

## DEPARTMENT OF SOCIAL SERVICES

## CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

July 27, 2007

MEMORANDUM**What's Inside:**

Improving initial  
contacts and assuring  
safety outcomes and  
FACES  
enhancements

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

FROM: PAULA NEESE, DIRECTOR

SUBJECT: IMPROVING INITIAL CONTACT AND ASSURING SAFETY OUTCOMES  
AND RELATED FACES SYSTEM ENHANCEMENTS

## DISCUSSION:

The purpose of this memorandum is to address issues related to *Child Welfare Outcome Measure #1- Timeliness of Initial Child Contact* by clarifying policy terminology and informing staff of FACES enhancements implemented to improve the accuracy of entering data reflective of staff's performance in *Timeliness of Initial Child Contact*. Case reviews have determined that staff may not be clear on when to document when the initial contact is made with any child victim. An accurate understanding of this measure is crucial in documenting safety and meeting one of the last remaining goals of our Program Improvement Plan (PIP).

**Clarification of Policy Definitions**

Policy revisions have been made to provide clearer distinctions in terminology used for contacts during the family assessment/investigation process.

- "Initiating a CA/N report", refers to the very first contact in a CA/N Report, which begins the investigation/family assessment process. This may be a contact with any individual, such as the reporter, law enforcement, or family member, short of actual face to face contact with a victim.
- *Initial Contact* refers to the date and time in which CD staff, or an appropriate multi-disciplinary team member, such as a physician, law enforcement official...etc., directly observes an alleged victim child in order to assure the child is safe. ***Initial child contact is the measure that needs to be addressed in order to exit the PIP.***

It is important to remember the Children's Division is ultimately responsible for assuring the safety of all children in the household, therefore if Children's Division chooses to use multi-disciplinary team member to assure safety, staff must clearly document how the multi-disciplinary contact was appropriate in assuring the victim's safety. CD staff must then follow up with 72 hour face-to-face contact with all household children including the victim.

*Timeliness of Initial Child Contact is the Child Welfare Outcome Measure #1* refers to the success rate (percentage of times) in which Division staff or an appropriate multi-disciplinary team member makes the required initial contact with a victim child within 24 hours from receipt of the report.

According to the 2007 Child Welfare Outcome #1 measures through the first, second and third quarters, the Division made initial contact with victim children 73.48 % of the time. We believe our actual performance may be exceeding this figure, but we are not accurately capturing the correct data. The statewide goal in the PIP for initial contact is that victim children will be seen within 24 hours of the hotline call 80.4% of the time. It is necessary that the Division reach this goal in order to exit the PIP.

**FACES Enhancements:**

In an effort to improve the accuracy of data entry regarding the *Initial Contact Outcome Measure #1*, changes to FACES Investigation/Assessment System have been made as follows:

- On **Contact Communication**, the terms “Initial Contact” and “Contact Follow-Up” have been consolidated into simply “Contact” to avoid confusion in selecting the Contact Type.
- On **Conclusion**, “Initial Contact Date and Time” and “By Whom” have been removed. All other fields remain the same.

On Safety Assessment, an **Initial Contact Outcome Measure** section has been added directly above the existing **Safety Factor Identification** section. The former initial contact fields have been moved here and clarified to read “Earliest Date/Time Any Child Victim Safety Assured” and “Contact Made By” which are the equivalent to the fields removed from **Conclusion**. The purpose for this change is that the date and time that child victim safety is assured is more closely tied to Safety Assessment than Conclusion and will potentially be more accurate because the information is readily available at the point when the Safety Assessment information is entered into FACES. The change to Safety Assessment is depicted below:

| Initial Contact Outcome Measure  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| * Earliest Date/Time Any Child Victim Safety Assured: 06 09 2005 10 36 AM  |  |  |  |  |  |  |
| * Contact Made By: Childrens Division Staff  |  |  |  |  |  |  |
| Safety Factor Identification   |  |  |  |  |  |  |
| Part A - Safety Factors  |  |  |  |  |  |  |
| * 1. Child(ren) is in danger because parent/caretaker's behavior is violent or out of control.<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |  |  |  |
| * 2. Parent/caretaker describes or acts toward child(ren) in predominantly negative terms or has extremely unrealistic expectations.<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |  |  |  |
| * 3. Parent/caretaker caused serious physical harm to the child(ren) or has made a plausible threat to cause serious physical harm.<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |  |  |  |  |
| * 4. The parent/caretaker's explanation of an injury to a child(ren) is inconsistent with the nature of the injury and/or there are significant discrepancies between explanations given by parent/caretaker, other household members, or collateral contacts.<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  |  |  |  |
| * 5. Parent/caretaker is currently refusing access to child(ren) or has refused access to child(ren) on prior interventions.<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |  |  |  |

We hope these changes will help clarify any confusion concerning how to document initial contact to assure safety. Your attention to this will help the Division demonstrate its success in meeting our PIP requirements.

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| <b>NECESSARY ACTION:</b>   |  |
| Review this memorandum with all Children's Division staff.<br>All questions should be cleared through normal supervisory channels and directed to: |  |
| <b>PDS CONTACT:</b><br>Randall McDermit<br>573-751-8932<br><a href="mailto:Randall.D.Mcdermit@dss.mo.gov">Randall.D.Mcdermit@dss.mo.gov</a>        | <b>DEPUTY DIRECTOR:</b><br>James C. Harrison<br>573-751-2502<br><a href="mailto:James.C.Harrison@dss.mo.gov">James.C.Harrison@dss.mo.gov</a> |
| <b>PROGRAM IMPROVEMENT PLAN (PIP):</b>   |  |
| Item S1.1: <a href="#">Timeliness of initiating reports of child maltreatment</a> (Employee Access Only)   |  |
| <b>2007 Child Welfare Outcome Report</b>   |  |
| Outcome Measure #1. <a href="#">Improve Timeliness of Initial Child Contact</a> (Employee Access Only)   |  |
| Statewide  |  |
| 1 <sup>st</sup> Quarter 71.92%   |  |
| 2 <sup>nd</sup> Quarter 73.27%   |  |
| 3 <sup>rd</sup> Quarter 75.25%   |  |
| PIP State Goal   |  |
| 80.4%  |  |
| <b>COUNCIL ON ACCREDITATION (COA) STANDARDS:</b>   |  |
| <a href="#">COA Standard S10.3.03</a> (Employee Access Only)   |  |
| <i>The organization acts promptly on every report of abuse or neglect and determines within 24 hours of the initial report:</i>                    |  |
| a. if the child is in danger and should be removed for his or her protection;  |  |
| b. how the child is being affected by the situation; and   |  |
| c. if the care and protection of the child is ensured.   |  |
| <b>REVISED MISSOURI STATUTES:</b>  |  |
| <a href="#">210.145 RSMo</a>   |  |
| <b>CHILD WELFARE MANUAL REFERENCES :</b>   |  |
| Section 2, Chapter 4.1.2 <a href="#">Initiating the Investigation</a>  |  |
| Section 2, Chapter 5.3.2 <a href="#">Initiating the Family Assessment</a>  |  |
| Section 2, Chapter 5.3.3 <a href="#">Contacting the Reporter</a>   |  |