


Department of Public Health and Human Services – Procedure

	Category:	<i>Child and Family Services Division</i>
	Procedure:	<i>7.4.1 (PRO) Safety Systems Critical Incidents Review Procedure</i>
	Procedure Number	<i>(Optional)</i>

1. PURPOSE

The purpose of this procedure is to provide rules and guidelines for conducting a Critical Incident Review on child death/near death cases.

2. SCOPE

This procedure applies to all cases meeting the definition of critical incident as set forth by the Department in the Critical Incident Policy. Any case that is determined to be a critical incident, is subject to a review process as defined in the following procedure. The Division Administrator or Complaint and Critical Incident Manager may also designate cases for this procedure in which findings of a review process are likely to increase child safety. The procedure begins when a critical incident occurs and ends when a final report is submitted by the Complaint and Critical Incident Manager (CCIM).

3. RESPONSIBILITY

It is the responsibility of all Child and Family Services Division (CFSD) staff to comply with the following outlined procedure.

4. DEFINITIONS

CAPS means Child and Adult Protection Services and is CFSD’s Statewide Automated Child Welfare Informational System.

CCIM means Complain and Critical Incident Manager

CFSD means Child and Family Services Division.

CI means Centralized Intake.

CIRT means Critical Incident Response Team.

CWM means Child Welfare Manager.

CPS means Child Protection Specialist.

CPSS means Child Protection Specialist Supervisor.

Critical Incident means a death or near death of a child where child abuse or neglect is suspected to have occurred during an open case, open investigation or on an investigation in which the report was closed in the pasty sixty days.

DPHHS means Department of Public Health and Human Services.


FRS means Family Resource Specialist.

Near Death means an incident in which a child was certified by a physician to be in a medically serious or critical condition because of an action that constituted suspected child abuse or neglect.

5. PROCEDURE

1. Notification is provided to the Complaint and Critical Incident Manager that a Critical Incident has occurred according to the Critical Incident Response Procedure.
2. The Complaint and Critical Incident Manager or designee will oversee the process and is able to participate in all aspects of the review.
3. The Complaint and Critical Incident Manager will select team members from within the Critical Incident Review Team to assist with the review process. This smaller group will still be referred to by the name Critical Incident Review Team.
4. The team may be comprised of the following representatives or their assigned designees:
 - a. Child Protection Specialist
 - b. Child Protection Specialist Supervisor
 - c. Centralized Intake Specialist
 - d. Centralized Intake Specialist Supervisor
 - e. Family Resource Specialist
 - f. Family Resource Specialist Supervisor
 - g. Child Welfare Manager
 - h. Regional Administrator
 - i. Continuous Quality Improvement Staff
 - j. Other DPHHS, CFSD or Department of Justice staff may be identified by the Division Administrator or Critical Incident and Complaint Manager; and/or
 - k. A community partner, which may include representatives from law enforcement, medical field, school official, child advocacy center, domestic violence/sexual assault agency, substance abuse field, disability specialist, foster parent or other as identified by the Division Administrator or Critical Incident and Complaint Manager.
5. Team members must not have been directly involved in the case which is set for review. Other involved or regional members may be excluded from the review at the discretion of the Division Administrator or Critical Incident and Complaint Manager.
6. The Complaint and Critical Incident Manager along with assigned designees will conduct the following tasks:
 - a. Review the secured file as designated in the Critical Incident Response Procedure.
 - b. Review all history including but not limited to calls made to Centralized Intake and legal proceedings.
 - c. Review of applicable statute, policy and procedure.
 - d. Interviews with internal (e.g. CPS, CPSS, FRS, CWM, etc.) and/or external (e.g. mental health professional, law enforcement, medical professional, etc.) assigned to the family.
 - i. Any staff requested for debriefing has engaged in current or historical work with the family. The specific case identification numbers under review are provided to staff prior to debriefing.
 - ii. Provide a list of participant's rights, via email or in-person, regarding the debriefing process to best ensure a supportive environment for staff to feel safe in discussing systemic issues that exist in the case.
 - iii. Any staff requested to be interviewed by the CCIM may voluntarily consent or decline the entire interview process and/or to individual questions asked during the interview.

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- iv. During interview, the CCIM leads staff through case timeline(s), examining the circumstances surrounding a particular event (e.g. child near death, child death) and seeks to understand salient issues and systemic influences to case work (e.g., understanding why decisions were made, identifying environmental cues and cognitive factors, etc.)
 - v. The CCIM provides information on accessing the Employee Assistance Program to any staff who participates in debriefing.
7. The CCIM will create a report outlining information gathered on the critical incident which will be presented to a minimum of four members of the CIRT and contain the following information:
 - a. CFSD history and current case information.
 - b. Family case file information (e.g. law enforcement, medical, mental health records, etc.).
 - c. Summary of information collected through individual interviews.
 - d. Timeline of relevant case involvement (the beginning and ending points of the timeline will be determined by the CCIM).
 - e. Copies of relevant materials (medical findings, autopsy, law enforcement reports, criminal charges, etc.) will be provided as deemed useful by the CCIM.
 - f. Findings identified by the CCIM.
 8. The CIRT will review the report under the direction and facilitation of the CCIM using the Safety Systems Map. Starting with the pre-identified findings, the analyst will guide discussion from identified issues in order to explore all relevant influences throughout the system at each level.
 - a. Level 1: Conditions, processes and actor activities, which can include use of technology, critical decisions, services and supports.
 - b. Level 2: CFSD regional operations, which can include regional culture, management expectations, geography and demographics.
 - c. Level 3: CFSD central operations, which can include executive decision making, policies and fiscal operations.
 - d. Level 4: Entities external to the CFSD, such as law enforcement, healthcare providers and social services providers.
 - e. Level 5: Government and regulatory bodies, comprised of State and Federal legislation, resource allocation and mandates, or regulatory bodies such as accreditation agencies.
 9. Based on the outcome of the Systems Mapping Process, the CCIM will develop conclusions. Conclusions consist of all analysis information being brought together to best explain an identified finding.
 10. CIRT may develop considerations for system improvements based on the cases reviewed.
 11. CCIM will create an annual report and will be distributed to the Division Administrator and Management Team for review. This report will include:
 - a. Demographic information.
 - b. Findings.

- c. Recommendations.
- d. Department actions.

6. **RELATED DOCUMENTATION**

Critical Incident Policy,
Critical Incident Notification and Response Procedure
Critical Incident Form,

7. **Related Federal or State Guidance**

Mont. Code Ann. § §, 52-1-103 (1) and 52-1-103 (4)
Mont. Admin. R. 37.43.103, and
Mont. Admin. R. 37.43.104