



Agency Policy

Policy Name: Community Response	Chapter: 21
Policy Number: 1.21.2	Effective Date: 1 AUG 2024

1.0 Purpose. The purpose of this policy is to provide guidance for a community response to allegations of child maltreatment.

2.0 Definitions.

A. CR – Community Response

B. MDCPS – Mississippi Department of Child Protection Services

3.0 Responsible Parties. Questions Concerning this policy should be directed to the Chief of Clinical Support.

4.0 Policy.

A. Community Response (CR) is a method of differential response that allows the Mississippi Department of Child Protection (MDCPS) Services to coordinate an appropriate, community-based response for families whose needs do not rise to the level of an investigation. CR is an alternative to the traditional investigative response for low-to moderate-risk referrals. It provides more options for response without removing any aspects of current practice.

Through the CR pathway, MDCPS will partner with families and community providers to facilitate sustainable change within a family. Child safety is assessed by focusing on broader issues of family functioning and well-being, along with the allegation of abuse or neglect. Upon referral from the MDCPS Prevention Unit, community providers will complete an assessment of the family’s strengths and needs, which will guide the development of a plan for further intervention through a combination of community-based services and intensive in-home services. The goals of CR are to assure children’s well-being in their own homes; promote healthy family functioning, and strengthen families by providing effective, community-based services that address their specific needs.

Track assignment shall be determined by the following factors: imminent and emerging danger, multiple previous referrals, and/or presenting case characteristics such as type of alleged maltreatment paired with high vulnerability of the alleged victim. The below instances are examples of what is not appropriate for community response:

- The alleged perpetrator is any of the following:
 - School/Residential Facility employee or volunteer (when allegations do not involve the alleged perpetrator’s own children or family)
 - MDCPS employee or volunteer
 - MDCPS contractor
 - Foster parent · Prospective adoptive parent

- A current household member is a designated or sustained perpetrator of a child fatality due to physical abuse.
- A report that screened as a Level 3 (High risk) or involves sexual abuse, exploitation, or human trafficking. This includes reports that indicate a current household member is a convicted sex offender.
- Physical abuse allegations indicate serious physical injury. This includes a case where a child requires medical treatment, regardless of whether the caregiver sought medical treatment.
- Alleged victim(s) reported to be in imminent danger. Imminent danger means there is an immediate threat to the physical health or safety of the child or sexual abuse or assault is about to occur.

- An allegation involves medical neglect of a child with a serious or chronic medical condition that could cause substantial harm if the child does not receive prescribed treatment for that condition and the parents are not seeking or following through with required treatment plan for the condition. A case in which a child has a serious medical condition, but allegations are not related to medical neglect is still appropriate for CR.
- Family has an open investigation, an active CPS case or is already receiving in-home services.
- A child under the age of 6 lives in the home and either of the following apply:

- The child is designated as an alleged victim in the intake
- There are allegations of physical or sexual abuse against any child in the home

- The family has previously refused to participate in MDCPS-recommended services necessary for the safety of the child, and the reporter provides collateral information that demonstrates the family might again refuse services.

- MDCPS has had prior custody of a child living in the home, and that case was closed within the past two years.

- An allegation involves manufacturing of illegal substances or that involve an active drug raid.

- An allegation includes a situation where a weapon or any item that could be used to inflict serious or potentially deadly harm has been used to threaten or harm someone else in the house. A case in which weapons are being used in self-directed threats or self-inflicted harm is still appropriate for Community Response.

B. Criteria for Reassigning a Case to Traditional Investigation. In addition to the circumstances outlined above, Community Response cases will be routed to the traditional investigation pathway if there is a need for a disposition for subsequent MDCPS personnel actions or legal proceedings and/or a more immediate response is necessary to ensure child safety, and a critical task cannot be completed in Community Response.

C. As with investigations, Community Response is initiated through the Mississippi Centralized Intake Assessment Hotline. The focus remains ensuring the safety and well-being of children. Family engagement, strengths-based assessment, and community-based services are the key aspects to a successful response for all types of cases assigned to the Community Response pathway. Accordingly, the labels of perpetrator and victim are removed, and there is not a disposition of “substantiated” or “unsubstantiated” through this process.

D. Community Response Timeframes.

1) A Prevention Specialist will attempt and document telephone contact with household members involved in a Community Response report within 24 hours of the initial hotline call to make the family aware of the community resources and inform the household member that a provider will contact them to arrange an assessment and to offer assistance. Referrals to community providers will be based on written agreements between MDCPS and participating families that will require initial face to face engagement by the family with the community provider within 72 hours. Community Response cases will be evaluated at the end of a 12-month period for continued candidacy.

2) Families that agree to participate in Community Response services will receive a Collaborative Family Assessment of the family's strengths and needs. The Collaborative Family Assessment will be completed by the Community Response Specialist within 30 days of accepting the referral. The community provider will meet with the family to set goals and work with the family to achieve those goals.

E. Reassignments from Community Response to Investigations

1) Participation in Community Response services is voluntary. Families have the option to decline to participate in the Community Response Family Assessment and associated services. If the refusal to participate does not impact a child's safety, the case is closed. However, if MDCPS has information (including a subsequent report) which indicates that a refusal to participate in the Community Response Family Assessment or associated services compromises a child's safety, the case will be reassigned to the investigative pathway.

2) If upon contact with the family, MDCPS or a community provider has reason to suspect that a child has been abused or neglected, that person must make a report to the Child Abuse Hotline regarding the new allegation.

3) If at any point during the time a Community Response case is active and the community provider believes that the safety of a child cannot be maintained, the Community Response Supervisor should contact the Community Response Coordinator or MDCPS designee immediately for reassignment of the case to the investigative pathway.

F. Referral to Prevention Services During or Post Investigation. If during or post investigation an assessment indicates that the family is eligible for intensive in-home services, the local MDCPS Specialist/Supervisor may submit a referral to the MDCPS Prevention Unit using the electronic referral form.

5.0 Regulatory Requirements. N/A

6.0 Appendix. N/A