

**CHILD AND ADOLESCENT MENTAL HEALTH DIVISION
POLICY AND PROCEDURE MANUAL**

SUBJECT: Child Abuse and Neglect Check	Number:	80.406
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REFERENCE: Hawaii Revised Statutes 350; Hawaii Administrative Rules, Chapter 920.1-11-13	APPROVED:	
	<i>Signature on File</i>	1 Mar 2004
	Chief	Eff. Date

PURPOSE

To establish procedures for child abuse and neglect clearances for the Child and Adolescent Mental Health Division (CAMHD) to ensure the safety of youths served by CAMHD employees or CAMHD’s contracted agencies’ staff.

DEFINITIONS

“*Confirmed*” means a report of child abuse or neglect that has been investigated by the Department of Human (DHS) where there has been a determination by the DHS that physical, sexual, or psychological harm, physical neglect, threatened harm occurred, and a perpetrator of the harm or threat has been identified.

“*Child abuse or neglect*” means the acts or omissions of any person who, or legal entity which, is in any manner or degree related to the child, is residing with the child, or is otherwise responsible for the child's care, that have resulted in the physical or psychological health or welfare of the child, who is under the age of eighteen, to be harmed, or to be subject to any reasonably foreseeable, substantial risk of being harmed.

POLICY

1. The CAMHD shall deny, revoke or not renew an individual provider’s credentials and/or privileges, or certification to provide services to CAMHD youth if the individual has been confirmed as a perpetrator of harm or substantial risk of harm to a minor in a prior Child Abuse or Neglect (CAN) case involving any of the following:
 - A. Sexual abuse of all levels of harm at any time;
 - B. High or severe physical or psychological abuse at any time as defined by the DHS;
 - C. High or severe neglect (includes medical neglect, failure to thrive) at any time as defined by the DHS;
 - D. Involuntary termination of parental rights of a child due to neglect or abuse;
 - E. Moderate physical or psychological abuse within the last five (5) years, which may include repeated episodes of minor bruising, verbal humiliations and degradations, unexplained medical injuries which may or may not require medical assistance, and any other instance as defined by the DHS; or
 - F. Moderate neglect within the last five (5) years, which may include: repeated episodes of impulsive and careless behaviors, failure to provide a safe and healthy

REVISION HISTORY:
Initial Effective Date:
Biannual Review Date:

File Ref:
A7010

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environment, withholding of medical or necessary treatments, lack of appropriate supervision, and any other instance as defined by the DHS.

2. The CAMHD may deny, revoke or not renew an individual provider’s credentials and/or privileges, or certification to provide services if the provider has been confirmed as a perpetrator in a CAN case *not listed above* if this could pose a risk to the health, safety or well-being of children under CAMHD’s care.

PROCEDURE

1. CAMHD and its contracted agencies will request, via a valid and signed informed consent to release information, a review of the DHS’s *Child Protective Services System (CPSS)* registry for every direct service personnel according to procedure identified in CAMHD’s Credentialing policies and procedures.
2. CAMHD’s designated staff will review the DHS’s *CPSS* registry for confirmed cases of CAN based on staff information provided by the contracted agency.
3. Designated CAMHD staff will consult with the DHS staff whenever the DHS’s *CPSS* information is not available or is incomplete to determine cleared or confirmed cases of CAN.
4. Based on *CPSS* review and corroboration with the DHS staff, CAMHD’s Credentialing Specialist or designee will inform the contracted agencies of those personnel that have been cleared.
5. CAMHD’s Credentialing Specialist will notify contracted agencies or of employees with confirmed CAN histories as perpetrators involving criteria “a” through “f” of policy #1, or any other criteria deemed to be of high-risk by the Credentialing Committee, without divulging specifics relative to the nature of the history. Likewise, the Credentialing Specialist will inform the immediate clinical supervisor of any CAMHD staff with a confirmed CAN history.
6. Contract agencies will arrange for a copy of DHS’ CAN report through the affected staff; interview the staff member, and request a letter from the staff that provides background information, follow-up actions taken, and any testimony self or otherwise, on his or her behalf.
7. The applicable contracted agency’s or CAMHD’s clinical supervisor or administrator of the specified staff will conduct a thorough assessment to determine the current level of risk involved, and subsequent course of action as future risk deterrents.
8. A written report of the risk assessment shall be sent to CAMHD’s Credentialing Committee, with all supporting documents as necessary defining findings and justifying the course of action taken. Reports shall evidence assessments that consider at minimum, the following:

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- A. Type of harm,
 - B. When the harm occurred,
 - C. The circumstances surrounding the harm,
 - D. The frequency or pattern of occurrences,
 - E. Whether treatment or rehabilitation took place,
 - F. Degree of access to children and whether employment would pose a risk to children, and
 - G. Special conditions of continued employment, including degree and frequency of individual supervision.
9. The Credentialing Committee will:
- A. Review agency's report of findings and actions;
 - B. Determine the relevancy and adequacy of all available information relative to actions taken regarding the employee;
 - C. If necessary, request additional information such as psychological evaluations, substance abuse assessments, *etc.*, with any costs incurred, the responsibility of the provider;
 - D. Recommend to the CAMHD Executive Management Team a course of action to be taken by CAMHD against an agency/provider if the seriousness of risk is established; and
 - E. Determine whether consideration may be given to the individual who shows more than a single evidence of being rehabilitated, which may include:
 - 1) Letters from a counselor or therapist indicating successful completion of treatment and a statement that the counselor believes the individual does not pose a risk to children;
 - 2) Successful completion of past services that are relevant to the report of abuse or neglect;
 - 3) Statements from individuals who are credible and reliable who can document and verify a sustained change in the individual's behavior that is relevant to the individuals employment; or
 - 4) Positive conduct in the community or in employment.
10. The Credentialing Committee will inform the agency in writing, under CAMHD Chief's approval and signature, of CAMHD's decision, basis for the decision, and recommendations that may include:

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- A. Support of the individual's employment with evidence of rehabilitation;
- B. Letters of support from past employers or community advocates that validates safety of the children;
- C. Employee personnel record review via consent from the employer and employee;
and
- D. Re-evaluation of the employee in six (6) months, with a report of findings and actions submitted to CAMHD's Credentialing Committee.

ATTACHMENT: None