

## BUTLER COUNTY CHILDREN SERVICES

POLICY NO.: 1. 1 (a)	SUBJECT: Group Decision Making
OAC: 5101:2-36-01	EFFECTIVE DATE: 2/6/2013
	REVISION DATE: 2/6/2013, 8/7/2013, 3/15

**PURPOSE:** The purpose of this policy is to establish procedures for Group Decision Making (GDM) for screening referrals of child abuse, neglect, and dependency reports pursuant to OAC 5101:2-36-01. The goal is to provide a structured framework to make informed decisions, promote strength based questioning, increase consistency in decision making, and provide all participating staff with exposure to screening practices.

**POLICY:** BCCS utilizes a group decision making model that is a documented process for complicated and risk-inherent decision making. In order to ensure that a diverse group of staff are participating in the GDM, the following staff (or designee) will attend: Screener Coordinator, 1 Intervention Supervisor, 1 Caseworker from each intake unit, and 1 Screener. The GDM is open for all staff to attend, however not required.

### PROCEDURE:

1. GDM is held twice daily (times/days subject to change with administrative approval). Holiday schedule will be determined by administrator.
2. All intakes will be reviewed excluding Priority 1 Emergencies, intakes designated as priority 2, Information and Referrals, and FINS categorized as courtesy interviews, home evaluations and court ordered requests. If there is a high volume of intakes, the Intake Director, Screening Coordinator and/or designee may use discretion when determining what intakes will be reviewed at GDM.
3. Screeners will attach a GDM face sheet to all intakes being reviewed and will fill out the top portion, including their professional opinion regarding the screening decision. During the GDM, the Screening Coordinator or designee will complete the face sheet, including the decision and information to support the screening decision.
4. In order to assure child safety and respond timely to allegations of abuse and neglect, intakes are not processed through GDM after 12:00pm on Friday. Intakes will be processed through GDM beginning after 12:00pm on Sunday.
5. The GDM is led by the Screener Coordinator or designee. The process is a structured review using the CAPMIS Screening Guidelines. In a neutral tone, referrals are read by a member of the group while a designee uses a flip chart/whiteboard to record the gender and ages of the ACVs, the relationship of the alleged perpetrator to the ACVs, the referral source and the allegations. Last names and case status (open or closed) will be omitted, when possible, to promote objectivity.

6. Once the referral has been read, there will be open dialogue where participants are able to provide their professional opinions. Topics to be discussed shall include danger/harm, risk factors, child vulnerability and agency/criminal history. Participants will act in a professional manner when in agreement or disagreement with statements. Once the group decides that options have been expressed, a vote is taken in favor of a majority. If the vote is equally divided, the final decision will be made by the Screening Coordinator, Intake Director, and/or designee. There is an understanding that professional opinions are valued however the outcome of the decision is a result of the group process. Administration reserves the right to review all decisions and make changes if appropriate.
7. Following the GDM, all screened in intakes will be assigned to appropriate units. A designated screener will forward information received on an open case to the assigned supervisor/worker pursuant to policy 1.19 Responding to Information on Active/Open Cases. A copy of the GDM face sheet will be included in every case file, including when the intake is screened out.
8. The screener is required to document the GDM process in the intake. This includes the following: the decision and an explanation as to why it was made.

APPROVAL DATE:

6-4-15



William Morrison, Director