

Cathy Cooper  
Authorized Signature

**Number:** SPD-AR-10-033  
**Issue Date:** 5/20/2010

**Topic:** Developmental Disabilities

**Due Date:**

**Subject:** Database  
Procedures for entry of DHS-Child Welfare cases into SPD's SERT

**Applies to (check all that apply):**

- |                                                                |                                                                                                                                                    |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All DHS employees                     | <input type="checkbox"/> County Mental Health Directors                                                                                            |
| <input type="checkbox"/> Area Agencies on Aging                | <input type="checkbox"/> Health Services                                                                                                           |
| <input type="checkbox"/> Children, Adults and Families         | <input checked="" type="checkbox"/> Seniors and People with Disabilities                                                                           |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): CDDP SERT<br>Coordinators, Program Managers and<br>QA Coordinators; DHS- OIT, SPD ODDS |

**Action Required:** The following instructions replace those currently in the SERT Manual. Please follow these instructions when entering DHS- Child Welfare (CW) cases into the SERT system.

**DHS-Child Welfare (DHS-CW):**

- Responsible to receive and screen reports of suspected child abuse and to cross-report to the local law enforcement agency;
- Responsible, with law enforcement agency, for investigating allegations of abuse involving children;
- Does **not** have access to SERT. The local Community Developmental Disability Program (CDDP) is responsible for the data entry into SERT regarding reports to Child Welfare Protective Services or a law enforcement agency (LEA) for investigation. (See the "SERT entry when the event meets DD OAR Abuse Definition" grid for further clarification);
- May request collaboration with CDDP or Office of Investigations and Training (OIT) regarding the investigation of allegations involving children with DD; and
- May inform CDDP about outcome and recommendations from protective services investigations involving children with DD. Per Oregon Revised Statute (ORS), DHS-CW is required to provide the outcome of a report (assigned or not assigned for assessment) to the reporter of suspected abuse. If the CDDP is not the reporter of the incident involving suspected abuse, DHS-CW is not required to provide the outcome of the investigation to the CDDP.

## **SERT entries for events reported to DHS Child Welfare:**

When the CDDP receives notification that a report has been made to CW or CDDP staff witnesses, receives information about or becomes aware of an incident that appears to involve child abuse as defined in the SERT manual, the CDDP must:

1. Report incident to DHS Child Welfare *or* confirm with CW that the incident has been reported;
2. During this confirmation call, if the CW screener does **not** indicate the report will be assigned for assessment, enter the incident in SERT as a County Review (CR). Indicate reason for closure in the “Recommendations Made” field. Be prepared to update the entry if contacted by CW at a later date.
4. Indicate reported to DHS Child Welfare in the “Explanation of why does not rise to Abuse Investigation Level” field.
5. If CW screener indicates case **will** be assigned for assessment use the most appropriate option:
  - If CW requests CDDP involvement, the local CDDP will continue to check on the status of case until CW indicates either that the case is closed or that DD assistance is no longer needed. Record CDDP actions and known CW investigation outcomes and recommended actions, and indicate investigation is complete.
  - If CW does **not** request DD involvement, continue to follow up with CW regarding outcome of investigation. If, after two (2) contacts have been made with CW to attempt to obtain investigation information, and CW does not provide the requested information regarding the progress or outcome of the investigation, document in the “Recommendations Made” field the contact attempts made, that CW has not provided information regarding the investigation and close the County Review without outcome. Contact attempts must be made and CR should be closed no more than 45 days after initial SERT entry. Be prepared to update the entry if contacted by CW at a later date.
6. For children residing in DHS-direct contracted 24-hour programs, SPD Children’s Residential Services staff will input SERT entries.

**\*\*If OIT assigns the report for investigation under the 24-hour Licensing abuse definition, change the CR to an AI and enter all pertinent information into the “Initial Complaint Form”.**

***Note:*** Document attempts to contact CW screener or AI for follow up in appropriate fields in SERT entry.

## **Reason for Action:**

Clarification of process for entry of suspected abuse cases investigated by DHS-Child Welfare into SPD's SERT Database.

**Field/Stakeholder review:**     Yes     No

**If yes, reviewed by:    CDDP Quality Assurance Coordinators.**

*If you have any questions about this action request, contact:*

<b>Contact(s):</b>	Dana Hittle		
<b>Phone:</b>	503-945-5810	<b>Fax:</b>	503-373-7274
<b>E-mail:</b>	<a href="mailto:dana.hittle@state.or.us">dana.hittle@state.or.us</a>		

SERT entry **when the event meets DD OAR abuse definitions:**

A/P	Investigating Authority	Status of referral	Enter in SERT at all?	Enter as review	Enter as complaint	CDDP/OIT to investigate	Notes
Nursing home staff – DD individual in permanent placement	CCMU and/or AAA	Referral made, agency is not investigating (or status unknown)	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Nursing home rules govern these investigations; CCMU conducts reviews and investigations.			
		Referral made, agency <b>is</b> investigating	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no				
Nursing home staff – individual in temporary (ex. rehab) placement, still enrolled in 24-hr	CCMU and/or AAA	Referral made, agency is not investigating (or status unknown)	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	CCMU conducts investigations. Entry procedures are similar to that of Child Welfare cases.
		Referral made, agency <b>is</b> investigating	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Hospital/ER staff	Public Health Division - Health Care Licensure and Certification	Referral made, agency is not investigating (or status unknown)	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
		Referral made, agency <b>is</b> investigating	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

A/P	Investigating Authority	Status of referral	Enter in SERT at all?	Enter as review	Enter as complaint	CDDP/OIT to investigate	Notes
Hospital - individual with DD admitted to a hospital acute care psychiatric unit. (NOT psych hold in ER)	Public Health Division - Health Care Licensure and Certification; AMH- County; and/or OIT		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	AMH-County would be primary investigative authority and could contact OIT as secondary investigative authority.
APD (AAA) / AMH licensed facility staff. (DD funded)	AAA/AMH-County	Referral made, agency is not investigating (or status unknown)	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Investigation would be conducted by APS worker on the APD or AMH APS worker for Addictions and Mental Health. CDDP may assist.
		Referral made, agency <b>is</b> investigating	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Children's foster home staff- *Children aged 0-17.	DHS-CW	Referral made, agency is not investigating (or status unknown)	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

A/P	Investigating Authority	Status of referral	Enter in SERT at all?	Enter as review	Enter as complaint	CDDP/OIT to investigate	Notes
		Referral made by CDDP staff, DHS CW <b>is</b> investigating	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<p>If CDDP staff are reporters of abuse, DHS-CW must notify the reporter of the outcome of the report. CDDP has an obligation to follow-up to learn outcome and help correct circumstances leading to the suspected abuse. CDDP may be asked to consult or assist in investigation. CDDP may need to follow-up regarding potential certification and contracting issues.</p>
Children's foster home (CFH) staff – Adult DD individual living in CFH with a variance- *Young adults aged 18-22.	DHS-OIT/CDDP	Referral made, agency is not investigating (or status unknown)	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
		Referral made, agency <b>is</b> investigating	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	

A/P	Investigating Authority	Status of referral	Enter in SERT at all?	Enter as review	Enter as complaint	CDDP/OIT to investigate	Notes
Regulated by licensing board (RN, MD, DMD, etc.) *Provider <b>IS NOT</b> employed by or contracted with a provider agency. Individual provider.	Board of Nursing, Oregon Medical Board, Board of Dentistry, Board of Psychologist Examiners, etc.	Referral made, agency is not investigating (or status unknown)	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
		Referral made, agency <b>is</b> investigating	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Regulated by licensing board (RN, MD, DMD, etc.) *Provider <b>IS</b> employed by or contracted with a provider agency.	CDDP/OIT <b>and</b> Board of Nursing, Oregon Medical Board, Board of Dentistry, Board of Psychologist Examiners	Referral made, agency is not investigating (or status unknown)	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
		Referral made, agency <b>is</b> investigating	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
Transportation provider *individual provider- not employed by or contracted with a county-contracted provider.	Transportation Company, Law Enforcement Agency	Referral made, agency is not investigating (or status unknown)	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
		Referral made, agency <b>is</b> investigating	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

A/P	Investigating Authority	Status of referral	Enter in SERT at all?	Enter as review	Enter as complaint	CDDP/OIT to investigate	Notes
Transportation provider- *employed by or contracted with a county-contracted provider.	CDDP/OIT	Referral made, agency is not investigating (or status unknown)	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
		Referral made, agency <b>is</b> investigating	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
School – Teacher or school employee is AP (including school programs conducted on 24-hr residential providers' campus.) *Young adults aged 18 – 22.	Teachers Standards and Practices Commission	Referral made, agency is not investigating (or status unknown)	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
		Referral made, agency <b>is</b> investigating	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
		Referral made, agency <b>is</b> investigating	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	