Centralized Assignment Team (CAT)

(Created 11/01/24)

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Related Policies

Additional information can be found in the following policies:

- Child Fatality and Near Fatality Protocol
- ER Changing Response Determination
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- Hotline Assignment of Referrals
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- Hotline Child Fatality/Near Fatality
- Hotline Function and Procedure
- Hotline Priority of Referrals
- Hotline Referral Screening Criteria
- Hotline Sensitive Referrals
- Medically Fragile Children
- Workforce and Training Development Units

Forms

This policy references the following forms:

- 04-4 Downgrade/ Evaluate Out Template (CWS/CMS Template)
- CAT Assignment Tool

Forms (Cont.)

- CAT Roster and Coverage (Teams Channel)
- CAT Shared Daily Attendance Log (Teams Channel)
- ER Supervisor Daily Attendance Log (Teams Channel)
- OA CAT Log (Sharepoint Site)

Background

On April 1, 2022, the Centralized Assignment Team (CAT) was launched to standardize and equalize the assignment of emergency response referrals across all emergency response (ER) units and staff. The CAT is a unit that is part of the Child Abuse Hotline; its primary role is assessing workload across Emergency Response (ER) units, specialized programs, and assigning referrals to the appropriate program. Referral assignment is determined by the Hotline-Assignment of Referrals policy and other factors measuring workload levels. Emergency Response Protective Services Supervisors (ER PSS) will continue to oversee all assignments to their units and have discretion to make changes based on operational needs or other referral factors. The goal of the CAT unit is to create workload equity at the worker, unit, and office level.

Policy

Units and offices will no longer have their own 24-hour assignment rotation lists and all referral assignments will be informed by utilizing the CAT Tool. The CAT Tool factors assignment availability based on the social worker's (SW) available working hours and the number of available SWs. The tool is updated daily by each ER PSS who enters leave and protection time for staff into the CAT attendance sheet. The CAT tool provides recommended assignment of referral to a SW based on data derived from the attendance sheet, and characteristics of a referral that includes SW classification, zip code, referral response time, number of children, and drive time.

The CAT unit is responsible for collecting and completing data entry weekly and monthly regarding workload equity and uploading it to the CAT Teams Channel. Managers, supervisors, and SWs have access to the CAT Teams Channel and all uploaded documents including the dashboards where they can review the data.

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To develop fair and equitable workload, a multiplier was created for complex/difficult referrals. To attain equitable workload there must be a consideration for referrals that are more complex or that take more time to investigate, (e.g., number of children in a referral, longer distance drive, 24-hour referral, etc.). If every worker received the same number of referrals without consideration of factors that make a referral more complex and time consuming, then the workload would not be equitable. Rather than giving every worker the

Policy (cont.)

same number of referrals, each referral will be assessed and assigned at a baseline of 1.0 credits with certain referral criteria being given additional credits to account for the additional time it may take to complete the referral.

The tool is programmed to calculate total available working hours for each SW, the SW classification (SW3, PSW, and SPSW), how many referrals have been assigned, when the last referral assigned was, (i.e. last person who received a 24-hour referral or a 10-day), and the number of referrals assigned. In addition to working hours and number of referrals assigned, staff will receive additional credits for specific criteria which increases referral complexity. The criteria selected was based on an analysis of referrals that are more complex, difficult, or more impactful when investigating the referral. Adding these credits may result in a lower number of referrals assigned to an SW. CAT strives to help with workload equity however the amount of referrals assigned per month will fluctuate based on total number of calls screening in for an in-person response at the Child Abuse Hotline level and the number of SWs available for assignment of referrals.

The table below describes the criteria and its corresponding additional allotted credits.

Criteria	Additional Al	lotted Credits
24 Hour Referrals		SW or SPSW would receive
	1.2 credits for a 24-hour recredits for a 10-day referra	
Number of Children		
	Number of children	Credits
	4-5 children	.1 Credits
	6 or more children	.2 Credits
Drive Time (measured using		
standardized navigation times on the CAT Tool)	Total Time Driven (round trip)	Credits
	31 – 45 minutes	.1 Credits
	46 or more minutes	.2 Credits
Indian Specialty/Med Frag/OCI Unit 5 and 10 days	.2 credits	

Policy (cont.)

Criteria (cont.)	Additional Allotted Credits
Referrals with a primary language other than English	.1 credit
Courtesy Home Walkthroughs	.5 credits ONLY NOTE: This means that a SWIII, PSW, or SPSW would receive 0.2 credits for a Courtesy Home Walkthrough instead of 1.0 credits for a 10-day referral.

NOTE: When any of the above is found to be incorrect, the SW will immediately notify the ER PSS. The ER PSS will then e-mail CAT the referral name, number, and update the information above. Prompt notification to CAT will ensure SWs receive the credit to account for the increase in workload. Late notification to CAT may result in the SW receiving more referrals.

The SW classification workload capacity is described in the chart below. The CAT Tool will calculate the total caseload capacity based on the classification of the worker (e.g. a SWIII with 5, 10-day referrals will receive 6.6 credits where a PSW would receive 5 credits).

Classification	Workload Capacity
SPSW	100%
PSW	100%
SWIII	75%
PSWs on probation	75%
	NOTE: Although generally, staff on probation will receive a reduced workload, there may be a need to assign more referrals due to operational needs. It is critical that CAT is informed of staff on probation and the probationary end date to add to the tool. For workload capacity of staff on probation refer to the Workforce and Training Development Units.

NOTE: SWs filing petitions/warrants will be covered by protection time and therefore will have fewer working hours shown in the CAT Tool. Please see <u>ER Protection Timelines</u> for further information.

Hotline SW Responsibilities

When it is determined that an in-person investigation is necessary, the Hotline SW will continue to be responsible for reviewing history, family characteristics, language, and assigning the referral based on the Hotline SW will assign the referral to the program inbox. The CAT unit will then have access to log the referrals, and assign the referral based on the CAT Tool recommendation.

Additional steps will be taken when assigning referrals that meet the following criteria:

- Referrals involving a <u>fatality</u>.
- Sensitive Referrals.

For companion referrals, Hotline SWs will include "COMP" in the referral name.

NOTE:

- Refer to <u>Hotline Function and Procedure</u> for additional information on generating referrals and cross reporting.
- Refer to <u>Hotline Priority of Referrals</u> for additional information on determining response timeframes.
- Refer to <u>Hotline Cross County Referrals</u> for information on assigning referrals for youth not residing in their legal county of residence at the time of the incident.
- Refer to <u>Hotline Referral Screening Criteria</u> to assess if an in-person response is needed
- Refer to Medically Fragile Children policy for more on criteria for assignment to the Medically Fragile Specialty Unit.
- Refer to the <u>Protocol for Working with Indian Families</u>, <u>Children and Tribes</u> for more on referrals assigned to the ISU.

Emergency Response PSS Daily Attendance Duties For referral assignments to occur timely and accurately, each ER PSS will be responsible for completing all the actions steps in the daily attendance and staffing changes tables. The unit SPSWs or a back-up supervisor will be responsible for completing any of the action steps listed in the tables below when a PSS is out-of-the office or unavailable.

Each ER PSS will be responsible for communicating daily attendance to CAT by following all steps listed in the table below.

Step	Action	
1	 By 8:30am, each workday, add new leave (sick leave, family medical leave, jury duty, etc.) for the unit in the ER Supervisor Daily Attendance Log at the bottom of the log, and explain the rationale which will mirror the Kronos entry in the "Notes" column of the attendance log (e.g., sick leave personal (SLP), jury duty, sick leave other (SLO), etc.). Highlight any new entries in yellow. 	

Emergency Response PSS Daily Attendance Duties (Cont.)

Step (cont.)	Action
1 (cont.)	NOTE: The ER Supervisor Daily Attendance Log can be located in the CAT Teams Channel.
2	 For any new leave after 8:30am, the PSS will: enter in a new row at the bottom of the unit attendance log, and highlight the row in yellow, and e-mail the CAT team of the new entry and the rationale (e.g. sick leave, family emergency, etc.)
3	When changes are required to any original entries in the attendance sheet, (i.e. worker returned to work two hours after originally reporting they were SLP, worker reports they are sick and are going home later in the work day, etc.), the ER PSS will complete the following steps: • Move edited entries to the bottom of the ER Supervisor Daily Attendance Log, and • highlight to a shade of red, and • explain what the change from the original entry in bold lettering, and • move the edited entry to the bottom of the unit list • e-mail the CAT team of the edit made and a rationale for the edit (i.e., SLP, SLO, etc.) NOTE: PSS/SPSW will only make changes for their own units unless they are providing coverage.
4	 ER PSS will observe that the CAT OA received and confirmed the attendance entry when the entry is highlighted in green. Any incorrect or incomplete entries will result in the CAT OA e-mailing the ER PSS for clarification. For detailed instructions on how to use the ER Supervisor Daily Attendance Log refer to the "Read Me" sheet of the log.

Reporting Staffing Changes

The CAT unit must be notified when there are staffing changes in an ER unit. PSS will report any staffing changes immediately by sending an e-mail the CAT team. Staffing changes that require CAT notification include:

- Schedule changes
- SW, SPSW, or PSS changes to a unit
- SW probationary period end date
- Worker number changes

NOTE: Send all schedule changes to the office's administrative secretary. The administrative secretary will send staffing updates to CAT.

ER PSS Assigning or Re-Assigning Referrals

When a PSS receives notification that a referral has been assigned to an SW in their unit, the PSS will follow the steps listed in the table below.

Step	Action
1	Review the referral. When assigning referrals, a PSS must consider several factors that may influence assignment decisions after CAT provides their recommended assignment. To ensure that families are receiving a culturally responsive approach this may include cultural factors that may influence assignment decisions. Other assignment considerations include referral complexity and SW workload impacts. Therefore, an ER PSS will have discretion to re-assign a referral based on the needs of the family or referral. An ER PSS also has discretion to reassign a referral due to other circumstances that are impacting the SW or the unit. The ER PSS will review all referrals assigned to their unit and assign the referral based on the recommendation unless there are special considerations such as, but not limited to: DEC referral LGBTQIA+ referral Language/culture considerations CSEC referral Sensitive referral Sylum referral Sylum referral Sylum referral Sylum referral

ER PSS Assigning or Re-Assigning Referrals (Cont.)

Step (cont.)	Action
2	Assess if the referral will be a change in response determination (e.g. downgrade, EO'd, N/A Secondary), can be assigned to the current worker, if it needs to be re-assigned to another worker. If the referral will be downgraded go to step 3. If the referral will be EO'd skip to step 4. If the referral will be assigned to the recommended SW skip to step 5. If the referral will be reassigned, go to Assigning or Re-
	Assigning Referrals
3	If it is determined that a 24-hour referral will be downgraded, then: • complete all steps listed in the ER - Changing Response Determination policy, and • when the 04-4 is required to be completed the PSPM will forward the 04-4 to CAT via e-mail that the referral was downgraded, or • when the 04-4 was not completed the ER PSS will notify CAT of the downgrade. • transfer the referral to the general assignment inbox for reassignment by CAT
4	 If the referral will be EO'd then: complete all steps listed in the <u>ER - Changing Response</u> <u>Determination</u> policy, and the PSPM will notify CAT of the EO by e-mailing the 04-4.
5	 Notify the SW of the new assignment, and e-mail the CAT team confirming the referral has been accepted (only for 24-hour referrals).

When an ER PSS re-assigns a referral to anyone other than the recommended SW, they will email CAT notify them immediately of the change in assignment after following the steps below based on the reason for the re-assignment:

ER PSS
Assigning or
Re-Assigning
Referrals
(Cont.)

If the referral is being reassigned	Then
Because it was assigned to the incorrect office by CAT or the Hotline	The ER PSS will notify the CAT of the incorrect assignment with all of the following: Referral name, Zip code, Office recommendation
Because it was assigned to a general ER unit but assignment recommendation is to a specialty program (ISU, MedFrag, OCI)	The ER PSS will consult with the specialty program ER PSS, and If there is consensus to re-assign to the specialty program, ER PSS will e-mail CAT to indicate that the referral needs to be moved and will Cc the specialty program PSS. CAT will move the referral to the appropriate assignment box and CAT PSS will assign the referral. NOTE: If no consensus can be reached at the ER PSS level, a PSPM-level consultation will occur.
Within the same unit	The ER PSS is responsible for re-assigning the referral in CWS/CMS and notifying CAT of the assignment change.
To a SW in a different unit	The PSS will notify the CAT of the recommended assignment and return the referral to the general assignment inbox.
Is a 24-hour referral after 4:00pm	Provided CAT assignment list recommendation, and Identify the person who is next to be assigned a 24-hour referral and coordinate with the ER PSS if it is outside of the unit If the first person on the list is not available or unable to receive the 24-hour referral, then continue down the list in order, and inform

ER PSS Assigning or Re-Assigning Referrals (Cont.)

If the referral is being reassigned(cont.)	Then
Is a 24-hour referral after 4:00pm(cont.)	the ER PSS if it is in a different unit, and assign the referral to the recommended SW.
	NOTE: The CAT unit will provide names of the next three staff who are due to receive a 24-Hour referral. The list will be provided in numerical order with one being the first for up for assignment of the referral. If the three workers are not available, then the PSS will coordinate with other supervisors or the PSPM to determine who the assigned SW will be.

In order for staff to have an estimate of when they may receive a 24-hour referral, supervisors and office assistants can access the CAT Assignment Tool from the Teams Channel for their program by saving a copy of the tool to their computer and sharing it with staff. To save a copy of the tool and share it with staff, follow the steps listed in the tool below.

Step	Action
1	Open the CAT Assignment Tool for your designated program.
2	 Go to "File", Select, "Save As", Select, "Download a Copy", Chose the location where you want to save the file on your computer, and Click "Save."
3	 If Excel is not already showing the "Alpha" sheet, then click on "Alpha" sheet of the Tool (Found on the bottom left of tool). Check the "Rank Order for IRS" column to ensure that the sheet is filtered and sorted numerical with one being at the top. If it is not filtered by "Rank order for IRS" then complete the following steps: Click the "down arrow" showing on the "Rank Order for IRS" cell, and Select, "Sort A to Z."

ER PSS Assigning or Re-Assigning Referrals (Cont.)

Step (cont.)	Action	
4	 To print only the "Alpha" sheet, complete the following steps: Go to "File" on the Excel Spreadsheet, Select, "Print", In the "Printer" dropdown list, select, "Adobe PDF", Under "Settings," click on "No Scaling" and select, "Fit All Columns on Page", Click, "Print", and Choose the location where you want to save the file on your computer. The pdf can then be printed. 	

Workforce Training and Development (WTD) Units

WTD units are not included on the assignments in the CAT tool due to their graduated caseload requirements. The table below outlines the process for assigning referrals to WTD units.

Step	Who	Action
1	WTD PSS	Review the OA CAT Log spreadsheet for unassigned referrals throughout the day and select the referrals they wish to assign to their units. NOTE: If possible, request morning referrals prior to 10:00am to allow the rest of the referrals to be assigned timely to the ER program.
2	WTD PSS	Notify the CAT OAs which referrals will go to WTD.
3	CAT OA	Log and assign the referrals to WTD.

CAT PSS Duties

The CAT PSS will be responsible for making assignment recommendations based on the CAT Tool. During business days, IS assignments for the morning will take place at 11am. IS assignments for the afternoon will take place after 2:30 pm. CAT PSS duties are listed in the table below.

CAT PSS Duties (Cont.)

Assignment of 24-Hour Referrals

Step	Action
1	 Review the CAT Tool for any new 24-hour entries, and Determine assignment recommendations as recommended by the CAT Tool, and Group assignment recommendations by unit.
2	Email the CAT OA a list of 24-hour/IRS assignments for the office/program by 9:00a.m.
3	 For any 24-hour referrals received after 9:00a.m., the CAT PSS will: immediately process the 24-hour referral for assignment recommendation, and email the CAT OA of the assignment recommendations. NOTE: After 4:30 P.M., 24-hour/IRS referrals will not be re-assigned by the CAT Team.

CAT Office Assistants' (OAs) Duties

The CAT unit includes OAs who help manage communication, attendance, and workflow.

The table below shows the actions steps for clerical staff when assigning 24-hour referrals. Each workday, CAT Assignment OAs will send all 24-hour referrals received overnight to the CAT PSS by 8:30am. After 8:30am, all 24-hour referrals will be processed and sent to the CAT PSS immediately. CAT OAs will follow all steps in the table below prior to sending the referrals to the CAT PSS. CAT OAs do not make assignment recommendations, they will enter the data in the tool, the CAT PSS will review the data and make assignment recommendations based on the Hotline - Assignment of Referrals policy and CAT Tool assignment recommendations.

Step	Action
1	Review the "Regional Assignment Inbox" by 8:15 a.m. each day and throughout the day for 24-hour referrals. NOTE: Each program is assigned an OA, therefore each OA will require coverage when taking breaks to ensure 24-hour referrals are assigned as soon as possible.

Step (cont.)	Action		
2	Open each referral from the "Regional Assignment Inbox" and process all 24-hour referrals first, following steps 3 – 12.		
3	Open the Summary Tab and enter the following into the OA CAT Log: • referral name, and		
	referral ID number,response time (24-hour, 5-day, 10-day)		
4	Open the ID tab and enter the zip code into the OA CAT Log.		
5	 if there is already an open referral on the family. If yes, the recommended assignment will be to the assigned SW. if there was a referral that closed within the last 30 days. If yes, enter the following information in the same cell as the name of the referral on the OA CAT Log: "30-day rule," and name of last assigned SW and their worker number. For example: referral name, worker number, and "30-Day Rule" i.e. Jennifer Smith, ZB4J, 30-day rule. NOTE: If the ERD/screener narrative is missing, e-mail the Hotline SW, Hotline PSS and cc the CAT OA Senior. 		
6	 Reviewed the ERD and/or screener narrative for an identified language, and review the parents' client notebook to confirm the primary language of each parent/child. NOTE: If language in the ERD does not match that of the client notebooks and there are priors, check the most recent investigation to confirm the primary language of the family. If any parent or child primarily speaks Spanish, the recommended assignment will be to a Spanish-speaking SW. 		
7	Review client notebooks, and the ERD to identify the number of children in the referral and enter it into the OA CAT Log.		
8	Review the ERD to determine the Hotline SW's recommended assignment and enter recommendation in the OA CAT Log. If any errors are observed in the assignment recommendation, the CAT OA will:		

Step (cont.)	Action			
8 (cont.)	 e-mail the Hotline SW, Hotline PSS, and cc the CAT OA Senior to determine the assignment recommendation based on the Hotline - Assignment of Referrals policy, and enter Hotline recommendation in the OA CAT Log. NOTE: If there are any questions about specialty program assignments (ISU/Med Frag/OCI), the CAT OA may consult with the Hotline and program 			
	PSS to determine the correct assignment.			
9	Review the referral ERD and/or screener narrative for any companion referrals			
	 If the referral is part of a companion referral, enter a note in the "Region Sharing" column of the OA CAT Log that the referral is a companion referral. 			
10	Save the ERD to the SharePoint site by office.			
11	 Once all referral information has been entered into the OA CAT Log, highlight the date, and Notify the CAT PSS of the new referral. 			
12	CAT PSS will provide the CAT OA with the SW assignment recommendation, and the CAT OA will then:			
	 Assign primary to the recommended SW, and Assign secondary to the PSS, and Skip to step 15			
13	When a referral is re-assigned by an ER PSS then:			
	 Respond immediately to the email from the ER PSS confirming that the referral was re-assigned in the OA CAT Tool. E-mail the CAT PSS with the change in assignment 			
14	When a referral is downgraded or EO'd then: • Forward the e-mail with the subject line "Alert downgrade" or "Alert EO"			

Step (cont.)	Action
15	Notify the assigned office by email of any 24 hour referrals by completing the following:
	 Title the subject line as: IRS Office/Program name, e.g., "IRS South" In the body of the e-mail include the name of the SW that has been identified to receive the referral. Send to all of the office's PSSs, SPSWs, cc CAT Senior OA, and PSPM.
16	When all of the above is completed, highlight the referral in green.

The table below shows the actions steps for CAT OAs when assigning 5- and 10-day referrals.

Step	Action	
1	Review the "Regional Assignment Inbox" by 10 a.m. each day and throughout the day for 5- and 10-day referrals AND send all 5- and 10-day referrals to the CAT PSS by 10:30 a.m. and 2:30 p.m.	
2	Follow steps 2 through 14 of CAT OA process table for 24-hour referrals.	
3	 At least twice a day an email will be sent to the ER programs with all 5- and 10-day referral assignments that will include the recommended unit and SW assignment recommendation. Each office will receive their first assignment lists no later than 10:30 a.m. and the second assignment list no later than 4:00 p.m. 	
4	Each referral will be assigned primary to the SW and secondary to the PSS.	

CAT Clerical staff are required to review daily attendance records reported by the ER PSS teams. Each day clerical staff will complete all action steps listed in the table below.

Step	Action	
1	Review any new leave entered by ER PSS teams.	
	NOTE: New entries will be highlighted in yellow by the ER PSS.	
2	Check for any duplicate entries in the tool and delete the duplicate.	
3	Copy any new leave to the CAT Shared Daily Attendance Log.	

Step (cont.)	Action	
4	Any CAT verified new leave entries will be changed to green highlight. This will symbolize to ER PSS that CAT received the new leave.	
5	Keep new updates on the CAT Shared Daily Attendance Log yellow until the PSS has received it.	
6	Check emails throughout the day for any new leave that occurs after 8:30am and enter it into the CAT Shared Daily Attendance Log and highlight in yellow.	
7	 Review CAT Shared Daily Attendance Log at the end of each day to review for duplicates, and Delete any duplicate entries identified. 	
8	 When a PSS makes changes or edits to the ER Supervisor Daily Attendance Log the CAT OA will: highlight the changes in red, and review the PSS note of the change in the ER Supervisor Daily Attendance Log (e.g., no longer SLP), and change to green highlight. copy the changes from the ER Supervisor Daily Attendance Log to the CAT Shared Daily Attendance Log, and	
9	If there is a duplicate entry in the ER Supervisor Daily Attendance Log, the CAT OA will:	
	 change the text color of the duplicate entry to red (note red text signifies an entry was rejected by CAT). add a note that says "Duplicate." (Do not delete the entry). 	

Workload Equity

Referrals will continue to be assigned to programs based on the recommended assignment found in the <u>Hotline - Assignment of Referrals</u>. However, to achieve workload equity at the across all programs, some shifting of assignments may occur from the recommended program and determining when this should occur is an important piece of the CAT role.

The table below describes how workload equity is assessed and referrals are redistributed if needed.

Workload Equity (Cont.)

Step	Who	Action
1	CAT PSS & Hotline PSPM	Once per month, CAT will meet with all PSPMs to review the data dashboard for the week prior.
2	CAT PSS, Hotline PSPM, & CFWB ER PSPM	 Identify if there is a difference between each program's staff share and the actual workload share. If there is, referrals will be assigned outside of zip code boundaries in neighboring areas based on the difference among each office. This will be done each day for the following week for 5- and 10-day referrals only. Workload will be evaluated again the following Monday. 24-hour referrals will be evaluated based on:
3	CAT OA	For each referral that will be assigned to an SW that is outside of their program by CAT, then the CAT OA will: • send an email to the ER PSS notifying them that their staff will be receiving a referral from outside of their zip code that says the following: • "This referral is being assigned from another office as part of the centralized assignment team's workload equity equalization. Referrals are assigned to achieve equity at the worker, unit, and office level, while trying to minimize additional driving distance and time." • follow all other steps listed in the CAT OA process table for 24-hour referrals or the 5- or 10-day process table.

Special Assignment Considerations

There are some special considerations that must be taken for assignment of referrals that involve certain criteria. See the table below for more information.

If	Then
A subsequent referral is received on a referral that has been shared to another office and the shared referral is still open	 All subsequent referrals regardless of priority response will go to the current worker. If the current worker is unavailable due to being on protection, sick, etc., then: it will go to the same unit, or If no other SWs are available to take the referral in the currently assigned unit, then the referral will be assigned back to the original office.
A subsequent referral is received on a referral that has been shared to another office, and the referral was closed within the past 30 days	The referral will be assigned to the office based on zip code, not the most recent referral.
A petition needs to be filed on a referral that was assigned based on workload sharing	 ER PSS and SW will consult with their PSPM and County Council (CC) and if they agree to screen a petition, then The referral will be re-assigned to the CI unit in the office of origin based on zip code.
Companion referrals are received in different offices,	CAT will assign each referral to the appropriate office based on the Hotline - Assignment of Referrals. NOTE: For sexual abuse companion referrals, ensure that referrals are assigned based on the policy guidance in the Hotline - Assignment of Referrals.

Assigning Fatalities

For assignment of referrals involving a fatality, staff will refer to the table below.

Assigning Fatalities (Cont.)

Step	Who	Actions
1	Hotline SW	 Type "Fatality" after the referral name in the ID tab of CWS/CMS, and Determine the office assignment, and Inform the CAT OAs of the fatality referral and provide the following information: Name of SW and PSS if there are any open referrals or cases with the family, Referral number, Zip code, Primary language, Number of children, Whether or not the 30-day rule applies.
2	CAT OA	 Enter the referral information into the OA CAT Log and follow all steps in in the CAT OA process table for 24-hour referrals, and Add a note in the CAT OA log that identifies the referral as a fatality. E-mail the ER PSPM to let them know that there's a fatality, send the ERD, and ask for an assignment recommendation from the PSPM. Enter the following note in the OA CAT Log, "Sent to manager for assignment recommendation." E-mail CAT PSS the assignment recommendation by the PSPM Follow all steps of the CAT OA process table for 24-hour referrals.
3	CAT PSS	Determine SW assignment based on the ER PSPM's assignment recommendation, or if no assignment recommendation was provided, then assigned based on the CAT Tool recommendation.
4	ER PSS	 Review the ERD and history. Determine if the referral is appropriate to assign to the recommended SW. If the referral will be assigned to a different SW, then send an email to the CAT If the referral will be assigned to the recommended SW, then assign the referral to the SW in CWS/CMS.

Assigning Fatalities (Cont.)

Hotline SWs will follow all additional policies and procedures listed below:

- Hotline Child Fatality/Near Fatality
- Child Fatality and Near Fatality Protocol

Sensitive Referrals

The table below describes action steps to complete when assigning sensitive referrals.

Step	Who	Actions
1	Hotline SW	 Follow all policies and procedures listed in the Hotline - Sensitive Referrals policy and Hotline - Assignment of Referrals policy. Determine assignment recommendation. Inform the CAT OAs of the sensitive referral and provide the following information: Name of SW and PSS if there are any open referrals on the family, referral number, zip code, family's language, number of children, name of SW if there's an open case (Referral will be labeled with initials of mother for ease of identification). Hotline SW will note if the 30-day rule applies.
2	CAT OA	 In addition to the steps listed for the CAT OA referral process tables, the CAT OA will: add a note in the CAT OA Log that identifies the referral as sensitive, and note the name of the Hotline SW who processed the sensitive referral, and follow all listed steps in the CAT OA process table but omit any names or identifying information. inform the CAT PSS of the sensitive referral
3	CAT PSS	 Determine SW assignment recommendation, and inform the CAT OA of the assignment recommendation.

Sensitive Referrals (Cont.)

Step (cont.)	Who	Actions
4	CAT OA	 After receiving the SW assignment recommendation from the CAT PSS, send an e-mail notifying the Hotline SW who processed the referral and their PSS to ensure it is assigned to the appropriate inbox, and E-mail the Hotline SW, ER PSS, ER SPSW, and ER PSPM who the referral is assigned to.
5	Hotline SW	Assign primary based on CAT's recommended SW and secondary to the PSS.
6	ER PSS	 Review the ERD and referral in CWS/CMS Determine if referral is sensitive to the office and if so, then assign the referral back to the assignment inbox, and notify the CAT unit via email. NOTE: CAT will be responsible for re-assignment.

Alignment with SET

This policy supports <u>SET Value 6</u>, a workplace culture characterized by reflection, appreciation, and ongoing learning. The CAT Tool is intended to help by being a proactive tool with a goal of shared responsibility and utilizing real-time data to guide equitable workload at the worker, unit, and office level.