

ER - Changing Response Determination

(Revised 07/12/24)

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Forms

The following form is referenced in this policy:

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

Related Policies

Additional information can be found in the following policies:

- CSEC Interagency Protocol and CSEC Response Team Protocol.
- ER - Closing Referrals
- Hotline - Referral Screening Criteria

Resources

The following resources are referenced in this policy:

- [CA SDM PP Manual](#)
- [Manual of Policies and Procedures](#)

Policy

Child abuse and neglect are defined in [Penal Code \(PC\) Section 11164 – 11174.3](#) and the Manual of Policies and Procedures (MPP) Section 31-002(c) (9) and 31-002(n) (1). As required by the MPP Section 31-101.1, counties shall respond to all referrals for service alleging that a child is endangered by abuse, neglect, or exploitation by determining if Hotline - Referral Screening Criteria is met. When it is found that a child is at risk for abuse or neglect, a social worker (SW) skilled in Emergency Response (ER) will conduct an in-person investigation. Furthermore, pursuant to WIC Section 328, a social worker shall investigate when they have cause to believe that there was or is, within the county, a child who has suffered or is vulnerable to abuse and/or neglect.

Policy (cont.)

The Child Abuse Hotline is tasked with determining if assignment criteria is met, however regional Response Review Teams (RRT) may continue to assess assignment criteria prior to assigning a referral to an SW to conduct an in-person investigation. When a referral has been assigned by the Hotline for an in-person investigation, under the circumstances outlined in this policy, RRTs may Evaluate Out (EO) or change the response priority time.

The completion of the 04-4 is required to:

- EO any referral, and
 - Downgrade or N/A Secondary any referrals for infants (under 12 months)
-

Definitions

The following table defines terms used in this policy:

Term	Criteria
Associated Referrals	A second or subsequent referral that contains new information and/or allegations. Subsequent referrals can be electronically linked together in the CWS/CMS system.
Duplicate Referral	Referrals that have different reporters, but share ALL of the following: <ul style="list-style-type: none">• child victim(s)• allegation(s)• incident
Historical Information	<ul style="list-style-type: none">• The alleged maltreatment occurred more than 12 months ago, and• the victim child is 3 years of age or older, and• there is/are no new allegation(s), and• allegations are not sexual abuse by an adult caregiver, or other household member, or unable to rule out household member as an alleged perpetrator, and• the conditions that contributed to the alleged incident are no longer present, and• there are no current concerns that the child or another child in the home is endangered by abuse, neglect, and/or exploitation. Evaluating out a referral based solely on historical information is different from evaluating out duplicate referrals or allegations investigated in previous referrals. <p>NOTE: Risk factors must be assessed by RRTs prior to evaluating out a referral for Historical Information.</p>

**Definitions
(cont.)**

Term	Definition
Out-Of-Home Abuse (no open case)	ALL of the following must apply. The: <ul style="list-style-type: none">• alleged perpetrator is NOT a parent/guardian/caretaker, and• parent or caregiver is not negligent in allowing, or unable or unwilling to prevent, the alleged perpetrator access to the child, and• parent or caregiver is protective, and• perpetrator is a non-household member who has no access to the victim child or other children in the home (excluding referrals with allegations of sexual exploitation), and• allegations have been cross reported to law enforcement.
Out-Of-Home Abuse (open case)	Includes abuse or neglect as defined by PC 11165.5 (including suspicious fatality) inflicted by a Substitute Care Provider (SPC) for a child or youth with an active Office of Child Safety (OCS) case.
Response Review Team (RRT)	For a Response Review Team (RRT) to review a referral for a potential change in the response time, the team must consist of: <ul style="list-style-type: none">• 3 Protective Services Supervisors (PSS) , or• 2 PSS staff and a Senior Protective Services Worker (SPSW)

**Evaluating
Out Referrals**

Manager approval is required to EO any referral. Referrals assigned by the Hotline to a region for an in-person investigation may be reviewed by an RRT and EO'd without a face-to-face contact if:

- manager approval is received and documented on the 04-4, **and**
- have considered special populations, **and**
- the response date has not been exceeded and no contact has been made with the family (unless the RP is a parent/family member and the purpose of the contact is to obtain information as an RP contact), **and**
- the referral is a duplicate referral and there has already been a face-to-face contact in the primary referral and the plan is to close the referral with no further contact **OR**,
- the referral is a duplicate, an investigation has been completed and no new information is reported, **OR**
- the child is out of county and does not have an open case in San Diego County (referral must be cross reported to county where youth is located), **OR**

Evaluating Out Referrals (cont.)

- the referral contains only historical information **and** Risk factors have been assessed prior to evaluating out a referral based on historical information.
- abuse occurred out-of-home when **ALL** conditions of the definition for out-of-home (no open case) are met and it has been determined that a general neglect allegation for a parent/guardian/caregiver is not warranted, **OR**
- there is no victim youth under the age of 18 (all child fatalities suspected to be the result of abuse and/or neglect will be assigned for investigation regardless of whether other children are reported in the home), **OR**
- information received does not rise to the level of risk for abuse or neglect as defined by penal code 11165.6 **OR**,
- new information received by the region changes the outcome of the SDM Hotline Tool (no changes will be made to the tool).

Referrals will **not** be evaluated out if contact with a parent or legal guardian has been initiated by phone or in-person. In addition, contacting the parent and/or legal guardian before assignment can only be done under the following circumstances:

- the parent or legal guardian is the reporting party and contact with them is necessary to gather specific pieces of information identified as missing from the emergency response document (ERD). The contact is not to be investigative in nature.
- The family is visiting San Diego and is a resident of another county and the RRT must contact the family to verify their home address to cross-report to the appropriate jurisdiction when the family is no longer in San Diego County. The RRT will evaluate the referral and cross-report to the appropriate jurisdiction.

Evaluating Out Referrals on Open Cases

Evaluating out referrals on open cases must meet all criteria listed in this policy and additional steps must be taken to EO referrals on open cases. The table below describes the steps that must be taken prior to evaluating out a referral on an open case:

Step	Action
1	Consult with the case carrying PSS. If it is decided to: <ul style="list-style-type: none">• Assign the referral, proceed with investigation and skip the following steps.• EO the referral, GO to step 2.
2	Enter a consultation contact in CWS/CMS
3	Follow steps 1 – 12 of the RRT Chart.
4	Follow all steps in the RRT Procedures chart.
5	Notify, via email, the case carrying worker and supervisor that the referral has been EO'd and the rationale for evaluating out the referral.

**Evaluating
Out Referrals
on Open
Cases (cont.)**

Step	Action
6	Notify the following, whom are applicable, of the EO and document notification in a contact: <ul style="list-style-type: none">• IEU PSS• Complaints Unit PSS,• PCO,• CCL,• OOO

Downgrading Changing Response Priority Time (Downgrading)

Manager approval and completion of the 04-4 is **required** to downgrade or change the response time (including N/A Secondary) to any referral with an infant (under 12 months). Manager approval and the 04-4 are not required for other downgrades.

To downgrade other referrals that do **not** involve infants, the region will use the RRT to review a potentially downgrade (e.g., 24-Hour to 5- or 10 Day response).

To downgrade RRTs must identify:

- an error in the completion of the SDM Hotline Screening Tool, **OR**
- additional information is received that would change the outcome of the SDM Hotline Screening tool recommendation

In lieu of completing the 04-4, the rationale for a downgrade will be entered in CWS/CMS in the Determined Response Box **or** in a contact. The PSS or SPSW who is downgrading the referral will enter a contact and will include the names of all members that were part of the RRT. Details regarding the consultation will not be documented **and** rationale documentation will focus only on the error identified in SDM or other policy decision including additional information learned that changed the outcome of the SDM Hotline Screening tool.

The 04-4 is **optional** on other referrals being downgraded or Associated with an N/A Secondary response.

RRTs will follow the procedures listed below and those in the CWS/CMS Desk Guide.

Step	Action
1	Does the referral being considered for downgrade involve an infant regardless of whether the infant is the primary victim? If YES, STOP , follow steps in RRT chart. To downgrade a referral on an infant manager approval and completion of the 04-4 is required. If NO, go to step 2.

**Downgrading
(cont.)**

Step	Action
2	<p>Review SDM Hotline Tool. Is the SDM definition applied correctly and/or decision tree followed correctly?</p> <p>If YES, go to Step 4. If NO, got to Step 3.</p> <p>NOTE: No changes will be made to the SDM Hotline Tool.</p>
3	<p>Inform Hotline by e-mail of the identified SDM error and change in response time. Include in the e-mail:</p> <ul style="list-style-type: none"> • ERD • PDF copy of the Hotline Tool • Error identified
4	<p>Contact RP for additional information and document in a contact in CWS/CMS.</p> <p>Is there additional information received that changes the outcome of the SDM Hotline Screening tool?</p> <p>If YES, go to Step 4. If NO, STOP, referral cannot be downgraded if there is no change in circumstances that changes the screening outcome or error identified in the SDM Hotline Tool.</p>
5	<p>Change the response time from the drop-down selection in Determine Response decision and document in the Determine Response Rationale box, "This referral is being downgraded to a 10-Day see contact for rationale."</p> <p>REMINDER: 04-4 is required to downgrade referrals on infants (Chart continues in next page)</p>
6	<p>In the referral name box on the ID page of the referral notebook, remove/delete the response time after the name on the referral and type in the new response time before generating the new ERD.</p> <p>NOTE: Do NOT make any changes to the body of the ERD (referral narrative).</p>
7	<p>Delete the current ERD and create a new one.</p>
8	<p>Save to Database</p>

Special Populations

Consideration of the special populations listed below, due to having a higher risk of future abuse and neglect, **must be strongly considered** when determining if a referral can safely be evaluated out. Special populations include:

- 10 or more prior referrals including EO referrals, unless all children in the home are age 10 or older (N/A secondary duplicate referrals excluded)
- Previous child welfare cases (court ordered services)
- Previous unsuccessful cases (including Voluntary Services)
- Failure to reunify with any children, children may currently be in permanent placement or adoption services
- Currently involved with OCS, unless the referral information is historical and/or duplicate information
- Children under the age of 3, or children who are developmentally delayed at the level of 3 years or younger
- Instances in which the parent states a desire to relinquish or attempted an abortion and the child is age 5 and under
- Past incidents of abuse or neglect causing the death/serious injury of another child
- Serious accidental injury to the head/face/torso of a child 5 and under

NOTE: These considerations in and of themselves do not mean a referral must be assigned for investigation. A child and/or household having one or more of the above mentioned risk factors does not automatically indicate a referral with historical information only must be assigned for investigation but the totality of the information must be assessed to determine if the child suspected to be endangered by abuse, neglect, and/or exploitation. Refer to the Hotline - Referral Screening Criteria and the SDM Hotline Tool to determine if a referral meets criteria for assignment.

The following Special Populations **cannot be EO'd** unless specific exceptions list below are met:

Type of referral	Exception
Law Enforcement referrals (MMP section 31-101.4) Division 31 regulations state that a SW will conduct an in-person investigation of all referrals received from a law enforcement agency which allege abuse, neglect, or exploitation.	The report is for cross report purposes only and law enforcement has investigated and determined that there has been no abuse or neglect by a member of the child's family (CA Reg. 31-101.4). Law enforcement not making any arrests or a child appearing outwardly physically well in a police report cannot be used as justification for not assigning a law enforcement referral. However, if there is a change in circumstances in the referral and the PSS believes there is no longer an allegation of abuse or neglect, there must be a manager's consult before EO-ing. NOTE: Law enforcement referrals can be associated with an N/A Secondary Response when duplicate standards are met but they cannot be evaluated out.

Special Populations (cont.)

Type of referral	Exception
Referrals with concerns for CSEC. See CSEC Interagency Protocol and CSEC Response Team Protocol.	Duplicate standards to EO or N/A Secondary are met
Referrals reporting the fatality of a youth as a result of suspicions of abuse/neglect, even if there are no siblings.	Duplicate standards to EO are met
Referrals alleging abuse or neglect in out-of-home care.	Duplicate standards, or N/A Secondary to EO are met, or an error in SDM was identified and it did not meet assignment criteria.

Duplicate Referrals

OCS often receives duplicate referrals from various reporting parties.

In order to ensure that duplicate referrals are identified for exclusion from outcome measures, duplicate referrals must either be EO'd or associated with an N/A secondary response. Duplicate referrals that are associated with an N/A secondary response are referrals that meet assignment criteria, but OCS is already initiating an in-person investigation for these allegations.

Duplicate referrals that can be EO'd do not meet assignment criteria for an in-person response. Duplicate reports may be made to the Hotline on the same child(ren) from different sources or with different details. Duplicate referrals have different reporters but share all of the following:

- Same child victim(s)
- Same allegation(s)
- Same incident

It's important to note that duplicate reports will often have slightly different information but if two or more referrals are received regarding the same incident with no new allegations they should be treated as duplicate referrals and should be either EO'd or Associated with an N/A Secondary Response. Sometimes a new report is made for the same child victim(s) and same incident but given a different allegation type. For example, one report may code exposure to a domestic violence incident as emotional abuse, while another may allege general neglect for the same child(ren) and same exact incident. If the reported information is duplicative (based on the definition) the RRT can align the abuse allegations for consistency and EO or Associate the referrals with an N/A Secondary Response Determination.

The RP will be contacted and documented in CWS/CMS; and a Response to Mandated Reporter letter will be mailed out to mandated reporters in all referrals.

Only duplicate referrals can be Associated with an N/A Secondary Response.

Duplicate Referrals (cont.)

The table below shows when a referral can be EO'd when a new referral is received that is duplicate:

If..	And...	Then...
There is no new information	There is already a completed investigation	EO the duplicate referral
There is no new information OR allegations reported in the secondary report have already been added to the primary referral	Contacts have been made in the primary with a plan to close the referral	EO the duplicate referral, and do not associate it.

The table below shows when a referral can be Associated with an N/A Secondary Response when a new referral is received that is duplicate:

If..	And...	Then...
There is no new information	Contacts have been made in the primary referral AND More investigation is needed	Associate the duplicate referral, and: <ul style="list-style-type: none"> • contact the new RP as a collateral • mail the Response to Mandated Reporter letter if the RP is a mandated reporter • change the Determine Response in the Secondary referral to N/A Secondary
New allegations reported in the secondary report have already been added to the primary referral	No contacts have been made AND Response time has not been exceeded for the primary referral	NOTE: Follow the procedure described in the N/A Secondary Referrals table for entering contacts either prior to associating

NOTE: When changing the determined response of a secondary referral to N/A Secondary, the assigned SW is still responsible for contacting the RP and entering a contact into the primary referral and mailing out the Response to Mandated Reporter letter. The contact will duplicate to the associated referral if the referrals are associated before the contact is entered.

See the ER - Closing Referrals policy for more on closing N/A Secondary Referrals and the primary referral associated.

N/A Secondary Referrals

Only secondary/duplicate referrals may be associated with as an N/A Secondary Report. However, there are times when in the course of an investigation, the SW discovers new factors to support additional allegations. In these situations, a new referral will **not** be created. The SW will create new allegation(s) in the existing referral and will investigate/disposition (dispo) them following the same policies and procedures as all other allegations. The allegations should be added as soon as they are identified. The secondary referral will be associated with an N/A Secondary Response or EO'd based on the duplicate referrals chart.

Additionally, If a new referral with different allegations or on a new incident is called in **before** the response due date of the primary referral then the RRT can align the allegations in the primary referral and associate the subsequent referral(s) with an N/A Secondary Response determination. The RRT team will **NOT** change the response determination to N/A Secondary if the subsequent referral is:

- dated after the response due date, **or**
- contact has been initiated in the primary referral and the allegations have not been disclosed in the existing referral, **and**
- the new referral is **not** already a duplicate report

Before associating referrals and changing the determined response to N/A Secondary, any contacts prior to the date the secondary referral was received **must** be entered into the primary referral.

Once referrals are associated in CWS/CMS and the referrals response time has been changed to N/A Secondary, continue to enter contacts into the Primary referral.

The Secondary Referral:

- will be populated with contacts recorded from the Primary Referral.
- can be updated with additional information, i.e., letter to RP.

NOTE: Forms generated in one referral do not populate into associated referrals.

If...	Then...
contacts were made prior to receipt of the Secondary referral	<ul style="list-style-type: none">• enter all contacts into the Primary referral that were completed prior to the subsequent referral's opening date, then• associate the duplicate referral to the Primary referral, and• continue to enter contacts in the Primary referral after referrals are associated.
contacts were not made prior to receipt of the Secondary referral	<ul style="list-style-type: none">• associate the referrals, then• enter contacts, and• continue to enter all contacts into the Primary referral.

N/A Secondary Referrals (cont.)

The chart below shows the steps to take to change the determined response of a duplicate referral to N/A Secondary in CWS/CMS.

STEP	ACTION
1	<ul style="list-style-type: none">Follow steps 1-6 on chart of the Associating Referrals chart.
2	<ul style="list-style-type: none">Select Window from the menu bar.Select Referral you want to be Primary from the drop-down menu (this will bring that referral into focus).
3	<ul style="list-style-type: none">Select Action from the menu bar.Select N/A Secondary Report from the drop-down menu under Decision.
4	<ul style="list-style-type: none">In the Determine Response Box click on Approval.Select Approved from the Approval Status.Select Ok.Select Okay in the Determine Response Box.
5	<ul style="list-style-type: none">Select from the Menu Bar (still working in the secondary referral).Click on the Referral Management Section button (green).
7	<ul style="list-style-type: none">Click on the ID page.Type "N/A Secondary Report" after the name in the Referral Name field to indicate that this is secondary referral. <p>NOTE: No changes will be made to the body of the ERD/Screeners Alerts/Screeners Narrative.</p>
8	Save to Database

NOTE: Once referrals are associated the referrals will not be un-associated/electronically unlinked in CWS/CMS but they can be closed out at different times/days.

Associated Referrals

Associated referrals are referrals that are electronically connected in CWS/CMS. The assigned SW is responsible for assessing for all possible concerns of abuse, neglect, and or exploitation and can add allegations as evidence is collected. All information gathered during an investigation is important when looking at the totality of the circumstances.

The benefits of associating referrals are:

- Contacts recorded in one referral automatically populate to the duplicate referral,
- Helps with not having to decide what information is important for what referral or going back and forth between allegations/referrals
- Reminders satisfied in one referral are satisfied in the duplicate referral.

Associated Referrals (cont.)

Referrals can be associated in CWS/CWS when:

- a second or subsequent call is received that contains new information, **and**
- the response time has not been exceeded for the primary referral
- No contact has been made in the primary referral with the family

Referrals will not be associated if in-person contact has been attempted or has been made with the family for investigative purposes. If the parent/caregiver is the reporting party (RP) and the SW is contacting them as part of the mandatory RP contact this does not count as the initial contact attempt. **Before** associating referrals, any contacts with collaterals or the reporting party made prior to the date the secondary referral was received **must** be entered into the primary referral.

When completing SDM on associated referrals, because the referrals are electronically linked, only one Safety Assessment and one Risk assessment will be completed. See CA SDM PP Manual for more.

SPSWs may associate referrals with the approval of a PSS.

The table below explains the steps for associating referrals.

STEP	ACTION
1	<ul style="list-style-type: none">• Select the referral you want to be the primary referral from the Open this Referral list in the Open Folder dialog box.• Click OK and wait for referral to be retrieved.
2	Click YES in the dialog box to open the retrieved referral folder.
3	Repeat step 1 and 2 for the referral you want to associate.
4	<ul style="list-style-type: none">• Select Window from the menu bar.• Select Referral you want to be Primary from the drop-down menu (this will bring that referral into focus).
5	<ul style="list-style-type: none">• Select Action from the menu bar.• Select Add Associated Referral from the dropdown menu.
6	<ul style="list-style-type: none">• Verify that the Referral you want to add associated referrals TO is listed in the "For this Referral list" in the Add Associated Referrals dialog box.• Select the appropriate referral (those that are referrals on the same child client) from the Associate this Referral list.• Click OK.• Save to Database.

NOTE: Forms generated in one referral do not populate into associated referrals.

See the ER - Closing Referrals policy for more on closing associated referrals.

**Response Review
Team (RRT)
Procedures**

The RRT will:

- Meet daily to review all referrals being considered for an EO response and any referrals for infants (0-12 months old) being considered for a downgraded response time
- Document any changes (downgrade or EO) made to the response time on the 04-4 when required
- Ensure all contacts, attempted and completed, are documented in the CWS/CMS database
- Not make any changes to the SDM Hotline Tool
- Assess risk factors prior to evaluating a referral out for historical information

The completion of the 04-4 is required to:

- EO any referral, **and**
- Downgrade or N/A Secondary any referrals for infants (under 12 months)

NOTE: Completion of the downgrade/EO template is optional for other downgraded responses and N/A Secondary Reports.

RRTs must assess risk factors influencing child vulnerabilities that may result in a child's inability to protect themselves prior to evaluating out a referral based on historical information. SDM tools provide factors influencing child vulnerability, RRTs will consider if any of the risk factors increase a child's current risk of abuse/neglect in the household.

- Age 0-5 years: Younger children are considered more vulnerable, as they are less verbal and less able to protect themselves from harm.
- The alleged victim child has a significant diagnosed medical or mental disorder. Children with diagnosed medical or mental disorders that significantly impair their ability to protect themselves from current/future harm.
- Not readily accessible to community oversight. The child is isolated or less visible within the community.
- Diminished developmental/cognitive capacity: Any child with diminished developmental/cognitive capacity, which diminishes their ability to communicate verbally or to care for and protect themselves from harm.
- Diminished physical capacity: Any child in the household that has a physical condition/disability that diminishes their ability to protect self from harm (e.g., cannot run away or defend self, cannot get out of the house in an emergency if left unattended).

Other risk factors to consider when assessing to evaluate out a referral based on historical information are:

- Frequency of incident/frequency of related referrals: There have been prior referrals investigated for similar concerns. The higher the number of investigated referrals, the higher the risk.
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**Response
Review Team
(RRT)
Procedures
(cont.)**

- Perpetrator access: The more access a perpetrator has to a child the higher the risk.
- Recency of incident: the less time that has passed from the date and time of the allegations of abuse and/or neglect from the date of the referral the higher the risk.
- Caregiver characteristics: Parent demonstrating protective capacities may reduce the risk of abuse/neglect to the child. Consider parenting skills/knowledge/changes since the alleged incident occurred/ does the parent and/or caregiver have the capacity to care for the child, have they taken acts of protection that have mitigated the risk of abuse and/or neglect?
- Prior investigations within the county or out of the county: Has a law enforcement agency or OCS agency previously been involved? Did prior investigations mitigate the safety concerns/risk concerns, or are the safety concerns still present?

NOTE: A child and/or household having one or more of the above mentioned risk factors does not automatically indicate a referral with historical information only must be assigned for investigation but the totality of the information must be assessed to determine if the child suspected to be endangered by abuse, neglect, and/or exploitation.

To evaluate out a referral that has been assigned by the Hotline, a PSS shall follow the procedures listed below and those in the CWS/CMS Desk Guide:

Step	Action
1	Is the referral a duplicate? If YES, follow the steps for associating referrals and N/A secondary reports in your caseload and stop. If NO, go to Step 2.
2	Review SDM Hotline Tool. Is the SDM definition applied correctly and/or decision tree followed correctly? If YES, go to Step 4. If NO, got to Step 3. NOTE: No changes will be made to the SDM Hotline Tool.
3	Inform Hotline by e-mail of SDM error and change in response time. Include in the e-mail: <ul style="list-style-type: none">• ERD• PDF copy of the Hotline Tool• Error identified

**Response
Review Team
(RRT)
Procedures
(cont.)**

Step	Action
4	Review prior referrals and cases and document the review in the 04-4.
5	<p>Contact RP for additional information and document contact was made in the Downgrade/Evaluate Out Template.</p> <p>Enter a Contact with the RP in CWS/CMS.</p>
6	<p>If it is known that a collateral was the reporting party's source for information reported on the referral, the RRT may contact the collateral for additional information pursuant to determining if the referral meets criteria for assignment. The collateral contact is not to be investigative in nature; it is only to gather specific pieces of information identified as missing from the RP's report. Document this contact in the Downgrade/Evaluate Out Template.</p> <p>Enter all contacts with collaterals in CWS/CMS. (Chart continues in next page)</p>
7	<p>Take the Downgrade/Evaluate Out Template to scheduled RRT meeting.</p> <p>If the RRT agrees to EO the referral, obtain OCS Manager approval.</p>
8	Complete the 04-4.
9	<p>Change the response time from the drop-down selection in Determine Response decision and document in the Determine Response Rationale box, "This referral is being EO'd. See Downgrade/EO template."</p> <p>REMINDER: If the new determined response is to EO the PSS/SPSW will mail the Response to Mandated Reporter letter to mandated reporters.</p>
10	<p>In the referral name box on the ID page of the referral notebook, remove/delete the response time after the name on the referral and type in the new response time before generating the new ERD.</p> <p>NOTE: Do NOT make any changes to the body of the ERD (referral narrative).</p>
11	Delete the current ERD and create a new one.
12	Save to Database.

Regional Tracking	A CQI Policy Analysts will review 5 referrals that were evaluated out in region, each quarter at random, for consistency and adherence to policy guidelines.
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Alignment with SET	This policy aligns with SET Value 6 by supporting a workplace culture characterized by reflection and ongoing learning by establishing a process for teams to meet to make best possible decisions for children, youth and families starting with the initial response decision.
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