staff member should review the following:

##### For Child Caring Facilities:

1. Condition of the physical plant
2. Status of program staffing
3. Updates from the program management
4. Status of outstanding corrective actions based on the previous site visit
5. Number of residents in the program
6. Information received regarding complaints or concerns

##### For Child Placing Agencies:

1. Review of recently approved families' files
2. Review of children's case records
3. Status of staff turnover
4. Status of physical plant

- Licensing staff members must document any visit to a licensed facility or program, ex. Meetings, technical assistance, etc. The visit must be documented on the Field Visit Reporting form.
- Complaints, Hotline Reports, and Significant Event Incidents: Licensing may conduct a follow-up visit whenever any of the above reports indicate that regulatory non-compliance may have occurred. Any visit which involves a Hotline investigation must be coordinated with the Hotline worker so as not to interfere with or contaminate the investigation process. Examples of conditions which may warrant a follow-up visit(s) include staffing and physical plant issues, resident anti-social behaviors, incident patterns, medication administration errors, or serious staff misconduct, among other issues and concerns.

**DCF's Review and Summary**  
**Case Specific Examples**

**RE: Office of Child Advocate's Testimony--November 13, 2008**

**1) The Story of "Daniel"**

**OCA's Testimony Summary:**

DCF did not accept a report on a child who was exhibiting delinquency issues at the time of the call to its Hotline. OCA testified that they intervened and reversed the decision which would have ended DCF's involvement in the matter and that no investigation or action on behalf of the child would occur. Further, according to the OCA testimony, DCF closed the case in July 2008 indicating that the mother had been cooperative with services and Daniel was refusing services. OCA noted that two days after the closing, DCF received a report that Daniel was passed out in the town center and that DCF did not accept the report, except only after OCA intervened. Finally, OCA indicated that DCF was planning to close the case again and that they were currently aggressively advocating for DCF to provide Daniel with services necessary to address a... "long life of neglect, exposure to violence, and the resulting self-destructive behaviors that he engages in."

**Review provided the following facts:**

This family has a history with DCF dating back to early 1990s due to concerns regarding sexual abuse, domestic violence, substance abuse, and the physical and educational neglect of the children. Daniel's father has a significant history of alcohol abuse and in the late 1990's sexually abused Daniel's older half-sibling. Throughout DCF involvement with this family, there have been multiple concerns regarding Daniel possibly being a victim of sexual abuse as well; however, Daniel has consistently denied any sexual abuse by his Father or any other individual.

In June 07, a Petition of Neglect was filed by DCF on behalf of Daniel and his brother. In November, the court placed the two brothers under six months of Protective Supervision, which was scheduled to expire in early May 08. In March, per the Department's recommendation, the Court granted an extension of the Protective Supervision on behalf of Daniel, age 14, for a period of an additional six months, and ended the Protective Supervision on behalf of his brother on that date as he had turned 17 years old and was refusing DCF services. In July 08, the Superior Court ended Protective Supervision on behalf of Daniel.

Due to Daniel's out of control and delinquent behaviors, he was also previously involved with Juvenile Probation. During previous DCF involvement, Daniel consistently refused residential treatment services and was minimally engaged with in-home services. Despite Daniel's refusal to accept residential treatment services, the Department sought, and identified, a residential treatment placement for him, but again, he refused to accept this placement.

During multiple Child Protection and Juvenile Probation proceedings, the Department strongly recommended that the court order Daniel into a residential treatment program to

address his substance abuse issues. Despite these recommendations, the court chose not to enter such an order and in August 08 the case was closed.

In late October 08, the Department received a report alleging sexual abuse and physical neglect of Daniel. It was reported that Daniel was found unresponsive at a local pizza parlor. Further, it was reported that Daniel tested positive for marijuana, PCP and had a blood alcohol level of .21 at the time of his admission to the Emergency Room (ER). Daniel was also described as being violent at the hospital and that he had to be restrained.

On the same day as the report, the case was assigned and contact was made on the same day to the ER. It was reported to DCF that the Hospital was in the process of locating a psychiatric bed for Daniel as he met criteria for an acute hospitalization, and that he would remain hospitalized in the ER until a psychiatric bed for him was identified.

5 days later DCF met with Mother and Daniel. Mother continued to express her frustration with Daniel's out of control behaviors and continued substance abuse. Daniel continued to minimize his substance abuse issues and continued to refuse services from the Department.

During Daniel's ER hospitalization, the Department was in daily contact with ER staff and Value Options, the Department's behavioral health managed care organization (aka Behavioral Health Partnership). The Department assisted the Hospital with ensuring all necessary clinical documentation on behalf of Daniel was forwarded to Value Options in a timely manner. Further, the Department was able to secure a psychiatric bed for Daniel at Riverview Hospital; however, authorization for his hospitalization into Riverview Hospital was not authorized by Value Options as he did not meet that level of care criteria.

In the middle of November, Daniel was discharged from the Hospital to his Mother's care as he no longer met criteria for acute hospitalization according to the Hospital. Mother had previously filed with the Probate Court the application for commitment of a mentally ill child to try to ensure Daniel's continued psychiatric hospitalization and treatment. Upon discharge she withdrew the application. On this date, DCF conducted a home visit and met with Mother and Daniel. A Service Agreement was completed between Mother, Daniel, and the Department to ensure his safety and well-being through out the weekend.

Due to concerns regarding Daniel's return home, the Department made attempts to visit him over the weekend in order to assess his safety and well-being. DCF made two home visits over the weekend and DCF attended an intake for Emergency Mobile Psychiatric Services (EMPS) services on behalf of Daniel. During this intake, Daniel continued to resist services and continues to be beyond his Mother's parental control.

DCF is currently seeking approval for placement in a Substance Abuse treatment center. Due to his unmet needs and Mother's inability to ensure his safety in her care, the Department filed a neglect petition with the Superior Court for Juvenile Matters and the case is opened for on-going services. Counseling services have been engaged and EMPS continues to remain involved.



## **2) The Story of "Josh"**

### **OCA's Testimony Summary:**

Case history documents a series of unsuccessful home and community based services, and according to OCA... "[n]one of these services focused specifically on Josh's trauma history and attachment issues". Further, they claimed that while DCF noted in the record that family stress was observed during recent visits, case closure is being pursued because there is "nothing more DCF can do". OCA also testified that if the family asks DCF to remove Josh from their home, DCF plans to consider placement at a large residential program that serves delinquent youth without the trauma-based mental health services Josh needs.

### **Review provided the following facts:**

Josh is a 16 year old youth who was adopted at the age of about five. His biological sister was adopted at the same time. Josh was diagnosed with Reactive Attachment Disorder (RAD) and was involved with the Department in 2003 for six months of protective service concerns. The family has been continuously involved with Voluntary Services Program since October 2004.

Since the family has been serviced through Voluntary Services, they have received an extensive array of services. These have included in-home treatment, many hours of respite and mentoring, financial assistance to fund treatment at both the Attachment Institute and Bunk & Gruenberg who have expertise in RAD treatment, and funding for the DCF Wilderness School. All of these services, except for the in-home services were funded through DCF Flex Funds. In addition, the team assigned to this case helped the family advocate with the DCF adoption subsidy unit for an increased rate for the subsidy as well as funding for 15 hours per week of mentoring services. The family has also accessed other post adoption services available in the community.

In December of 2006, at the height of Josh's acting out behaviors in the home, residential placement was sought. A placement was offered to the family at the Connecticut Junior Republic. The parents chose not to proceed with the placement. The parents also filed a Family with Service Needs in Juvenile Court this past summer and a probation officer was assigned. Through this process, a two week respite for Josh was also offered and declined by the parents.

In November, a meeting was held with the family to discuss with them what they wanted for their family. In addition to both parents, in attendance were DCF officials, staff from the OCA, and a school psychologist among others. Mother and Father discussed the impact Josh has had on their life since his adoption. They discussed their feelings about him and mother acknowledged that she has no empathy for him and stated, "I wouldn't miss him if he was gone." She also acknowledged she does not have the desire to follow the treatment recommendations she has received from his clinical providers. Father has also acknowledged he doesn't love Josh but feels responsible for him. Both parents stated they want him out of their home.

It was reviewed with the parents that at this time, his clinical needs can be met through outpatient treatment. The parents were informed, however, that, if they wanted, the department could file Uncared for petitions thereby taking over legal responsibility for Josh if the court so ordered. The mother expressed a desire to have ongoing contact with Josh. Everyone stressed the need for continued contact with Josh's sister. Since the parents were extremely interested in this approach, they were encouraged to think about any questions they might have about this process and encouraged to return at another time and meet with DCF to get more information and answer any questions they might have.

Subsequently, a meeting was held with the family. The parents were provided an overview of what the Uncared for petitions entailed as well as the general legal process involved. The parents were in agreement that Josh is not in need of a residential placement. An overview of placement options such as foster care, therapeutic foster care, and group homes was provided. In addition, a review of the Adolescent Services that would be available to Josh was also done.

The parents were clear that they are not seeking Termination of Parental Rights. They clearly stated they had made up their minds and wanted DCF to proceed with filing the petitions. All were in agreement that ongoing contact with Josh and his sister would be important. The parents were encouraged to maintain ongoing contact with Josh and that they would be included in the treatment planning and educational planning as well. The parents were encouraged to involve his sister in treatment to provide her with support during the process. It was also agreed that Josh's clinician would be engaged in the planning process of how and when to tell Josh. The family was advised that their adoption subsidy for Josh would be terminated upon commitment.

At the end of the meeting, the family again confirmed that they wanted the department to pursue commitment of Josh. The Department is not pursuing case closure and there is no plan to place Josh at a large residential program as described in the OCA testimony.

### **3) The Story of "Ashley"**

#### **OCA Testimony Summary:**

After experiencing 8 different placements, 15 year-old Ashley is now a sophomore in the public school in the town where her residential treatment program is located. She is doing well in school, has friends and is engaged in treatment. OCA testified that DCF has told Ashley that she... "must go to a different treatment setting for a few months or so". Further they stated that Ashley wants to stay at her school, get a permanent family and in her own words, be a "normal kid". OCA stated that DCF's planned move is disruptive and inconsistent with her desires. Further, OCA reports that DCF has determined that Ashley will never have a permanent family.

#### **Review provided the following facts:**

This family has an extensive history with the DCF dating back to 1987 due to issues surrounding severe physical abuse, possible ritualistic occult related abuse, sexual abuse, severe emotional neglect and severe psychiatric issues. The Department and Superior Court for Juvenile Matters have had previous involvement with the birth mother regarding the adult siblings of Ashley. The two most recent referrals to the Department were as follows: the first alleged that the stepfather attempted to murder birth father and the second alleges that stepfather fondled both Ashley and her brother Timothy. Birth mother was unwilling to keep stepfather from the premises. These referrals occurred in 2003 and 2004.

Ashley's placement history includes four placements, which include two foster home placements and two facility placements, prior to her placement at a pre-adoptive foster home. Ashley remained placed in this foster home placement with her pre-adoptive foster parent from May 06 until January 08.

In early January 08, Ashley was transported to CT Children's Medical Center for evaluation after she exhibited unsafe behaviors. Ashley was admitted into the Institute of Living (IOL). It was during this assessment that the Department learned that Ashley was maintaining unsupervised and unapproved contact with her birth mother who continued to advise her that she should not agree to be adopted. While hospitalized, Ashley admitted that that she initiated contact with her birth mother in late November 2007 and acknowledged that she had frequent contact with her and also met with her in person on several occasions.

The Department began consulting with the Attorney General's Office regarding initiating a restraining order preventing birth mother from having contact with Ashley. The therapist at IOL indicated on-going concerns that birth mother continued to attempt to gain access to Ashley while hospitalized, which prevented Ashley from actively engaging in the treatment at the hospital. Ashley became focused solely on having contact with her mother.

Specifically, birth mother attempted to sneak in letters to Ashley, as well as a cell phone, she was frequently found outside of the hospital, where Ashley could see her out of her bedroom window. She directly contacted the hospital in an attempt to obtain information

but was informed that she could not be provided with information, could not have contact with Ashley and could not see her. The Department had concerns (as well as the attorneys involved in the case) given birth mother's continued attempts to have contact with Ashley while she was hospitalized at the IOL, especially in light of the fact that the mother was being questioned in the deaths of two of her previous husbands. The clinical staff believed that contact was not in Ashley's best interest and a restraining order was pursued.

The therapist at the IOL continued to attempt to facilitate a return home to the pre-adoptive home with Ashley, however during sessions Ashley was either withdrawn or minimally communicative or provocative and challenging. She was unable to demonstrate a willingness to work on reestablishing trust within the relationship with the pre-adoptive foster mother. On or about January 18, 2008, Ashley began disclosing homicidal ideation and intent towards her pre-adoptive foster mother (including threatening to slash her throat). Ashley indicated that she was unsure if she could control her urges to act on these thoughts.

Later in January, Ashley's pre-adoptive foster mother reported that she no longer felt comfortable taking her back into her home. The treatment team at IOL indicated that: "Because of the disruption in her pre-adoptive foster home placement for legitimate safety reasons, it is the opinion of this treatment team that Ashley will not be successful or safe within any foster home setting." The team indicated that they believed that by placing Ashley into a foster home would place her as well as the family at risk. They further reported that: "...because Ashley has a strong allegiance to her biological family, she may find a foster family threatening and therefore sabotage a foster home placement". The treatment recommendation was for residential placement.

Also in January, The DCF social worker presented Ashley at a provider team meeting and there was no identified foster parent placement resource as they were concerned about their well being given that she had made homicidal statements to her pre-adoptive foster mother whom she had a long term relationship with.

In February 08, in consultation with the Attorney General's Office, the DCF social worker indicated that she believed that the DCF Area Office should change the permanency goal from adoption to Another Planned Permanent Living Arrangement (APPLA), as the DCF Area Office had no current identified adoptive resource for Ashley. The DCF Area Office changed the permanency plan to APPLA only after a Permanency Planning Team (PPT) reviewed the case. A PPT is required to approve an APPLA designation and approval of the plan of APPLA with the concurrent plan of Adoption was made in March 08. Ashley's attorney was in agreement with this plan. This is also reflected in papers filed with the Superior Court for Juvenile Matters that is required to review and approve all permanency plans for youth in foster care.

Also in March 08, the family court granted a restraining order against birth mother for six months. Despite this, both Ashley and her mother have maintained some contact unsupervised and unapproved while she was placed at a DCF facility. Mother was contacting Ashley's peers in order to facilitate contact between them. This included letters, phone calls, etc. This unsupervised/unapproved contact resulted in one incident

where birth mother went to a home of Ashley's peer and threatened the mother. This mother would not make a report to the police due to fear that Ashley's birth mother would follow through with her threat.

Back in late January, the DCF Area Office submitted a request for residential placement. A match was made to a DCF facility and a few weeks later and Ashley was placed for treatment. In May 08 an updated assessment was completed requesting a Level II therapeutic group home. Value Options determined that Ashley met the level of care criteria though the initial match fell through. In August 08, a second request was made and she was matched to a therapeutic group home.

In May 08, the medical director at the DCF facility assessed that Ashley was in fact extremely depressed, and continued to require residential level of care, if not hospitalization. The decision was made for Ashley to remain at the residential facility until September 08. The plan was to have her therapist conduct clinical work to develop Ashley's understanding that she would not be returning to her birth home. Secondly, the DCF Area Office would attempt to pursue permitted five minute phone calls with birth mother (completed during therapy sessions) in order for Ashley to recognize that her birth mother was doing fine.

The child's guardian ad litem advised that should the Department attempt to initiate contact between Ashley and her birth mother, he would file a motion in court to prevent this from occurring.

Between September and October 08, transition planning began regarding Ashley including attending a pre-placement interview at the group home, a scheduled tour of the facility, and subsequent pre-placement visits which occurred gradually from four hours to day long and then overnight visitation. A discharge date was scheduled for early November 08 following a DCF Area Office meeting, which included the OCA, at which Ashley's concerns regarding her freedom when placed at the group home was discussed. The Department believed freedom was important to her as she was hoping to continue to maintain contact with her birth mother.

Since being placed, Ashley has consistently reached out for contact with her birth mother, frequently utilizing peers to contact mother via phone and sending letter's back and forth between them. The group home prepared in writing the following to address Ashley's concerns:

"According to the phases we have set up for clients to progress through our program, clients do have the ability to earn time alone in the community. After they have demonstrated the ability to remain safe and have made a commitment to engage in therapy, clients have the ability to be unsupervised in the community, allowing them further independence. The amount of time earned will begin with one hour. Ashley will be attending public school while she is at the group home without staff supervision. Any extra curricular activities that she chooses to participate in would

also be unsupervised by staff. It has also been mentioned to Ashley that she may get a job within the community while at the group home in which staff will merely provide transportation for her. This will provide Ashley with many opportunities to exert her independence within the community, while also affording her the ability to receive continued treatment for her mental health."

Ashley's attorney filed an ex-parte motion preventing the placement, which was granted. The attorney filed this motion after meeting with Ashley in which she expressed that she did not want to be discharged. It was his belief that a longer transition should occur to get her comfortable with the facility.

At the scheduled court hearing a transition plan was implemented in which Ashley would be placed later in November 08. Transition visits were going relatively well and Ashley's attorney visited with her and she agreed to discharge. On the day she was to transition, Ashley refused to go with the assigned DCF social worker. Another placement date was scheduled, but again, Ashley refused to go to placement. She indicated at that time that she had decided that she wanted either a different level group home or a foster care setting. The DCF Area Office contacted the Attorney General's Office, as well as her attorney to advise them of the current situation. Both the attorney and the Guardian ad litem attempted to speak with Ashley to convince her go to placement, but she continued to refuse.

At this point, the Clinical director from the residential facility advised the DCF social worker that Ashley would need to be discharged as arrangements had been made for another child to enter placement in anticipation of Ashley's discharge, and the DCF Area Office would need to locate an emergency placement for her. Child's attorney filed an Ex Parte motion in court preventing the Department from moving Ashley. The DCF Area Office also contacted the group home and DCF Central Office who indicated that they would be willing to hold the bed and continue to engage Ashley in treatment for a time-limited period.

#### **4) The Story of "Vivian"**

##### **OCA's Testimony Summary:**

Vivian called upon the OCA after receiving an unfavorable hearing decision and was being discharged from DCF. OCA reported that in June, just after her 21<sup>st</sup> birthday, DCF terminated Vivian from DCF because they stated she had "failed to comply with the education policy". As a result, she lost her monthly stipend and as a result faced homelessness. OCA reported that DCF's record describes Vivian as an "angry child", but provides little reference to the losses and traumas she has experienced. OCA testified that Vivian told their office that she found the college courses challenging, since much of her high school educational programming was disrupted by placement changes and her courses in the treatment programs. Further, OCA testified that Vivian's inability to maintain her student status or full-time vocational program, she lost her ability to continue DCF services, concluding that: "At age 21, with significant mental health needs and few supports, Vivian is on her own."

##### **Review provided the following facts:**

Although Vivian has been involved with the department since the age of 2, she has had consistent social work assignments particularly throughout her adolescent years. Since the age of 15, Vivian has had two social workers, with her current worker being an Adolescent Specialist and having held the case for the past three years.

While in care, Vivian was provided an array of services to meet her needs in many different domains: mental health, educational, medical and vocational. Vivian was able to graduate from high school with a diploma. She was enrolled in the SAIL program to begin working on vocational issues. While there, she attended Job Corps and was able to receive a certification in Nursing Assistant (CNA). She later attended Tunxis Community College and attained six college credits and later transferred to Capital Community College where she was not as successful and dropped out. She is currently employed part-time as a receptionist at a local nursing home with the hopes of gaining full time employment with this organization. She has been in this status since April 2008 and does not seek employment elsewhere.

Vivian has been receiving clinical support services consisting of a case manager for 5 hours a week and an hour per week therapy session. She also has the support of a mentor. She was able to be evaluated by a psychologist recently and the outcome of the psychiatric evaluation was "generalized anxiety". Vivian had been referred to DMHAS but they could not accept her because she did not meet the criteria for admission into their young adult programs.

In the past, Vivian stated that she suffers from seizures and appeared at Emergency Departments with those symptoms. After a thorough evaluation, all examinations ruled out any seizure disorder and Vivian later admitted to "faking" the actions in order to gain attention. Numerous attempts have been made to have her complete scheduled neuropsychiatric exams, but she refuses. As a result of all the testing, there are no major mental illnesses that would qualify her for services from DMHAS or any mental retardation that would qualify her for services from DDS.

Vivian turned 21 years old in June 08 and in order to continue receiving housing support services from the DCF she needed to have accumulated a minimum of 24 credit hours from a college. Vivian has only 6 credits and withdrew from Capital College in March of 2008. This caused her to be ineligible to continue with the department and she was notified of DCF's plan to discharge her from care. At the time of notification, Vivian was residing in an apartment with a monthly rental amount of \$675 and was working part-time. The department issues Vivian a stipend of \$449 per month to cover living expenses and also pays the monthly rent. As a result of this decision, those supports will no longer be available to Vivian.

In addition to these financial supports, her DCF social worker has worked to connect Vivian with lifelong family ties. She currently has a very solid two year relationship with her boyfriend who is gainfully employed and lives with his mother. At various times, Vivian has been able to stay with them for support. Also, Vivian has been able to establish a supportive relationship with her biological father who lives in New Jersey, very supportive relatives who live in Rhode Island who wanted Vivian to move there several months ago; an older brother who she once lived with in her past; and continues to be in contact with her biological mother. Vivian has been able to get a drivers license and a vehicle for her transportation needs.

Vivian has several strengths and could be self sufficient, with the exception of full-time employment. Her DCF social worker and supervisor have regularly met with and encouraged Vivian to find full time employment utilizing her CNA license because they are in such high demand. She has chosen not to take advantage of this and after receiving the notice to discharge from care, decided to ask for a hearing to appeal the decision. The hearing was held in July 08 and a decision was rendered in September 08, upholding the department's actions to discharge her from DCF.

Given the legal criteria to continue in DCF care, there are no other valid options for Vivian within DCF after she turned 21 years of age and she, like other similarly-situated young adults, must rely on other financial and/or institutional supports available to adults in Connecticut outside of the DCF system. Financial supports end as of December 08; but DCF is looking into extending supports in order to gradually reduce them over a 90 day period.





## Class Specification

Classified/Non-Examined		
<b>Class Code</b>	<b>Pay Plan</b>	<b>Class Title</b>
7746	SH - 18	SOCIAL WORKER TRAINEE - SOCIAL AND HUMAN SERVICES

### PURPOSE OF CLASS:

In a state agency or institution this class is accountable for receiving intensive training in the provision of social case work services to individuals and families.

### SUPERVISION RECEIVED:

Works under the close supervision of a Social Worker or Social Work Supervisor; works more independently with acquired experience.

### EXAMPLES OF DUTIES:

Receives training in agency social work procedures, personnel policies, program guidelines and legal reporting requirements; receives training in and is given progressively complex assignments involving utilization of interviewing techniques required to assess client needs, elicit information and establish community referral sources; provides basic counseling services to a limited number of clients enrolled in departmental programs, inmates or patients in residence or families of clients receiving services; prepares initial treatment plans, psychosocial evaluation, case histories and other case records as components of a small assigned caseload; refers clients, patients and family members for community or social services, medical or psychological services or housing, financial and employment assistance; motivates clients to increase ability to understand and cope with problems, frustration and anxiety; performs a greater number of specific and complex social work duties and maintains a larger caseload as skills are acquired during training program; performs related duties as required.

### MINIMUM QUALIFICATIONS REQUIRED

#### KNOWLEDGE, SKILL AND ABILITY:

Knowledge of reciprocal relationship between individuals and their social, economic and cultural environment; basic knowledge of human social behavior; considerable interpersonal skills; oral and written communication skills; ability to relate to different cultural and economic backgrounds; ability to organize time, set priorities and manage workload.

#### EXPERIENCE AND TRAINING:

##### General Experience:

A Bachelor's or Master's degree in social work or a closely related field OR a Bachelor's degree and one (1) year of professional experience in self-directed use of case management techniques and counseling to sustain or restore client functioning.

##### NOTE:

1. Closely related fields are: applied sociology, child development, child welfare, clinical psychology, counseling, human development and family studies, human service, marriage and family therapy, nursing, social and/or human services, education and criminal justice.
2. DEPARTMENT OF CHILDREN AND FAMILIES: A degree in a closely related field is required.

##### SPECIAL REQUIREMENTS:

1. Candidates cannot be appointed until all degree requirements are completed.

2. COMMISSION ON THE DEAF AND HEARING IMPAIRED: Incumbents in this class must be able to communicate fluently in American Sign Language.
3. Incumbents in this class may be required to speak a foreign language.
4. Incumbents in this class may be required to travel.

**PROMOTION:**

COMMISSION ON THE DEAF AND HEARING IMPAIRED &  
DEPARTMENT OF SOCIAL SERVICES:

The training period may be one or two years depending on the Experience and Training requirements of the target class.

DEPARTMENT OF CHILDREN AND FAMILIES:

The training period shall be two years. Upon successful completion the incumbent shall be promoted to the target classification of Social Worker.

**TERM OF APPOINTMENT:**

Appointment to the positions in this class shall be for a period not to exceed six months past the required period of training for the target class unless there is a change in the employing agency or in the designated target class.

**SCHEDULE OF SALARIES**

COMMISSION ON THE DEAF AND HEARING IMPAIRED &  
DEPARTMENT OF SOCIAL SERVICES:

1. First Year of Training - SH 18 Step 1
2. Second Year of Training - SH 18 Step 4

DEPARTMENT OF CHILDREN AND FAMILIES:

1. Entry into classification through completion of four (4) months - SH 18 Step 1
2. Completion of four (4) months through the completion of one (1) year - SH 18 Step 4
3. Completion of one (1) year through the completion of a second year - SH 21 Step 1

This replaces the existing specification for the same class in the same Salary Group SH 18 approved effective October 13, 2006. (Revised to modify General Experience)

7746A 5/23/08 cm

CC	Final#	Occup. Group	Bargaining Unit	EEO	Eff. Date
7746	1358	(33)-Social Services	(12)-SOCIAL SERV (P-2)	(2)-Professional	May 23, 2008



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## Class Specification

Classified/Competitive		
<b>Class Code</b>	<b>Pay Plan</b>	<b>Class Title</b>
7761	SH - 26	SOCIAL WORKER SUPERVISOR

### PURPOSE OF CLASS:

In the Department of Children and Families this class is accountable for supervising social work staff in the provision of direct social case work services to clients and providing case work quality improvement for an assigned region through a process of administrative case supervision or Special Review Investigation.

In the Department of Social Services this class is accountable for supervising social work staff in the provision of direct social case work services to clients.

### SUPERVISION RECEIVED:

Receives general direction from an employee of higher grade.

### SUPERVISION EXERCISED:

Supervises professional, technical and clerical staff of a social work unit or program. In Administrative Case Supervision or Special Review Investigation provides functional supervision to Social Workers and Social Worker Supervisors.

### EXAMPLES OF DUTIES:

Schedules, assigns, oversees and reviews work of staff; provides staff training and assistance; conducts performance evaluations; determines priorities and plans unit work; establishes and maintains unit procedures; develops or makes recommendations on development of policies and standards; acts as liaison with other operating units, agencies and outside officials regarding unit policies and procedures; prepares reports and correspondence; performs related duties as required.

DEPARTMENT OF CHILDREN AND FAMILIES (ADMINISTRATIVE CASE SUPERVISION): Completes administrative case review to ensure treatment plan as developed by Social Worker and Social Worker Supervisor for each child and/or youth in placement is appropriate; completes Special Review Investigation on cases that have experienced serious injury or death of a client to ensure case management and/or treatment plans for child and/or family were appropriate; identifies best practice deficiencies and determines necessary corrective action; facilitates case planning process with involved parties on each reviewed case to develop case consensus regarding permanent plan; reviews and approves revisions to permanent plan for each child and/or youth to ensure conformance to decisions made during review; ensures corrective action taken by Social Worker and/or Social Worker Supervisor; ensures documentation of treatment plan meets all federal, state and departmental policy guidelines; provides leadership in encouraging parental participation; establishes specific timetables for action by case related professionals and parents; participates in formulating policy and regulations relating to work of unit; provides consultation to field staff in solution of problems.

### MINIMUM QUALIFICATIONS REQUIRED

#### KNOWLEDGE, SKILL AND ABILITY:

Considerable knowledge of relevant agency policies and procedures; considerable knowledge and understanding of case work principles, methods and techniques; considerable knowledge of factors which influence attitudes and behavior of individuals and families; knowledge of community resources (e.g. facilities serving social, mental health, medical, educational and legal needs, etc.) and services provided; knowledge of legal basis for departmental programs and requirements; considerable interpersonal skills; considerable oral and written communication skills; ability to interpret complex written material; supervisory ability.

**EXPERIENCE AND TRAINING:**

**General Experience:**

Possession of a Master's degree in social work or a closely related field and two (2) years of experience in the self directed use of case management techniques and counseling to sustain or restore client functioning OR a Bachelor's degree in social work or a closely related field and three (3) years of experience in the self directed use of case management techniques and counseling to sustain or restore client functioning OR a Bachelor's degree and four (4) years of experience in the self directed use of case management techniques and counseling to sustain or restore client functioning

**NOTE:**

1. Closely related fields are: applied sociology, child development, child welfare, clinical psychology, counseling, human development and family studies, human service, marriage and family therapy, nursing, social and/or human services, education and criminal justice.
2. DEPARTMENT OF CHILDREN AND FAMILIES: A degree in a closely related field is required.
3. Qualifying experience at this level must include the use of professional interviewing techniques, provision of skilled counseling to an assigned client caseload, assessment of basic client needs (nutritional, environmental, financial, medical, protective service) through continuing personal observation during home visits and intervention and evaluation. Qualifying experience must be at the full working level above the level of Social Worker Trainee.

**SPECIAL REQUIREMENTS:**



1. Incumbents in this class may be required to speak a foreign language.
2. Incumbents in this class may be required to travel.

This replaces the existing specification for the same class in the same Salary Group SH 26 approved effective May 25, 2004. (Revised to modify General Experience)

7761A 5/23/08 cm

CC	Final#	Occup. Group	Bargaining Unit	EEO	Eff. Date
7761	1358	(33)-Social Services	(12)-SOCIAL SERV (P-2)	(2)-Professional	May 23, 2008



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## Class Specification

Classified/Competitive		
Class Code	Pay Plan	Class Title
6582	MP - 62	PROGRAM SUPERVISOR - SOCIAL WORK (ADMINISTRATIVE SUPPORT/PROGRAM SERVICES)
6584	MP - 62	PROGRAM SUPERVISOR - SOCIAL WORK (CHILDREN'S PROTECTIVE SERVICES)

### PURPOSE OF CLASS:

In the Department of Children and Families and the Children's Trust Fund, this class is accountable for supervising administrative child welfare/protective services programs.

In the Office of the Child Advocate this class is accountable for supervising administrative support or program services.

### SUPERVISION RECEIVED:

Receives general direction from a Program Director or other administrative official of higher grade.

### SUPERVISION EXERCISED:

Directs a staff of supervisory, technical and clerical personnel in the performance of assigned social work functions or oversees the management of program activities and services.

### EXAMPLES OF DUTIES:

#### DEPARTMENT OF CHILDREN AND FAMILIES AND THE CHILDREN'S TRUST FUND - ADMINISTRATIVE SUPPORT/PROGRAM SERVICES:

Reviews a component of a major program with statewide impact including oversight of the development and evaluation of specific clinical or behavioral program; ensures specialized services/programs are in compliance with federal, state and department mandates; identifies and develops new programs and funding sources; acts as a liaison and consultant with other operating units, agencies and outside officials regarding unit policy and procedures, available services and coordination of resources; provides training and assistance to staff and outside providers; evaluates staff; determines priorities and office work; establishes and maintains office procedures; develops or makes recommendations on development of policies and standards; collects and analyzes programmatic data; prepares reports and correspondence; oversees maintenance of records; may interact with clients and caretakers; may hear cases concerning retention of a child in community vs. institutionalization; performs related duties as required.

#### OFFICE OF THE CHILD ADVOCATE - ADMINISTRATIVE SUPPORT/PROGRAM SERVICES:

Oversees all statewide activities related to a major program; develops program goals and objectives; develops and implements prevention and/or advocacy strategies; conducts investigations and periodic reviews; develops monitoring and investigation plans based on best practices, law and/or regulations; oversees the preparation and maintenance of records, reports and correspondence; shares investigatory/review findings and recommendations with agencies and others as indicated; develops or assists in the development of legislative testimony, regulatory, policy and/or practice initiatives; provides training and assistance to staff; acts as a liaison with institutions and organizations both local and national; evaluates staff; develops and monitors budgets for specific program or administrative areas; determines priorities and work assignments; establishes and maintains office procedures; collects and analyzes programmatic data to ensure optimal tracking of trends and outcomes; prepares reports and correspondence; performs related duties as required.

#### DEPARTMENT OF CHILDREN AND FAMILIES - CHILDREN'S PROTECTIVE SERVICES:

Schedules, assigns, oversees and reviews work of staff; provides staff training and assistance; conducts performance evaluations; determines priorities and plans office work; establishes and maintains office procedures; develops or makes recommendations on development of policies and standards; acts as liaison with other operating units, agencies and outside officials regarding unit policies and procedures; prepares reports and correspondence; consults with staff on difficult cases; provides information to community regarding available services and coordination of resources; oversees maintenance of records; may interact in community vs. institutionalization; performs related duties as required.

**MINIMUM QUALIFICATIONS REQUIRED  
KNOWLEDGE, SKILL AND ABILITY:**

Considerable knowledge of relevant agency policies and procedures; considerable knowledge and understanding of case work principles, methods, and techniques; considerable knowledge of factors which influence attitudes and behavior of individuals and families; considerable knowledge of community resources and available services; knowledge of legal basis for departmental programs and requirements; knowledge of child development; knowledge of mental health and behavioral challenges facing children and youth; considerable interpersonal skills; considerable oral and written communication skills; supervisory ability.

**General Experience:**

ADMINISTRATIVE SUPPORT/PROGRAM SERVICES: Eight (8) years of professional experience in the field of social and human services.

CHILDREN'S PROTECTIVE SERVICES: Eight (8) years of professional experience in the field of child welfare, children's protective services, foster services or adoption.

**Special Experience:**

ADMINISTRATIVE SUPPORT/PROGRAM SERVICES: One (1) year of the General Experience must have been in planning, development, implementation or supervision of administrative or program services in child welfare, children's mental health or juvenile justice at the level of Children Services Consultant or Social Work Supervisor.

CHILDREN'S PROTECTIVE SERVICES: One (1) year of the General Experience must have been in children's welfare/protective services at the level of Social Work Supervisor.

**Substitution Allowed:**

- 1 College training may be substituted for the General Experience on the basis of fifteen (15) semester hours equalling one half (1/2) year of experience to a maximum of four (4) years for a Bachelor's degree.
- 2 ADMINISTRATIVE SUPPORT/PROGRAM SERVICES: A Master's degree or other advanced degree in behavioral science, public administration, social work or a closely related field may be substituted for one (1) additional year of the General Experience.
- 3 CHILDREN'S PROTECTIVE SERVICES: A Master's degree in social work or a closely related field may be substituted for one (1) additional year of the General Experience.

**NOTE:**



Closely related fields are: child welfare, applied sociology, social and/or human services, clinical psychology, child development, criminal justice, counseling, human development and family relations, human service, marriage and family therapy.

This replaces the existing specification for the same class in the same Salary Group MP 62 approved effective January 19, 2007. (Revise to modify content)

6582A 5/17/07 cm

CC	Final#	Occup. Group	Bargaining Unit	EEO	Eff. Date
6582	1182	(33)-Social Services	(02)-MANAGERIAL	(1)-Officials And Administrators	May 16, 2007
6584	1182	(33)-Social Services	(02)-MANAGERIAL	(1)-Officials And Administrators	May 16, 2007



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# Class Specification

Classified/Competitive		
Class Code	Pay Plan	Class Title
1944	MP - 66	CHILDREN AND FAMILIES PROGRAM DIRECTOR (ADMINISTRATIVE SUPPORT/PROGRAM SERVICES)
1943	MP - 66	CHILDREN AND FAMILIES PROGRAM DIRECTOR (CHILDREN'S PROTECTIVE SERVICES)

**PURPOSE OF CLASS:**

In the Department of Children and Families area office or a major program with statewide impact, or the Children's Trust Fund, this class is accountable for directing administrative support or program services.

**SUPERVISION RECEIVED:**

Receives administrative direction from an Area Director or other administrative official.

**SUPERVISION EXERCISED:**

Directs managerial, professional and other support staff as assigned.

**EXAMPLES OF DUTIES:**

DEPARTMENT OF CHILDREN AND FAMILIES OR CHILDREN'S TRUST FUND - ADMINISTRATIVE SUPPORT/PROGRAM SERVICES: Directs the administrative support of an area office or a major program with statewide impact; develops program goals and objectives to conform with Department policies, standards and legal matters; assists in directing and coordinating allocation of staff and resources to maintain service delivery system or program; manages systems/programs to ensure compliance with federal, state and department mandates; identifies training and development needs of staff; evaluates staff; develops and monitors budgets for specific program or administrative area; maintains liaison with individuals and organizations that impact on area or program activities; prepares and/or analyzes management reports; reviews work of unit for general efficiency and effectiveness with target client population(s) (where applicable); performs related duties as required.

DEPARTMENT OF CHILDREN AND FAMILIES - CHILDREN'S PROTECTIVE SERVICES: Directs the staff and operations of the area in administration of assigned child welfare and social work services programs for children and youth as required; coordinates, plans and manages area activities relating to child welfare and social work services programs; formulates program goals and objectives; develops or assists in development of related policy; interprets and administers pertinent laws; evaluates staff; maintains contacts with individuals both within and outside of area who might impact on program activities; evaluates programs and professional social work services provided to children; identifies needs of children in area for purposes of determining available community resources and gathering data to facilitate overall planning of department; works with training academy staff to identify appropriate training opportunities and monitors subordinates to insure that identified training needs are met; provides input for preparation of area budget; analyzes reports detailing area activities, program operations and client statistics; represents Commissioner in community and public relations activities within area as assigned; speaks before professional and lay groups; performs related duties as required.

**MINIMUM QUALIFICATIONS REQUIRED KNOWLEDGE, SKILL AND ABILITY:**

Considerable knowledge of relevant state and federal laws, statutes and regulations; knowledge of and ability to apply management principles and techniques; knowledge of standards of practice and administration of programs dealing with children and youth; knowledge of impact of cultural issues on service delivery and staff relationships; considerable interpersonal skills; considerable oral and written



communication skills.

**EXPERIENCE AND TRAINING:**

**General Experience:**

ADMINISTRATIVE SUPPORT/PROGRAM SERVICES: Nine (9) years' professional experience in the field of social and human services.

CHILDREN'S PROTECTIVE SERVICES: Nine (9) years' professional experience in the field of child welfare programs, children's protective services, foster services or adoption.

**Special Experience:**

ADMINISTRATIVE SUPPORT/PROGRAM SERVICES: Two (2) years of the General Experience must have been in the planning, development, implementation or supervision of administrative or program services in child welfare, children's mental health or juvenile justice at the level of Program Supervisor - Social Work (Administrative Support/Program Services).

CHILDREN'S PROTECTIVE SERVICES: Two (2) years of the General Experience must have been in the planning, development, implementation or supervision of administrative or program services in children's welfare/protective services at the level of Program Supervisor - Social Work (Children's Protective Services).

**Substitutions Allowed:**

1. College education may be substituted for the General Experience on the basis of fifteen (15) semester hours equalling one-half (1/2) year of experience to a maximum of four (4) years for a Bachelor's degree.
2. ADMINISTRATIVE SUPPORT/PROGRAM SERVICES: A Master's degree or other advanced degree in the behavioral sciences, public administration, social work or a closely related field may be substituted for one (1) additional year of the General Experience.
3. CHILDREN'S PROTECTIVE SERVICES: A Master's degree in social work or a closely related field may be substituted for one (1) additional year of the General Experience.

**NOTE:**

Closely related fields are: child welfare, applied sociology, social and/or human services, clinical psychology, child development, criminal justice, counseling, human development and family relations, human service, marriage and family therapy.

This replaces the existing title of and specification for the same class in the same Salary Group MP 66 approved effective January 16, 2001. (Expanded to the Children's Trust Fund)

1944A 12/8/06 cm

CC	Item#	Occup. Group	Bargaining Unit	EEO	Eff. Date
1944	1121	(33)-Social Services	(02)-MANAGERIAL	(1)-Officials And Administrators	Jan 19, 2007
1943	1121	(33)-Social Services	(02)-MANAGERIAL	(1)-Officials And Administrators	Jan 19, 2007



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