POLICY II-C: DIFFERENTIAL RESPONSE

10/2012

OVERVIEW

Differential Response (DR) is a method that allows the Division to respond to reports of specific, low risk allegations of child maltreatment with a Family Assessment (FA) rather than the traditional investigative response. As with investigations, Differential Response is initiated through accepted Child Abuse Hotline reports and focus on the safety and well-being of the child and promote permanency. Having two different response options in the child welfare system recognizes that there are variations in the severity of the reported maltreatment and allows for a Differential Response or an investigation, whichever is most appropriate, to respond to reports of child neglect.

Investigations require the gathering of forensic evidence in order to formally determine whether there is a preponderance of evidence that child abuse or neglect has occurred. Differential Response is a program that uses a non-adversarial, non-accusatory Family Assessment approach. With DR, there is no finding of "substantiated" or "unsubstantiated", and no one is identified as a perpetrator or offender. Community involvement and connecting a family to informal, supportive resources in their local communities are crucial aspects to a successful intervention for all types of cases, but particularly for DR.

Differential Response is more likely to create situations where a family is receptive to services and is more likely to engage in those services. DR involves a comprehensive and collaborative Family Assessment of the family's strengths and needs and offers services to meet the family's needs and support positive parenting. The information obtained through the Family Assessment approach will be used to create a Family Plan which will be designed to strengthen protective factors within the family and mitigate any risk factors facing the family.

DIFFERENTIAL RESPONSE ELIGIBILITY CRITERIA

All of the following factors must be present for a report to be assigned to Differential Response:

A. Identifying information for the family members and their current address or a means to locate them is known at the time of the report;
B. The alleged perpetrators are parents, birth or adoptive, legal guardians, custodians, or any person standing in loco parentis;
C. The family has no pending investigation or open protective services or supportive services case;
D. The alleged victims, siblings or other household members, are not currently in the care and custody of Arkansas Department of Children and Family Services or wards of the court;
E. Protective custody of the children has not been taken or required in the current investigation; and,
F. The reported allegations shall only include:
    1) Inadequate Supervision
    2) Inadequate Food
    3) Inadequate Clothing
    4) Inadequate Shelter
    5) Educational Neglect
    6) Environmental Neglect
    7) Lock Out
    8) Medical Neglect

The following circumstances involving the allegations prohibit the report from being assigned to a Differential Response pathway:

A. **Inadequate Supervision reports involving a child or children under the age of nine, or a child older than nine years of age with a physical or mental disability which limits his or her skills in the areas of communication, self-care, self-direction, and safety will be assigned the investigative pathway.**
B. **Inadequate Food reports involving a child or children under the age of six; and those situations in which the hotline assess as an immediate danger to the child's health or physical well-being based upon severity.**
C. **Educational Neglect reports involving a child that was never enrolled in an educational program.**
D. **Environmental Neglect reports involving a child or children under the age of six; and those situations in which the hotline assess as an immediate danger to the child's health or physical well-being based upon the severity.**
E. **Lock out reports involving a child or children under the age of 13; and those situations in which the hotline assess as an immediate danger to the child's health or physical well-being based upon the severity.**
F. **Medical Neglect reports involving a child or children under the age of 13 or a child with a severe medical condition that could become serious enough to cause long-term harm to the child if untreated will be assigned the investigative pathway.**

DIFFERENTIAL RESPONSE TIMEFRAME

Differential Response cases are intended to be short-term lasting no longer than 30 days with the possibility of only two 15 day extensions if necessary. If a DR case is not closed by the end of 30 days or the allowed extension timeframes, then it will be closed or reassigned as a Supportive Services case or as an investigation as appropriate.

DIFFERENTIAL RESPONSE TEAM

Family Assessments will be conducted by specific Differential Response Teams (DCFS teams or contract provider teams) whose role is to assess for safety, identify service needs, and arrange for the services to be put in place. The local Differential Response Team (DRT) may consist of up to three primary roles:

A. **DRT Supervisor - Provides management services including review and approval of assessments, case plans, and appropriateness of service referrals, case file documentation, service extensions, and requests to close family assessment cases.**
B. **DRT Specialist(s) - Initiates contact with family and assumes the role of the family's advocate and case manager.**
C. **DRT Program Assistant(s) – Provides support and assistance as needed to the DRT Specialist(s) and families involved in DR cases.**

At minimum, a local Differential Response Team will be comprised of a DRT Supervisor and a DRT Program Specialist.

REASSIGNMENTS FROM DIFFERENTIAL RESPONSE TO INVESTIGATIONS

Families have the option to decline to participate in the DR Family Assessment or associated services. If the refusal to participate does not impact a child's safety, the case is closed. However, if the case information indicates that such a refusal compromises a child's safety, the case will be reassigned to the investigative pathway.

If upon contact with the family a new child maltreatment allegation (not related to the allegation connected to the DR referral) is identified by the DR Team, a call will be made to the Child Abuse Hotline regarding the new allegation.

If at any time during the DR service delivery period the DRT Specialist, contract provider, or other service provider has reasonable cause to believe that a safety factor is present and, as such, the child's health and/or physical well-being are in immediate danger (as related to the allegation(s) for which the initial DR referral was made), then the DRT Supervisor should contact the DCFS DR Coordinator or designee immediately for reassignment of the case to the investigative pathway.

If at any time during the DR service delivery period the DRT Specialist, contract provider, or other service provider identifies a new child maltreatment allegation (not related to the allegation connected to the DR referral) a call will be made immediately to the Child Abuse Hotline by the individual who suspects the new child maltreatment allegation.

REASSIGNMENTS FROM INVESTIGATIONS TO DIFFERENTIAL RESPONSE
If upon initial review of the hotline investigation referral it is determined that the referral is eligible for Differential Response, the local DCFS Supervisor may send an email request to the Child Abuse Hotline to assess for reassignment to the Differential Response pathway.

Procedure II-C1: Child Abuse Hotline Referral to Differential Response

10/2012

The Child Abuse Hotline Worker will:

A. Receive and document all child maltreatment allegation reports with sufficiently identifying information as defined by Arkansas law. Situations in which the hotline assesses as an immediate danger to the child's health and physical well-being based upon the severity of the allegations shall be excluded from the Differential Response pathway and referred to DCFS as an investigation.
B. Receive fax transmission in non-emergency situations by identified reporters who provide their name, phone number, and email address (for online reporting). Confirm receipt of fax transmission via a return fax transmission.
C. Conduct a history check on all reports unless call waiting to be answered by the hotline have been waiting for 15 minutes or longer. History checks wills be conducted on serious maltreatment allegations or allegations involving children 3 years of age and younger regardless of wait time.
D. Attempt to secure all information requested in each screen within the Referral Section of CHRIS and elicit all information requested on the "Referral" and "Narrative" screens:
    1) Reason(s) the reporter suspects child maltreatment and how the reporter acquired the information;
    2) Current risk of harm to the child;
    3) Mental and physical condition of alleged offender;
    4) Potential danger to staff assessing the report;
    5) Identity and location of possible witnesses or persons knowledgeable about the alleged child maltreatment;

6) Relevant addresses and directions;
7) Licensing authority and facility involved (if applicable).

E. Take a snapshot of the report using the Referral "Snapshot" icon on the CHRIS toolbar.
F. Prioritize the report by keying the "Ref. Accept" screen. Central Registry Search results is a mandatory field on this screen. Use the Child Maltreatment Assessment Protocol (PUB-357) as a guide.
G. If the referral meets the Differential Response eligibility criteria noted above, forward the report to the Differential Response Coordinator or designee for assessment along with any pertinent Central Registry information.
H. Inform the caller if the report does not constitute a report of child maltreatment and make appropriate referrals.
I. Notify each mandated reporter who makes a call to the hotline if the mandated reporter's call is not accepted or is screened out on a subsequent hotline supervisor review. Said notification should be made within 48-hours excluding weekends and holidays.

Procedure II-C2: Receipt and Assignment of Differential Response Referral

10/2012

Upon receipt of the DR referral from the Child Abuse Hotline, the DCFS Differential Response Coordinator (DRC) or designee will:

A. Determine if the referral meets the criteria for Differential Response by completing a child maltreatment history check on the family to determine if there is an open case or investigation.
B. Reassign the referral to the investigative pathway (hotline call not required) if the DR referral is determined to be ineligible.
C. Review and assign Differential Response reports to the appropriate county's DR Team or contract provider no later than two hours after receipt of reports provided initial contact with families is made within 72 hours of receipt of initial hotline report.

Procedure II-C3: Differential Response Initiation and Family Assessment

10/2012

The Differential Response Team (DRT) Supervisor will:

A. Assign each new report to a DRT Specialist within two hours of receipt from the DR Coordinator (or designee) provided initial contact with families is made within 72 hours of receipt of initial hotline report.
B. Conference with the DRT Specialist within 24 hours (excluding weekends and holidays in which case the conference will take place the next business day) after the DRT Specialist's initial in-person contact with the family and identify a plan for the next steps to be taken.
C. Determine whether a transfer to investigation is appropriate:
    1) If a transfer is appropriate and relates to the same child maltreatment allegation for which the DR referral was made, the DRT Supervisor will contact the DR Coordinator or designee to request reassignment of the DR referral to the investigative pathway; or;
    2) If a transfer is appropriate and needed due to a new child maltreatment allegation that is unrelated to the DR referral, call the Child Abuse Hotline immediately; or,
    3) If a transfer is not appropriate, conference with DRT Specialist to review/discuss case information (i.e., allegation, risk/safety concerns, immediate needs, and other case specific information).

a) Review and approve Family Assessments, Family Plans, and appropriateness of service referrals, case file documentation, and requests to close family assessment cases.

D. Document all supervisor activities in CHRIS.
E. Regarding families with whom the DRT Specialist cannot make in-person contact, assess information and determine whether DRT Specialist has met due diligence no later than the seventh day after case assignment.
F. Provide consultation to the DRT Specialist as appropriate.

The Differential Response Team (DRT) Specialist will:

A. Prepare for meeting the family by completing the following activities prior to making initial in-person contact with the family:
   1) Interview other persons with information listed on the report.
   2) Contact the family within 24 hours of case assignment to:
      a) Explain Differential Response;
      b) Schedule the initial in-home family visit; and,
      c) Verify the names and dates of birth of all family members and other persons living in the household.
B. Visit the family in the family's home within 72 hours from the time the referral was received at the Child Abuse Hotline (based on the reported needs and/or safety issues of the family, DRT Supervisor may require that the initial contact with the family occur sooner than 72 hours).
C. Provide the following information to the family during the initial in-home visit:
   1) Explanation of Differential Response including the disclosure that participation in the program is voluntary, and that if the family declines to participate in the program the case may be closed or referred for investigation through the Child Abuse Hotline based on assessed risk and/or safety issues. If the family will not allow the worker access to the child or children, the family has declined family assessment services (see Procedure II-C4 for more information);
   2) Differential Response Brochure;
   3) CFS-100: Differential Response Program Authorization for Release of Information (to be completed by family).
D. Gather information during the initial in-home visit through the activities listed below:
   1) Identify information and legal relationships of all household members.
   2) Obtain the names and addresses of any non-custodial parents.
   3) Obtain DHS-81: DHS Consent for Release of information signed by a family member with the authority to give consent.
   4) Complete a Health and Safety Assessment.
      a) If the Health and Safety Assessment identifies safety factors, the DR Specialist will contact the DRT Supervisor to determine whether a call to the Child Abuse Hotline and/or notification to the DR Coordinator or designee is appropriate.
E. Conduct a Division of County Operations (DCO) records check of members of the household if they have not been completed.
F. Request a supervisor conference to review/discuss case information (i.e., allegation, risk/safety concerns, immediate needs, and other case specific information).
G. Document all activities in CHRIS within 24-hours after they are completed (excluding weekends and holidays in which case all activities should be documented on the next business day).
H. If the referral contains inaccurate information (i.e., names, current locations) which the DRT Specialist cannot use to quickly locate the family, take whatever steps are necessary to locate and establish in-person contact with the family.

1) As part of meeting due diligence in establishing in-person contact with the family, complete as many of the following activities necessary depending on circumstances surrounding referral and family:
    a) Conduct the appropriate Division of County Operations (DCO) record checks to attempt to obtain a valid address for the family.
    b) Ask the local, county, and state law enforcement agencies to check their records for information that may locate the child and family.
    c) Ask relatives and friends of the subjects to provide information to help locate the subjects.
    d) Contact the local post office, utility companies, and schools to request a check of their records.
    e) Conduct Lexis Nexis search to attempt to locate the family.
2) If after completion of all the activities listed above, no contact is made with the family by the sixth business day after case assignment, document information on a case contact *(DRT Supervisor will assess the information and determine whether due diligence has been met, no later than the seventh day after case assignment).*
    a) If DRT Supervisor deems that due diligence has been met:
        i. Close assessment as Unable to Locate; or,
        ii. In certain cases where the severity of the allegation and/or other known conditions warrant a reassignment to the investigative pathway, contact the DR Coordinator or designee to determine whether such a reassignment should be made.
            (1) If it is determined that a reassignment to investigations is needed, ask the DR Coordinator to reassign to the investigative pathway.
            (2) If it is determined that a reassignment to investigations is not needed, close assessment as Unable to Locate.

DR Coordinator or designee will:

A. Conference with DRT Supervisor and Specialist regarding cases in which no contact with the family can be made to determine if the assessment should be closed as Unable to Locate or reassigned to the investigative pathway.
    1) If it is determined that the assessment should be reassigned, reassign the referral to the investigative pathway.

Procedure II-C4: Management of Family's Refusal to Participate

10/2012

If the family refuses to participate in the Family Assessment or denies referred services, the DRT Specialist will:

A. Contact the DRT Supervisor within one hour of completion of the initial contact with the family to discuss case information and possible referral to the investigative pathway. Information to be discussed should include:
    1) Referral;
    2) Information obtained from available collaterals;
    3) Observations made during the initial family contact;
    4) Health and Safety Assessment; and,
    5) Other pertinent information.
B. If the DRT Supervisor determines that:

1) Safety factors exist that are related to the child maltreatment allegation for which the DR referral was made:
    a) No other action is required of the DRT Specialist. The DRT Supervisor will contact the DCFS DR Coordinator or designee immediately to request that the report be reassigned to the investigative pathway.
2) Safety factors exist but they are new child maltreatment allegations that were not included in the initial DR referral:
    a) No other action is required of the DRT Specialist. The DRT Supervisor will contact the Child Abuse Hotline immediately to report the new allegations and notify the DR Coordinator or designee of the new suspected allegation(s).
3) There are no safety factors:
    a) Close the case in CHRIS.

The DRT Supervisor will:

A. Discuss and assess case information and possible referral to the investigative pathway with the DRT Specialist. See above for information to be discussed.
B. If it is determined that:
    1) Safety factors exist that are related to the child maltreatment allegation for which the DR referral was made:
        a) Contact the DCFS DR Coordinator or designee immediately to request that the report be reassigned to the investigative pathway.
    2) Safety factors exist but are new child maltreatment allegations that were not included in the initial DR referral:
        a) Call the Child Abuse Hotline immediately to report the new allegation.
        b) Notify the DR Coordinator or designee of the new suspected allegation(s) and that a new call has been made to the Child Abuse Hotline/need for an investigation.
    3) There are no safety factors:
        b) Instruct the DRT Specialist to close the case in CHRIS.

Procedure II-C5: Differential Response Services Management

10/2012

If the parents agree to participate in DR services, the DRT Specialist will:

1) Engage the parents in a comprehensive and collaborative Family Assessment of the family's strengths and needs (and gather other relevant, corresponding information) that may include:
    1) Family's financial status;
    2) Basic educational screening for the children;
    3) Physical health, mental health and behavioral health screening for all family members;
    4) Names and addresses of those persons who provide a support system for the family; and,
    5) Names and addresses of any service providers that have been or are currently involved in providing services to the family.
2) Initiate services to meet any immediate needs of the family, including food, shelter, and clothing.
3) Place a copy of the Family Assessment in the family record.

4) Maintain a minimum of twice weekly contacts with the family, which must include contact with the children in the household, unless the DRT Supervisor and the family determine that the contacts should occur more frequently.
5) Establish a Family Plan with input from the family. The Family Plan will be completed within 14 days of receipt of referral to the hotline. Family Plan can be modified and revised as needed.
6) Identify and implement services to address the causes of the neglect.
7) Assess the family's reasonable progress in resolving the issue that brought them to the attention of the Division.
8) Maintain ongoing contact with the involved service providers as appropriate.
9) Create and maintain community partnerships that will benefit DR client outcomes.
10) Establish an Aftercare Plan with input from the family.
11) Submit the following documents to the DRT Supervisor before formalizing case closure with the family.
    a) Case Closing Summary
    b) Child and Family Service Aftercare Plan
    c) Case note documentation of interviews, contacts and activities
    d) Provider treatment reports
    e) Closing FSNRA and Safety Assessment
12) Close the case in CHRIS upon receiving DRT Supervisor approval for case closure.

The DRT Program Assistant will:

A. Help ensure clients are meeting the Family Plan goals in a DR case.
B. Assist with referrals to services identified in the Family Plan.
C. Provide transportation for clients as needed.
D. Conference with DRT Specialist on family progress.
E. Create and maintain community partnerships that will benefit DR client outcomes.
F. Document all activities in CHRIS within 24 hours of completion (excluding weekends and holidays in which case activities will be documented the next business day).

The DRT Supervisor will:

A. Conference with the DRT Specialist and DRT Program assistant as needed regarding the family's Differential Response case and associated services.
B. Review and approve Family Assessments, Family Plans, and appropriateness of service referrals.
C. Review DR case closure request including :
    1) Case Closing Summary
    2) Child and Family Service Aftercare Plan
    3) Case note documentation of interviews, contacts and activities
    4) Provider treatment reports
    5) Closing Safety Assessment
D. Approve or deny case closure request as appropriate.

Procedure II-C6: Service Extensions

10/2012

If a family involved in a Differential Response case will not be able to complete the Family Plan within 30 days, the DRT Specialist will:

A. Conference with DRT Supervisor regarding reason(s) for which Family Plan cannot be completed.
B. Obtain approval for 15 day extension from DRT Supervisor if appropriate (note: an extension cannot be approved earlier than the 25th day from the day the initial referral was opened).
C. Document approval of 15 day extension in CHRIS.
D. Revise Family Plan (if appropriate) with input from family for family to complete within 15 days.
E. Obtain approval for extended Family Plan (if applicable) from DRT Supervisor.
F. Assist family with implementation of extended Family Plan as appropriate/applicable.
G. Monitor progress of extended Family Plan including maintaining a minimum of twice weekly contacts with the family, which will include contact with the children in the home.
H. If family:
    1) Successfully meets extended Family Plan:
        a) Establish an Aftercare Plan with input from the family.
        b) Submit the following documents to the DRT Supervisor before formalizing case closure with the family.
            i. Case Closing Summary
            ii. Child and Family Service Aftercare Plan
            iii. Case note documentation of interviews, contacts and activities
            iv. Provider treatment reports
            v. Closing Safety Assessment
        c) Close the case in CHRIS upon receiving DRT Supervisor approval for case closure.
    2) Does not complete extended Family Plan:
        a) Conference with DRT Supervisor regarding reasons for which plan is not completed.
        b) Obtain approval from DRT Supervisor for another 15 day extension if appropriate.
        c) Document approval of second 15 day extension in CHRIS.
        d) Revise Family Plan (if appropriate) with input from family for family to complete within 15 days.
        e) Obtain extended Family Plan approval (if applicable) from DRT Supervisor.
        f) Assist family with implementation of Family Plan as appropriate.
        g) Monitor progress of Family Plan including maintaining a minimum of twice weekly contacts with the family, which will include contact with the children in the home.
        h) If family:
            i. Successfully meets extended Family Plan:
                (1) Follow Aftercare Plan and case closure procedure as outlined above.
            ii. Does not successfully meet extended Family Plan:
                (1) Conference with DRT Supervisor and DR Coordinator (or designee) to determine if case should be closed, reassigned as a Supportive Services case, or reassigned as an investigation.
                (2) Close case in CHRIS or reassign as a supportive services or an investigation as appropriate.

If a family involved in a Differential Response case will not be able to complete the Family Plan within 30 days, the DRT Supervisor will:

A. Conference with DRT Specialist regarding reason(s) for which Family Plan cannot be completed.
B. Conference with DRT Specialist regarding monitoring of extended and/or revised Family Plan as applicable.
C. If family:
    1) Successfully meets extended Family Plan:

a) Review DR case closure request including :
    i. Case Closing Summary
    ii. Child and Family Service Aftercare Plan
    iii. Case note documentation of interviews, contacts and activities
    iv. Provider treatment reports
    v. Closing Safety Assessment
b) Approve or deny case closure request as appropriate.

2) Does not successfully meet extended Family Plan:
    a) Conference with DRT Specialist and Program Assistant regarding reasons for which plan is not completed.
    b) If appropriate, request second 15 day extension from DR Coordinator (or designee) at least 3 days prior to the expiration of the first extension.
    c) Conference with DRT Specialist regarding monitoring of extended Family Plans as appropriate.
    d) If family:
        i. Successfully meets second extended Family Plan:
            (1) Follow case closure procedure as outlined above.
        ii. Does not meet second extended Family Plan:
            (1) Conference with DRT Specialist and DR Coordinator (or designee) to determine if case should be closed, reassigned as a supportive services case, or reassigned as an investigation.

DR Coordinator or designee will:

A. Conference with DRT Supervisor regarding reasons for second extension request.
B. Approve or deny second 15 day extension requests as appropriate.
C. Conference with Differential Response Team regarding DR cases that have already been granted two 15 day extensions to determine most appropriate course of action (i.e., case closure, reassignment to supportive services case, or reassignment to an investigation).

DRT Program Assistant will:

A. Help ensure clients are meeting the revised Family Plan goals.
B. Assist with referrals to services identified in revised Family.
C. Conference with DRT Specialist on family progress.
D. Provide transportation for clients as needed.
E. Document all activities in CHRIS within 24 hours of completion (excluding weekends and holidays in which case activities will be documented on the next business day).

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIFFERENTIAL RESPONSE PROGRAM
AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name: _____ CHRIS ID: _____
Mailing Address: _____ Date of Birth: _____

I, _____hereby authorize
(Client or Personal Representative)

_____ to disclose specific information about my case to:
(Name of Provider)

_____ _____
(Recipient Name) *(Recipient Address)*

_____ _____
(Phone #) *(Fax #)*

for the specific purpose of: _____

Types of Information:
(Check all that apply)

☐ Mental Health ☐ Financial ☐ Social History ☐ Education
☐ Medical (specify): _____
☐ Other (specify): _____

I understand that this authorization will expire on the following date, event or condition: _____
_____

I understand that if I do not specify an expiration date or condition, this authorization is valid for up to one year, except for disclosures for financial transactions, wherein the authorization is valid indefinitely. I also understand that I may revoke this authorization at any time and that I will be asked to sign the *Revocation Section* on the bottom of this form.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or my eligibility for benefits. I further understand that I may request a copy of this signed authorization. A copy of this authorization shall be as binding as the original.

Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on whether or not the consent is signed by the client or his/her personal representative. HOWEVER I UNDERSTAND THAT IF I REFUSE TO CONSENT, THE FOLLOWING MAY HAPPEN: _____

_____ _____ _____
(Signature of Client) *(Date)* *(Witness-If Reguired)*

_____ _____ _____
(Signature of Personal Representative) *(Date)* *(Personal Representative Relationship/Authority)*

REVOCATION SECTION

I do hereby request that this authorization to disclose information of _____
(Name of Client)
signed by _____ on _____ be rescinded
(Name of Person Who Signed Authorization) *(Date of Signature)*
effective _____ . I understand that any action taken on this authorization prior to the
(Date)
rescinded date is legal and binding.

_____ _____ _____
(Signature of Client) *(Date)* *(Signature of Witness)*

POLICY II-A: ASSESSING FAMILIES IN RELATION TO STRENGTHS & NEEDS

10/2012

The assessment of a family's strengths and needs is the basis for developing individualized goals and identifying services to meet the family's needs. The family shall be the primary source of information for the assessment with emphasis on the partnership with the family and a holistic view of their circumstances.

Family assessment is an approach to engaging families while also collecting and organizing information at critical decision points in every case. As such, family assessments will be conducted throughout the life of a case from referral to reunification, as applicable. Conducting a thorough assessment of family functioning, while evaluating risk and/or safety factors that are barriers to family functioning as well as protective factors that may mitigate risks and/or safety factors, promotes best practice.

In assessing the family's strengths and needs, a structured decision-making process will be utilized. A series of tools will be employed as appropriate to the case type to help make assessments and inform a plan designed to respond to assessment results. These tools include:

A. **Health and Safety Assessment;**
B. **Investigation Risk Assessment; and,**
C. **Family Strengths, Needs, and Risk Assessment (FSNRA) or, for Differential Response, the Family Strengths and Needs Assessment (FSNA).**

The Health and Safety Assessment will be used for all cases to assess safety factors posing an immediate danger to a child's health or physical well-being.

The Investigation Risk Assessment will only be used for investigations (i.e., not for Differential Response or voluntary supportive services cases). The use of these tools in the structured-decision making process does not replace professional judgment. The Investigation Risk Assessment is completed in conjunction with the Health and Safety Assessment during the investigation of an allegation of child maltreatment. The Investigation Risk Assessment assists in determining the likelihood of future abuse to a child and to establish a baseline level of risk for completing the Family Strengths, Needs, and Risk Assessment.

The Family Strengths, Needs, and Risk Assessment (FSNRA) will be used for all cases with the exception of Differential Response cases. For Differential Response, the Family Strengths and Needs Assessment (FSNA) will be used. The Family Strengths, Needs, and Risk Assessment and the Family Strengths and Needs Assessment are tools used to evaluate the family's strengths, needs, and, in the case of the FSNRA, any risks identified within the family's social functioning. The FSNRA and FSNA will be completed throughout the life of an open case. The worker will meet several times with the family to conduct a thorough and complete assessment and to ensure family involvement.

For Differential Response cases, the FSNA and resulting Family Plan will be completed within 14 days from receipt of referral.

For Supportive Services and Protective Services cases the FSNRA and resulting case plan will be completed within 30 days of case opening, within 90 days of case opening, and every six months thereafter to correspond with required case staffings.

The FSNRA for Out-Of-Home Placement cases will be completed within 30 days of the child entering Out-Of-Home Placement or case opening, whichever occurs first. The second FSNRA for Out-Home-Placement cases will be completed 90 days after the child enters care, and every three months thereafter if appropriate. The FSW and his/her supervisor will determine if there is a need to update the FSNRA every three months on a case-by-case basis.

In all cases the FSW will determine if there are major changes in the case and if there is a need to conduct a reassessment of risk, safety, and protective factors, as appropriate. The FSNRA and FSNA may be revised at any time, but they must be completed within the timeframes outlined above and require an update of the case plan (i.e., the case plan must be updated each time the FSNRA or FSNA is revised). The FSNRA and FSNA must be completed as applicable before a case can be closed.

POLICY II-B: SUPPORTIVE SERVICES

10/2012

The Division shall accept referrals for services for children and families who need assistance in a wide range of problems based on family need. Such referrals will not come through the Child Abuse Hotline. Families who need assistance may accept services on a voluntary basis. If the family accepts, a Supportive Services case will be opened. Supportive Services are generally time-limited for a period of three months.

Supportive Services are intended to protect children, to help parents in their child-rearing role, to strengthen family functioning, and to promote the healthy development and social functioning of children. Services may be provided directly by DCFS staff or in combination with purchased services, or by referral to another appropriate agency.

PROCEDURE II-B1: Community & Self Referrals for Supportive Services

The Family Service Worker will:

A. Accept referrals from families, community agencies, or other DHS Divisions via the DHS-3300: Information and Referral.
B. Begin to collect and assess information about the family's strengths and needs utilizing the FSNRA.
C. Refer to other Divisions/agencies as appropriate via the DHS-3300.

PROCEDURE II-B1: Assessing Families in Relation to Strengths & Needs

02/2010

The Family Service Worker will:

A. Open a Protective Services or Supportive Services case, as appropriate, with procedures given in "Services Case Opening", Procedures III-A1 and III-A2.
B. Open a protective services case if there is a true report of child maltreatment or if there is a court order for protective services
C. Open a protective services case for all true but exempt Garrett's Law cases to establish a plan of safe care.
D. Open a supportive services case if the family is in need of services offered by the Division and the family is willing to accept the services voluntarily.
    1) Supportive Services are generally time-limited for a period of three months.
    2) Clients in either category should have access to the full array of available, appropriate services.
    3) The Child Maltreatment Assessment is not necessary for a supportive services case.
E. Begin to collect and assess information about the strengths and needs of the family.
F. Complete the "Case Connect" screen in "Referral/Investigation" section, if an investigation is connected to a new or existing case number.
G. Go to "Workload", "Case" in CHRIS and complete the automated "Family Strengths and Needs Assessment" found within the "Case Plan", "Assessment", section of CHRIS on the "Family" and "Child" screens.
H. Take this action within 30 days from the "Open Date" established by the Case Connection. This report will be printed from CHRIS and may be the result of several family sessions.