

Governor’s Task Force on the Protection of Children Recommendations Related to Intake, Screening and Response Pathways

Task Force Recommendations Related to Intake, Screening and Response Pathway Requiring Legislation and/or Further Implications Analysis

#	Description	The recommendation has implications for:					
		Statute	Practice	Training	SSIS	DHS Fiscal	County Fiscal
16a	Amend the definition of “substantial child endangerment” to include injury to the face, head, back or abdomen of children under age 6, and injury to the buttocks of children under age 3.	X	X	X	X	X	X
16b	Amend the definition of “substantial child endangerment” to include failure to thrive due to parental neglect.	X	X	X	X	X	X
16c	Include withholding a medically indicated treatment from a child with a life threatening condition.	X	X	X	X	X	X
16d	Amend the definition of “substantial child endangerment” to include abandonment occurring when a parent has no contact with their child on a regular basis, and has not demonstrated consistent interest in the child’s well-being.	X	X	X	X	X	X
16e	Include behavior that constitutes “a pattern of past child abuse”.	X	X	X	X	X	X
17	Recommend referrals alleging domestic violence in the presence of children not immediately be included as Substantial Child Endangerment; however, a 24-hour response time for the first face-to-face contact with the alleged child subject is required.		X	X	X	X	X
18	Amend and broaden the definition of medical neglect.	X	X	X			X
20	Amend the definition of threatened injury to include children exposed prenatally to chemical or alcohol use; domestic violence where a child is present in the home; and exposing a child to someone whose parental rights were terminated or transferred involuntarily.	X	X	X	X		X
22	Amend statutory definition of investigation to clarify it must be used for all cases involving substantial child endangerment or high risk allegations of harm, neglect or injury.	X					

#	Description	The recommendation has implications for:					
		Statute	Practice	Training	SSIS	DHS Fiscal	County Fiscal
28	Complete an organizational revision of Minnesota Statute 626.556 to alphabetize definitions, create internal consistency, eliminate redundant language, reorganize the statute into new statutes, and correct internal references and references to other statutes.	X				X	
29	Rename Family Assessment to Differential Response and Family Investigation to Traditional Response.	X			X		
44	Require minimum of monthly face-to-face contact for children and their families receiving in-home child protective services.	X	X	X	X		X
61	The state should directly fund more front-end services, including prevention and early intervention that have the capacity to promote safety, reduce risk and promote healing from abuse and neglect.					X	
92	Increase funding for intake and screening tools.	X				X	

Task Force Recommendations Related to Intake, Screening and Response Pathway Requiring Longer-term Reforms and Work Efforts

#	Description	The recommendation has implications for:					
		Statute	Practice	Training	SSIS	DHS Fiscal	County Fiscal
9	Make needed information technology (IT) changes to ensure accountability regarding reports of maltreatment.		X	X	X		
10	Require reporting of Orders for Protection (OFP) and Harassment Restraining Orders (HRO) where a child was present as a maltreatment report (legislation required).		X	X	X	?	?
11	Develop practice models related to closing cases when an OFP or HRO has been filed.		X	X			
17	Develop and provide guidance for responding to reports involving allegations of domestic violence, including the development of a Domestic Violence Child Protective Services Response Track as part of the response continuum.		X	X	X	X	X
21	Require efforts to notify the other parent of a Family Assessment or Family Investigation (to be in revised guidelines 12/31/15).	X	X	X			X

#	Description	The recommendation has implications for:					
		Statute	Practice	Training	SSIS	DHS Fiscal	County Fiscal
24	Examine possible development of a statewide child abuse and neglect reporting system.	X	X	X	X	X	X
25	Engage an independent reviewer with expertise in child protection services to review Minnesota's child protection system.					X	
26	Provide more thorough assessment and alternative living arrangements for older children with statutory authorization						X
27	Review and change focus of Chapter 260C of runaway/truancy CHIPS from punishing/addressing only the juvenile's problems to a whole family assessment.	X	X	X			
32	Interview children individually first and prior to contact with parent whenever possible. Research and implement training on best practices on child interviewing protocols. (to be partially addressed in 12/31/15 revised guidelines)		X	X			
33	Ensure fact-finding occurs in all child protection responses and develop a required case summary form in the SSIS to document fact-finding results.		X	X	X	X	
35	Adopt stronger, more robust intake and screening tools.		X	X	X	X	
39	Monitor and evaluate initial pathway assignments and path changes.					X	
40	Review, update and validate all decision-making tools.		X	X	X	X	
41	Identify a validated safety assessment tool.		X	X	X	X	
42	Review research on protective factors and predicative analytics, including validated screening and assessment instruments within a long-term contract arrangement.		X	X		X	
45	Family Investigation (Traditional Response) cases should result in maltreatment determined (yes or no) and are child protective services needed, (yes or no). Differential Response the determination would be whether or not child protective services are needed.		X	X	X	X	
46	Complete trauma pre-screenings on children during a child protection response.		X	X	X	X	X

#	Description	The recommendation has implications for:					
		Statute	Practice	Training	SSIS	DHS Fiscal	County Fiscal
47	Engage an outside expert to work with statewide staff to advise, develop and implement Minnesota's child protection response continuum.					X	
48	Convene a work group for further analysis and definition of threats to child safety and risk of maltreatment to develop a comprehensive CP response continuum by January 1, 2017.					X	
50	Make referrals for clinical, mental health and functional assessments on children, along with their families, who receive child protective case management services and who have trauma or mental health needs identified during screening.		X	X	X	X	X