

24-Hour Response for Children Removed by Child Protective Services

National data shows that children, who are placed in out-of-home care as a result of exposure to a variety of factors such as poverty, maltreatment, multiple placements, and substance exposure, are more likely to experience poor physical health, developmental issues, and behavioral health disorders an increased risk for involvement in the juvenile justice system. Children who have been abused and returned to parents without subsequent intervention are also at high risk of being seriously re-injured. Having a coordinated system of care is an important factor in helping to ameliorate the negative effects and improve outcomes for children and families served.

Nationally, there is increased recognition for a more global perspective about the trauma of removal and the multiple losses these children experience in addition to their history of abuse and/or neglect. There is a heightened public and professional awareness of the need for a collaborative, integrated approach to addressing the specialized needs of these multi-system children.

In response to recommendations from the Governor's CPS Reform initiative, in August of 2003, NARBHA implemented pilot sites for the 24-Hour Response system for children removed from their homes and in the care of ADES/CPS. In October 2003, the system rolled out network-wide. The Five Purposes of the process are to,

1. Stabilize crises and identify immediate safety needs and presenting problems of the child;
2. Provide direct therapeutic support to each child to help reduce stress and anxiety and offer a coherent explanation about what can be expected in the near future;
3. Provide direct therapeutic support to each child's new caregiver including guidance about symptoms to watch for, helping the child adjust, and to provide a reliable contact in the behavioral health system;
4. Initiate the assessment, enrollment, engagement process and development of the Child and Family Team; and,
5. Provide ADES/CPS with findings and recommendations related to the assessment, interim service plan and if noted, as to placement visitation and services prior to the initial Preliminary Protective Hearing.

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In February 2004, NARBHA designed and implemented a comprehensive tracking and reporting database to improve the program. NARBHA centralized 24-Hour Response referrals from ADES/CPS through a dedicated 1-800 line at ProtoCall Services (a NARBHA contracted crisis service provider). ADES/CPS case managers call one number to request the response and the call is routed to the correct Service Area Agency to initiate the response. Behavioral health providers then see each child in their placement within 24-hours of ADES/CPS referral. Through development of the tracking system, NARBHA is able to track a number of items including, the age ranges of children referred, the location they were seen at, eligibility and enrollment status, timeliness of Child and Family Teams, average time to ADES/CPS referral from removal, average time from referral to face-to-face response, and response locations. NARBHA will continue to monitor and improve the process in collaboration with ADES/CPS.

For more information on the NARBHA-region 24-Hour Response program go to the Links section on this NARBHA Children's Services webpage.