




Revision Date: 3/8/21	Primary Author(s): Trinette Redinger Ramsey, Sarah Azevedo
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POLICY 303 – Treatment Response

A. POLICY

The Division of Family Services is committed to child safety through interventions proportionate to the level of threat or risk. All new reports of abuse, neglect, and dependency for families active in investigation or treatment shall be investigated per the Investigation and Assessment Protocol.

In certain circumstances a new investigation will not be opened, instead the Treatment Caseworker will conduct an assessment, otherwise known as Treatment Response.

B. PROCEDURES

1. When a report is called into the DFS Report Line, the intake caseworker will review current involvement of the family with the Division of Family Services. If the alleged perpetrator is currently active in a Division of Family Services treatment case, the intake caseworker will determine if the family meets the criteria for a treatment response.
2. To consider a treatment response, the following conditions must be met:
 - a) The alleged perpetrator is active in an open treatment case
 - b) The report must meet the criteria for a screened in report and investigation, using the Structured Decision Making® Intake Screening Tool.
 - c) The type of report meets the definitions below.
3. Types of reports that may be considered for treatment response:
 - Substance Exposed Infant – The hotline is notified of the birth of an infant with prenatal substance exposure and would otherwise be screened in for an investigation response.
 - Neglect concerns related to basic needs – A report is received regarding concerns with basic needs, such as the condition of the home, lack of food, no utilities, etc. The Treatment Caseworker may or may not be aware of these concerns and/or addressing the concern. The neglect allegation is not life threatening to the child, does not require medical treatment or hospitalization, and is not likely to result in criminal charges.
 - Sua Sponte custody - Family Court grants Sua Sponte custody of a juvenile where the only allegation is dependency.
 - Non-relative petitions for guardianship – When a non-relative petitions for guardianship of a child that does not include allegations of abuse or neglect and a home assessment is required.
 - “Risk Of” report – An intake report is screened in for one of the “risk of” maltreatment types and there is no other allegation or maltreatment type indicated.
4. Any hotline report that does not meet the criteria to be screened-in for investigation will not be considered for treatment response but should be considered a screened-out report and linked to the treatment case. The following reports should also be documented in the notes section of a treatment case:

- Duplicate report – This occurs when two or more reports are made regarding the same abuse/neglect incident and the first incident is currently being investigated.
 - Collateral Contacts – This occurs when professionals or relatives wish to provide updated information on a case.
 - Runaway behavior/AWOL -These behaviors are generally reported about children in the custody or care of DFS by facilities such as foster homes, group homes, or shelters.
 - Screened-Out Reports – These reports do not meet the criteria for an investigation or treatment response but should be noted in the treatment case.
5. If a screened-in report does not meet criteria for a treatment response, then it will be assigned as an investigation case, not as a Family Assessment and Intervention Response (FAIR) case.
 6. When a treatment response is the identified pathway for a screened-in report, the Intake caseworker will override the screened-in report to a screened-out report and will select “treatment response” as the final disposition. Upon completion of the intake, a treatment response assignment will worklist to the supervisor of the treatment case. The treatment response priority will be determined by the SDM® Priority Response Decision Tree.
 7. The treatment case supervisor will review the treatment response and assign to the Treatment Caseworker.
 8. The treatment case supervisor can override the priority response time following the SDM® response priority assessment policy.
 9. The Treatment Caseworker will complete an initial interview within the priority response timeframe.

Treatment Response Time/Interview

10. A treatment response that is assigned a Priority 1 (P1) response must have an initial contact completed within 24 hours of receipt of the report and must include a face to face interview/observation by the caseworker with the following:
 - a) Identified victims
 - b) Any other victims identified during the initial contact
 - c) The household caregivers
11. If the reported victim is determined to be “not safe,” all other children in the household not identified as victims must be interviewed/observed within 24 hours of receipt of the report.
12. When identified victims are determined to be “safe,” other children in the household who have not been identified as potential victims must be interviewed/observed within 10 calendar days of receipt of the initial report if not already interviewed/observed at the time of the initial contact.
13. For all cases assigned a P2 or a P3 response, the initial contact must be completed within 3 or 10 calendar days, respectively of the receipt of the report and must include a face to face interview/observation by the caseworker with the following:
 - a) Identified victims
 - b) Any other victims identified during the initial contact
 - c) The household caregivers

14. When the reported victims are determined to be “not safe,” all other children in the household not identified as victims must be interviewed/observed within 24 hours of the determination that the reported victims are not safe.
15. When identified victims are determined to be “safe,” other children in the household-who have not been identified as potential victims will be interviewed/observed within 20 calendar days of receipt of the initial report if not already interviewed/observed at the time of the initial contact.
16. The initial interview for the treatment response will be documented in the treatment response record in FOCUS. All other information related to the treatment response should be documented in a treatment note titled “treatment response.”
17. If the initial interview for the treatment response is not made on time, the Treatment Caseworker shall document the reasons in a FOCUS note, which must be approved by the supervisor as criteria met, not met, or criteria met with exception.
18. All reports assigned a treatment response must include a minimum of two relevant collateral contacts for additional information. The purpose of collateral contacts is to obtain additional information to assist the caseworker in the decision-making process. It is the responsibly of the caseworker to determine and select the appropriate collateral contacts, alone, or in consultation with the supervisor, based on the allegations in the report.
19. Upon completion of the initial interview for the treatment response, the Treatment Caseworker will complete the SDM® Caregiver Safety Assessment. If any of the children in the home are determined to be “unsafe,” the Treatment Caseworker will complete a Child Safety Agreement, if appropriate, or will refer for a considered removal team decision making meeting if children cannot be safely maintained in the home after consultation with the supervisor.
20. If the Treatment Caseworker determines there are further allegations, then a new report will be called into the DFS hotline. For example, if the treatment response is for risk of physical abuse and the caseworker finds the child has marks and bruises consistent with abuse, then the caseworker will notify the DFS hotline.

C. FOCUS

- The treatment response assignment is sent to the case supervisor’s worklist.
- Upon review, the treatment supervisor assigns the response to the Treatment Caseworker and changes the treatment response assignment status to “completed.”
- The Treatment Caseworker selects the treatment response hyperlink, selects “edit”, and enters the Interview date, location, and notes. Once information is completed, the Treatment Caseworker changes the treatment response status to “completed.”
- The Caseworker generates and completes the SDM® Caregiver Safety Assessment.

D. FORMS

None