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Thanks to all those that participate on the Serious Injury and Near Fatality Citizen Review Panel. The department is looking forward to reviewing recommendation that may identify any areas of improvement. The Division of Children and Family Services is always improving it's response to allegations of abuse and neglect. Please see the below responses to the questions asked in your initial report.

What is the policy and procedures when numerous reports are received on a family from multiple sources? Is there a point where a report is accepted on the family even though the report does not meet the definition of abuse or neglect? Or are there other steps taken to make contact with the family to assess their needs and connect them to community-based services?

There is currently no policy in regards to accepting intakes based on historical calls to the hotline. Each call is taken based on the information that is received at the call.

However, within the SDM screening tool there is an additional required step that is taken by the Hotline worker that requires a Mandatory collateral in the following situations.

- *Under age 25 and one of the following:*
  - *Alleged to have mental health diagnosis*
  - *Alleged to be using methamphetamine*
  - *Former State Ward*
  - *Alleged to be involved in a relationship involving domestic violence*
  - *Has a criminal history involving violent crimes*
- *Has a current open CPS or APS case*
- *Has had three unaccepted reports in the past six months*
- *Has had a previous termination or parental rights or relinquishment due to HHS intervention with parent not amenable to services*

Hotline worker will review the prior intakes that were unaccepted in the last six months and make a collateral contact in order to obtain more information in regards to the family. The hotline worker will then pull all the information from the three prior and the information gathered from the collateral to make a new screening decision. The hotline worker has the ability to use a discretionary override to accept the intake if the intake again "does not meet definition" but is close to the threshold. Discretionary override is used on a case by case basis.

If an intake has not been accepted DHHS does not have the authority to make contact with the family for investigation purposes. The Hotline worker will have conversations with the reporter in regards to available

services that may be beneficial to the family and then encourages the reporter to help the family connect to services. However this is based on the reporter's action.

The only other alternative is that the department has created the FAST program. This is currently not a program that is available for the entire state. A family is referred to the FAST program when an intake does not meet definition and the family could benefit from EA or Medicaid services.

Finally, Law enforcement agencies are provided a copy of all intakes despite screening. Law enforcement is able to make an independent determination on their response to the information received.

What is the policy and procedures at the time of case closure to ensure that families are connected with community-based supports?

The below is pulled directly from Initial Assessment Protection and Safety Procedure.

A. *CFS Specialists make efforts to engage the family, explain the use of family and informal supports; service array available in the community and from DHHS and offer interventions as identified by the family to be helpful. However, if a safety threat is identified during the initial assessment or the family's risk level is high or very high and the evidence leading to those decisions is based on one of the four situations listed below, a mandatory consultation with a Supervisor is required to determine whether or not DCFS should request a filing by the County Attorney. The supervisor must document their decision in N-FOCUS.*
B. *When there are no safety threat(s), but the family's risk level is high or very high and the family is unwilling to engage with services. The CFS Specialist will have a mandatory consultation point with a supervisor to determine what if any referrals were made to community supports; the efforts made by the CFS Specialist to engage the parent(s); and any next steps to ensure the parent has information on local supports and resources that may assist them if they would choose to reach out for assistance.*

The below is pulled directly from Ongoing Case Management Protection and Safety Procedure.

A. *Building Support Systems. Stabilizing the changes which have been made by the family is important. The CFS Specialist and the Family Team must identify changes and develop a plan that will enable the family to be successful without DHHS involvement. This process may be completed with case plans prior to requesting discharge. The use of informal supports is a key to stabilizing and maintaining change after DCFS involvement.*
B. *If referrals for services have not been made for children and families prior to discharge, the CFS Specialist will assist the ward and family by making referrals to DHHS programs such as AABD, medical assistance, Developmental Disabilities or other programs such as Social Security.*

I hope that the above responses provide some clarification in order for you to make more informed recommendations to The Division of Children and Family Services.

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I am sorry for my omission of the additional information that you were seeking. Please see the response below.

> *The CRP noted several factors that were prevalent in the serious injury cases reviewed. These factors are listed on the previous page of this report. The CRP requests information on how these factors are considered in current risk and safety assessment policy and procedures.*

During the safety assessment process the intent is to focus on the immediate safety of the child and consider if any of the safety threats are currently active. When determining if safety threats are active, the CFS will take into consideration the vulnerabilities of the child(ren) in the home and the caregiver's actions or inactions and how this is impacting the child. SDM Safety Assessment Attachment is available for your review.

Once an initial determination of safety has been made (safe, conditionally safe, or unsafe) with the appropriate plans to ensure safety (if any planning is necessary), CFS will work with the family to determine continued risk, or likelihood of maltreatment in the next year or two. SDM Risk Assessment Attachment is available for your review.

Of the factors that you have identified through your reviews, all but the age of the caregiver is directly assessed during the assessment period (SDM Safety and Risk Assessments). The former ward also is only marked on the risk index if it is as a result of abuse and neglect, not due to juvenile behaviors. Adults who were not former wards but report abuse and neglect as a child will be marked on the risk index.

> *The CRP further requests information on the policy regarding who must be interviewed during an investigation and considered during the risk and safety assessment process.*

The information below is pulled directly from Initial Assessment Protection and Safety Procedure.

E. **<u>Gathering Information:</u>**

1. The CFS Specialist will have face to face contact with the alleged child victim(s) or identified child within the established time frames as determined by the priority, unless a different response is requested by law enforcement. The CFS Specialist will interview each member of the household in the following order:
   a. The alleged child victim(s) or identified child(ren);
   b. Siblings and other children in the household or siblings who regularly visit;
   c. Non-maltreating parent/caretaker;

d. Other adults in the home; and
e. The alleged perpetrator.

2. If interviews cannot be conducted in this order, the CFS Specialist will clearly document the reason for variance in the N-FOCUS Contact Detail Narrative.
3. Face to face contact is required with all the children and all adults in the household to ensure a thorough assessment of safety and risk. It is possible to determine child safety without interviewing all adults in the household except for those egregious allegations when all household members need to be interviewed to determine safety.
4. In some situations, the CFS Specialist may not be able to interview everyone on the first contact with the child/family, but should make a good faith attempt to interview all parties the same day. If all interviews cannot be conducted initially the CFS Specialist must make a decision as to the child's safety based on the information they have available. The CFS Specialist must decide that the child is safe to remain in the home, or he/she must take additional action to ensure the child's safety.
5. Subsequent interviews (with others in the household) which are conducted after the CFS Specialist's initial determination of child safety will be analyzed to determine if the initial safety decision needs to be changed. If so, the CFS Specialist will complete and document a new safety assessment based on the additional information.
6. The CFS Specialist will utilize the narrative sections within the SDM safety assessment to document all supporting information regarding the decisions on each of the items.
7. Additional information gathered not related to the assessment being completed will be documented in Family Functioning narratives.
8. The CFS Specialist will observe the home environment and interactions between family members whenever possible.
9. The non-custodial parent will be contacted as soon as possible to:
   a. Obtain information on the non-custodial parent's current involvement with the child(ren) such as contact; child health; education; etc.
   b. Obtain information from him/her about their knowledge of the situation with the children and to determine the non-custodial parent's potential to be a Safety Plan participant or to care for the children as an alternative living arrangement for safety planning should removal from the custodial parent's home be necessary.
10. The CFS Specialist can share basic facts about their child's situation, but should limit sharing of information about the custodial parent. Information about the child's current situation may be shared with the non-custodial parent without a release of information form signed by the custodial parent. Non-custodial and custodial parents have the right to know what is happening with their children.
11. The CFS Specialist will gather and analyze information from sources other than the family. Written reports from law enforcement, therapists, school personnel, juvenile probation, diversion and others will also be obtained, reviewed, and scanned into Document Imaging in the Restricted category. For any assessment involving medical issues or where the alleged child victim is seen by a doctor or hospital, written information from medical providers will be obtained and placed in the case file.

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