

**ATTACHMENT 1**

**CRITERIA FOR CONSULTS WITH  
THE REGIONAL RESOURCE GROUP**

**Note: All consultations shall take into consideration the cultural and linguistic needs of the child and family.**

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**MANDATORY**

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<input type="checkbox"/> Critical Incident – death of a child or caregiver, life threatening condition from child A/N, serious injury of a child from A/N, runaway who presents a danger to self/others
<input type="checkbox"/> Admission to emergency department
<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Unplanned discharge from hospital or PRTF
<input type="checkbox"/> Recent sexual assault
<input type="checkbox"/> Concern with a recommendation made by an outside service or treatment provider

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**LEVEL I: Immediate and Recommended – Same Business Day**

(RRG staff will triage the consultation referrals when received.)

**CAREGIVER**

- Hospitalization, medical or psychiatric, that results in child needing placement
- Suicidal or homicidal risk assessment
- High risk newborn with parent presenting with mental health issues

**SUBSTANCE USE CONSULTATIONS**

- Any substance use that poses imminent risk to child/youth/parent that may cause overdose or a need for detox
- High risk newborn with parent presenting with substance use and mental health issues

**NURSING CONSULTATIONS**

- When, during the course of a case, there are any medical issues or questions involving a child in DCF care
- When a Critical Incident or CPS report identifies medical concerns
- When a child is hospitalized or seen in an emergency department for medical reasons
- When a child with complex medical needs (CCMN) comes into care or has a change in his or her circumstances (*e.g.*, new DCF-2101, change in placement)
- When there are medical concerns identified and the nurse needs to accompany the Intake Social Worker (immediate or 24 hour response) on a visit to a facility or home
- When a child requires surgery or other medical procedures that require a medical consent (DCF-460) or approval of the Medical Review Board (MRB)

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| <input type="checkbox"/> When a consultation to a child abuse pediatrician is initiated (including cases of medical neglect or abuse) |
| <input type="checkbox"/> When a child has been identified as a victim of domestic minor sex trafficking (DMST)                        |
| <input type="checkbox"/> When a case involves a high risk newborn   |

**INTIMATE PARTNER VIOLENCE CONSULTATIONS**

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| <input type="checkbox"/> Current allegations of IPV with possible child exposure (including serious physical violence, suspicion of firearms or child in close proximity to or intervening in |
| <input type="checkbox"/> IPV with co-occurring substance use or mental health   |
| <input type="checkbox"/> Any instance of IPV that requires safety planning, a protective order, a restraining order or shelter  |
| <input type="checkbox"/> Incident of IPV resulting in serious physical injury to non-offending parent or child  |
| <input type="checkbox"/> Any threat of self-harm or harm to non-offending parent or children  |

**EDUCATIONAL CONSULTATION**

- |   |
|---|
| <input type="checkbox"/> Placement of a youth in detention or a correctional facility |
| <input type="checkbox"/> Chronic suspension or expulsion                              |

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**LEVEL II: As Soon As Possible – Within Two Business Days**

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<b>CHILD</b>
<input type="checkbox"/> Prior to consideration for admission to Crisis Stabilization, STAR (Short Term Assessment Respite Homes), S-FIT (Short Term Family Integrated Treatment)
<input type="checkbox"/> Disclosure of sexual assault <input type="checkbox"/> Human trafficking <input type="checkbox"/> Consideration for congregate care (including CJTS)
<input type="checkbox"/> Consultation to discuss clinical services that are needed
<input type="checkbox"/> Review of psychological, substance use, medical evaluations <input type="checkbox"/> Admission to or consideration of Solnit North or South (PRTF)

<b>SUBSTANCE USE CONSULTATION</b>
<input type="checkbox"/> LINK history of parent or other adult failure to cooperate with requests for substance use evaluation prior to a referral including or suggestive of substance use
<input type="checkbox"/> Reports from mandated reporters alleging harm or potential harm to a child due to parent or other adult substance use, including but not limited to: <input checked="" type="checkbox"/> Alcohol/drug-related assault on child or adult in child's presence <input checked="" type="checkbox"/> DUI with child in vehicle <input checked="" type="checkbox"/> Illicit drug purchase with child present <input checked="" type="checkbox"/> Involvement of child by adult in transport, purchase or sale of alcohol/drugs

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**NURSING CONSULTATIONS**

- When a child requires a medical specialist or use of medical equipment
- When a case needs a review of medical documents
- When a case involves concerns regarding many school absences for medical reasons
- When medical information from community providers must be obtained
- When a case is transferred between DCF units and the child has medical concerns
- When the caregiver of a child with complex medical needs becomes unable to provide care due to illness or injury.
- When a person in a facility or foster home is identified as having a communicable disease that could impact a child's care.

**INTIMATE PARTNER VIOLENCE**

- Suspicion of Intimate Partner Violence is reported or divulged during Intake phase or discovered during Ongoing Services phase
- Previous referrals to CPS related to IPV, violations of protective order or restraining orders, police involvement
- Prior documentation of frequency and severity of the offender's pattern of coercive control

**EDUCATIONAL CONSULTATIONS**

- Chronic absenteeism
- Consideration of change of school or school system

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**LEVEL III: Standard Good Practice – As Directed after Consultation  
with Social Work Supervisor or Manager**

<b>CHILD AND CAREGIVER</b>
For any case with medical, psychiatric or IPV issues, it is suggested that an RRG referral be made for the following issues:
<input type="checkbox"/> Any referral for out-of-home care
<input type="checkbox"/> Critical moments in child’s life, including but not limited to: <ul style="list-style-type: none"><li>✓ Suicide of parent or sibling</li><li>✓ Death of parent or sibling</li><li>✓ Recent contact with perpetrator</li><li>✓ Arrest or incarceration of youth</li><li>✓ Arrest or incarceration of parent</li><li>✓ Homelessness</li><li>✓ Parental loss or separation</li><li>✓ Child or caregiver non-compliance with treatment</li></ul>
<input type="checkbox"/> Consultation for clinical services
<input type="checkbox"/> Any observation of developmental delays
<input type="checkbox"/> Traumatic events or history of trauma (including bullying)
<input type="checkbox"/> Psychological evaluations (consultation to formulate the focus of the testing and to prepare questions)
<input type="checkbox"/> JJIE
<input type="checkbox"/> DDS and DMHAS referrals (inclusive of youth at CJTS)
<input type="checkbox"/> Any youth who has an outside treatment provider for psychiatric reasons or a history of admission to a psychiatric hospital or residential setting
<input type="checkbox"/> Any child age five years or under who is receiving non-ADHD psychotropic medications
<input type="checkbox"/> Any child receiving five or more psychotropic medications or two or more anti-psychotic medications

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<b>SUBSTANCE USE CONSULTATIONS</b>
<input type="checkbox"/> History of prior CPS referrals that include or are suggestive of substance use by parent or other adult (substantiated or unsubstantiated)
<input type="checkbox"/> Identification of substance use history of caregiver of newborn or child under five years

<b>NURSING CONSULTATIONS</b>
<input type="checkbox"/> When incorporating the MDE report summary and recommendations into a child's case plan to meet the his or her health needs
<input type="checkbox"/> When planning routine, follow-up or ongoing care or a routine/non-emergent home visit for a child with complex medical needs
<input type="checkbox"/> When assistance is needed with questions related to child's health passport
<input type="checkbox"/> When planning for ACR/case planning for children with complex medical needs
<input type="checkbox"/> When guidance is needed on issues related to well-child care.

<b>INTIMATE PARTNER VIOLENCE CONSULTATIONS</b>
<input type="checkbox"/> Any history of untreated IPV and or a current suspicion of IPV
<input type="checkbox"/> Assistance needed in coaching and assessing partner relationships

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<b>EDUCATIONAL CONSULTATIONS</b>
<input type="checkbox"/> Prior to petitioning for change of child's legal status
<input type="checkbox"/> Child deemed eligible for Birth to Three Services or receiving Birth to Three Services
<input type="checkbox"/> Recommendation of MDE
<input type="checkbox"/> Questions pertaining to the DCF-603