CD20-01

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

M E M O R A N D U M

TO: CHILDREN'S DIVISION AND CONTRACTED STAFF

FROM: DAVID B. KURT, DIRECTOR

SUBJECT: ENHANCEMENTS TO CHIEF INVESTIGATOR CONSULTS AND SAFETY PLANNING POLICY

DISCUSSION:

The purpose of this memorandum is to introduce staff to changes in policy related to seventy-two (72) hour Chief Investigator consults and safety planning. These changes to policy are being made in response to recommendations made by the Task Force on Child Safety.

CHIEF INVESTIGATOR CONSULTS

Within 72 hours of a hotline being reported, the Chief Investigator **MUST** document how the worker assessed the safety of the child(ren). The Chief Investigator will also review any Safety Interventions that were put in place or may still be needed to assure the safety of the child(ren). This applies to assessments, investigations, Newborn Crisis Assessments and Juvenile Assessments.

The Chief Investigator shall document their 72 hour supervisor consult by entering a contact into FACES as:

Purpose: Consult with CD Staff
Status: Actual Communication
Type: Phone or In-Person Contact

The 72 hour supervisor consult also must include the following regarding assuring safety of the child(ren) as applicable:

- Did a worker or multi-disciplinary team member have face to face contact with the child?
- Was face to face contact made within timeframes?
- How was safety verified?
- If the child was seen by a multi-disciplinary team member, how did they verify safety of the child(ren)?
- Where was the child(ren) seen?

- Was the child found to be safe/unsafe?
- If unable to locate the child(ren) within timeframes, what further efforts will be made to locate the child(ren)?
- Are there any medical concerns for the child(ren) that have not been addressed and have all victim children under the age of four been referred to a SAFE-CARE provider for all investigations?
- Has a SAFE-CARE provider made any recommendations for medical intervention for the child(ren)?
- Is the parent/caretaker(s) aware of the report?
- If the child is unsafe, was an Immediate Safety Intervention Plan (CD-263) completed?
- Did the Immediate Safety Intervention Plan appropriately address the safety concerns?
- Are the parent/caretaker(s) in agreement with the Immediate Safety Intervention Plan?
- What is the plan for monitoring the ongoing safety of the child and reassessment of the Immediate Safety Intervention Plan?
- What safety network members will be involved in the Immediate Safety Intervention Plan?
- Are safety network members aware they are part of the Immediate Safety Intervention Plan?
- What circumstances will allow the Immediate Safety Intervention Plan to no longer be needed?

The Chief Investigator should develop a tracking mechanism to ensure that there is follow up with staff on the Immediate Safety Intervention Plan by the tenth (10^{th}) day after the plan is developed.

The Chief Investigator must also complete the Family Risk Assessment Tool (CD-14E) with the investigator at the 72 hour supervisor consult. The Family Risk Assessment Tool should assist the supervisor and investigator in the collection and analysis of information to determine what key factors are present that increase the likelihood of future maltreatment to a child. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood of child maltreatment in the next 18 to 24 months.

Things to consider when discussing and completing the Family Risk Assessment Tool in relation to the current report:

- How does the family's past history relate to the current report?
- What services have been previously provided to the family?
- Were the services successful in reducing safety concerns?
- How do the biological and developmental ages of the children affect their ability to protect themselves?
- Does the parent/caretaker(s) exhibit protective capacities consistent with the child(ren)'s needs?
- Is there a history of mental health or substance abuse needs within the family?
- Is mental health or substance abuse a current concern within the family?
- Is there a history of domestic violence within the family?
- Is there a current concern for domestic violence within the family?
- What was the parent/caretaker(s) response to the current report?

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 in order to enhance the caregiver's capacity to protect their children from threats of danger and to lessen the family's need for outside intervention. The Family Risk Assessment Tool is a guide to assist staff to make more informed safety decisions about the extent of safety planning that may be required to enhance child safety and decrease risk to children.

The Family Risk Assessment Tool (CD14-E) must be completed in FACES as part of the case record by the supervisor. The score calculated from completing the Family Risk Assessment Tool should assist in determining safety and risk to the child and not solely used in decision making on whether to open a case. The supervisor should document the conversation in the 72 Hour Consult in FACES. This will allow the supervisor to document why a score was high/low, what safety factors were identified, and what future risk there may be to a child(ren).

IMMEDIATE SAFETY INTERVENTION PLANNING

When developing an Immediate Safety Intervention Plan (CD-263) that involves either a parent who is an alleged perpetrator or a child leaving the home, staff must exercise extreme caution to balance the safety of children while respecting the parents' constitutional rights. Parents and children have a well-established constitutional right to live together without governmental interference. The right is an essential liberty interest protected by the Fourteenth Amendment's guarantee that parents and children will not be separated by the state without due process of law, except in an emergency. Therefore, a decision to develop a CD-263 without involving the court must be made with careful consideration.

If staff believe a child is in imminent danger or cannot be safely maintained in the care of their parent, a referral to the juvenile office should be made when it is unlikely that the threat of danger will be eliminated in a reasonable timeframe. It may be necessary to develop an Immediate Safety Intervention Plan placing the child outside the home while waiting for the court process to occur.

Any time a CD-263 is needed to manage a safety threat to the child, the Immediate Safety Intervention Plan may only be put in place for ten (10) calendar days, but may be extended as described below. There are two general types of Immediate Safety Intervention Plans:

1. **When the child is maintained in the home with their parent/caregiver.** In situations where the child has been maintained in the home, but a CD-263 has been developed and it is necessary to continue the CD-263 beyond ten (10) days, a supervisor consultation **must** be held to determine the most appropriate next steps with consideration being given to holding a Team Decision Making (TDM) meeting (where available) or a Master's Level Consultation and/or opening a Family-Centered Services (FCS) case.

2. **When the child and the parent/caregiver have been separated.** In situations where the child and the parent have been separated through a CD-263, a TDM/Master's Level Consultation must be held before the separation occurs, or in emergency situations by the next working day. If the parent fails to follow through with the plan developed in the TDM/Master's Level Consultation within ten (10) days, a referral to the juvenile office should be made. If during the ten (10) days a new safety threat is identified, a TDM/Master's Level Consultation should be re-convened to develop a new plan for the family.

Staff must carefully monitor all CD-263s and these cases must be given high priority, especially when the child is particularly vulnerable due to age, developmental or medical needs, or concerns related to the parents' ability and/or willingness to abide by the Immediate Safety Intervention Plan. Such monitoring actions include, but are not limited to, announced and unannounced home visits by the worker or trusted safety network member(s). **Supervisors must staff cases with an open CD-263 at the time safety is re-assessed at the end of each ten (10) day period.** In most circumstances, a referral to the juvenile office should be made if there is no real likelihood the threat of danger can be mitigated within a reasonable time period.

Under no circumstances may a Child Abuse/Neglect report be closed with an open CD-263 unless the case has been referred to ongoing case management. However, the ten (10) day rules described above still apply even if a case is being opened and the CD-263 must continue to be monitored closely. To clarify, when there are concerns of abuse/neglect by the parent/caregiver, the Children's Division **shall not** close out its involvement with the family while a child is placed outside of their parent/custodian's physical custody as a result of a CD-263. Power of attorneys should not be used by the Children's Division as a safety intervention. They may be used in limited situations to support the alternative caregiver while a CD-263 is in place.

> Example: A parent has neglected their child and is not currently an appropriate caregiver due to their active drug use. The child is placed with a grandparent while the parent addresses their drug use. A power of attorney may be necessary for the grandparent to obtain medical care for the child while the parent is in inpatient treatment. However, the CD-263 remains in place while the Children's Division works with the parent to address the safety threat related to the substance use concerns. Therefore the child abuse/neglect report may not be closed without either a referral being made to the juvenile office and/or a Family-Centered Services (FCS) case being opened, depending on the case specific circumstances.

Staff must clearly document in the case record when the CD-263 is terminated and the rationale for determining the child to be safe.

If at any time the juvenile office rejects a referral, staff must follow up with the juvenile officer to determine the reasons for the rejection and to ensure the Children's Division's worries have been clearly articulated. If the juvenile office continues to refuse to take action on a child who has been placed outside of the home on a CD-263, the case must be staffed with a supervisor or higher level manager to determine the most appropriate next steps.

REVISIONS TO THE IMMEDIATE SAFETY INTERVENTION (CD-263)

The CD-263 has been revised to include a section for steps to be taken and who to contact if the Immediate Safety Intervention Plan is violated. A copy of the CD-263 should be given to the parents and any safety network member involved in the implementation and monitoring of the plan.

<table>
<tr><td colspan="2">NECESSARY ACTION

1. Review this memorandum with all Children's Division staff.
2. Review revised Child Welfare Manual chapters as indicated below.
3. All questions should be cleared through normal supervisory channels and directed to:</td></tr>
<tr><td>PDS CONTACT
Cari Pointer
660-236-7274
Cari.A.Pointer@dss.mo.gov

Kara Wilcox-Bauer
573-526-9707
Kara.B.Wilcox-Bauer@dss.mo.gov</td><td>MANAGER CONTACT
Tasha Toebben
573-526-3899
Tasha.Toebben@dss.mo.gov</td></tr>
<tr><td colspan="2">CHILD WELFARE MANUAL REVISIONS
Section 1, Chapter 9.1, Immediate Safety Intervention
Section 2, Chapter 6.1, Referral to the Juvenile Court
Section 2, Chapter 5.2, Subsection 13, Chief Investigator Duties</td></tr>
<tr><td colspan="2">FORMS AND INSTRUCTIONS
Immediate Safety Intervention Plan, CD-263
Family Risk Assessment Form, CD-14e</td></tr>
<tr><td colspan="2">REFERENCE DOCUMENTS AND RESOURCES
N/A</td></tr>
<tr><td colspan="2">RELATED STATUTE
N/A</td></tr>
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