



Arkansas Department of Human Services Division of Children and Family Services

700 Main Street, Donaghey Plaza South, 5th Floor
P.O. Box 1437, Slot S560
Little Rock, Arkansas 72203-1437
Telephone (501) 682-8008 TDD (501) 682-1442 FAX (501) 682-6968

October 17, 2014

Varnaria Vickers-Smith, Legislative Analyst
Senate Interim Children and Youth Committee and the
House Aging, Children and Youth, Legislative and Military Affairs Committee
Arkansas Bureau of Legislative Research
One Capital Mall, 5th Floor, Room R-516
Little Rock, AR 72201

RE: Initial Filing - Regular Promulgation

Dear Ms. Vickers-Smith:

Please place the Division of Children & Family Services on the Children & Youth Committee agenda for review of the Rules as listed on the Questionnaire. The public comment period is from October 17, 2014 to November 15, 2014, with an effective date of January 1, 2015.

Enclosed are copies of the Questionnaire, Summary of Changes, Financial Impact Statement and Rule.

If you have any questions or comments, please contact Christin Harper, Policy & Professional Development Administrator, Division of Children and Family Services, P.O. Box 1437, (Slot S570), Little Rock, Arkansas 72203-1437; phone 682-8541; email christin.harper@arkansas.gov or fax 682-6968.

Sincerely,


Cecile Blucker

Director, Division of Children and Family Services



BUREAU OF LEGISLATIVE RESEARCH

DEPARTMENT OF HUMAN SERVICES
Division of Children and Family Services
AMENDING ADMINISTRATIVE REGULATIONS

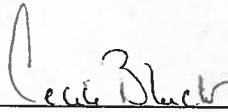
TITLE: **Revised Rule**
• Policy II-C: Differential Response and related procedures

PROPOSED EFFECTIVE DATE: January 1, 2015

STATUTORY AUTHORITY: A.C.A. 9-28-103

NECESSITY AND FUNCTION: **Revised Rule**
• Policy II-C: Differential Response and related procedures
○ Add allegations that can be referred to the Differential Response pathway ;
○ Clarify that any new Priority I allegations discovered during a Differential Response initiation will be immediately reported to the hotline while any new Priority II allegations discovered during a DR initiation will added to the initial DR referral.

PAGES FILED:



Signature

Name: Cecile Blucker Title: Director

Section: Division of Children and Family Services

Department of Human Services

PROMULGATION DATES: October 17-November 15, 2014

CONTACT PERSON: Christin Harper
DHS-DCFS Policy Unit
Phone: (501) 682-8541
Fax: (501) 683-4854
Email: christin.harper@arkansas.gov

NOTICE OF RULE MAKING

Pursuant to A.C.A. § 9-28-103, the Director, Division of Children and Family Services, issues proposed changes to the Division's Differential Response policy to:

- Add allegations that can be referred to the Differential Response pathway;
- Clarify that any new Priority I allegations discovered during a Differential Response initiation will be immediately reported to the hotline while any new Priority II allegations discovered during a DR initiation will added to the initial DR referral.

The proposed changes are available for review at the Division of Children and Family Services, Policy Unit, 5th floor Donaghey Plaza South, 7th and Main Streets, Little Rock, AR. 72203-1437. All comments must be submitted in writing to the Policy Unit no later than November 15, 2014. All the proposed changes may be viewed in their entirety at

<https://ardhs.sharepointsite.net/CW/Notice%20of%20Rule%20Making/Forms/AllItems.aspx>.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 501- 682-8830 (Voice) or 501- 682-1442 (TDD). The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color or national origin.



Cecile Blucker
Director, Division of Children and Family Services



Date

ARKANSAS STATE LIBRARY



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Documents Services • Arkansas State Library
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501-682-2326 phone; 501-682-1532 FAX

For Office Use Only

Effective Date: _____ **Classification Number:** _____

Name of Agency: Division of Children and Family Services

Contact Person: Christin Harper

Telephone: (501) 682-8541

Statutory Authority for Promulgating Rules: A.C.A. §9-28-103

Title of Rule: Revisions to Differential Response Policy and Procedure

Rule Status	Effective Date Status	Effective Date
<input type="checkbox"/> New Rule/Regulation	<input type="checkbox"/> Emergency	
<input checked="" type="checkbox"/> Amended Rule/Regulation	<input type="checkbox"/> 10 Days after filing	
<input type="checkbox"/> Repealed Rule/Regulation	<input checked="" type="checkbox"/> Other	January 1, 2015
<input type="checkbox"/> Order	<input type="checkbox"/> Repealed	
<input type="checkbox"/> Emergency Rule/Regulation	Adopted by State Agency	

Rule above is proposed and will be replaced by final version

Financial and/or Fiscal Impact Statement Attached

Certification of Authorized Officer

I hereby certify that the attached rules were adopted in compliance with Act 434 of 1967 as amended.

Signature: _____

Date: _____

Title: Director, Division of Children and Family Services

ARKANSAS REGISTER

Transmittal Sheet

* Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State
Mark Martin
State Capitol, Suite 026
Little Rock, Arkansas 72201-1094
(501) 682-3527
www.sos.arkansas.gov



For Office
Use Only:

Effective Date _____ Code Number _____

Name of Agency Department of Human Services

Department Division of Children and Family Services

Contact Christin Harper E-mail christin.harper@dhs.arkansas.gov Phone 501-682-8541

Statutory Authority for Promulgating Rules _____ A.C.A. § 9-28-103

Rule Title: Revisions to Differential Response Policy and Procedures

Intended Effective Date
(Check One)

- Emergency (ACA 25-15-204)
- 30 Days After Filing (ACA 25-15-204)
- Other 01/01/2015
(Must be more than 30 days after filing date.)

	Date
Legal Notice Published	<u>10/17/2014</u>
Final Date for Public Comment	<u>11/15/2014</u>
Reviewed by Legislative Council	_____
Adopted by State Agency	<u>01/01/2015</u>

Electronic Copy of Rule submitted under ACA 25-15-218 by:

Christin Harper _____ christin.harper@dhs.arkansas.gov _____
Contact Person E-mail Address Date

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 the Arkansas Administrative Procedures Act. (ACA 25-15-201 et. seq.)

Cecile Blucker
Signature
501-682-8008 _____
Phone Number E-mail Address cecile.blucker@dhs.arkansas.gov
Director
Title
10/17/14
Date

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

DEPARTMENT/AGENCY Department of Human Services
DIVISION Division of Children and Family Services
DIVISION DIRECTOR Cecile Blucker
CONTACT PERSON Christin Harper, Policy & Professional Development Administrator
ADDRESS P. O. Box 1437, Slot S570, Little Rock, AR 72203-1437
PHONE NO. (501)682-8541 FAX NO. (501) 683-4854 E-MAIL christin.harper@dhs.arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Christin Harper
PRESENTER E-MAIL christin.harper@dhs.arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

**Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201**

1. What is the short title of this rule? Revisions to Differential Response Policy and Procedures
- Add allegations that can be referred to the Differential Response pathway;
 - Clarify that any new Priority I allegations discovered during a Differential Response initiation will be immediately reported to the hotline while any new Priority II allegations discovered during a DR initiation will added to the initial DR referral.
2. What is the subject of the proposed rule? _____
3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No
If yes, please provide the federal rule, regulation, and/or statute citation. _____
4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes No
If yes, what is the effective date of the emergency rule? _____

When does the emergency rule expire? _____

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act?

Yes

No

5. Is this a new rule? Yes No

If yes, please provide a brief summary explaining the regulation. _____

Does this repeal an existing rule? Yes No

If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. _____

Is this an amendment to an existing rule?

Yes

No

If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. A.C.A. § 9-28-103

7. What is the purpose of this proposed rule? Why is it necessary?

- Add allegations that can be referred to the Differential Response pathway -- human bites, sprains/dislocations striking a child age seven or older on the face, striking a child with a closed fist, throwing a child unless these allegations occurred: 1) Less than one year ago; and/or, 2) If the caller to the hotline can verify an injury either through physical signs (e.g., scarring), medical information, dated photographs, etc. If these allegations meet the criteria above, then these allegations will be referred to the investigative pathway;
- Clarify that any new Priority I allegations discovered during a Differential Response initiation will be immediately reported to the hotline while any new Priority II allegations discovered during a DR initiation will added to the initial DR referral.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

AR Secretary of State Website

DHS/DCFS CHRIS public:

<https://ardhs.sharepointsite.net/CW/Notice%20of%20Rule%20Making/Forms/AllItems.aspx>

9. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

November 15, 2014

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

January 1, 2015

12. Do you expect this rule to be controversial? Yes No

If yes, please
explain. _____

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

We do not know of any specific groups of persons who would comment.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services
DIVISION Division of Children and Family Services
PERSON COMPLETING THIS STATEMENT Cecile Blucker
TELEPHONE NO. (501)682-6248 **FAX NO.** (501) 682-6968 **EMAIL:** cecile.blucker@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Revisions to Differential Response Policy and Procedures

1. Does this proposed, amended, or repealed rule have a financial impact? Yes No
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes No
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;
- _____

- (b) The reason for adoption of the more costly rule;
- _____

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;
- _____

- (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.
- _____

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

- (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____

Revenue _____
Other (Identify) _____

Other (Identify) _____

Total 0.00

Total 0.00

(b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total 0.00

Total 0.00

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

\$ 0.00

Next Fiscal Year

\$ 0.00

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ 0.00

Next Fiscal Year

\$ 0.00

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:

(a) justifies the agency's need for the proposed rule; and

- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
 - (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
 - (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
 - (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

DCFS SUMMARY OF CHANGES FOR OCTOBER 2014 PROMULGATION

SUMMARY OF DCFS REGULAR PROMULGATION

The purpose of this regular promulgation is to make revisions to the Differential Response policy and related procedures to:

- Add allegations that can be referred to the Differential Response pathway;
- Clarify that any new Priority I allegations discovered during a Differential Response initiation will be immediately reported to the hotline while any new Priority II allegations discovered during a DR initiation will added to the initial DR referral.

POLICY II-C: DIFFERENTIAL RESPONSE

01/2015

OVERVIEW

Differential Response (DR) is a family engagement approach 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. The goals of Differential Response are to prevent removal from the home and strengthen the families involved. As with investigations, Differential Response is initiated through accepted Child Abuse Hotline reports and focuses on the safety and well-being of the child and promotes 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 an approach 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 will be used to create a Family Plan, if applicable, 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
 - 9) Human bites
 - 10) Sprains/dislocations
 - 11) Striking a child age seven or older on the face

- 12) Striking a child with a closed fist
- 13) Throwing a child

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 five or a child five years of age and older 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. Educational Neglect reports involving a child that was never enrolled in an educational program.
- C. Environmental Neglect reports involving a child or children under the age of three; and those situations in which the hotline assesses an immediate danger to the child's health or physical well-being based upon the severity.
- D. Lock out reports involving a child or children under the age of ten; and those situations in which the hotline assesses an immediate danger to the child's health or physical well-being based upon the severity.
- E. 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.
- F. Reports of human bites, sprains/dislocations, striking a child age seven or older on the face, striking a child with a closed fist, and throwing a child when these allegations occurred:
 - 1) Less than one year ago; and/or,
 - 2) If the caller to the hotline can verify an injury either through physical signs (e.g., scarring), medical information, dated photographs, etc.

If upon initial DR contact with the family it is determined that there are additional children in the home who were not included in the hotline report and whose ages would, as outlined above, prohibit assignment to the Differential Response pathway, the DRT Supervisor and Specialist shall assess on a case by case basis whether a case will remain a DR case or be reassigned to the investigative pathway.

DIFFERENTIAL RESPONSE TIMEFRAMES

Face-to-face contact with the victim child(ren) and at least one parent/caregiver involved in a Differential Response report must take place in the victim child(ren)'s home within 72 hours of receipt of the initial hotline report. All other household members must be seen face-to-face within five days of receipt of the initial hotline report. 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 and strengths, 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 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 may be closed. However, if DCFS is unable to conduct a Health and Safety Assessment and/or the case information indicates that a refusal to participate in the DR Family Assessment or associated services compromises a child's safety, the case will be reassigned to the investigative pathway.

If upon initial contact with the family an additional Priority II child maltreatment allegation (not related to the allegation connected to the DR referral provided by the Child Abuse Hotline) is identified by the DR Team, the DRT Specialist will contact the DCFS DR Coordinator or designee to add the additional Priority II allegation to the DR referral.

If upon initial contact with the family a Priority I child maltreatment allegation is identified by the DR Team, the DRT Specialist will immediately call the Child Abuse Hotline to the report the new Priority I allegation and then notify the DR Coordinator or designee of the new Priority I report.

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

01/2013

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 will 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. 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.
- F. 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.
- G. Inform the caller if the report does not constitute a report of child maltreatment and make appropriate referrals.
- H. 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

05/2014

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, excluding evenings, weekends, and holidays, provided initial face-to-face contact with the victim child(ren) and at least one parent/caregiver is made in the home within 72 hours of receipt of initial hotline report.

Procedure II-C3: Differential Response Initiation and Family Assessment

05/2014

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). Keep in mind that initial face-to-face contact with the victim child(ren) and at least one parent/caregiver must be made in the home 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 face-to-face contact with the victim child(ren) and at least one parent/caregiver 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 due to a safety factor being present for 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 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 within twenty-four hours of completion of each activity. (excluding weekends and holidays in which case information will be entered on the next business day).
- E. Regarding families with whom the DRT Specialist cannot make face-to-face 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 face-to-face contact with the family:
 - 1) Interview other persons, including the individual(s) who called the report into the hotline, with information listed on the report;
 - 2) Conduct a Division of County Operations (DCO) records check of members of the household;
 - 3) Conduct a CHRIS history search prior to contacting the family unless the report is received after hours or during the weekend or a holiday; and,
 - 4) Contact the family by phone within 24 hours of case assignment, if a phone number is provided in the report and/or if appropriate considering initiation timeframe requirements to:
 - a) Explain Differential Response;
 - b) Schedule the initial in-home family visit that will include at least the victim child(ren) and one parent/caretaker; and,
 - c) Verify the names and dates of birth of all family members and other persons living in the household.
- B. Consider the DR report initiated when:
 - 1) The health and safety of victim child(ren) in the family's home has been assessed within 72 hours from the time the referral was received from the Child Abuse Hotline, and the DRT Specialist has also met with at least one parent/caregiver in the 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).
 - 2) A health and safety assessment of the victim child(ren) could not be made but due diligence has been exercised and documented within 72 hours of receipt of the hotline referral.
 - a) Due diligence must include making an announced (or unannounced, if needed) visit to the child's home at least three times at different times of the day or on different days (provided the three visits are within the appropriate DR initiation timeframes) in an attempt to assess the health and safety of the victim child(ren).
 - b) In addition, completion of as many of the following activities necessary is required as part of meeting due diligence in establishing face-to-face contact with the victim child(ren) and at least one parent/caretaker:
 - i. Contacting the reporter again if the reporter is known;
 - ii. Visiting or contacting the child's school, child care facility, and all other places where the child is said to be located;

- iii. Sending a certified letter to the location given by the reporter, if attempts to locate the child have failed;
 - iv. Contacting appropriate local Division of County Operations staff and requesting research of the AASIS and ANSWER systems and other files to obtain another address.
 - v. Asking the local, county, and state law enforcement agencies to check their records for information that may locate the child and family.
 - vi. Asking relatives and friends of the subjects to provide information to help locate the subjects.
 - vii. Contacting the local post office, utility companies, and schools to request a check of their records.
 - viii. Conducting Lexis Nexis search to attempt to locate the family.
- c) If after completion of all the due diligence 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*).
- d) 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.
- C. Provide the following information to the parent/caregiver and other household members 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.
 - a) 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: Management of Family's Refusal to Participate for more information);
 - 2) PUB-85: Differential Response: A Family-Centered Response to Strengthen and Support Families;
 - 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.
 - a) If it is discovered that there are additional children in the home who were not included in the hotline report and whose ages would prohibit assignment to the DR pathway, conference with DRT Supervisor to assess on a case-by-case basis whether a case will remain a DR case or be reassigned to the investigative pathway.
 - 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 for the family.

- 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. Request a supervisor conference to review/discuss case information (i.e., allegation, risk/safety concerns, immediate needs, and other case specific information).
- F. Document all activities, including the Health and Safety Assessment, in CHRIS within 24 hours after they are completed (excluding weekends and holidays in which case all activities will be documented on the next business day).
- G. Visit with all other household members within five days from the time the referral was received at the child abuse hotline.
- H. Update the Health and Safety Assessment in CHRIS for the family after all household members have been contacted.

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

01/2013

When working with a family who refuses to participate, the DRT Specialist will:

- A. If the DRT Specialist has been unable to conduct a Health and Safety Assessment, inform the family that the DRT Specialist must refer the case to the investigative pathway.
 - 1) Conference with DRT Supervisor immediately and contact DR Coordinator for reassignment of case to the investigative pathway.
- B. If the DRT Specialist is able to conduct a Health and Safety Assessment but the family does not otherwise want to participate in a DR case, ask the family to contact the DRT Specialist within 24 hours of the denial if the family members reconsider and decide to participate in the Family Assessment or related services.
 - 1) 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.
 - 2) 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) The DRT Specialist will contact the Child Abuse Hotline immediately to report the new allegations and notify the DRT Supervisor or designee of the new suspected allegation(s).
 - 3) There are no safety factors:
 - a) Close the case in CHRIS.
- C. If, after reconsideration, the family ultimately contacts the DRT Specialist to request participation in a DR case and an investigation has not been opened on the family:
- 1) Continue the DR case in CHRIS if the DR report/case has not yet been closed; or,
 - 2) Open a Supportive Services case in CHRIS if the DR report/case has already been closed 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) Conference with the DRT Specialist regarding safety factor(s).
 - b) Notify the DR Coordinator or designee of the new suspected allegation(s) and that the DRT Specialist has made a new call to the Child Abuse Hotline/need for an investigation.
 - 3) There are no safety factors:
 - a) Instruct the DRT Specialist to close the case in CHRIS.

The DRT Coordinator will:

- A. Reassign any DR case in which the DRT Specialist is unable to conduct a Health and Safety Assessment to the investigative pathway.

Procedure II-C5: Differential Response Services Management

05/2014

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

- A. Engage the parents in a comprehensive and collaborative Family Assessment of the family's strengths and needs (and gather other relevant, corresponding information) within 14 days of receipt of referral from the Child Abuse Hotline. The Family Assessment 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.
- B. Initiate services to meet any immediate needs of the family, including food, shelter, and clothing.

- C. Place a copy of the Family Assessment in the family record.
- D. Maintain a minimum of twice weekly contacts with the family, which must include contact with the children as appropriate in the household, unless the DRT Supervisor and the family determine that the contacts should occur more frequently.
 - 1) While the initial home visit/contact must be conducted by the DRT Specialist and include face-to-face contact with at least the victim child(ren) and one parent/caregiver, the DRT Specialist may ask the DRT Program Assistant to make subsequent contacts with the family provided the majority of the face-to-face contacts are conducted by the DRT Specialist.
 - 2) Children do not necessarily have to be seen at each subsequent face-to-face family contact if primary purpose of a specific contact is to discuss issues and/or services relating directly to the parent(s) and provided DRT Specialist has assessed, based on previous contacts and other information, that children's safety is ensured for the time being and will be reassessed at a subsequent face-to-face contact with the children.
- E. 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. The Family Plan can be modified and revised as needed.
- F. Identify and implement services to address the causes of the neglect.
- G. Assess the family's reasonable progress in resolving the issue that brought them to the attention of the Division.
- H. Maintain ongoing contact with the involved service providers as appropriate.
- I. Create and maintain community partnerships that will benefit DR client outcomes.
- J. Establish an Aftercare Plan with input from the family.
- K. Submit the following documents to the DRT Supervisor before formalizing case closure with the family.
 - 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) Updated FSNA and Health and Safety Assessment
- L. Participate in a closure staffing with the DRT Supervisor to discuss the closure request.
- M. 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. Assist DRT Specialist in maintaining contact with the family provided the DRT Specialist conducts the initial face-to-face contact and the majority of subsequent family contacts. Some PA contacts may be made by phone provided documentation supports that health and safety of children will still be ensured.
- E. Conference with DRT Specialist on family progress.
- F. Create and maintain community partnerships that will benefit DR client outcomes.
- G. 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) Updated FSNA and Health and Safety Assessment
- D. Hold a closure staffing with the DRT Specialist to discuss the closure request and determine if the request will be approved or denied.
- E. Approve or deny case closure request as appropriate.

Procedure II-C6: Service Extensions

05/2014

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. Updated FSNA and Health and 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. Updated FSNA and Health and 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.

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).

CLEAN

POLICY II-C: DIFFERENTIAL RESPONSE

0105/20154

OVERVIEW

Differential Response (DR) is a family engagement approach 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. The goals of Differential Response are to prevent removal from the home and strengthen the families involved. As with investigations, Differential Response is initiated through accepted Child Abuse Hotline reports and focuses on the safety and well-being of the child and promotes 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 an approach 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 will be used to create a Family Plan, if applicable, 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
 - 9) Human bites
 - 10) Sprains/dislocations
 - 11) Striking a child age seven or older on the face

12) Striking a child with a closed fist

8)13) Throwing a child

MARKUP

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 five or a child five years of age and older 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. Educational Neglect reports involving a child that was never enrolled in an educational program.
- C. Environmental Neglect reports involving a child or children under the age of three; and those situations in which the hotline assesses an immediate danger to the child's health or physical well-being based upon the severity.
- D. Lock out reports involving a child or children under the age of ten; and those situations in which the hotline assesses an immediate danger to the child's health or physical well-being based upon the severity.
- E. 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.
- F. Reports of human bites, sprains/dislocations, striking a child age seven or older on the face, striking a child with a closed fist, and throwing a child when these allegations occurred:
 - 1) 1) Less than one year ago; and/or,
 - 2) 2) If the caller to the hotline can verify an injury either through physical signs (e.g., scarring), medical information, dated photographs, etc.

E.

If upon initial DR contact with the family it is determined that there are additional children in the home who were not included in the hotline report and whose ages would, as outlined above, prohibit assignment to the Differential Response pathway, the DRT Supervisor and Specialist shall assess on a case by case basis whether a case will remain a DR case or be reassigned to the investigative pathway.

In addition, if it is determined upon initial DR contact that an unreported safety factor exist, the DR Specialist shall 1) Call in a new report if it is a Priority I allegation, or 2) add the new allegation to the current case if it is a Priority II allegation.

DIFFERENTIAL RESPONSE TIMEFRAMES

Face-to-face contact with the victim child(ren) and at least one parent/caregiver involved in a Differential Response report must take place in the victim child(ren)'s home within 72 hours of receipt of the initial hotline report. All other household members must be seen face-to-face within five days of receipt of the initial hotline report. 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 and strengths, 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 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 may be closed. However, if DCFS is unable to conduct a Health and Safety Assessment and/or the case information indicates that a refusal to participate in the DR Family Assessment or associated services compromises a child's safety, the case will be reassigned to the investigative pathway.

If upon initial contact with the family an additional Priority II ~~new~~ child maltreatment allegation (not related to the allegation connected to the DR referral provided by the Child Abuse Hotline) is identified by the DR Team, the DRT Specialist will contact the DCFS DR Coordinator or designee to add the additional Priority II allegation to the DR referral.

If upon initial contact with the family a Priority I child maltreatment allegation is identified by the DR Team, the DRT Specialist will ~~a call will immediately call~~ be made to the Child Abuse Hotline regarding to the report the new Priority I allegation and then notify the DR Coordinator or designee of the new Priority I report.

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

01/2013

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 will 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. 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.
- F. 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.
- G. Inform the caller if the report does not constitute a report of child maltreatment and make appropriate referrals.
- H. 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

05/2014

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, excluding evenings, weekends, and holidays, provided initial face-to-face contact with the victim child(ren) and at least one parent/caregiver is made in the home within 72 hours of receipt of initial hotline report.

Procedure II-C3: Differential Response Initiation and Family Assessment

05/2014

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). Keep in mind that initial face-to-face contact with the victim child(ren) and at least one parent/caregiver must be made in the home 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 face-to-face contact with the victim child(ren) and at least one parent/caregiver 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 ~~due to a safety factor being present for 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 within twenty-four hours of completion of each activity. (excluding weekends and holidays in which case information will be entered on the next business day).
- E. Regarding families with whom the DRT Specialist cannot make face-to-face 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 face-to-face contact with the family:
 - 1) Interview other persons, including the individual(s) who called the report into the hotline, with information listed on the report;
 - 2) Conduct a Division of County Operations (DCO) records check of members of the household;
 - 3) Conduct a CHRIS history search prior to contacting the family unless the report is received after hours or during the weekend or a holiday; and,
 - 4) Contact the family by phone within 24 hours of case assignment, if a phone number is provided in the report and/or if appropriate considering initiation timeframe requirements to:
 - a) Explain Differential Response;
 - b) Schedule the initial in-home family visit that will include at least the victim child(ren) and one parent/caretaker; and,
 - c) Verify the names and dates of birth of all family members and other persons living in the household.
- B. Consider the DR report initiated when:
 - 1) The health and safety of victim child(ren) in the family's home has been assessed within 72 hours from the time the referral was received from the Child Abuse Hotline, and the DRT Specialist has also met with at least one parent/caregiver in the 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).
 - 2) A health and safety assessment of the victim child(ren) could not be made but due diligence has been exercised and documented within 72 hours of receipt of the hotline referral.
 - a) Due diligence must include making an announced (or unannounced, if needed) visit to the child's home at least three times at different times of the day or on different days (provided the three visits are within the appropriate DR initiation timeframes) in an attempt to assess the health and safety of the victim child(ren).

- b) In addition, completion of as many of the following activities necessary is required as part of meeting due diligence in establishing face-to-face contact with the victim child(ren) and at least one parent/caretaker:
- i. Contacting the reporter again if the reporter is known;
 - ii. Visiting or contacting the child's school, child care facility, and all other places where the child is said to be located;
 - iii. Sending a certified letter to the location given by the reporter, if attempts to locate the child have failed;
 - iv. Contacting appropriate local Division of County Operations staff and requesting research of the AASIS and ANSWER systems and other files to obtain another address.
 - v. Asking the local, county, and state law enforcement agencies to check their records for information that may locate the child and family.
 - vi. Asking relatives and friends of the subjects to provide information to help locate the subjects.
 - vii. Contacting the local post office, utility companies, and schools to request a check of their records.
 - viii. Conducting Lexis Nexis search to attempt to locate the family.
- c) If after completion of all the due diligence 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*).
- d) 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.

C. Provide the following information to the parent/caregiver and other household members 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.
 - a) 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: Management of Family's Refusal to Participate for more information);
- 2) PUB-85: Differential Response: A Family-Centered Response to Strengthen and Support Families;
- 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.
 - a) If it is discovered that there are additional children in the home who were not included in the hotline report and whose ages would prohibit assignment to the DR pathway, conference with DRT Supervisor to assess on a case-by-case basis whether a case will remain a DR case or be reassigned to the investigative pathway.

- 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 for the family.
 - 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. Request a supervisor conference to review/discuss case information (i.e., allegation, risk/safety concerns, immediate needs, and other case specific information).
- F. Document all activities, including the Health and Safety Assessment, in CHRIS within 24 hours after they are completed (excluding weekends and holidays in which case all activities will be documented on the next business day).
- G. Visit with all other household members within five days from the time the referral was received at the child abuse hotline.
- H. Update the Health and Safety Assessment in CHRIS for the family after all household members have been contacted.

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

01/2013

When working with a family who refuses to participate, the DRT Specialist will:

- A. If the DRT Specialist has been unable to conduct a Health and Safety Assessment, inform the family that the DRT Specialist must refer the case to the investigative pathway.
 - 1) Conference with DRT Supervisor immediately and contact DR Coordinator for reassignment of case to the investigative pathway.
- B. If the DRT Specialist is able to conduct a Health and Safety Assessment but the family does not otherwise want to participate in a DR case, ask the family to contact the DRT Specialist within 24 hours of the denial if the family members reconsider and decide to participate in the Family Assessment or related services.
 - 1) 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.
 - 2) 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) The DRT Specialist will contact the Child Abuse Hotline immediately to report the new allegations and notify the DRT Supervisor or designee of the new suspected allegation(s).
 - 3) There are no safety factors:
 - a) Close the case in CHRIS.
- C. If, after reconsideration, the family ultimately contacts the DRT Specialist to request participation in a DR case and an investigation has not been opened on the family:
- 1) Continue the DR case in CHRIS if the DR report/case has not yet been closed; or,
 - 2) Open a Supportive Services case in CHRIS if the DR report/case has already been closed 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) Conference with the DRT Specialist regarding safety factor(s).
 - b) Notify the DR Coordinator or designee of the new suspected allegation(s) and that the DRT Specialist has made a new call to the Child Abuse Hotline/need for an investigation.
 - 3) There are no safety factors:
 - a) Instruct the DRT Specialist to close the case in CHRIS.

The DRT Coordinator will:

- A. Reassign any DR case in which the DRT Specialist is unable to conduct a Health and Safety Assessment to the investigative pathway.

Procedure II-C5: Differential Response Services Management

05/2014

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

- A. Engage the parents in a comprehensive and collaborative Family Assessment of the family's strengths and needs (and gather other relevant, corresponding information) within 14 days of receipt of referral from the Child Abuse Hotline. The Family Assessment 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.
- B. Initiate services to meet any immediate needs of the family, including food, shelter, and clothing.
 - C. Place a copy of the Family Assessment in the family record.
 - D. Maintain a minimum of twice weekly contacts with the family, which must include contact with the children as appropriate in the household, unless the DRT Supervisor and the family determine that the contacts should occur more frequently.
 - 1) While the initial home visit/contact must be conducted by the DRT Specialist and include face-to-face contact with at least the victim child(ren) and one parent/caregiver, the DRT Specialist may ask the DRT Program Assistant to make subsequent contacts with the family provided the majority of the face-to-face contacts are conducted by the DRT Specialist.
 - 2) Children do not necessarily have to be seen at each subsequent face-to-face family contact if primary purpose of a specific contact is to discuss issues and/or services relating directly to the parent(s) and provided DRT Specialist has assessed, based on previous contacts and other information, that children's safety is ensured for the time being and will be reassessed at a subsequent face-to-face contact with the children.
 - E. 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. The Family Plan can be modified and revised as needed.
 - F. Identify and implement services to address the causes of the neglect.
 - G. Assess the family's reasonable progress in resolving the issue that brought them to the attention of the Division.
 - H. Maintain ongoing contact with the involved service providers as appropriate.
 - I. Create and maintain community partnerships that will benefit DR client outcomes.
 - J. Establish an Aftercare Plan with input from the family.
 - K. Submit the following documents to the DRT Supervisor before formalizing case closure with the family.
 - 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) Updated FSNA and Health and Safety Assessment
 - L. Participate in a closure staffing with the DRT Supervisor to discuss the closure request.
 - M. 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. Assist DRT Specialist in maintaining contact with the family provided the DRT Specialist conducts the initial face-to-face contact and the majority of subsequent family contacts. Some PA contacts may be made by phone provided documentation supports that health and safety of children will still be ensured.
- E. Conference with DRT Specialist on family progress.
- F. Create and maintain community partnerships that will benefit DR client outcomes.
- G. 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) Updated FSNA and Health and Safety Assessment
- D. Hold a closure staffing with the DRT Specialist to discuss the closure request and determine if the request will be approved or denied.
- E. Approve or deny case closure request as appropriate.

Procedure II-C6: Service Extensions

05/2014

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. Updated FSNA and Health and 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. Updated FSNA and Health and 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).

MARKKUP

