

CHILD PROTECTION SERVICES
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR INTAKE / ASSESSMENT / INVESTIGATION

2.2 THE REFERRAL PROCESS

Council on Accreditation Standard

The Council on Accreditation Standard G8.1 (Screening and Intake) links to and supports Standard 2.2 *The Referral Process*.

Administrative Code

The Ohio Administrative Code Rules 5101:2-34-06 (Screening Child Abuse and Neglect Reports) and 5150:2-34-32 (PCSA Requirements for Assessments and Investigations) address Standard 2.2 *The Referral Process*.

I. Philosophy

All child protection services and activities flow from the referral process. Public CFSA's receive referrals from numerous sources. The family may make a self-referral or the referral may come from mandated reporters, concerned citizens, extended family members, or anonymous sources. It is the responsibility of the public CFSA to actively listen and ask specific questions to obtain all available information from the referent regarding the circumstances that led to the referral.

Incomplete information can lead to the further endangerment of children at risk or to an ineffective use of limited agency resources. Decisions made by the public CFSA regarding level of risk to the alleged victim are based on referent information. Therefore, it is imperative that the public CFSA takes an active role in obtaining factual, accurate, and complete information.

The public CFSA is charged with the responsibility of screening information received from the referent to determine whether or not a child is at-risk of abuse or neglect. While the public CFSA must be diligent in its collection and verification of information to make screening determinations, it must do so while balancing the protection of the child with its intrusion into the family's life.

II. Outcome

Sufficient information is collected to determine whether public CFSA involvement is warranted.

III. Evaluation

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- data on referrals, incident reports, and assessments initiated;
- data on the percentage of referrals and incident reports with an assessment initiated;
- data on the percentage of emergency incidents reported;
- determined risk levels of cases;
- information gathered from referral sources (i.e. mandated reporters).

IV. Standards for Implementation

A. Level of Phone Screener Education and Experience

1. To ensure that the information collected is complete and accurate, the assigned staff should have:
 - a. a bachelor's degree in human services or related field; or
 - b. an associate's degree in human services or related field and a minimum of six months experience in a child welfare setting; or
 - c. under limited circumstances, such as employees without a degree, a minimum of one year of direct experience in a child welfare setting.
2. Regardless of the type of post-secondary school degree or experience, all assigned staff should be required to complete the following training within the first year of service:
 - a. the Ohio Child Welfare Training Program, Core Training for Caseworkers;
 - b. specific training on crisis intervention (including de-escalation and telephone etiquette) and advanced interviewing techniques;
 - c. the agency's in-house training on Intake policies and procedures; and
 - d. training on software applications (i.e., FACSIS, FAPT, CRIS-E, SETS, offender search on internet).
3. Subsequent training after the first year should include:
 - a. advanced training in family assessment training (i.e., Building Skills in Risk Assessment), by second year;
 - b. training in personal safety;
 - c. any other agency required training; and
 - d. ongoing computer training as needed.

B. Information Needed When Taking a Referral

- 1) Staff who are responsible for receiving referrals should be provided with a set of questions consistent with the philosophy of the risk assessment process to assist in the gathering of information.
- 2) The public CFSA should make contact with collateral sources to obtain additional information and/or seek verification of existing information, if necessary.
- 3) The following lists may be expanded by the public CFSA. However, staff should actively seek to collect the following information to make an informed determination as to the need for agency involvement:
 - a. Referent Information
 - i. the name, address, phone number of the referent (if not anonymous);
 - ii. the source of knowledge, others who have knowledge of incident;
 - iii. the relationship of referent to alleged child victim, mandated reporter;
 - iv. whether or not the referent is a mandated reporter;
 - v. the motivation of referent making the referral;
 - vi. the length of time referent has known of the alleged abuse or neglect;
 - vii. any other action that has been taken (e.g., photographs, medical attention, removal of child, notification of law enforcement, other professionals involved);
 - viii. any other identifying information.

- b. Information on Child(ren)
 - i. the name of the child victim and other children in the home, address, and phone number;
 - ii. the child(ren)'s date of birth, gender, social security number;
 - iii. the ethnicity/race of the child(ren);
 - iv. the school they attend and grade level;
 - v. the child(ren)'s behavior and level of functioning;
 - vi. the child(ren)'s ability to self-protect;
 - vii. the place, date, and time the alleged abuse occurred and the type, extent, severity, and duration-frequency of the alleged abuse or neglect;
 - viii. the child's current condition and whether the child is currently safe;
 - ix. the current location of alleged child victim;
 - x. if there have been prior suspected incidents of abuse or neglect incurred by the alleged child victim or other children in the home;
 - xi. any interventions used in the past to reduce child's risk in his own home or out-of-care setting;
 - xii. relationship to legal custodian.

- c. Information on Involved Adults
 - i. parent's name, address, phone number, place of employment, social security number;
 - ii. the name, address, phone number, place of employment, and social security number of primary caregiver, if different from parent;
 - iii. the name, address, phone number, place of employment, social security number of legal custodian and relationship to child;
 - iv. any aliases (a.k.a.);
 - v. the behavior and intellectual functioning of the primary caregiver;
 - vi. the willingness/ability of caretaker to protect child;
 - vii. whether there are other adults in the home;
 - viii. whether the primary caregiver is aware of the referral;
 - ix. the list and location of family members, friends, and neighbors who may be helpful, and their role in the family system;
 - x. the history of substance abuse in the family;
 - xi. any assaultive behavior, or history of domestic violence;
 - xii. any history of previous child abuse or neglect reports.

- d. Alleged Perpetrator Information
 - i. the name, address, telephone number, age/D.O.B., social security number;
 - ii. the place of employment, including address and telephone number;
 - iii. the gender, ethnicity/race, description;
 - iv. the relationship to alleged child victim;
 - v. whether there is access to alleged child victim;
 - vi. if the alleged perpetrator victimized other children in/outside of the home;
 - vii. past criminal history;
 - viii. any substance abuse ;
 - ix. any aliases (a.k.a.);
 - x. the behavior, functioning level;
 - xi. automobile make, model, and license plate number.

- e. Safety Considerations for Intake Assessment Staff
 - i. weapons in home;
 - ii. family or household members have a history of assaultive behavior;
 - iii. domestic violence;
 - iv. drug/alcohol use;
 - v. criminal activity, drug dealing;
 - vi. animals in home;
 - vii. client mental illness and /or non-compliance with illness;
 - viii. other.
- f. Special Considerations
 - i. language;
 - ii. cultural considerations;
 - iii. accessibility;
 - iv. other.
- g. Out-of-Home Care Settings
 - i. the number and names (if possible) of children under care of alleged perpetrator;
 - ii. the names of any witnesses;
 - iii. the licensing authority for the out-of-home care setting;
 - iv. the name, address and phone number of the administrator.

C. Screening Out Referrals

- 1) The public CFSA should have a written screening policy and accompanying procedures that outline the criteria for screening referrals of abuse or neglect.
- 2) The public CFSA should screen out referrals when:
 - a. the alleged child victim is identified as an "unruly" or "delinquent", unless at risk of abuse or neglect;
 - b. the primary concern identified by the referent is the child's mental illness (unless parent fails to obtain services);
 - c. the alleged child victim is 18 years or older, regardless of a physical or mental handicap*;
 - d. the referral is a foster care or child care rules violation and not a report of abuse or neglect;
 - e. alleged abuse is sexual experimentation between children which is non-abusive exploratory behavior, with mutual interaction between children in the same developmental stage, that occurs without coercion, force, or enticement;
 - f. the physical or sexual assault is perpetrated by a stranger and therefore, a law enforcement matter (the role of the public CFSA should be determined by the county Memorandum of Understanding (MOU), and the agency should rule out that there are no elements of neglect by the family*);
 - g. parent is alleged to abuse drugs/alcohol and there are no alleged effects on the care of the children.
- 3) When the public CFSA does not receive sufficient information to accept a referral as a report, the public CFSA should access available resources within 3 working days (e.g., phone book, Crisscross Directory, City Directory, past case records, identified collateral contact, etc.).
- 4) When a records check positively identifies the referral as a duplication of a previously investigated and dispositioned report (with no new information

provided) and it is identified as the same exact incident, the referral should be screened out.

- 5) When it is determined that a referral should be screened out, a simultaneous determination should be made as to what other community resources would be of benefit and assistance to the child and family. The Staff should provide appropriate information to link the referent to the identified resource and document the referral.
- 6) When information is sufficient to make an informed decision that the referral does not rise to the level of abuse and neglect, it should be screened out. The Staff should inform the referent, if possible, of the decision and the rationale.
- 7) A screened out referral should be justified and documented and signed off on by the executive director (or designee) and retained for at least a year in a manner that allows for easy retrieval.

**This standard is based on effective practice, however, it does not currently comply with the Ohio Revised Code or the Ohio Administrative Code.*

V. Financial Implications

The PCSAO County Child Protection Workload Analysis estimates that Standard 2.2, *Screening and the Referral Process* involving report screening (including receipt of referral, records check, collateral contacts check, evaluation/ consultation, priority rating, information and referral, and documentation) takes an average of 1.15 hours. The estimated agency cost for screening is \$95.80/hr based on recent salary information, benefits, and overhead costs.

\$95.80 agency cost of screening x 1.15 hours = \$110.17