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**Social Services County Letter No. 2011-09**

**To:** County Departments of Family and Children Services  
DFCS Regional Offices  
State Office Staff

**From:** <sup>RS</sup> Ron Scroggy, Acting Division Director

**Re:** Statewide Interim Differential Response Protocol

**Purpose:**

1. Introduce DFCS staff to the statewide Differential Response Protocol; and,
2. Familiarize staff with the protocol's linkage to our pending Safety Response System.

**Discussion**

Without question, the safety and protection of Georgia's children is our agency's top priority, and we fully embrace opportunities to advance safety-related practices. To that end, on April 1, 2012, we will implement a statewide Differential Response Protocol replacing all county and regional diversion protocols.

Differential response is a child welfare practice that has emerged in the U.S. over the last 15 years, which allows for more than one method of response to screened-in (accepted) reports of alleged child maltreatment. Differential response practices vary among states. Typically, there are two tracks within a differential response system, Investigation (based on the allegation of an unsafe child due to present danger or an indication of a safety threat) and Family Support, where maltreatment is alleged, but the child is reported to be safe (no evidence of present danger or threat of serious harm).

The Family Support track enables staff to engage families in more supportive ways by focusing on assessing the families' protective capacities and providing services that may benefit the families in increasing parental capacity or child well being. This non-investigative approach has been shown to result in positive outcomes for children and families by facilitating improved family engagement, increased community involvement and sustaining child safety.



In 2004 Georgia's efforts to implement a differential response system resulted in our current diversion program. Diversion was the non-investigatory track used to assign intakes when no maltreatment was alleged (prevention) or when risk factors identified by the reporter were low. Counties and regions developed their own protocols for determining which intake reports should be assigned for diversion. Georgia's SHINES system was later modified to allow for cases to be assigned to a diversion track and for those diversion cases to be reassigned, or "looped" to an investigative track if safety threats were identified during the diversion case. While this system resulted in many successes, the following concerns remained unaddressed:

1. No statewide diversion protocol existed to ensure consistency in the practice of diversion across the state; and
2. No formal assessment tool (safety assessment and/or family assessment) was universally utilized in assessing diversion cases.

The statewide Differential Response Protocol established through this letter incorporates fundamental tenets of nationally recognized differential response systems. It reflects extensive input from our staff, external stakeholders and experts in the field of child protection. The protocol is designed to ensure standardized practice and clarity about what types of cases must be assigned to investigation and those that can be assigned to the Family Support track, with child safety serving as the overarching determinant.

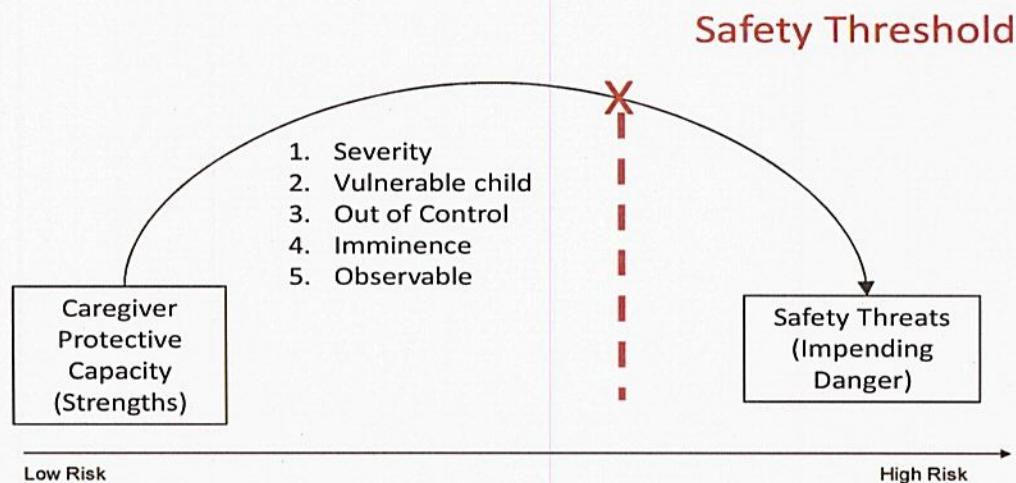
We continue to partner with the National Resource Center for Child Protective Services and the Atlantic Coast Child Welfare Implementation Center (ACCWIC) to develop Georgia's Safety Response System (SRS). To improve our safety practice DFCS will be moving away from our current risk-based system and embracing a safety-focused system which incorporates an assessment of family functioning, child vulnerability and caregiver protective capacity in determining child safety. This change to a safety focus does not mean that families in which there are risk factors will not be assessed or served.

Risk within a family crosses the safety threshold (or risk becomes a safety threat) when all of the following factors are present:

- a. Severe: The child is seriously harmed or there is likelihood for serious harm to the child as a result of the action/lack of action on the part of the caregiver. The severe harm may include but is not limited to: serious physical injury, significant pain and suffering, abduction, sexual abuse, abandonment, disability, terror or extreme fear, impairment, near fatality or death.
- b. Vulnerable Child: There is a child involved who cannot avoid, negate or modify the impact of safety threats or missing or insufficient caregiver protective capacities. The child is dependent on others for protection and care.
- c. Out of Control: There appears to be no natural, existing means within the family (network) that can mitigate the impact of safety threats or assure child safety.
- d. Imminence: The likelihood of severe harm to the child is immediate, predictable and foreseeable. The severe harm to the child does not have to have already occurred to constitute a safety threat.



- e. Observable: The harm or threat of harm to the child can be quantified and articulated, both in terms of nature and severity, and in terms of likelihood of occurrence (present serious harm or imminent threat of serious harm). Family conditions, in the form of behaviors, emotions, attitudes, perceptions, intentions or situations contribute to the existence of an observable safety threat.



The identification of safety threats, present danger or impending danger requires an investigative response and therefore, cannot be assigned for Family Support services.

**Present Danger** is defined as the likelihood of immediate, serious harm to a vulnerable child precipitated by one or more safety threats and/or missing or insufficient protective capacities.

**Impending Danger** is defined as family behaviors, attitudes, motives, emotions and/or situations that pose a serious threat to child safety. Impending danger indicates the presence of negative family conditions that are out of control and likely to result in severe harm to a child, are specific and observable, and the threat to child safety can be clearly understood and described.

**Safety Threat** is defined as a family situation, behavior, emotion, motive, perception, or capacity that is out of control. Out of control refers to family conditions that can directly affect a child and are unrestrained; unmanaged; without limits or monitoring. Safety threats are acts of conditions that have the capacity to seriously harm the child.



## **Statewide Family Support Protocol**

### **A. Guidelines**

#### **1. Intake**

- a. The Intake stage is the first point of contact between DFCS and the reporter. During this initial engagement the intake worker must obtain detailed and specific information on parental capacity, child vulnerability and family functioning to make an appropriate intake decision. Based upon the information gathered from the reporter, the intake worker must identify if safety threats are indicated, in regards to a child, and based upon that assessment make a decision on how to most appropriately disposition the intake report. The quality and accuracy of the information gathered at this stage directly impacts the subsequent intervention.
- b. Reports assigned to the Family Support track must contain an allegation of maltreatment as defined by Intake policy 2.2. Prevention cases (no identified maltreatment or safety threats reported) may no longer be screened in (assigned) for Family Support services.
- c. When a report contains an allegation of maltreatment, the determining factor of whether the report will be assigned to the Family Support or Investigation track will be based on the assessment of safety threats. Safety threats are identified by engaging with the reporter to gather information about the following six questions:
  - i. What is the extent of the maltreatment?
  - ii. What are the circumstances surrounding the maltreatment?
  - iii. What is the child's day to day functioning?
  - iv. Parental and life skills management?
  - v. How do the caregivers parent generally?
  - vi. How do the caregivers discipline the children?

If the information gathered from the reporter indicates the child may be unsafe, the intake must be assigned for investigation. If the information gathered from the reporter does not indicate the child is in present danger or the existence of safety threats, the report may be assigned for Family Support services. (See attachment, Intake Decision Tree)

$$\begin{array}{c} \text{Threat of Danger?} \\ + \\ \text{Vulnerable Child} \\ - \\ \text{Caregiver Protective Capacity} \\ = \\ \text{Unsafe} \end{array}$$



- d. Household members must be screened as outlined in intake policy 2.3 Screening Case Participants.
- e. Reports assigned for Family Support Services will be assigned a response time of up to five (5) work days. Response time is met when face- to- face contact is made with the primary caregiver, all household members and the present danger assessment is complete.  
**NOTE:** Best practice would be for the SSCM to arrange for all household members to be present at the first home visit.
- f. Prior to assigning an Intake Report for Family Support Services, the intake supervisor must review the report to verify that an allegation of maltreatment exists and present danger or safety threats were not reported.

## 2. Family Support Case Assignments

The Family Support track is utilized when there is an allegation of maltreatment but the reporter does not allege that the child is in an unsafe situation. Families in this track demonstrate the ability to keep their child safe, therefore family participation in this track is voluntary. Family Support assessors must make every effort to engage the family to support them in identifying any areas where they may benefit from services to strengthen their caregiver capacity or support/enhance child well being. DFCS will encourage the caregivers to voluntarily engage in services.

- a. Home visits are required and contact must be made with all household members. Actively engaging with all household members is paramount to successful case management.
- b. All families who agree to receive Family Support Services must be assessed for present danger and safety threats during the initial home visit and throughout the life of the family support assessment process. A present danger assessment will be utilized as the initial safety assessment tool at the first face-to-face contact with the family.

**Note:** A present danger assessment is replacing our current safety assessment tool and will be distributed and explained at the regional supervisors meetings. It will be available in SHINES in June 2012. Please complete the present danger assessment tool in hard copy and upload in SHINES until such time it is available.

- c. A risk assessment will be completed on families who decline to participate in the family support track, any time prior to the completion of the present danger assessment at the initial home visit, to determine if the case must be looped to the investigation track.

**Note:** A newly developed risk assessment will be distributed and explained at the regional supervisors meetings. It will be available in SHINES in June 2012. Please complete the new risk



assessment tool in hard copy and upload in SHINES until such time it is available.

- d. If the child is assessed as unsafe (identification of present or impending danger) at any point during the Family Support assessment process an in home or out of home safety plan must be immediately initiated to ensure child safety. The existing safety plan will be used to document the actions required to assure safety. The Family Support case will be immediately reassigned for Investigation.
- e. Family Support case management activities must reflect continuous, comprehensive assessment of safety and family functioning which must be documented using the guided narrative.
- f. Family Support case management activities must include pertinent and purposeful collateral contacts that can provide meaningful information about the family's functioning.
- g. Family Support case management will focus on identifying and evaluating the families' strengths (including caregiver protective capacity), support systems and their ability to identify and access needed services.
- h. DFCS must provide the caregiver with information and linkage to resources/providers within five (5) calendar days of the caregiver identifying areas where they could benefit from services to strengthen their parental capacity or child well being.
- i. The family assessment must be completed within 45 calendar days from the receipt of intake. The agency may maintain involvement with the family for an additional 15 days to ensure the family is linked with recommended services. DFCS should assist the family in identifying and removing barriers to service delivery. Family Support cases should be closed within 60 days from receipt of the intake report.
- j. All work conducted in Family Support cases, including service referrals and updates on the families progress, must be documented or uploaded in SHINES.

### **Reports That Must Be Investigated**

Reports where maltreatment is alleged and the information presented by the reporter would leave a reasonable person to believe the child is safe are assigned for Family Support Services. While the new SRS is being implemented and staff gain greater competency around this approach, additional safeguards must be implemented to support sound decision making. Therefore, until further notice the following reports must be assigned for investigation:

- 1. Domestic Violence/Intimate Partner Violence (DV/IPV)
  - a. Reports that result in any of the following:
    - i. Injury to the caregiver, other adult or child;
    - ii. Child is present and unsafe; or
    - iii. Direct exposure of the child to the family violence or when the child attempts to intervene.



- b. Caregiver is unwilling or unable to protect the child,
- c. Weapons are used or their use is threatened, or
- d. The reporter indicates the incidents of DV/IPV are frequent or severe in nature.

**Note:** The safety of the adult victim must be taken into account when investigating or assessing domestic violence cases therefore; the adult victim must be interviewed separately from the abuser.

- 2. Child death, serious injury or near fatality (CD/SI/NF)(policy 2104.3) where maltreatment of the deceased child is alleged. Reports must be assigned for investigation when maltreatment is alleged even if there are no surviving children.
- 3. Serious or life threatening medical neglect where the caregiver is the maltreater.
- 4. Sexual abuse when the alleged perpetrator has access to the alleged victim, access to the child is uncertain or the non-offending caregiver does not believe or protect the child.
- 5. Reports alleging Munchausen Syndrome By Proxy. Such reports cannot be assigned for Family Support Services without the county director or designee first consulting with the Collaborative Partners Section and obtaining approval for Family Support assessment.
- 6. New reports of maltreatment when the family has an active Family Support, Family Preservation or Permanency Case.

#### **Reports Concerning Children in Foster Care/Open Foster Care Cases**

No intake report involving the alleged maltreatment of a child in DFCS custody can be assigned to Family Support Services.

- 1. CPS reports alleging the birth of an infant to a mother who has a child currently in foster care must continue to be investigated per CPS Policy 2103.10.
- 2. CPS reports alleging the birth of an infant to a child in DFCS custody that contain allegations of safety threats must be assigned for investigation. Reports that do not contain allegations of safety threats are screened out and reported to the assigned Permanency SSCM for follow-up.
- 3. CPS reports alleging maltreatment of a foster child should be investigated as outlined in CPS Policy 2106 and therefore, are not appropriate for a Family Support response.
- 4. CPS reports received on a foster child that do not contain an allegation of maltreatment, but contain an allegation of possible violation of the DFCS foster child safety agreement or foster care policy violation should be assessed per FC Policy 1015.20 to 1015.35.

**Worker Assignment**

County directors, in consultation with their Regional Directors, must determine the SSCM skill level needed to assure appropriate family and community engagement in Family Support cases. Select the most appropriate SSCM staff to be assigned to complete Family Support cases.

**B. Quality Reviews**

Random state reviews will be conducted to assess the decision-making process in the following areas:

1. Disposition of CPS Report
2. Allegation Coding of CPS Report
3. Assessment of Safety
4. Management of Safety Plans
5. Assessment of Needs of Family
6. Access to Services Verified

Policy questions should be directed to your Regional DR expert for follow up with the Practice and Policy Unit at [PPDUnit@dhr.state.ga.us](mailto:PPDUnit@dhr.state.ga.us).

Attachments:

Intake Decision Tree