

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P.O. BOX 88

JEFFERSON CITY, MISSOURI

December 16, 2003

MEMORANDUM

TO: AREA EXECUTIVE STAFF, CIRCUIT MANAGERS AND CHILDREN'S DIVISION STAFF

FROM: FREDERIC M. SIMMENS, DIRECTOR

SUBJECT: **INTRODUCTION OF:** Structured Decision Making (SDM) Process; CANHU Protocol –Process and Tools; CANHU Call Management Technology; Child Protection Services Response Tool (CPS-1) and Instructions; Safety Assessment, Part B, (CPS-1A) and Instructions; Safety Reassessment Tool (CS-16D) and Instructions; Risk Reassessment Tool (CS-16E) and Instructions;  
**REVISIONS FOR:** Family Assessment Packet (CS-16) and Instructions

REFERENCE: CHILDREN'S DIVISION

DISCUSSION:

The purpose of this Memorandum is to introduce the integration of the Structured Decision Making (SDM) model into Missouri's approach to addressing child abuse and neglect (CA/N) as well as enhancements to the Child Abuse/Neglect Hotline Unit (CANHU) Protocol –process and tools and call management technology. SDM integration and CANHU enhancements will involve policy and procedural revisions in all areas of Child Abuse and Neglect, as well as the introduction and revision of various forms.

A large portion of the CA/N system enhancements discussed in this memorandum have been introduced and tested in the field and are ready for full implementation, but some of it is still in the testing and development phase. We ask for your cooperation and

patience as we continue to make adjustments in order to tailor the tools and processes to fully support workers.

As you know, The Children's Research Center assisted Missouri to develop risk and safety tools for use in the field and tools for CANHU to use in determining response priority and track assignment. The risk and safety tools are based on research. Training was provided throughout the state and tools have been implemented statewide. The tools developed for CANHU were placed on hold in early spring as it was determined that additional processes and tools were needed to comprehensively support intake and screening activities at CANHU.

**Structured Decision Making (SDM) Process:** The SDM process developed by the Children's Research Center (CRC) is designed to improve the effectiveness of Missouri's child protective services by introducing structure to critical decision points in the child welfare system; increasing the consistency and validity of decision making; and targeting resources to families most at risk.

## **CHANGES TO THE CHILD ABUSE/NEGLECT HOTLINE UNIT (CANHU)**

**Call Management Technology:** The new call management technology (**planned for implementation early next year**) was developed to improve responsiveness at CANHU allowing emergency calls to be queued ahead of non-urgent calls; and providing real time data to monitor call volume. This will ultimately result in the elimination of busy signals for reporters; and quicker response to emergency calls.

When an individual calls the CA/N hotline, there will be an identifying greeting, followed by instructions to hang up and call 911 if it is an immediate/life threatening emergency. The reporter will then be requested to call back to complete the CA/N report. All calls not directed to call 911 will be guided to a CANHU worker, as available with emergency calls receiving immediate response and other calls possibly waiting until a worker is available to take the call. Workers will manage calls using new CANHU Protocol as described below:

**CANHU Protocol:** The new CANHU protocol is designed to manage interviews with callers more thoroughly, improving the accuracy and consistency of call classification among workers.

The protocol process opens with a set of structured entry questions which guide workers down appropriate pathways, based on types of concern(s) raised by the caller. Key questions for each pathway were developed to assist the worker in gathering necessary information and determining if it meets criteria for CA/N reports, CA/N referrals or "documented calls" (DOC: formerly known as UTI). If a CA/N report is taken workers are guided in determining response priority and track assignment. Once an interview is concluded, the worker will proceed to a set of exit cards based on the call classification (CAN report, referral, DOC). Each caller will know how the call was classified and what action will be taken.

The SDM process plays a significant role in the new CANHU Protocol. Specifically, three SDM screening and classification functions have been built into CANHU Protocol questions. They include:

1. **CA/N Screen-In Criteria** – These questions address criteria concerning whether a call is classified as a child abuse and neglect report for investigation or family assessment, a referral or a documented call (DOC). If screened-in, the call is accepted as a CA/N report or a referral and is sent to the county office. If the report is screened out, the call is documented and entered into the database, but no further action is taken.
2. **SDM Response Priority** – Criteria to determine the time frame in which the family should be contacted is also built in the CANHU Protocol. There are three response levels. These levels take the place of the “Emergency Contact” field in the CA/N automated system. However, current policy regarding initial contact with the children in the home remains in effect.

***Note: Missouri statutes have not changed and all calls are to be initiated in 24 hours. (RSMo 210.145.4) For investigations, child(ren) must be seen within 3 hour for emergency situations and initiated within 24 hours for non-emergency cases. For CA/N reports when the only allegation is educational neglect, victims must be seen within 72 hours. For Family Assessments, all children in the household must be seen within 72 hours and contact must be initiated within 24 hours, unless the situation is an emergency.***

- **Level 1 (3 hours)** – This is equivalent to an emergency report. Face-to-face contact with all victim(s) listed on the CA/N-1 must be made within three hours from the receipt of the report. A face-to-face contact with all other children living in the household must be made within 72 hours. Available resources shall be utilized to locate the children, including law enforcement assistance;
- **Level 2 (24 hours)** – Face-to-face contact with all victim(s) listed on the CA/N-1 must be made within 24 hours from receipt of the report. A face-to-face contact with other children residing in the home must occur within 72 hours;

***Note: Investigations and family assessments with a level 2 response require a face-to-face contact with the child(ren) victim(s) and must be initiated within 24 hours.***

- **Level 3 (72 hours)** – Face-to-face contact with all children (victims and home residents) must be made within 72 hours from receipt of the report. Initial contact for Investigations must be within 24 hours.

***Note: Face-to-face contact can be made by members of the multidisciplinary team (mandated reporters such as juvenile officer, or law enforcement personnel). Initial***

*contacts can include phone calls or contact with appropriate persons in an attempt to make a home visit.*

**CANHU Protocol Cards Testing:** CANHU Protocol Cards are in a testing phase presently and printed on tabbed flip cards that are easily navigated, however this process will eventually be part of the automated CA/N system. During this testing period, half of each shift of CANHU staff will practice this process, while the other half will serve as the control group by utilizing the old procedure. Following the conclusion of the experiment all CANHU staff will use the protocol process.

**Response Priority Testing:** Also during a testing phase of development, reports will initially be coming to the local division office with either "Response Priority One, Two or Three" or "emergency or non-emergency". This is for the purpose of comparison. The worker should treat them as they come in and document on the CPS-1 whether there is a Priority Response Level or it is an emergency or non-emergency status.

3. **SDM Track Assignment Guidelines** – Also built into the CANHU Protocol are criteria designed to determine if the screened-in report is an investigation (I) or an assessment (A). Track Assignment will now be completed at CANHU prior to being sent to the local division office and displayed in the CA/N automated system and on the CA/N-1 form printed through the automated system.

**Track Assignment Testing:** *During this experimental period all CANHU staff will assign track.* Field staff will need to review reports as they come in to assess whether the appropriate track has been assigned or whether additional information received warrants a track change.

The decision to change the track assignment must be reviewed and approved by the worker's supervisor. *The CS-27, "Child Abuse/Neglect Screening Form",* formally used by the field to determine track assignment, is now called "CPS Classification Reassignment Update Screen" and will now be used for track changes. If the track change is approved, the change in track assignment must be entered into the CA/N automated system using the ATRU transaction. Field staff should continue to record the worker and supervisor ID in the CA/N automated system using the ATRU transaction at the time the report is received in the county office. Central office staff will monitor these track changes in an effort to maintain consistency and accuracy of appropriate track assignment as well as analyze and identify trends county and statewide where the track assignment has been updated. (See attached examples of revised CA/N System screens: AI25, ATRI, ATRU, AUPD, and CAN1.)

## **INVESTIGATIONS/FAMILY ASSESSMENT RESPONSE TOOLS**

***Child Protection Services Response Tool (CPS-1) and the Safety Assessment (Part B) CPS-1A:*** In conjunction with the introduction of SDM to the investigation/family assessment process comes the new *Child Protection Services Response Tool (CPS-1)* and the *Safety Assessment (Part B) CPS-1A*. The CPS-1 and the CPS-1A will be used

when responding to Child Abuse/Neglect (CA/N) reports. The CPS-1 and CPS-1A will replace the CA/N-4 for Investigations and the current CS-16 for Family Assessments. A revised form of the CS-16 will continue to be used for Family-Centered Services (FCS) and Family-Centered Out-of-Home Care (FCOOHC) cases.

**Safety Assessment:** The first part of the SDM safety assessment is located on the second page of the CPS-1 and Part B is on the CPS-1A. The purpose of the safety assessment is to help determine whether any child is in immediate danger of serious physical harm, who may require a protective intervention and to determine what interventions should be maintained or initiated to provide appropriate protection. Safety of the child(ren) in the home shall be an on-going concern during the investigation and family assessment.

The safety assessment replaces the CS-15 Safety Factor Determination for investigations and page 3 in the CS-16. The CPS-1 Safety Assessment and the CPS-1A is to be completed for all investigations and family assessments during or immediately following the initial visit with a family in response to a child abuse/neglect report. The Safety Assessment is used to guide decisions on whether or not the child(ren) may remain in the home, or if the child(ren) must be protectively placed. The Safety is also used prior to a child returning home after being placed in Family-Centered Out-of-Home Care (FCOOHC).

**Risk Assessment:** The SDM Risk Assessment is designed to identify families, which have low, moderate, high, or very high probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their children in the next 18 to 24 months. The difference between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and are more often involved in serious abuse or neglect incidents. When risk is clearly defined and objectively quantified the agency can ensure that resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

*Note: The risk assessment is used only when there are children in the home. If children are removed from the home during the investigation/family assessment or from an on going FCS case, the use of the SDM safety and risk tools are suspended, unless at least one child remains in the home, or until the children are returned.*

**The Safety Reassessment (CS-16D):** The Safety Reassessment (CS-16D) is a critical follow up piece to the Safety Assessment. The Safety Reassessment enables the worker to assess child safety, determine if previously identified factors have been resolved, or if safety factors have increased. A Safety Reassessment is required whenever a child(ren) is removed during the investigation/family assessment. The reassessment is then completed to guide decision making on return of the child(ren). *A child must be safe or conditionally safe prior to returning home.* The CD Worker will complete the safety reassessment tool:

- Prior to a child(ren) returning to the home following out-of-home placement during the investigation/family assessment period.
- At the expiration of the initial safety plan.
- On any case whenever new information becomes available that indicates a threat to the safety of the child(ren).

**Risk Reassessment (CS-16E):** The Risk Reassessment (CS-16 E) assesses risk of future child maltreatment and assists workers in evaluating whether risk levels have decreased, remained the same or have increased since the initial risk assessment.

The Risk Assessment is to be completed at the conclusion of every investigation/family assessment in which there are children who remain in the home. The risk assessment identifies the level of risk of future maltreatment and is used to guide the decision to close or open the investigation/family assessment for ongoing services. The following chart shows the recommended case open/close decisions based on the risk level for investigations and family assessments:

<b>Risk-Based Case Open/Close Guidelines</b>			
<b>Risk Level</b>	<b>Investigations</b>		<b>Family Assessments</b>
	<b>Probable Cause</b>	<b>Unsubstantiated</b>	
Low	Close	Close	Close
Moderate	Open/Close	Close	Open/Close
High	Open	Open/Close w/referral	Open/Close w/referral
Very High	Open	Open/Close w/referral	Open/Close w/referral

*Note: There may be unique circumstances in which it is appropriate to open low risk cases (for example, court-ordered services), or close very high risk cases (for example, family moved out of state). Reasons for opening or closing cases outside of the recommended guidelines should be clearly documented in the case record.*

**Priority of Initial Client Contact after a Case Opening Based on SDM Risk:** Prior to signing off on a CA/N investigation/family assessment, the Supervisor will review the CPS-1 and will determine the priority of the initial face to face interview with the family based on the following SDM risk levels:

- High or Very High Risk - within one (1) working day;
- Moderate Risk - within five (5) working days; and
- Low Risk - within ten (10) working days.

If the case referral was not due to a CA/N investigation/family assessment, the supervisor's appraisal of the potential risk to the children and overall family situation will

determine when treatment follow-up contact by the Family-Centered Services (FCS) worker is needed. **THIS SHOULD NOT EXCEED TEN (10) WORKING DAYS FROM CASE ASSIGNMENT.**

**Revised CS-16:** Although we saw great value in the comprehensive approach that the original CS-16 provided when conducting a family assessment, such as the genogram, ecomap, pattern of behavior and timeline, these tools more appropriately fit into the treatment phase of family intervention. The purpose of this revision was to streamline the CS-16 to better fit the treatment process and to exclude parts of the form applicable only in a Family Assessment. The result was a less lengthy, more user friendly CS-16 that contains the essential pieces of a thorough family-centered assessment with the added structure and standardization that the SDM safety and risk assessments provide.

**Family Contact Guidelines for In-Home Cases:** The Family Risk Assessment provides reliable, valid information on the risk to children of future abuse and neglect. Appropriate use of this assessment data is key to ensuring better protection of children. Therefore, for cases that have been opened for ongoing FCS services or for FCOOHC cases in which there are children who remain in the home, the risk level is used to guide the minimum amount of contact with the family each month. These guidelines are considered "best practice" and help focus staff resources on the highest risk cases. They dictate the minimum number of face-to-face and collateral contacts with the family each month, however workers will use their best judgment for individual cases to best determine whether more contacts are needed.

The definition and purpose of a face-to-face "contact" is: to monitor developments in the case, to observe interaction between the caregiver and the child(ren), to facilitate implementation of the Case Plan, and to assess progress with the plan or possible revision to the plan. It is used to guide monthly contacts while the case is open, and is reviewed at each risk reassessment until the case is closed.

The risk level determines the overall minimum contact standards for the family. The "Children's Division Minimum Contact Standards" represent how many of the overall contact standards must be met by the CD worker. The remaining contacts may be met by a contracted in-home service provider who is working with the family as part of the family's case plan. However, if the contracted service provider was unable to complete monthly contacts, the CD worker is responsible for meeting the overall contact standards.

The CD worker is responsible for making all collateral contacts. Collateral contacts include phone contact with school personnel and day care providers, medical personnel who have recently seen or treated the child(ren), parenting class instructors, etc.

**"Minimum Contact Guidelines for In-Home Family Cases" refers to FCS Cases or for FCOOHC cases where children are in the home and represents the recommended number of contacts that workers should have with families according to their assessed risk level.(likelihood of future maltreatment): (For FCOOHC cases, where there are no children in the home refer to *Child Welfare***



