District of Columbia
Child and Family Services Agency

Improved Infrastructure for Collaborative Decision Making in Child Protective Services: Innovation in Practice & Technology

The Consultation & Information Sharing Framework® & The R.E.D. Teams

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Strategic Framework
History & Background

- LaShawn v. Gray (Bowser) - Compliance driven culture
- Impact of a publicized case on workforce culture
- In 2010, DC was cited as being the worst in the nation for removing children from their families as compared to other similar jurisdictions, bringing in triple the amount of children.
- 90% of the calls received at the hotline, were being investigated for abuse/neglect with substantiation rates at 20%.
- The impact of a truancy law on educational neglect referrals to the hotline.
History & Background

- Different administrations had brought in various practice initiatives to fix the problem.

- Staff were confused, ambivalent, and frustrated by the initiatives.

- Staff suffered from “initiative fatigue.”

- Had a need for consistency in decision making, building critical thinking with staff, and addressing the workforce “fear” and “reactiveness” in the system.
The Consultation and Information Sharing Framework used in the R.E.D. Teams is the infrastructure that supports CFSA’s Four Pillars by aligning the strategic agenda and vision. It allows for all operationalized practices, tools, and assessments to be aligned to the outcomes desired through the four pillars.

It is a simple structure that supports:

– critical thinking
– applied knowledge,
– collaborative practice
– comprehensive assessment
– inclusion.
Consultation & Information Sharing Framework

• It informs the work of CFSA through the development of added infrastructure for collaborative practice through a number of R.E.D. Teams (Review information, Evaluate the information, and Direct the decisions) beginning at the “front door”, continuing through the 10-15 Day review of investigations and family assessments, and through the ongoing in-home and permanency service teams.

• R.E.D. Teams involve social workers, supervisors and program managers from different parts of the organization as well as community collaboratives, legal partners, and families.
Reason for Referral

- Detail re: incident(s)
  Bringing the family to the attention of the agency. Impact on child(ren).

- Pattern/history

Risk Statements

- Risk to child(ren)
- Context of risk

Complicating Factors

- Condition/behaviors that contribute to greater difficulty for the family
- Presence of research based risk factors

Current Ranking

1. (Immediate Progress)
   Safety/Protection Required
   - Development of next steps relevant to risk context
     - What
     - Who
     - When
     - Etc.

2. Safety/Protection Required

3. Safety/Belonging
   - Strengths demonstrated as protection and connection over time
   - Pattern/history of exceptions

4. Strengths/Protective Factors
   - Assets, resources, capacities within family, individual/community
   - Presence of research based protective factors

5. Purpose/Focus of Consultation
   - What is the worker/team looking for in this consult? Purpose of the meeting?

6. Enough safety to close
ENTRY SERVICES • THE FRONT DOOR

CPS-INVESTIGATIONS

HOTLINE

NON-IMMEDIATE DECISION POINTS

R.E.D. TEAM

FAMILY ASSESSMENTS
Hotline R.E.D. Team Reviews

- Composition
  - Internal Multi-disciplinary Teams

- Decisions
  - Need for Child Welfare Response
  - Track Decision - CPS-I/CPS-FA
  - Response Time

- Frequency
  - Daily (Includes Weekends)
  - 8:00 AM, 1:00 PM, & 5:00 PM
Keys to Success

- R.E.D. Implementation Team -
  - Met weekly to ensure logistics were handled – room spaces, markers, boards, staff schedules
  - Team was made up of every pertinent area & had decision making authority on implementation – included CPS management & Deputy, selected community partners, in home staff, attorney representation (district/county attorney representative), & on the ground implementing staff
  - Management served as silent observers on a regular basis to show support & remove barriers
Early Lessons Learned

- Staff may feel exposed in their practice & they require steadfast support from all, including leadership.
- It is critical to have the logistics settled on well in advance, including the facilitator, computers, markers, and participants. Start on time always!
- Figure out how to document in a data system. This will take time to do. Develop a back up method of tracking—don’t wait to start practicing.
- Ambiguity between law and policy occurred. Had to align these right away. This led to staff’s confusion.
Early Lessons Learned

- Staff enjoy when they have a clearly defined role (e.g. Historian, scribe, facilitator). This builds ownership and buy-in. Recognize staff publicly for being early adapters and implementers.
- Resist rushing the process.
- Use of the hotline R.E.D. team allows for the extensive review of history on families and truly informs the proper response.
- Stay away from speculating about what is happening with a family. It’s important for R.E.D. team participants to challenge each other’s views. Encourage it.
R.E.D. Teams

Implementation: What People Think It Looks Like…

Success
R.E.D. Teams

Implementation: What It Really Looks Like!

Success
R.E.D. Teams

Implementation: What It Really Looks Like!

Success

We Are Here
R.E.D. Team Review Impact on CPS Practice in Child Welfare
R.E.D. Team Impact on DC Entry Services - CPS

- Fewer investigations – from 90% acceptance rate with a 20% substantiation rate to 55% acceptance with 30% substantiation
- $50%+ \text{ families are able to be served differentially through FA}$
Families Are Being Differentially Served!

Pathways of Referrals from Hotline R.E.D. Team

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FACES REPORT: INT003
How does this impact families?

Investigate When Necessary... CPS-I

- Ensure the child’s safety
- Develop a safety plan
- Conduct a removal if child is unsafe & reasonable efforts can’t be made
- Assess risk factors
- Provide crisis intervention
- Put services in place to stabilize the family
- Provide referrals to the community for supportive services
- Determine a disposition for the investigation
Caregivers Assignment to the Child Protection Registry!

- Individuals with a substantiated finding in DC will remain in the register for a LIFETIME unless a Fair Hearing overturns the decision.
How does this impact families?

Families are served differentially... CPS-FA

- It is an alternative means to respond to allegations of child abuse and neglect instead of having to solely rely on the investigation process.
- Moves away from finding fault within the family.
- Focus is on assessing the family for service needs and ensuring child safety.
- Applies to reports of abuse and neglect where there are no immediate safety concerns.
- Works to ensure child safety through family engagement and collaborative partnerships with other service providers.
- Allows for supportive services without placement of individuals on the Child Protection Register.
DC Family Assessment Approach

- Family Engagement
- Safety Assessment
- Intervention Planning
- Family Assessment
- Monitoring
- Community Services
R.E.D. Team Review Impact on Technology in Child Welfare
Primary Drivers

• Federal Lawsuit

• Visionary Leadership

• Bigger and Bolder

• Practice Shifts (DR, IV-E Waiver, & Trauma)
## Translating Themes to Function

### Themes
- Support the work... (don’t drive it)
- Don’t over-engineer
- More is NOT always better... (it’s just MORE!)
- Keep it 100%

### Function
- Ensure flexible and agile navigation
- Promote clinical judgment
- Streamline workflow and data elements
- Ensure fidelity
R.E.D. Team - Review
R.E.D. Team - Evaluate
R.E.D. Team - Direct

RED Team Decision - Hotline

- Screen-out - No further action necessary
  - Based on available information, concerns do not reach threshold for CPS response
  - Insufficient information to locate child/family
  - Report of historical event and no current risk of harm described (Indicate time since alleged incident below)
  - Other

- CP Investigation - Immediate response required (mark at least one and all that apply)
  - Child fatality or near fatality where abuse/neglect is suspected
  - Child has a serious condition or serious injury that requires immediate medical attention
  - Police are requesting immediate response
  - Child is currently alone and requires immediate care
  - Child likely will be exposed to harm or unsafe conditions within the next 24 hours
  - Family may flee, or workers may be otherwise unable to locate family
  - Other

- CP Investigation - Response within 24 hours (mark at least one and all that apply)
  - Child age 12 or younger has a visible injury due to abuse or neglect
  - Non-mobile child of any age has sustained bruises or other visible injuries
  - Referral includes allegations of child access to weapons, illegal drugs, or exposure to other criminal activity
  - Sexual abuse allegation
  - Alleged perpetrator has a currently open CPS investigation
  - There is currently open/active in-home or placement case for the family
  - Allegation is against a licensed home or facility
  - Alleged perpetrator or child has been involved in three or more investigations or assessments in the past year
  - Other

- Family Assessment - Response within 3 days
  - Youngest alleged child victim is age 5 or younger
  - Alleged child victim is age 6-12 and without adequate supervision, food, or shelter
  - Alleged child victim is limited by disability and without adequate supervision, food, or shelter
  - Report includes current concerns of domestic violence or caregiver substance abuse
  - Report includes current concern of caregiver with an untreated mental health issue
  - Child is exhibiting behavior that requires mental health evaluation
  - Other

- Family Assessment - Response within 5 days

Describe decision below:
What’s Next?

- R.E.D. Team Readiness Audit
- Continuous Quality Improvement
  - Hotline R.E.D. Team Fidelity Assessment
  - Hotline R.E.D. Team Decision Evaluation
  - Hotline R.E.D. Team Enhancements
  - Practice Adjustments
- Differential Response Evaluation
ANY QUESTIONS?

Thanks For Listening!