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Illinois Department of Children and Family Services
Child Abuse and Neglect Hotline Review

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Introduction and Project Overview

According to the Illinois Abused and Neglected Child Reporting Act (ANCRA; 325 ILCS 5), the Illinois Department of Children and Family Services (DCFS, the Department) must maintain "a single, State-wide toll-free number…which all persons, whether mandated or not mandated by law, may use to report suspected child abuse or neglect at any hour of the day or night, on any day of the week. Immediately upon receipt of such reports, the Department shall transmit the contents of the report, either orally or electronically, to the appropriate Child Protective Services Unit. Any other person may use the State-wide number to obtain assistance or information concerning the handling of child abuse and neglect cases" (325 ILCS 5/7.6).[1] Within the Department's organizational chart, the Child Abuse and Neglect Hotline (the Hotline) is a unit within the State Central Register (SCR), which is operated within the Division of Child Protection (DCP). The Hotline is physically located in Springfield, and a small satellite office in Chicago was added in 2016.

Once a call is received by the Hotline, child welfare specialists known as Call Floor Workers (CFW) gather the required information from reporters in order to make a determination about whether or not potential abuse or neglect occurred. If the criteria for a child protection investigation are met, a report is sent to the appropriate DCFS field office. The CFW must also assign a response time for the initiation of the investigation: an *emergency* response must be initiated within 15 minutes of transmitting the report, those marked as *action needed* must be reviewed by the Child Protection Specialist and Supervisor within 60 minutes to determine the appropriate time frame, and reports with a *normal* response must be initiated within 24 hours. In fulfilling these responsibilities, the Hotline serves as the "front door" of the Illinois child welfare system through which most children who are abused or neglected are first identified. As such, the importance of the Hotline in fulfilling the Department's mission to protect the safety and well-being of Illinois children cannot be overstated.

The Department asked the Children and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign to design and conduct a comprehensive review of the Hotline that would include the following substantive areas:

- call volume;
- staffing levels;
- staff training;
- business processes; and
- technologies and data systems.

Due to the urgency of the concerns about the Hotline, a compressed timeline for the review was requested. An initial meeting between the CFRC and DCFS was held on June 6, 2019, to discuss the rationale, scope, and methods of the review. Immediately following that meeting,

[1] http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1460&ChapterID=32

CFRC Director Tamara Fuller developed a proposal that outlined the methods and timeline for data collection, data analysis, and report writing. The following sections of this report describe the data collection strategies that were used, provide detailed descriptions of the current processes utilized at the Hotline, highlight areas of strengths and weakness within these processes, and recommend potential strategies for improvement.

Methodologies Utilized in the Review

Several data collection methods were utilized to obtain a comprehensive understanding of current Hotline practices, processes, and performance.

Internal and External Document Review. The CFRC collected and reviewed DCFS documents related to the Hotline, including: previously conducted reviews, audits, or studies of the Hotline; rules and procedures related to the Hotline; regularly produced data summaries and reports on call volume and performance metrics (message taking rates, call back response time, abandoned calls, or other measures of call processing); staff training materials; current decision-making tools and reference materials utilized by Hotline staff; staff performance evaluation indicators or checklists; continuous quality improvement (CQI) activities; current staffing and proposed needs; and any other documents relevant to understanding current or historical Hotline functioning. These documents and other materials were provided to the CFRC by the SCR and other DCFS administrators upon request.

In addition to the documents and materials provided by DCFS, the CFRC searched external sources for information related to the Illinois Hotline specifically and child abuse hotlines more generally. Sources that were searched included academic search engines such as PsycINFO, Social Work Abstracts, and Social Service Abstracts; the Child Welfare Information Gateway website maintained by the Children's Bureau;[2] and Illinois and national news sources.

Semi-structured Interviews and Focus Groups. The CFRC conducted in-person interviews and focus groups with current and former Hotline staff who have specialized knowledge of Hotline processes, procedures, and technologies; including CFWs, call floor supervisors, SCR trainers, and current and former SCR administrators. The CFRC worked closely with the current SCR administrators to identify CFWs and supervisors to include in the focus groups. Participants were not randomly selected, but attempts were made to include both experienced and new Hotline employees in the focus groups. Seven focus groups were conducted with CFW from the three main shifts: four focus groups with workers from the 8:00 a.m. – 4:30 p.m. shift, two focus groups with workers from the 4:00 p.m. – 12:30 a.m. shift, and one group from the 12:00 a.m. - 8:30 a.m. shift. Each focus group included four CFWs, with the exception of one that contained three CFWs, for a total of 27 participants. In addition, one focus group was conducted with four call floor supervisors and one focus group was conducted with two CFWs/SCR trainers who developed and provide training to new employees at the

[2] https://www.childwelfare.gov/

Hotline. Multiple interviews were conducted with the current SCR Administrator and SCR Assistant Administrator and one interview was conducted with former SCR Administrator.

Additional telephone interviews and focus groups were conducted with DCFS staff who have specialized knowledge about various aspects of the Hotline's functioning, including the Deputy Director of Child Protection and several staff from the DCFS Office of Information Technology Services (OITS) who provided information about the telecom system, the Statewide Child Welfare Information System (SACWIS) used to store data, and the relatively new online reporting system. Lastly, we interviewed several mandated reporters (law enforcement and social workers) who make frequent calls to the Hotline. In total, 47 people were included in the focus groups and interviews. Semi-structured (i.e., open-ended) interview and focus group questions were developed for each group or individual to guide the data collection.

Observations. The CFRC visited the primary Hotline site in Springfield on several occasions in July and August, 2019, to listen to Hotline calls as they were taken in order to observe current processes. Observations were conducted during the day and evening shifts during the week and on the weekend. Additionally, we observed call floor supervisors on desk duty as well as on call-log monitoring duty during the day shift. During one of the observations, we also observed a CFW who was taking messages and triaging the calls. Observation notes were written up as soon as possible following the observation sessions.

Administrative Data Analyses. The CFRC has access to Illinois SACWIS data on Hotline intakes, message taking, and call back attempts and conducted an independent analysis of Hotline intakes that occurred during FY2015 – FY2019. Prior to May 2019, information about message taking and call backs was retained for the previous 90-day period and then deleted. Following the recommendation included in the performance audit conducted by the Office of the Auditor General in May 2019, this information is now retained indefinitely to allow for long-term analysis. Because of these limitations, data on call backs and message-taking could only be analyzed for the period between January 1 and July 31, 2019. SACWIS does not contain information related to Hotline calls (which are different than intakes); phone data is stored in a separate database (known as Finesse) that CFRC does not have access to. Therefore, additional information regarding Hotline call volume was analyzed by reviewing DCFS data summaries and reports.

State Hotline Practice Review. In order to gather information about Hotline practices and technologies used in other states, the SCR administrator (Gayle Hopper) and the UIUC Director of Translational Research (Dr. Robin LaSota) conducted telephone interviews with the Hotline administrators from several states that have centralized, statewide child abuse hotlines. Administrators from the following states agreed to participate in semi-structured telephone interviews: Missouri, Texas, Tennessee, Indiana, Connecticut, Alaska, and Arizona. The interviews consisted of questions related to: general hotline characteristics (e.g., call volume, staff to supervisor ratio, shifts), intake protocols and system support (e.g., decision-making tools, linkages to child welfare history), call efficiency (e.g., message taking rate, average wait

time), phone/messaging technology, online reporting, staff retention, training, performance management, and any previous or planned hotline redesign efforts.

Results of the Review

For each of the substantive areas that were reviewed, the following sections provide a description of current practices and processes, highlighting areas of particular strength as well as areas of concern. Prior to presenting the findings of the review, we present contextual information about the number of calls that are received at the Hotline, the number of staff currently employed at the Hotline, and the shift patterns that are currently in place. This is followed by a description of the training provided to Hotline staff and the processes that are used to measure and monitor staff performance. Next, we provide detailed descriptions of the business processes currently used at the Hotline to receive calls, take messages from reporters, gather information from reporters, write intake narratives, search and document case histories, determine intake types, and obtain supervisor approval for intakes. This is followed by descriptions of the online reporting system that was implemented in 2018 and the technology and data systems that are used at the Hotline. The last section includes a summary of the results of the state hotline practice review that was conducted with seven other states.

Hotline Call Volume

According to DCFS data,[3] the number of calls[4] received by the Hotline has increased approximately 20% between FY2015 and FY2019, which is the most recent full year of data (see Table 1).

Table 1. Hotline Call Volume (FY2015 – FY2019)

	FY2015	FY2016	FY2017	FY2018	FY2019
Hotline Calls	222,719	245,388	252,568	276,538	268,406

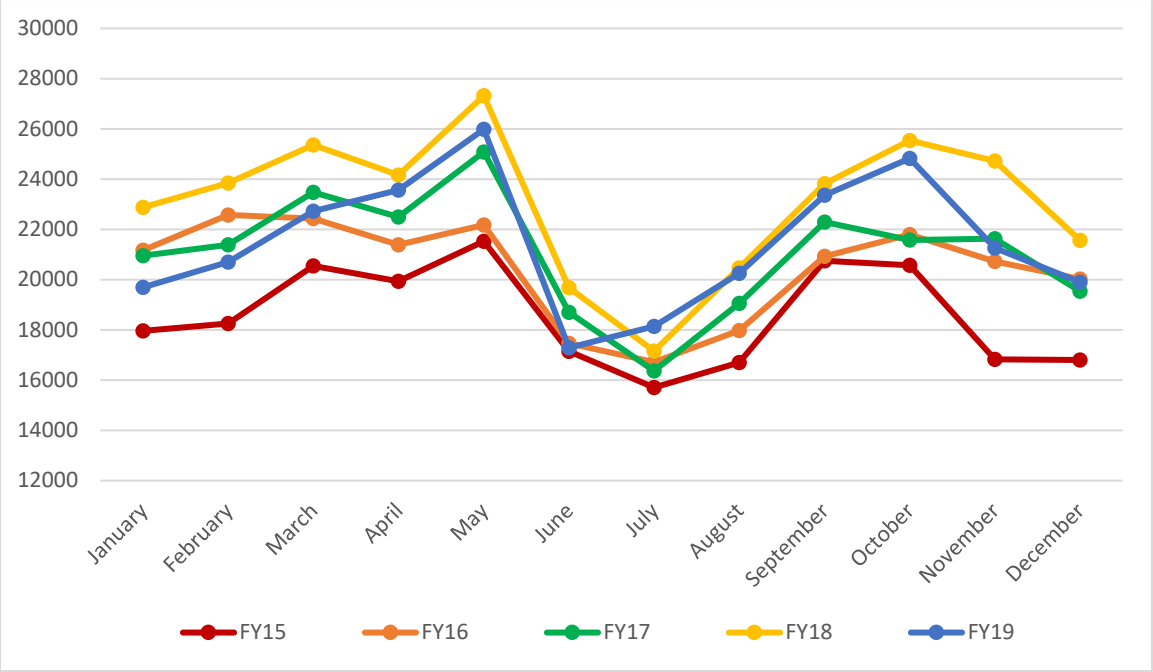
Source: DCFS Six-Year Statistics on Hotline Call and Intake Volume (April 30, 2019 and August 31, 2019 reports)

The number of calls received by the Hotline varies considerably when examined by month (see Figure 1). Call volume climbs higher throughout the spring months, typically peaking in May, right before the school year ends. Call volume is lowest during the summer months of June, July, and August, and is also lower in December. Volume climbs again in September and October, after the school year starts.

[3] https://www2.illinois.gov/dcfs/aboutus/newsandreports/Documents/ESS_Intake_Events.pdf

[4] The number of "calls" also includes information submitted by reporters to the Hotline via email, fax, in person, or the online reporting system.

Figure 1. Hotline Call Volume by Month (FY2015 – FY2019)



Source: SCR Directors Presentation February 2, 2019; SCR Monthly Reports

During peak volume times, the Hotline receives over 950 calls per day, 70% of which are received during the daytime hours at a rate of over 100 calls per hour. The number of calls received by the Hotline varies throughout the day. According to a DCFS analysis of data from 2017, the number of calls begins to increase at 8:00 a.m. each day and is highest between 10:00 a.m. and 4:00 p.m.[5] Call volume gradually decreases during the evening hours and is at its lowest level during the midnight shift.

Certain groups of individuals are mandated to report suspected abuse or neglect of children known to them in their professional or official capacity, including medical personnel, school personnel, social workers and other social service workers, law enforcement officers, day care staff and other child care workers, and employees of institutions of higher learning. Persons other than those designated as mandated reporters may report suspected abuse or neglect to the Hotline if they have reasonable cause to believe that a child may be or may have been abused or neglected.[6] According to a 2018 DCFS analysis of Hotline calls that occurred between October 5, 2017, and January 1, 2018, four groups of mandated reporters accounted for over 75% of the calls received by the Hotline: school personnel, social services, law enforcement, and medical personnel.[7] Specifically, calls from school personnel and social

[5] Illinois Department of Children and Family Services, State Central Register. (August 31, 2017). *Shift Pattern – Staffing Level Analysis and Proposal.*

[6] Procedures 300, Section 300.20, pp. 1-6; https://www2.illinois.gov/dcfs/aboutus/notices/Documents/procedures_300.pdf

[7] Illinois Department of Children and Family Services, State Central Register. (February 6, 2018). *Dedicated Line for Mandated Reporters – Feasibility Study.*

services accounted for 57% of the call volume and calls from law enforcement and medical personnel accounted for 20% of the calls. The majority of calls from school personnel and social services (81%) were received between 8:00 a.m. and 4:00 p.m. and almost half (47%) of the calls from medical personnel and law enforcement were received during this time period.

Hotline Staffing

As of September 2019, there are 106 CFW currently employed at the Hotline, 100 of which are located in Springfield and 6 in Chicago (see Table 2). There are an additional eight CFW positions that are currently vacant, three of which are in the Chicago office. Six of the 9 budgeted positions in the Chicago office are bilingual and can take calls from both Spanish and English speaking callers. In addition to the CFWs, there are 9 supervisors working at the Hotline and one vacant supervisory position. All supervisors are located in Springfield.

CFWs are assigned to different shifts, which are listed in Table 2. The largest number of CFWs are assigned to the 8:00 a.m. to 4:30 p.m. shift, because this is when call volume is the highest. The 12 CFWs and one supervisor on the 10:00 a.m. – 6:30 p.m. shift were added to the Hotline staff in January 2018. An additional 20 CFW positions and one supervisor position were allocated in August 2019; these positions are expected to be filled in October 2019.

Table 2. Hotline Staffing as of September 2019

Shifts	**Current Staff**	**Vacant Positions**	**Total Staff**
Standard Day Shift 8a-4:30p M-F	23	1	24
8a-4:30p Rotation A	11	1	12
8a-4:30p Rotation B	11	1	12
10a-6:30p Sun-Thurs	6	0	6
10a-6:30p Tues-Sat	6	0	6
11:30a-8p M-F	12	0	12
Standard Evening Shift 4p-12:30a M-F	9	1	10
4p-12:30a Rotation A	9	0	10
4p-12:30a Rotation B	8	2	10
Midnights Rotation A	5	1	6
Midnights Rotation B	6	1	7
TOTAL	**106**	**8**	**114**

In addition to working the shifts that they are assigned to, beginning in 2017 all CFWs were required to work overtime shifts. Between 2017 and August 2019, the level of overtime need and therefore the number of overtime shifts that CFWs were required to work was determined based on factors that included the number of staff available on each shift (current staff minus vacancies and employees using benefit time). Once the number of overtime shifts has been determined for the month, CFWs were allowed to voluntarily sign up for as many shifts as they would like. According to an agreement between the Department and the Illinois chapter of the American Federation of State, County, and Municipal Employees (AFSCME), if

there are shifts that are not filled voluntarily, workers can be mandated to work several overtime shifts to "meet the operational needs of the agency."[8]

During the focus groups with CFWs that occurred during July 2019 (when the above policies were in place), the use of mandated overtime was a topic that came up in almost every focus group and was discussed at length. Although there were a small number of workers who did not mind working overtime shifts and voluntarily signed up for several each month, the majority of CFWs we spoke with felt that the use of mandated overtime was detrimental to their work performance, their personal lives, and the work environment at the Hotline. According to CFWs, during high call volume months such as May, September, and October, they can be mandated to take 4 or 5 overtime shifts per month.[9] Overtime shifts are 4-4.5 hours and workers are often mandated to work an overnight shift (midnight to 4:00 a.m. or 4:00 a.m. to 8:30 a.m.). In addition, overtime shifts are sometimes not adjacent to a worker's regular shift, so they get little time off in between shifts. For example, one worker who worked the midnight to 8:30 a.m. shift was mandated to work a 2:00 p.m. – 6:30 p.m. overtime shift. This meant that they got off work at 8:30 a.m., went home to sleep for a few hours, came back at 2:00 p.m. and worked until 6:30 p.m., and then had to be back at midnight for their regular shift. This type of scheduling was *not uncommon*. In addition to the mandated overtime shifts, during these high call volume/low staffing periods, SCR administrators can "freeze the calendar" so that workers cannot request vacation time unless it was already approved.

Mandated overtime was particularly hard on CFWs who commuted long distances to work or who had small children in daycare. Refusal to work a mandated overtime shift can result in disciplinary action. In addition to the personal hardships caused by the mandated overtime, CFWs described that it affected their work performance. For example, one worker reported that in May 2018, she worked 13 or 14 overtime shifts and during that same month had two intakes "returned" due to mistakes: "I never had a return until May, and I had two returns within two days. And that week alone, I think I worked like 75 hours. Well, I have kids, and young kids at that, and my husband works during the day, so my sleep is very…it's hard to get. And then when I'm here literally more than I was at home, you know, the quality of my work suffered." Several workers reported that due to the emotionally draining nature of their work on the call floor, they need their days off to regroup and keep their own mental health in balance.

After the completion of the data collection for this review, the evaluation team was informed that the Department's practices regarding voluntary and mandated overtime at the Hotline has been changed.[10] Beginning in September 2019, the amount of overtime needed was calculated based on the highest message-taking times, call volume, vacancies, and

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[8] Department of Children and Family Services State Central Register Overtime & Holiday Protocol. (no date).
[9] Additional information provided by Gayle Hopper stated that in May 2019, CFWs worked an average of 6 hours of overtime per week (combined voluntary and mandated). Thus, the information provided by CFWs and the SCR administrator was roughly equivalent.
[10] Gayle Hopper, personal communication.

benefit/leave time. In addition, overtime slots were standardized to a 4 hour time period. In September 2019, each CFW was required to work a minimum of eight 4-hour overtime slots for the month (combined voluntary and mandated), for a total of 32 hours per month or 8 hours per week per worker. In October 2019, each CFW was required to work a minimum of six 4-hour overtime slots, for a total of 24 hours of overtime for the month or approximately 6 hours of overtime per week. As before, CFWs have the option of requesting more overtime than the minimum number of hour required. In September, a union steward was invited to observe the mandated overtime process so that the union stewards could better understand the process. Labor management meetings between the Department and AFSCME were held in September and October 2019, and will be held quarterly going forward.

Please note, since these changes to practice regarding the use of mandated overtime occurred after the data collection for this review was completed, it is unclear how they will impact CFW perceptions regarding mandated overtime.

Call Floor Worker Training

All CFWs are either Child Welfare Specialists or Child Welfare Advanced Specialists. Child Welfare Specialists have a bachelor's degree in social work or a related field with two or more years of experience, and Child Welfare Advanced Specialists have a master's degree in social work. New CFWs receive a combination of classroom and on-the-job training and must demonstrate a set of competencies before they can start taking calls independently. Due to the increase in staffing levels in recent years, there has been an increase in the number of training classes as well. Because of this, there are two SCR trainers dedicated to the Hotline who oversee the training of new CFWs. Currently, the SCR trainers are experienced CFWs who spend 80–95 percent of their time training new CFWs and the other percentage of their time taking calls on the call floor.

If a recently hired CFW is new to child welfare (i.e., if they have not previously worked for the Department or for a private child welfare agency), they must first attend the child welfare foundation training that is provided by the Department's Office of Learning and Professional Development (OLPD) in order to obtain their Child Welfare Employee License (CWEL) and Child Endangerment Risk Assessment Protocol (CERAP) certification. Many employees already have these prerequisites, so they begin with the classroom training provided by the SCR trainers known as "SCR foundations." The SCR foundations training includes instruction on topics such as: entering information into SACWIS; ANCRA; Procedures 300 and Appendix B; different types of intakes, including child abuse and neglect reports; mandated and non-mandated reporters; writing intake narratives; special types of calls; requests for child welfare services; cultural competency; engaging with challenging callers; and vicarious trauma, compassion fatigue, and self-care. A lot of time is spent teaching CFWs to use Procedures 300, which specifies the majority of the processes and procedures that CFWs use in their daily

work.[11] One of the SCR trainers stated that the "[Procedures 300] is like our bible. Most staff out there could probably recite it like the back of their hand asleep, just because it's that important. It's something that we pull out literally every day." During the foundation training, CFWs practice talking with callers by role playing with their trainers and peers. Once the SCR foundation training is complete, CFWs take a written exam and must demonstrate proficient knowledge by scoring 70% or higher.

Once the classroom training is finished, new CFWs are matched with trainers and receive individualized on-the-job training (OJT) on the call floor. During the first phase of the OJT, trainees sit with their trainer and observe them taking calls and entering information into SACWIS. The trainee has an observation form that they fill out and take notes about what they observe. During phase 2, the trainer takes a call and makes all the decisions while the trainee documents everything in SACWIS. Phases 1 and 2 each take a couple of days. During phase 3, the trainee takes the calls and documents information in SACWIS while the trainer observes and offers feedback. Assigned trainer will share daily feedback with the supervisors and administrators and track the CFWs' progress until they are ready to take calls independently. Phase 3 usually lasts for several weeks, although it is different for all CFWs and some take much longer to complete it. Following the OJT, CFWs are monitored for a period of time, requiring supervisor approval on reports prior to being submitted. Once the training is finished, the CFWs are assigned to their work shift.

The current training program at the Hotline is well received by the CFWs. The classroom portion is being taught by two knowledgeable and experienced CFWs with a set of standardized training materials and various simulation activities. Further, the OJT is individualized and CFWs are trained until they have demonstrated competencies required to take calls independently. During the interviews, many CFWs volunteered positive comments on the current training. Additionally, some made recommendations such as adding continuing education and/or professional development courses for new and veteran staff and providing some support to new CFWs once they move to their assigned shift.

Performance Management and Continuous Quality Improvement

Once a CFW begins taking calls independently on their assigned shift, their supervisor evaluates their performance using a number of performance measures. One intake is randomly selected and reviewed by the supervisor using a standardized set of criteria that are listed on an Intake Review Tool. The Intake Review Tool includes eight sections: Introduction, Fact Gathering, Identifying Risk Factors/Incident Information, Processing of Call/Professional Conduct, Assessment of Call/Job Knowledge, Termination of Call, Intake-Documentation of Call, and Critical Errors. Each section has a list of tasks that the CFWs must complete during intake process and points are assigned based on how critical the task is. Many of these tasks are related to the processes required to complete the intake, as described in the Call Floor

[11] https://www2.illinois.gov/dcfs/aboutus/notices/Documents/procedures_300.pdf

Processes section. For example, under the Assessment of Call/Job Knowledge section, the CFWs are given points based on whether correct intake type was assigned and appropriate allegation type was identified based on Procedures 300 Appendix B. Additional items focus on the CFW's professionalism and customer service, including things like demonstrating empathy, care, and concern and avoiding dismissive language or sarcasm.

Certain intake errors or omissions are labelled as "Critical Errors" and result in 10 points being deducted from the overall score. These include things like: missing residential address of child victim(s); missing or incorrect response code and indicators (normal, action needed, emergency); missing or incorrect intake type; incorrect linking to previous case history; missing or incorrect information about incident (participant roles, severity, alleged perpetrator access to child, allegations, etc.). The total score on the intake review tool, which ranges from 0 to 100, is shared with the CFW during their monthly evaluation meeting. Scores between 95 and 100 are rated as "Exceeds" expectations; scores 88–94 are rated as "Meets" expectations; and scores 87 and below are given a "Needs Improvement" rating.

During their focus group, call floor supervisors described each of the performance objectives that are used to evaluate CFWs. In addition to the quality of the intake, which is measured using the intake review tool, CFWs are also evaluated on the average number of intakes they complete per hour. CFWs are expected to complete an average of 1.9 intakes per hour; a metric that was established in June 2017. Prior to that, CFWs were expected to complete intakes within 10% of their team's average number per hour. Most of the CFWs we spoke with felt that 1.9 intakes per hour was unrealistic, and according to a sample of performance data provided by the Department, only a small percentage of CFWs meet this expectation. Other performance metrics include:

- Displays a complete knowledge of job responsibilities
- Accepts and follow supervisory direction
- Maintains responsible and professional conduct and promotes a team environment
- Makes appropriate use of time
- Makes productive use of intake processing time
- Complies with the Department's training requirements
- Participates in the Continuous Quality Improvement process

In an effort to improve the practices at the Hotline, former SCR administrator Deanna Large worked with the Division of Quality Assurance to implement a continuous quality improvement (CQI) process in April 2016. The CQI meetings are held quarterly, and one CFW from each team and all call floor supervisors attend the meetings. CQI team members identify barriers to improving outcomes at the Hotline and develop a one-page summary of a potential solution to the problem. At the quarterly meetings, CQI team members present their "one-pagers" to the rest of the team, and the entire team decides whether or not to implement the suggestion.

Current Call Floor Processes

The following sections describe the processes currently in use at the Hotline using data collected from a variety of sources, including administrative data analyses completed by the CFRC; data included in prior reports prepared by the Department; qualitative data provided by focus group and interview participants; and observational data gathered by CFRC researchers during visits to the Hotline. Many of the processes are outlined in the Department's Procedures 300 and its Appendix B, commonly referred to as "P300" by employees at the Hotline.[12] The sections describe the processes used to 1) receive incoming calls; 2) take messages and complete call backs; 3) complete an intake; 4) obtain supervisor approval for the intake; and 5) transmit the intake to the field. Before describing the processes used at the Hotline, it will be helpful to clarify the difference between *a call* and *an intake*, because the two terms are not interchangeable.

Incoming calls are received at the Hotline and are either answered by an available CFW as an "in call" or answered by a CFW who is taking messages if no CFW are available (both processes are described in detail below). If a call is answered by the message-taker, it is placed on the call back log and a CFW will make an attempt to call the reporter back at a later time. After a CFW speaks to the reporter (either through an "in call" or a "call back"), gathers information from them about the suspected abuse or neglect, and makes a decision about whether potential abuse or neglect occurred, the assessed call is known as an intake. In addition to intakes that result from incoming calls to the Hotline, intakes can also be created from online submissions, mailed, faxed, and emailed correspondence that has been assessed by a CFW.

Receiving Incoming Calls. When an individual calls the Hotline to report suspected child abuse or neglect, they hear an automated message that tells them that they have reached the Hotline. If there is a CFW available to take the call (this is known as being "on ready"), the phone system automatically routes the call to that CFW and they answer the call. If more than one CFW is available to take the call, the phone system routes the call to the worker who has been "on ready" the longest. If all of the CFWs are occupied when the call comes in, either speaking with a caller, completing the required documentation, or waiting on supervisor approval, the call is answered by a CFW who has been assigned to take messages. It is important to note that *no caller who calls the Hotline to report suspected abuse or neglect ever reaches a voicemail system*; all callers speak to a CFW who is trained to gather information and assess the urgency of the response required. The average wait time prior to calls being answered varies slightly from month to month, but in general is between one to two minutes (see Table 3). Some callers hang up before the call is answered by a CFW; these are known as abandoned calls. The rate of abandoned calls (as a percentage of the total calls each month) ranges from just under 1% to almost 3% each month.

[12] https://www2.illinois.gov/dcfs/aboutus/notices/Documents/procedures_300.pdf

The goal at the Hotline is to answer all calls as they come in. However, this goal has not been achieved since the Hotline began operation. The percentage of calls taken as they come in to the Hotline has decreased significantly over the past several years: 70% in FY2013, 47% in FY2014; 54% in FY2015, 39% in FY2016, 37% in FY2018, and 39% in FY2019.[13] Monthly percentages of calls answered as they came into the Hotline in 2019 are shown in Table 3. The percentage ranges from a low of 35.5% in February to a high of 49.9% in June. Conversely, the percentage of incoming calls that are answered by a message-taker and added to the call back log ranges from 49.2% in June to 62.1% in February (see Table 3 and Figure 2). If a call is placed on the call back log, callers wait an average of 150 to 275 minutes to receive the first call back attempt (2.5 to 4.5 hours; see Table 3). The average call back time has increased over the past several years: 45 minutes in FY2013, 68 in FY2014, 51 in FY2015, 103 in FY2016, 214 in FY2017, 203 in FY2018, and 213 in FY2019.[14]

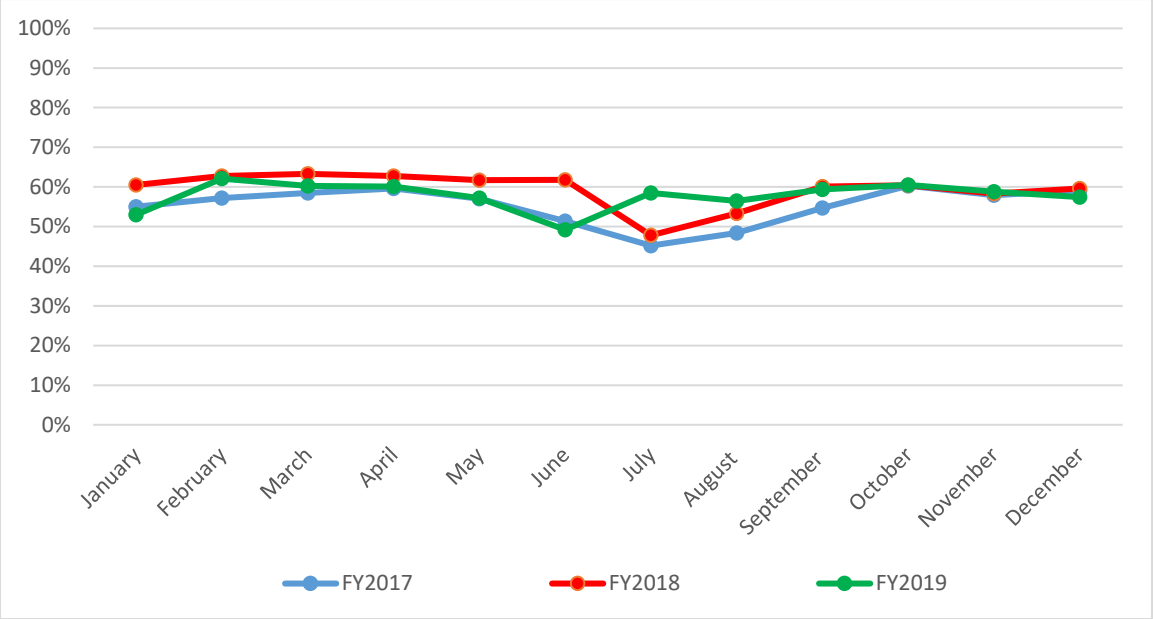
Table 3. Call Statistics (January – August 2019)

	Total Calls	Average Wait Time (minutes)	Abandoned Calls	Calls Answered	Messages Taken	Average Call Back Time (min)
Jan 2019	19,687	1:03	414 (2.1%)	44.9%	53.0%	153.7
Feb 2019	20,694	1:57	504 (2.4%)	35.5%	62.1%	259.3
Mar 2019	22,730	1:29	605 (2.7%)	37.1%	60.3%	200.8
April 2019	23,570	1:58	557 (2.4%)	37.5%	60.1%	225.4
May 2019	25,982	1:23	569 (2.2%)	40.6%	57.2%	273.9
June 2019	17,291	0:57	147 (0.9%)	49.9%	49.2%	173.1
July 2019	18,103	0:57	156 (0.9%)	46.5%	52.7%	189.9
Aug 2019	19,610	1:13	280 (1.4%)	46.8%	51.8%	190.1

Source: SCR Monthly Reports (January – August 2019)
Note: Total call numbers do not include online reports. Total calls = abandoned calls + answered calls + messages.

[13] DCFS/SCR. (June 2019). *SCR Operational Review: Staffing and Call Statistics, Historical and Fiscal Year-to-Date.*
[14] DCFS/SCR. (June 2019). *SCR Operational Review: Staffing and Call Statistics, Historical and Fiscal Year-to-Date.*

Figure 2. Percentage of Calls Taken as Messages by Month (FY2017 – FY2019)



Source: SCR Directors Presentation (February 2, 2019); SCR Monthly Reports (January – August 2019)

CFWs are responsible for both taking calls as they come into the Hotline ("in calls") and returning calls that have been placed on the call back log ("out calls" or "call backs"). At the beginning of each shift, the supervisor on the call floor reviews the number of calls on the call back log and the number of staff who are available and determines how many workers will take in calls, how many will make out calls, and who will take messages. These assignments are communicated to the CFWs through an instant messaging system known as Jabber. Supervisors can modify the assignments throughout the shift as needed.

Taking Messages from Reporters. During each shift, one or two CFWs are assigned to answer calls from reporters if there are no CFWs available who are taking in calls. When a call comes in, the message-taker will wait approximately one minute before answering the call, to give one of the other CFW a chance to answer it if they are available. If no one answers, the message taker answers the call and gathers the following information from the reporter: a phone number with area code; an alternative phone number if they are not available for the next 24 hours on the primary phone number; if the child has any current injuries or is in imminent risk of danger; the reporter's relationship to the child or family; if the child is currently in custody of law enforcement, a physician, or a child protection specialist; the reporter's first and last name; the agency name if reporter is mandated; police report number, if available; for medical staff, patient name and DOB; and the reporter's availability for a call back within the next 24 hours. Once this information is collected, it is assigned a priority and placed on the call back log. There are four types of priority: emergency, urgent, time expiration, and normal (see Table 4). ***Calls from children are always taken immediately and are not placed on the call back log***. If the call is not an emergency priority and the reporter is a mandated reporter, the message taker suggests that the reporter use the online reporting

system (described in a later section) to make their report rather than wait for a call back. If the reporter agrees to make an online report, the call is not placed on the call back log.

Table 4. Call Back Log Priorities

Emergency	Normal
Child death Child with serious injuries Child in need of immediate medical attention Very young children currently alone Children in limited protective custody Family may flee or remove a child against medical advice Child is afraid to go home Caregiver afraid to return child home Sexual abuse and perpetrator in home or has access to child Family has no place to go at time of message Substance exposed infant ready for discharge Likely to result in action needed or emergency investigation response	Sexual abuse and perpetrator does not have access to child No concerns by caregiver for the child to return home Environmental issues Child has no injuries or superficial injuries and is not afraid to go home Reports of historical incidents Substance exposed infant (THC only) Likely to result in normal investigation response or other intake type
Time Expiration	**Urgent**
Reporter is only available for a short period of time Reporter is off shift and unable to leave before making report	Sexual abuse and an interview has been scheduled: Child Advocacy Center or Victim Sensitive Interview Incidents of abuse or neglect that are not an emergency but are in urgent need of an assessment sooner than 24 hours

The CFRC analyzed SACWIS data on messages taken by the Hotline between January 1 and July 31, 2019. Of the messages that were taken during that time period, 22.6% were categorized as emergency priority, 42.2% were urgent or time expiration priority, and 35.1% were normal priority. The analyses also found that 72.7% of the messages taken during that time period were from mandated reporters and 27.3% were from non-mandated reporters.

Making Call Backs. If a call is taken as a message, it is put on the call back log. Messages on the call back log are listed in order of priority, with emergency call backs always listed at the top of the log, followed by urgent call backs, time expiration call backs, and then normal call backs. The number of calls on the call back log can vary greatly, depending on the daily call volume and number of staff on duty. During the peak call volume that happened in May 2018, there were over 1,200 calls on the call back log, and the number stayed around 1,000 for weeks. On the days when the CFRC researchers observed processes at the Hotline, the number of calls on the call back log ranged from 0 to 105.

When making a call back, if the CFW reaches a voicemail, they will leave a message indicating that they are calling from the Hotline (if the name of the reporter is included on the voicemail message) or from "a confidential 1-800 number" (if there is no specific person identified on the voicemail message) and encouraging the reporter to return the call. Once a message is left, the call back is closed and no further attempts are made to call the reporter again. If no person answers and no voicemail is reached, the CFW makes three attempts to call the reporter at the number they provided before closing the call back.

The CFRC analyzed SACWIS data on call back attempts between January 1 and July 31, 2019. Of the messages that were taken and at least one call back attempt was made, 91.4% received one call back attempt, 6.0% received two call back attempts, 2.3% received three call back attempts, and 0.3% received four or more call back attempts. The number of minutes between when the call was received and the first call back attempt was calculated and the results are presented in Table 5. During months with high call volumes, it took longer for the Hotline to return calls from the call back log compared to months with lower call volumes. For instance, during March 2019 (a higher volume month), it took an average of 871 minutes (about 14 hours) to return a call; whereas, during June 2019 (a lower volume month), it took an average of 312 minutes (about 5 hours) to return a call.

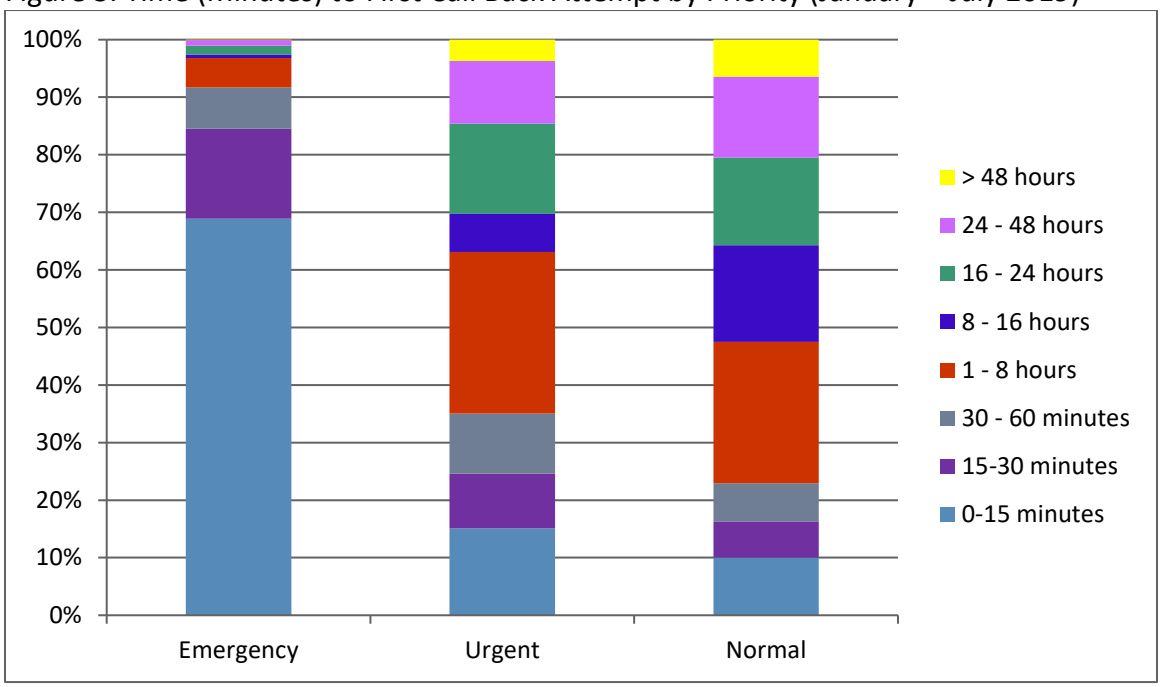
Table 5. Time (Minutes) to First Call Back Attempt by Month (January – July 2019)

Month	Messages Taken	Mean	Standard Deviation	Minimum	Maximum
January	10,307	402.3	779.5	0.9	7,144.0
February	12,679	604.4	926.5	1.2	7,093.4
March	13,482	871.1	1,227.0	1.2	14,415.3
April	14,001	740.7	999.9	0.9	8,820.0
May	14,672	665.0	916.0	1.4	9,473.5
June	8,381	312.2	686.5	1.3	8,316.9
July	9,383	471.5	858.0	1.4	9,881.7

Source: CFRC analysis of SACWIS data
Note: This table excludes the messages where no call back attempts were made and a handful of cases where a call back attempt was made before the message was taken

Additional analysis of the call back attempts during this time period (see Figure 3) shows the number of minutes between when the call was received and the first call back attempt by call back priority. The results show that nearly 70% of emergency priority messages were called back within 15 minutes and 92% were called back within one hour. Among calls with urgent priority, 35% were called back within one hour, 63% were called back within 8 hours, and 85% were called back within 24 hours. Among calls with normal priority, 23% were called back within one hour, 48% were called back within 8 hours, and 80% were called back within 24 hours.

Figure 3. Time (Minutes) to First Call Back Attempt by Priority (January – July 2019)



Source: CFRC analysis of SACWIS data

The SCR administrator reported in an interview that calling people back and reaching them can be very difficult. CFWs used to make unlimited attempts to call back reporters, but it was not a good use of their time, because the more time that elapses between the initial call and the call back attempts, the more difficult it is to reach the reporter. Now, CFWs are instructed to make a maximum of three call back attempts if a message cannot be left for the reporter.

An unfortunate consequence of message-taking and call backs is that it can lead to a lengthy period of "phone tag" in which the reporter's call is placed on the call back log, they wait for several hours or potentially days for a call back, they are not available to answer their phone when the CFW calls them back, so the CFW leaves a message and closes the call back. This forces the reporter to repeat this process a second time, and unless they reach a CFW who is answering in calls, they are forced to leave another message and start the same process all over again. The end result can be several hours or days before the reporter reaches a CFW who can take their information. One CFW we spoke with in a focus group suggested that the SCR administrators change the policy to allow CFWs to make up to three attempts to call back a reporter, regardless of whether or not they leave a message.

By far, the biggest complaint that the mandated reporters we spoke with had about the Hotline was not being able to speak to a CFW when they called in and being placed on the call back log. According to one mandated reporter: "I would say that nine times out of ten our staff are leaving a message, not getting someone right away. And their main concern when we talked about this was how much time goes by before they're getting a call back. It's usually not during their workday anymore. We've had some people say they get calls at 2:00 in the

morning and they are having to give their personal cell phone instead of their work number…So if they are calling in the afternoon, they don't want to miss the opportunity [for a call back] so they're giving their cell phone number so they can finish. Because they are worried about the safety of a child, so they don't want to have a message waiting on their desk phone in the morning…and then starting all over again." Another of the mandated reporters that we spoke with created an informal survey about the Hotline and gave it to 17 of her colleagues. The concern that was listed most frequently was the length of time it takes to get a call back from a CFW.

Completing an Intake: Gathering Information from Reporters. When completing an intake, the CFW's main goals are to gather, sort, and process the necessary information from the reporter in an efficient but courteous manner to decide if the criteria have been met for a child abuse or neglect report to be taken, and if so, what the appropriate response time for child protective services should be. According to Procedures 300 Section 300.30,[15] the following criterion must be met in order for a report of abuse or neglect to be taken:

- An *eligible child victim* must be under 18 years of age or between 18-22 while living in a DCFS licensed facility;
- An *eligible perpetrator* for suspected abuse must be the child's parent, immediate family member, any individual who resides in the same home as the child, any person who is responsible for the child's welfare at the time of the incident, a paramour of the child's parent, or any person who came to know the child through an official capacity or is in a position of trust. For a report of suspected neglect, an eligible perpetrator must be the child's parent or any other person who was responsible for the care of the child at the time of the alleged neglect.
- ANCRA does not set a minimum age for a perpetrator; therefore any case involving a young perpetrator must be assessed on an individual basis according to the dynamics of the case.
- There must be an incident of harm or a set of circumstance that would lead a reasonable person to suspect that a child was abused or neglected as described by the allegation definitions contained in Procedures 300, Appendix B.

Procedures 300, Appendix B identifies and defines the specific types of harm that are considered abuse or neglect in Illinois (see Table 6 for a list of the allegations). CFWs use the information in Appendix B to assist them in determining whether the conditions described by the reporter meet the definition for specific types of abuse or neglect. Some of the allegations may be coded as either abuse or neglect, while others fall into only one of the categories.

[15] https://www2.illinois.gov/dcfs/aboutus/notices/Documents/procedures_300.pdf

Table 6. DCFS Child Abuse and Neglect Allegations

Abuse	Neglect
1. Death	51. Death
2. Head Injuries	52. Head Injuries
4. Internal Injuries	54. Internal Injuries
5. Burns	55. Burns
6. Poisons/Noxious Substances	56. Poisons/Noxious Substances
7. Wounds	57. Wounds
9. Bone Fractures	59. Bone Fractures
10. Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare	60. Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare
11. Cuts, Bruises, Welts, Abrasions and Oral Injuries	61. Cuts, Bruises, Welts, Abrasions and Oral Injuries
12. Human Bites	62. Human Bites
13. Sprains/Dislocations	63. Sprains/Dislocations
14. Tying/Close Confinement	65. Substance Misuse
15. Substance Misuse	67. Mental and Emotional Impairment
16. Torture	74. Inadequate Supervision
17. Mental and Emotional Impairment	75. Abandonment/Desertion
18. Sexually Transmitted Diseases	76. Inadequate Food
19. Sexual Penetration	77. Inadequate Shelter
20. Sexual Exploitation	78. Inadequate Clothing
21. Sexual Molestation	79. Medical Neglect
22. Substantial Risk of Physical Injury	81. Failure to Thrive (Non-Organic)
40. Human Trafficking of Children	82. Environmental Neglect
	83. Malnutrition (Non-Organic)
	84. Lock-out
	85. Medical Neglect of Disabled Infant
	86. Neglect by Agency
	90. Human Trafficking of Children

The CFRC researchers had several opportunities to observe CFWs as they completed intakes. The first thing that workers do is to gather information on each person involved in the alleged abuse or neglect, including the first and last names, date of birth or age, race and ethnicity, language spoken, and nicknames or aliases. They also identify every person who lives in the home and their relationship to the child victim. CFWs also gather information about the street address where the child resides, and the address is checked to see if there have been previous child abuse or neglect reports at that address and to determine which county the address is located in. The worker then gathers information about the suspected child abuse or neglect incident, asking follow-up questions to solicit the information necessary to determine if the circumstances matched the criteria for one of the allegations defined in Appendix B.

There are also additional "protocol questions" that must be asked during every intake; these include questions about disabilities, Native American ancestry, domestic violence, substance abuse, current or historical law enforcement involvement, positive family supports, prior DCFS involvement, prior child deaths in the family, and potential worker safety issues such as vicious animals or weapons in the home. Before the intake call ends, the CFW provides the reporter with their first name and last initial, as well as an Intake ID#, so that if the reporter needs to call back for any reason, they can refer to that number. The amount of time needed to gather the all of the required information from reporters varies, depending on whether the reporter is an experienced mandated reporter or an emotionally distraught relative or friend of the family. Intakes also take longer to complete when there are a large number of people in the family or living in the home, because demographic information must be collected about each person. On average, CFWs are on the phone with reporters for 10-15 minutes.[16]

Completing an Intake: Writing the Intake Narrative. Much of the information gathered from reporters during the intake is entered directly into SACWIS in different fields, for example, the demographic information for participants, addresses, and relationships between participants. However, information about the alleged incidents of abuse or neglect that occurred is written as a narrative that is included in the intake. According to Procedures 300 (Section 300.20, p. 7), "the function of the narrative is to identify and document information required by law that allows DCFS to intervene, to provide sufficient background information to the Child Protection Specialist to support the allegation(s) of abuse or neglect and to help focus the scope of the investigation. Narratives should be concise yet include all necessary and pertinent information available. At a minimum, the narrative must support the assigned allegation in order to clearly reflect what happened to the child during the alleged incident of harm or risk of harm and identify the eligible perpetrator. An intake narrative is an official document of the Department and may be used in court."[17]

The CFWs that were observed during the data collection each had slightly different methods for writing their intake narratives. Some would type their notes directly into SACWIS as they were gathering information from the reporter. Others took hand-written notes and then typed their narrative into SACWIS. Still others typed their notes into a word processing document so that they could check the spelling and grammar of the narrative before cutting and pasting it into SACWIS. One CFW reported that she used shorthand to write down what the reporter was saying word for word and then developed the narrative from that information. The length of time it took CFWs to write the narratives varied and was partially dependent on their typing skills. Workers that could listen to reporters and type the narrative at the same time were quicker to complete their narrative compared to those who took handwritten notes and later typed them into SACWIS.

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[16] DCFS/SCR. (February 6, 2018). *Dedicated Line for Mandated Reporters – Feasibility Study.*
[17] https://www2.illinois.gov/dcfs/aboutus/notices/Documents/procedures_300.pdf

Completing an Intake: Searching and Documenting Case Histories. Another step that CFW are required to perform when completing an intake is to search the case history in both the SACWIS and CYCIS (Child and Youth Centered Information System) databases. To do this, the CFW must search each database with the name of each person included in the intake. If the case has a prior history in SACWIS, this is documented in the intake narrative by writing "SACWIS = Positive" and if there is no SACWIS history, the CFW documents by writing "SACWIS = Negative." If the CYCIS case history is negative, the CFW writes "CYCIS = Negative." However, if the CYCIS case history search is positive, the CFW must document this information in the narrative by writing the CYCIS ID (both family ID and child ID, if applicable), the case open date(s), and case close date(s) (if applicable). If a CYCIS case has been opened and closed multiple times, the date of each case opening and case closing must be documented in the narrative. This requirement for extensive documentation of CYCIS histories resulted from a recommendation from the Office of the Inspector General (OIG) and was implemented in October 2016.[18]

In 2018, the Department put together a "Special Ops" team that examined processes and existing systems at the SCR in order to make recommendations to improve functioning and decrease the number of calls that were taken as messages at the Hotline.[19] The Special Ops team analyzed data provided by OITS and found that the new SACWIS and CYCIS search and documentation requirements increased the time required to complete an intake by an average of 10 minutes. This time estimate was confirmed by the CFWs we spoke with during the focus groups. Furthermore, the case history information that the CFW documents in the intake narrative is duplicative of work that is done by the Child Protection Specialist when the report is assigned to a field office, since it is already required that they complete a comprehensive case history search. Based on their analysis of the data and the duplicative nature of the work being asked of CFWs, the Special Ops team recommended that CFWs only be required to document the positive or negative findings for the SACWIS and CYCIS search histories in the intake narrative for child abuse and neglect reports. The Special Ops team report outlined the steps that could be taken to implement the recommendation, but this recommendation was not implemented.

Completing an Intake: Determining the Intake Type. If the information from the reporter meets all of the criteria for a child abuse or neglect (CA/N) report (an eligible victim, an eligible perpetrator, and an incident or set of circumstances that would lead a reasonable person to suspect the child was abused or neglected as interpreted by the allegation definitions in P300 Appendix B), the CFW classifies it as either an Initial Oral Report (IOR) or a Subsequent Oral Report (SOR), depending on whether the subjects of the report have pending or prior investigations in SACWIS.

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[18] Personal communication with SCR Administrator Gayle Hopper.

[19] Negash & Associates for Casey Family Programs. (June 2018). *State Central Register: A Streamlined Approach.*

The CFW must also decide the response code to associate with the CA/N report, which determines how quickly the Child Protection Specialist must initiate the investigation.[20] An *emergency response* means that the Child Protection Specialist must immediately (i.e., within 15 minutes) respond to the home or current location of the child. Circumstances that justify an emergency response code include a child death, a family that may flee the area, a child in immediate danger, reports from hospital staff on children 6 years or younger, a child being held by a physician or police, a child needing immediate medical attention, or a child under 5 years who is alone or unsupervised. An *action needed response* is used for situations that require special handling but do not qualify as an emergency response. The Child Protection Specialist and Supervisor are required to review the report within 60 minutes in order to determine what action is necessary and establish a time frame for responding. Circumstances that justify an action needed response include a child age 5 or older along or unsupervised, or a child at the hospital with the perpetrator present. A *normal response*, which includes all other circumstances, must be initiated within 24 hours.

Not all intakes meet the criteria for a CA/N report. If not, the CFW must identify which type of intake it was in order to take the appropriate actions in assigning the intake information to the field, obtaining supervisor approval, and closing the intake. Other types of intakes are:

- Related Information (RI) — if the information provided by the reporter does not meet the criteria for a new report of suspected abuse or neglect, but there is a pending or undetermined investigation involving one of the subjects and the reporter's information is related to the pending investigation, the CFW should document the intake as a Related Information and link it to the pending investigation.
- Information Only (IO) — if the information provided by the reporter does not meet the criteria for an abuse or neglect report, but there is an open case (i.e., an intact family case or a placement case) involving the participants, the CFW will document the intake as an Information Only, print the intake, scan the printed copy, and email it to the caseworker. In addition to information about open cases, requests for child protection courtesy interviews as completed as IOs, as are referrals to a Child Advocacy Center (CAC) if the reporter attempts to make a report of sexual abuse on an ineligible perpetrator.
- Child Welfare Service (CWS) referrals — if the reporter describes a situation that does not qualify as a child abuse or neglect report, but indicates a need for services, a CWS referral can be made to the local field office. CWS referrals may only be taken from the adult subjects of the referral, others residing in the subject's home, or a mandated reporter.
- Licensing Referrals — if the information provided by the reporter does not meet the criteria for a child abuse or neglect report but does identify a problem in a licensed child care facility, the call should be taken as a Licensing Referral intake. These intakes should be printed and sent to the Central Office of Licensing in order to be sent to the local licensing unit.

[20] See Procedures 300, Section 300.30, pp. 6-8.

- Unusual Death/SIDS/SUID — if the reporter's information regarding the death of a child does not meet the criteria for a report, the death should be documented as an Unusual Death intake. The CFW must print the intake, write "Death" across the top, and immediately walk the printed intake to the call floor supervisor on duty. The supervisor completes the death log.
- Mandated Caller/No Report Taken (MCNRT) — when a mandated reporter calls the Hotline and reports an incident that does not qualify as a child abuse or neglect report, child welfare service referral, licensing referral, or any other type of intake, the CFW should document the call as a MCNRT. To complete a MCNRT, the CFW must perform a person search, describe the circumstances that were reported, and document the reason(s) why the report was not accepted. The CFW should inform the reporter that their information will not be taken as a report of abuse or neglect and the reason why, and tell them that the information will be documented and remain on file at SCR for 6 months. The reporter should be given the intake number for future reference. If the reporter wishes to dispute the decision, the CFW should forward the MCNRT to the supervisor on duty with a note in the narrative that says the reporter disputes the decision. The supervisor will call the mandated reporter for additional consultation. Supervisors must review and approve all MCNRTs.
- Information and Referral — when the CFW provides general information or makes a verbal referral to the caller to use the services of another agency. This intake type was deactivated in 2017.
- Hang Up/Wrong Number — when the caller either hangs up or tells the CFW that they called the wrong number.
- Crank Calls/Harassment — when it is evident the caller has no intention of making a report.
- Transfer — when a caller is transferred to another CFW, supervisor, or Department unit.
- Miscellaneous — this intake type should only be used for those calls that do not fit any other category and should be used rarely.

There have been changes made to the intake subtypes in recent year. In the fall of 2017, the Information and Referral intake category was deactivated; instead, CFWs used the Information Only intake to document the call so that additional information about ruling out the reason an investigation could be documented. In August 2019, a new intake type was created called No Report Taken (NRT), which includes information provided by both mandated and non-mandated reporters that is not taken as a Child Abuse and Neglect report. All NRT intakes must be reviewed and approved by the call floor supervisor.

The percentages of intake subtypes over the past three years are shown in Table 7. The percentage of intakes taken as child abuse or neglect reports has increased around 12–13% over the past five years, and was 47.8% of all intakes in FY2019. Due to the deactivation of the Information and Referral intake type, the percentage of intakes in this category dropped from 15.7% in FY2017 to 0% in FY2019 and the percentage of intakes taken as MCNRT/NRT increased over the same period of time.

Table 7. Percentage of Intakes by Subtype (FY2013 – FY2019)

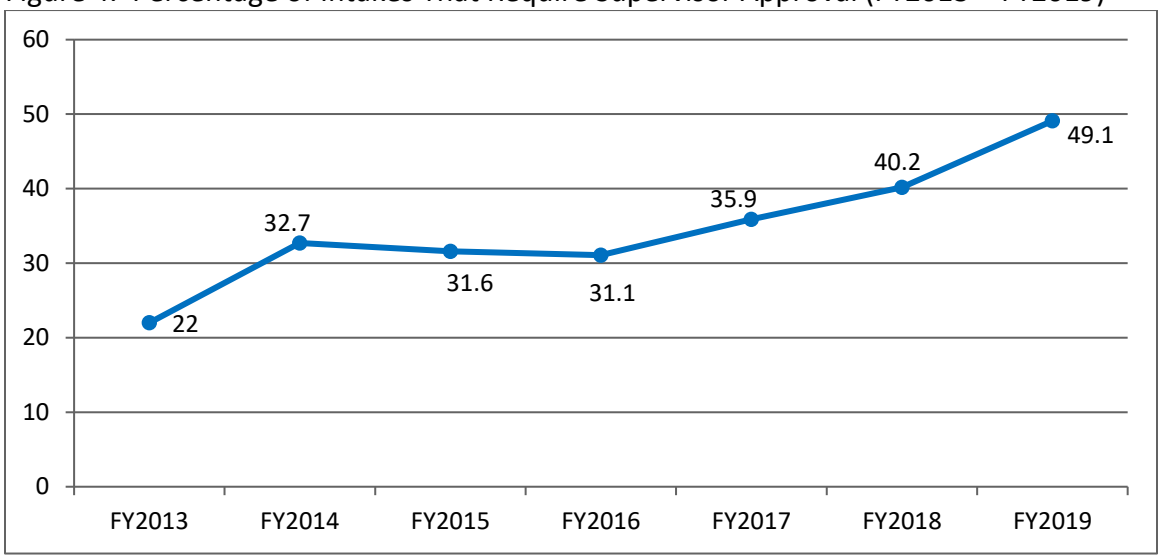
	FY2013	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019
CA/N	35.9	38.0	36.2	43.3	43.4	49.0	47.8
Related Information	12.1	12.0	12.5	14.0	13.6	14.3	14.9
Information Only	4.5	4.9	5.2	4.5	5.1	8.7	10.0
Child Welfare Services	4.3	4.5	4.7	4.8	3.5	3.6	3.1
Licensing Referral	0.6	0.5	0.7	0.6	0.6	0.5	0.5
Unusual Death/SIDS	0.2	0.2	0.2	0.1	0.1	0.1	0.1
MCNRT/NRT	13.8	14.4	15.3	12.2	15.9	16.0	17.9
Information & Referral	22.1	20.9	20.4	16.7	15.7	3.6	0.00
Hang Up/Wrong Number	1.6	1.1	1.2	0.6	0.5	0.3	0.2
Crank Call/ Harassment	0.07	0.04	0.05	0.03	0.01	0.01	0.03
Transfer	1.5	1.2	1.4	0.8	0.6	0.3	0.3
Miscellaneous	0.7	0.4	0.3	0.4	1.1	3.6	5.3

Source: CFRC Analysis of SACWIS data

Completing an Intake: Obtaining Supervisor Approval. As mentioned earlier, new CFWs are required to have their intakes reviewed and approved by a supervisor for a certain period of time after they complete their OJT. At first, they must send 100% of their intakes to the supervisor for approval; after they demonstrate proficiency, the percentage of intakes sent to the supervisor for approval drops to 50%, and then 33%. In addition to supervisor approvals that are required during OJT, certain intake types require supervisor approval before they can be considered complete, regardless of the CFW's level of experience. While the CFWs are waiting for supervisor approval of their intakes, they cannot take another call. During the evening and midnight shifts, the number of CFWs who are still "on approvals" can be very high, which means that the wait for supervisor approval can be as long as 45 minutes.

The CFRC analyzed SACWIS data on the intakes that require supervisor approval over the past 7 years and found that the percentage has steadily increased over time (see Figure 4).

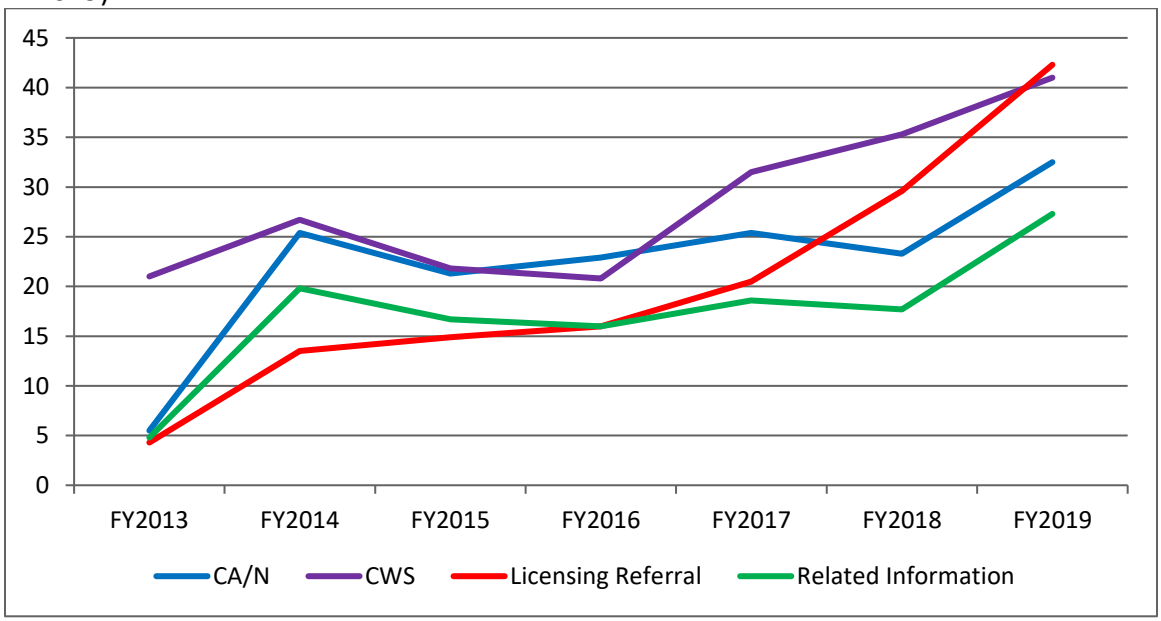
Figure 4. Percentage of Intakes That Require Supervisor Approval (FY2013 – FY2019)



Source: CFRC Analysis of SACWIS data

Next, the percentages of intakes that required supervisor approval during FY2013 – FY2019 were analyzed by intake type (see Figure 5). The percentages of Child Abuse and Neglect, CWS, Licensing Referrals, and Related Information intakes that require supervisor approval have increased during this time period, particularly in the past year (FY2018 – FY2019). Several intake types are not included in the figure (Information Only, Unusual Death/SIDS, Crank Calls/Harassment, Hang Up/Wrong Number, Information and Referral, MCNRT, Miscellaneous, and Transfer) because they never require supervisor approval or always require approval.

Figure 5. Percentage of Intakes That Require Supervisor Approval by Subtype (FY2013 – FY2019)



During the data collection for this review (August 2019), the policy related to supervisor approvals changed.[21] The change in policy, which was sent to CFWs in an email on August 14, 2019, explained that "actionable intakes" (i.e., those in which additional actions will be taken by the Department to address child welfare concerns through an investigation, case work, or licensing), do not need to be reviewed and approved by supervisors before they are sent to the field. This includes the following intake types: CWS; CA/N except for those involving a death investigation, neglect by agency, DCFS Employee/POS Employee; and media involved/high profile investigation listed above; Related Information, Licensing Referrals, Transfers, Crank Calls, Hang Up/Wrong Number, and Miscellaneous. Intake types that are ruled out or in which no further action will be taken by the Department still require a supervisor to review and approve them in order to validate the accuracy of the assessment. This includes Unusual Deaths/SIDS, Information Only, No Report Taken (MCNRT or NMCNRT), and CA/N involving death investigation, neglect by agency, DCFS Employee/POS Employee, and media involved/high profile investigation. This change in procedure, which reduced the number of intakes that require supervisor approval, was expected to increase CFW efficiency. Another practice-related change that occurred in August 2019 was that now CFWs are allowed to go on 15 minute breaks while waiting on supervisor approvals.

Transmitting Reports to the Field. During normal business hours, CA/N intakes are assigned to the appropriate DCFS field office for investigation via the SACWIS system. The field offices monitor SACWIS-assigned mailboxes and assign work to investigators. There are added requirements for sending investigations, emergency Information Only, and emergency Dependencies to the field "after hours." During the hours of Friday 5:00 p.m. – 10:00 p.m., Saturday 8:30 a.m. – 10:00 p.m., and Sunday 8:30 a.m. – 3:00 p.m., including holidays, all normal response investigations are "called out" to the child protection supervisor on call (except in Cook County). In addition, all emergency and action needed investigations are called out to field supervisors after 5:00 p.m. until 8:30 a.m. (except in Cook County) as are all emergency Information Only and emergency Dependencies (including in Cook County).

When "calling out," the CFW calls the supervisor, verifies the supervisor's SACWIS ID number, and then assigns the investigation to the on call investigator using the investigator's SACWIS ID number provided by the supervisor. After the call out, the CFW sends the investigation summary to the on call supervisor via email. Call outs to on normal response investigations between 10:00 p.m. and 8:30 a.m. Friday-Saturday and Saturday-Sunday are not required. Instead, the on call supervisor is responsible for assigning the investigation to their on call workers.

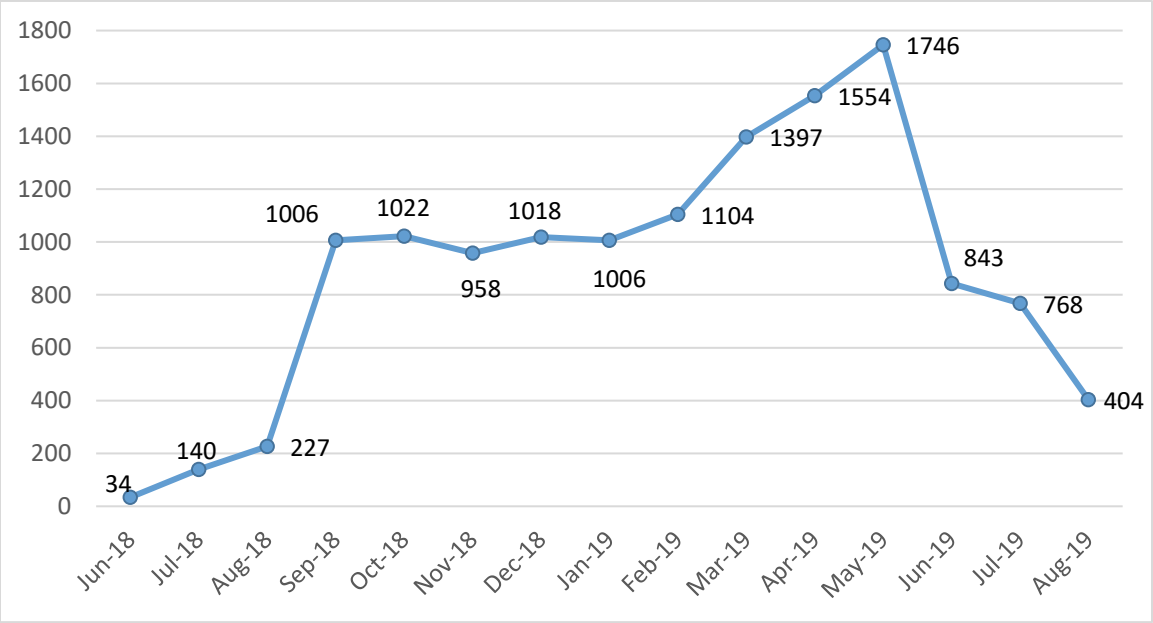
[21] Gayle Hopper, personal communication.

Online Reporting System

The Hotline currently has an online reporting system that provides reporters an alternative option to make a report of suspected child abuse or neglect. It was designed to be used by mandated reporters, especially for those who are often under time constraints, to report *non-emergency situations*. However, because the online reporting system is located on the Department's public website,[22] non-mandated reporters have been able to access it and submit reports. Before submitting a report via the online reporting system, all users are first required to create an Illinois Public Account. A step-by-step guide (i.e., user manual) to registering and completing an online report is available on the Department's website.[23] The online reporting system has not been widely publicized except to a few groups of mandated reporters.

Since it went live in September 2018 (it went through a "soft" launch in June 2018, meaning it was "operational but not advertised"), over 12,500 reports have been received through the online reporting system. According to the Department's internal reports, the number of reports submitted through the online reporting system steadily increased from September 2018 through May 2019, when 1,746 reports were submitted. The online reporting system experienced technical issues in July and August 2019 and was taken offline for approximately two weeks, which led to a sharp decline in the number of online reports submitted during those months.

Figure 6. Number of Online Reports by Month, June 2018 – August 2019



Source: SCR Directors Presentation February 2, 2019; SCR Monthly Reports

[22] https://www2.illinois.gov/dcfs/safekids/reporting/pages/index.aspx
[23] https://www2.illinois.gov/dcfs/safekids/reporting/Documents/CFS_1050-21-2_Mandated_Reporter_External_User_Manual.pdf

Online submissions are monitored by the call floor supervisors and assigned to CFWs. Although the online reporting system is not intended to be used for reporting emergency situations, some mandated reporters have used it to do so; therefore online reports are prioritized just below emergencies. To process an online report, the CFW reviews and assesses the information provided to determine if there is enough to make determination regarding the intake. If the information is complete, it is cut and pasted into SACWIS by the CFW and an email that contains the intake ID number and the disposition of the intake is sent to the reporter. If there is not enough information to make a determination about the type of intake, the CFW must call the reporter to obtain the needed information.

The online reporting system was developed with potential to increase the Hotline's efficiency by cutting down on the amount of time needed to complete an intake. However, feedback from CFWs, call floor supervisors, mandated reporters, and OITS suggests that additional improvements need to be made to the online reporting system before it can realize this potential. The current system has proven frustrating for both the CFWs who review and process the information and for the reporters who fill out the online reports.

The CFWs who participated in the focus groups had a lot of suggestions to improve the functioning of the online reporting system, but most felt that the current system was "terrible" or even "painful" to use. Most of the complaints stemmed from the belief that the system was not user-friendly, and that most reporters do not read the instruction manual before completing a report, which leads to errors or missing information and the CFW must call the reporter back to complete the intake anyway. For instance, because the instructions for the narrative section of the report simply instruct the reporter to "Fully describe the abuse or neglect incident: Who, What, When and Where. Please describe any known harm or risk to all involved children," CFWs often receive narratives with one or two sentences and no detailed information, such as "child was born with marijuana in system." A call floor supervisor pointed out that "reporters make lots of mistakes when filling it out…they put themselves as a participant, or they get blocked because they have to put in at least one relationship between the child and an adult." As stated by one of the focus group participants, "the information that we receive is only as good as what the reporter gives us." Most of the CFWs felt that the online reporting system could be improved by including more drop-down menus for reporters to use and additional prompts and instructions built into the report itself.

Completing an online report is frustrating for reporters as well. The mandated reporters we spoke with feel the current system is "clunky," "awkward" and "not user-friendly." The way the online entry form is set up, it is not easy for users to correctly fill in all the required fields. One of the mandated reporters we interviewed mentioned that the online reporting system also does not account for "non-traditional family structures or situations." A user manual and FAQs are available online, but it is unclear if reporters know about them or actually read them before filling out the online form. Additionally, there is no assistance to help users

troubleshoot, resulting in multiple emails each week from users who have trouble using the system.[24] Although the online reporting system was developed to help mandated reporters save time, it is taking them more time to make the report online than calling the Hotline, according to the mandated reporters we interviewed. One mandated reporter said this about the online reporting system: "I mean I love it, I'm glad it's there and I would happily do it every time, but it takes longer for me to do an online report than it does for me to do a phone call, for sure."

We spoke with an individual from the Office of Information and Technology Services (OITS) about the technology used in the online reporting system. The individuals who were directly involved with its original development are no longer with the Department, but the person we spoke with was familiar with the technology because he was brought in to fix the system after it was taken offline in July 2019. According to him, the platform that the online system currently uses (SharePoint) is not a good fit for the system: "Quite honestly, it needs to be put on a different platform. The platform that was selected for it is wrong. But rather than saying 'No online reporting for six months [while we build a new system on an appropriate platform],' we brought it back up. It will be okay, but we are going to have to recreate it in the proper technology."

Although everyone agrees that there are problems with the SharePoint platform currently being used, there is no plan in place to move the system to a different platform. This is partially because the Department is in the process of upgrading their case management information systems by implementing the Comprehensive Child Welfare Information System (CCWIS). CCWIS implementation is a multi-year project, slated to begin in FY2020 that will "take advantage of leading technology capabilities to improve data and implement solutions specifically designed to enhance the efficiency and effectiveness of program practices."[25] Therefore, one option for fixing the online reporting system is to wait until after the new CCWIS is implemented and integrate it into CCWIS. However, this solution will result in waiting at least a year and possibly much longer for a better functioning online reporting system. A second, and much quicker, option would be to "build a separate website with a real database behind it and move it there." This could potentially be implemented in a few months.

Technology and Data Systems

There are several types of technology currently utilized at the Hotline, including the telecom system and the data management systems. These systems have a large impact on the ability of CFWs to perform their job effectively and on the administrators' abilities to examine

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[24] Illinois Department of Children and Family Services, State Central Register. (February 7, 2019). *Directors Presentation.*

[25] Illinois Department of Children and Family Services. (no date). *Budget Briefing FY2020. P. 25.* https://www2.illinois.gov/dcfs/aboutus/newsandreports/Documents/FY20_BudgetBriefing.pdf#search=Search%2E%2E%2ECCWIS

data related to system performance. The Hotline uses the Cisco Finesse phone system, which was implemented in 2014 and last upgraded in 2017. The phone system documents all incoming calls and tracks several kinds of data, such as how many calls are coming in; how long it takes to answer the calls; and how many calls are abandoned by the caller. However, the phone data is stored in a separate database (i.e., not in SACWIS), and SCR administrators and other DCFS staff do not have direct access to the data. Call data are provided by a company called Presidio in weekly and monthly reports; additional data reports can be generated at additional cost. The Department pulls information from the Presidio reports and includes it in internal reports to monitor performance (see, e.g., the quarterly *SCR Operational Review* reports). During the recent audit performed by the Office of the Auditor General, it was discovered that information about call-back attempts was only maintained for 90 days before it was deleted from the system, which made it impossible to track long-term performance.[26] Once this was reported, the retention protocol was changed and that data is now retained indefinitely.[27]

Since the majority of incoming calls to the Hotline are from mandated reporters (>75% are from school staff, social services, law enforcement, and medical personnel), in 2018 the Department examined the feasibility and implications of installing a dedicated line at the Hotline for use by law enforcement and physicians.[28] According to the report, "the technology available through the current Finesse operating system…contains features and options that would allow for the installation of a dedicated line to be used by law enforcement and physicians."[29] Installing a second 800 number would require two queue systems to monitor the incoming calls and staff would be assigned on each shift to monitor the second queue. In the event that messages would need to be taken for the second 800 number, a second call back log would need to be created in SACWIS. A second option examined in the report was to utilize one 800 number but to add code identifiers for specific types of mandated reporters (police = 1, physicians = 2). If a reporter selected a code identifier, the call would be routed to a specific queue. Ultimately, it was decided not to implement either of these options, in part because it would increase the message-taking rate and call back time for other types of reporters, which was deemed an unacceptable consequence.

All calls coming into the Hotline are audio recorded using a program called Call Recorder. This is a web-based system and can only be accessed by supervisors and administrators, who have the ability to listen to recorded calls from the prior six years. Supervisors access the audio recordings in order to look up and/or verify call back numbers for CFWs. MP3 files of the audio recordings can be downloaded and sent to other workers if needed. The Hotline also uses Cisco Jabber, an instant messaging system, to communicate with

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[26] https://www.auditor.illinois.gov/Audit-Reports/Performance-Special-Multi/Performance-Audits/2019_Releases/19-DCFS-Abuse-Investigations-Prgm-Full.pdf
[27] Gayle Hopper, personal communication.
[28] DCFS/SCR. (February 6, 2018). *Dedicated Line for Mandated Reporters – Feasibility Study.*
[29] DCFS/SCR. (February 6, 2018). *Dedicated Line for Mandated Reporters – Feasibility Study*, p. 8.

each other. This is especially helpful in communicating with the CFWs who are located in a satellite office in Chicago. Messages can be sent to the entire floor or just to an individual worker. Reporters sometimes call back to follow-up on an intake and/or to provide additional information and may ask to speak to a specific CFW; Jabber can be used to instantly notify the CFW.

The other technology utilized at the Hotline involves the case management information systems that are used to process and store data about children and families that have contact with the Illinois child welfare system. Similar to other staff at the Department, employees at the Hotline utilize two data management systems on a daily basis. The first is the Statewide Automated Child Welfare Information System (SACWIS) and the second is the Child and Youth Centered Information System (CYCIS). As described earlier in this report, CFWs enter information from the reporter into SACWIS during an intake. In addition, CFWs search both SACWIS and CYCIS to determine if families have prior involvement with the Department, such as investigations, intact family cases, or child placements.

The CFWs we spoke with described several limitations with the current data systems that impact their ability to complete intakes in a timely and efficient way. One of the biggest impediments to their work is that the two systems (SACWIS and CYCIS) are not linked, so CFWs must run separate searches in each system. Also, information cannot be copied and pasted from CYCIS into SACWIS; it must be typed in, which is not an efficient use of their time. The Success Ops report that was written in June 2018 recommended that the Office of Information and Technology Services (OITS) "implement an expedited process, specifically the Golden Legacy Copy process, to decrease the time it will take to merge CYCIS into SACWIS…By merging CYCIS into SACWIS, SCR staff will only need to conduct one search in order to obtain all the relevant information, thus reducing the amount of time it takes to complete the searches and consequently each call, which will increase productivity."[30]

The SCR administrators meet with staff from OITS once every 4–6 weeks to discuss and prioritize needed improvements to SACWIS. In the words of one of the SACWIS developers, "for probably about the last year or so, we've been actually having sit-down meetings with the SCR administrator, the assistant administrator, and other staff that they bring in to go through issues and concerns that they have on the application. We share our concerns that we have with how processes flow with the application, and we've been developing enhancements and fixes that we have applied…a lot more of it probably has been enhancements to the software, and really trying to help them out and get them so they can be as productive as possible on those calls." When asked how they prioritize the enhancements that they make to assist the Hotline, they said:

> "It really depends on the level of issue. We kind of go through kind of an interrogation, I guess, or a triage to say, 'Does this completely stop an individual? Is there an ability to work around, or is it just a cosmetic issue?' We try to take everything through that and then determine that if we have the call floor and

[30] Negash & Associates for Casey Family Programs. (June 2018). *State Central Register: A Streamlined Approach.*

> they can't continue with a piece or a certain aspect of the application, we try to fix that as soon as possible. Now, the size of that problem will determine how much time it takes us to turn it around. But, normally, if the SCR administrator says, 'I have to have this fixed,' we normally drop everything else and that becomes the first item… Most of the issues that come in are just small, little business rule violations that they find a way to get around. They get concerned, they give us a call, we take a look at it, and, once we can recreate the problem consistently here, we can usually figure out a way to fix it and get it deployed… Those meetings that we're having every six weeks to two months, a lot of those are also practice improvement things that are opportunities for changes within the application to make their data more reliable, and to speed up their data entry by pre-populating names, the navigation tools. They always have really good, valid suggestions on changes that may help them go faster and result in better data."

During our interviews, the SCR administrators highlighted several SACWIS improvements that could be made to increase productivity at the Hotline. Currently, when an intake is taken as Information Only, the information in the intake is related to an open service case. The caseworker needs that information because there may be a safety concern that they need to follow up on. Ideally, a change could be implemented in SACWIS that would allow the CFW to attach the intake to a specific case, which would create a notification to the caseworkers, who would then need to accept it and attach it to the case. Right now, in order to send the Information Only intake to the caseworker, the CFW needs to copy and paste the information into an email, put the name of the caseworker in the subject line, and send it to the Production Control Unit, where the information is double checked and then sent on to the caseworker. The caseworker then gets the information in an email, which can be overlooked or ignored, creating a potential threat to the safety of a child in an open case.

Another SACWIS improvement suggested by the SCR administrator was to add check boxes into SACWIS that would decrease the need to write certain types of information in the intake narrative. For instance, when the criteria for a child abuse or neglect report are not met and a report is not taken, it would be helpful to know which criterion was not met. Checkboxes could be added that would specific if there was an ineligible victim, an ineligible perpetrator, or insufficient information about a specific incident. Another check box could be added that would indicate if law enforcement is involved in the incident. Right now, this information is written into the intake narrative, which not only takes time for the CFW, it makes it very difficult to retrieve or track this information.

The SACWIS developers we spoke with talked about both of these issues as things that are currently being worked on as enhancements. Specifically, they mentioned developing more efficient processes for sending Information Only intakes to the field, sending requests for "courtesy interviews" to the field, identifying mandated and non-mandated reporters in the intakes, and implementing automatic LEADS (Law Enforcement Agencies Data System) requests for all participants over 13 years in Child Abuse and Neglect intakes. According to the SACWIS

developers we interviewed, the enhancements at the SCR have been a high priority for them this year: “This year, I mean we've really tried to work with them to accommodate them as much as possible. I think out of all the groups this year we've worked with, we've really worked pretty closely with SCR and gotten a large number of enhancements completed for SCR this year.”

State Hotline Practice Review

Telephone interviews were conducted with seven states that have centralized, statewide child abuse hotlines to gather information about their current practices and technologies. Detailed profiles on each of the seven state’s hotlines are located in the appendix of this report and Table 8 highlights important characteristics and features of these hotlines in order to suggest possible adaptations that the Illinois hotline could incorporate into practice. Of note, only one of the states interviewed (Tennessee) takes messages and returns calls to reporters, and this only occurs during the night shift. All other states receive and process calls from reporters as they come into the hotline.

Call Volume and Staffing. The Illinois Hotline has a higher call volume compared to any of the states that were interviewed, except Texas, which takes 800,000 calls per year related to child and adult abuse and neglect. Indiana’s call volume (203,602 calls in 2018) is most comparable to Illinois’ (252,568 calls in FY2017 and 276,538 calls in FY2018). Indiana has 124 intake specialists and they are able to process 2 or more reports in an hour while answering all calls live. Although the Indiana Hotline has mandated overtime available, it has not been needed for years. It utilizes voluntary overtime to cover anticipated busy periods. In 2011-12, Indiana’s Hotline was underperforming due to not having enough staff, and the state legislature allocated an additional 50 intake specialist and 10 supervisor positions.

Among the seven states, Alaska, Arizona, Connecticut, and Tennessee have one centralized location for hotline operations. Like Illinois, Missouri and Texas have a central location and satellite offices. States with one central location expressed the desire to explore satellite offices to broaden hiring options. Indiana’s centralized hotline has five locations of which the center is Indianapolis, however, the vast majority of hotline intake specialists and supervisors work from home.

While staff-to-supervisor ratios vary by shift across states, Illinois’ aggregate staff-to-supervisor ratio (10-12 staff per 1 supervisor) is relatively high compared to other states. Tennessee and Alaska have 4:1 staff-to-supervisor ratios, Connecticut’s is 5:1, Indiana’s is 6:1, Arizona’s is 7:1, Missouri has 5-9 workers per supervisor depending on shift, and Texas works to keep staff-to-supervisor ratios under 10:1. States also vary in their capacity and structures to offer coaching support for intake workers who request assistance in making a decision about a call. For example, Arizona has 8 “lead specialists” who assist the supervisors in helping intake workers with questions relevant to making determinations about the reports, however, the intake workers “own” the decision on their reports.

Another highlight worth mentioning is the fact that several of the states allow CFWs to telework (i.e., work from home) and have found this to be an effective solution to reduce staff turnover. Indiana's teleworking system and capacity is by far the most sophisticated of the seven states interviewed. Indiana started experimenting with teleworking in 2012-13 with four intake specialists. Those intake specialists worked effectively, and the feedback was positive. The big expansion to telework was in 2018, which was when teleworking options included supervisors. In 2019, 90–95% of Indiana's hotline workers telework from home, including both intake specialists and supervisors. Home-based workers tend to stay longer in their positions. The workers save transportation costs, and the state agency saves facility costs. Telework is not mandatory; however, some individuals prefer to come into an office. In the past, the agency did have criteria for telework eligibility which were: had to have at least 1 year of experience working for the hotline, demonstrate independence on call decisions, have no disciplinary reports, and complete quality work. Presently, the hotline can transition people straight into telework and monitor staff effectively through technology, and provide coaching support.

Training. Similar to Illinois, other states have training programs for new intake specialists that last several weeks on average. The typical structure is to offer classroom-based instruction first, to cover a breadth of content on policies, procedures, and processes. The next phase of learning includes participating in mock calls, and/or shadowing workers handling live calls. States typically have supports for new workers when they start taking live calls themselves, which are monitored by an experienced staff member or supervisor until that worker is designated as "independent." Illinois' current training program, which is thorough and well-received by all of the CFWs who were interviewed, contains most or all of the special features that are described in the state profiles in the appendix.

Performance Management and Continuous Quality Improvement. In Illinois, supervisors review one intake per worker per month and complete a scoring sheet that assesses the quality of the intake. Other states that were interviewed reported that supervisors review a larger number of calls per month: Connecticut and Tennessee review at least 2 calls per month per worker; in Arizona, a supervisor from another team reviews 4 calls per month per worker; supervisors in Alaska review 5 calls per month per worker; in Indiana peers review one call per month for another peer and a supervisor reviews an additional 6 calls. In Texas, intake workers must have at least 35 call reviews completed for the annual performance review.

Indiana conducts another round of quality assurance with the help of the agency's central office quality assurance department. This central QA department reviews 100 hotline calls per quarter and provides a detailed report. Indiana also conducts an annual customer satisfaction survey with a stratified sample of callers. Arizona has implemented additional tracking and performance feedback from its Office of Quality Improvement to analyze inter-rater reliability of screening decisions between intake workers and supervisors/lead specialists.

Call/Intake Processing. Some states use structured decision-making tools during the information screening process. Missouri's hotline workers use a conversational approach to screening allegations called Signs of Safety (https://www.signsofsafety.net/). This approach has received a great deal of positive feedback from mandated and voluntary reporters alike. Example conversation questions are:

- What are worries?
- What are positives?
- What would you like to see happen?

Other states that use structured decision-making tools to decide intake assignment or response time include Connecticut, Indiana, and Tennessee.

Online Reporting Systems. Of the seven states that were interviewed, five have an online reporting system, and online reports are processed in a more efficient manner than reports that come into the hotline via the call center. Several states (Arizona, Connecticut, Tennessee, and Texas) have prompts and/or disclaimers to indicate that the online reports are only for reporting non-emergencies. In Tennessee's system, the reporter must verify that he/she has read the disclaimer about using the online system only for non-emergencies, along with definitions of non-emergency vs. emergency situations. One state that seemed to have benefited the most from online reporting system was Missouri. The Missouri Hotline processed 38,191 online reports in FY2019, and the CFWs were processing up to 9 online reports an hour.

Technology. Several states use technologies that improve the ability of their hotlines to process calls more quickly and efficiently. Some of the examples of technological innovations at other states include:

- Phone system that pre-sorts the calls (Connecticut, Indiana, and Missouri)
- When a CFW is processing an intake, he or she only has to enter basic information from the call and fill in the narrative and the case history is automatically brought into the report (Indiana)
- SACWIS integrated with other database systems (e.g., Medicaid), which allows CFWs to search for addresses and link to prior history with child protection (Missouri)

Indiana's "MaGIK" system automatically generates emails to the Investigations team or Case Manager (for open involvement cases) once reports are approved. This function saves time, since Indiana used to send these communications manually. The case managers, local office management, in-house licensing, etc., are informed of new reports that come in. The system auto-emails the County on approved reports as well, which helps with the after-hours communication. Indiana still does some call outs now, but has scaled back. Indiana used to call out to case managers for all 24-hour reports and 1-hour reports on a 24/7 basis. Now, Indiana now calls out case managers 24/7 for 2-hour reports only (Note: 1-hour reports changed to 2-hour reports). On 24-hour reports, Indiana calls out only from 4:30 - 8:30 p.m. M-F, and weekends 8 a.m. - 8 p.m. Outside of those hours, the local office can use the system generated e-mails.

Table 8. Selected Information on Current Practices at States with Centralized, Statewide Child Abuse Hotlines

State	General Information	Intake Protocols	Phone System/Online Technology	Other notable features
Alaska	• Annual call volume not available • 17 intake specialists • Shifts with staggered start times • 1 central office	• The state does not use a structured decision-making tool • Intake specialists research the tribal affiliation for each family in order to distribute reports to appropriate Tribe, if applicable • The state has 229 federally-recognized Tribes • In January 2019, workers processed about 7 reports/day • The average wait time for calls is under 1 minute	• No online reporting system	• The state centralized its Hotline system in 2016 • Alaska just recently shifted to 24/7 hotline in August 2019. The hotline used to operate from 7 a.m. to 7 p.m., and after that time, would have an answering service with an Intake Specialist on call to address reports.
Arizona	• 159,000 calls in FY2019 • 80 intake workers • 65 unique shifts • 1 central office	• Streamlined call processing by intake specialist such that the investigator will gather all	• Uses Cisco phone system, which allows supervisors to manage calls in real time • Uses a system	• Because the state service performance is typically on target, the Hotline has not had to require

		necessary and required information for the investigation • SACWIS partially integrated with the state system • No expected number of calls per hour per worker • The average wait time for calls was 34 seconds in FY2019 • All calls are answered live	called Calabrio for call forecasting • Calabrio allows to forecast call volume and identify scheduling gaps • Online reporting system is available, and it has prompts to indicate to users to report non-emergency situations	mandated overtime, although it is available • Most of time off requests are handled by Workforce Management team • Received support from the Government Transformation Office and went through a redesign process
Connecticut	• 110,000 calls per year • 63 intake screeners • 3 shifts • 1 central office	• Workers use structured decision-making tool • No integrated database to search prior case history • Expected to complete 1.3 calls per hour per person • Average wait time for calls can be over 1 hour at highest peaks	• Phone calls are pre-sorted to the queue phone number; law enforcement are the first calls answered • Online reporting system is available, and it has prompts to indicate to users to report non-emergency situations	• Uses overtime to cover staffing gaps • During performance evaluation, supervisors can listen in on any call and they can whisper guidance to a worker without callers hearing it

		• A call back system is built into the queue		
Indiana	• 203,602 calls in 2018 • 124 intake specialists • Workers have shifts with staggered start times • 5 offices	• Workers use structured decision-making tool • The state is transitioning to a Salesforce system, which allows workers to automatically add case history into a report • Expected to complete 2 or more reports per hour • Average wait time for calls is about 14 seconds for law enforcement • All calls are answered live	• Phone calls are pre-sorted (the phone system sets up the queues and routes the calls) • The MaGIK system automatically generate emails to the investigations team or case manager once reports are approved • No online reporting system	• Mandated overtime available but has not been used for years • Revamped its hiring process of intake specialists to require a reading comprehension and a typing test • The interview also includes scenario-based questions, critical thinking, reading comprehension and a writing sample • In 2019, 90-95% of the Hotline workers teleworked from home
Missouri	• 154,000 calls per year • 49 full-time CFWs • 3 shifts • 2 offices	• Workers use structured decision making tool • SACWIS integrated with other systems	• Phone calls triaged into queues. A "hold my place" feature is available • The "Zoom"	• Mandated overtime is not available • Telework is available for

		(e.g., Medicaid) • Workers complete 3 calls/hour (or 9 online reports/hour) • Average wait time for calls is about 10 minutes • All calls are answered live	workforce management system audio records the calls • The online reporting system is available and has the same questions that would be asked on a phone call (38,191 online reports processed in FY2019)	"independent" workers • The state employs hourly workers with previous Hotline experience
Tennessee	• 134,000 calls per year in 2018 • 66 intake specialists/case managers • 3 shifts • 1 central office	• Workers use structured decision making tool • No integrated database to search prior case history • Workers complete 2 phone reports/hour (or 4 online reports/hour) • Average wait time for calls is about 30 seconds • Messages are taken (i.e., callers leave a voicemail) during the night	• Separate phone lines for law enforcement, hospitals, and schools • Online report system is available and is integrated into the state's main database	• Both voluntary and mandated overtimes are available

		shift		
Texas	• 800,000 calls per year (child and adult abuse and neglect) • 300 intake workers • About 50 unique shifts • 3 offices	• With the new training in place, workers complete 1.75 calls/hour (or 4 online reports/hour) • The maximum wait time for calls is 8.5 minutes • All calls are answered live	• Calls are sorted by English vs. Spanish line • Uses a phone system called Avaya • Online reporting system is available, and is integrated into the state's main database	• Never used mandated overtime • About half of the workers telework • Offers many programs to improve staff retention and wellness (e.g., certified therapy dogs and yoga)

Conclusions and Recommendations

As the "front door" of the child welfare system, the Child Abuse and Neglect Hotline serves a critical function in the Illinois Department of Children and Family Services' overall mission of protecting children from harm. It is therefore vitally important that the Hotline's processes and technologies allow its staff to work quickly and efficiently to process information from reporters who contact the Hotline with information about suspected abuse or neglect. The results of the current review performed by the Children and Family Research Center found that inefficient processes and insufficient technology have limited the ability of Hotline staff to handle the high volume of calls that they receive. This has resulted in an increasing number of incoming calls that are taken as messages, so that reporters must wait several hours or occasionally days to receive a call back and give their report. Given the critical importance of the Hotline in protecting the safety of children in Illinois, fixing the identified problems must be considered a high priority and the Department should be given adequate resources to implement potential solutions.

Before identifying the areas with the greatest potential for improvement at the Hotline, we would like to highlight one of the Hotline's greatest strengths: its staff. The call floor workers, supervisors, and administrators that we spoke with were passionate about their work ("we put our hearts and souls into it") and were committed to doing the "best job that we can with what we have." Many of the call floor workers work hundreds of hours of overtime per year, either voluntarily or because they are mandated, in a mentally demanding job that can take a heavy toll on their personal life. When asked what information they would like the public to know about the work that they do, one CFW responded by saying: "People don't understand that we're human beings too and we have families we have to care for after we have been processing this stuff all day…We know that changes need to be made…If all you do is complain, come with a solution and not just say what we are doing wrong. Come and tell us how we can do better."

The improvements that need to be made at the Hotline cannot be leveraged on the backs of the current staff by mandating additional overtime. During the data collection period for this review (June – August 2019), CFWs reported that the amount of mandated overtime required had detrimental effects on their well-being and their ability to make critical decisions. Although changes were made to the use of voluntary and mandated overtime in September 2019, a significant amount of overtime is still being required of CFWs (8 hours per week in September 2019). Although it is understood that the current gap between call volume and the existing number of staff necessitates the use of overtime until more optimal strategies can be put in place, we recommend that the Department make every effort to reduce or eliminate the use of mandated overtime as quickly as possible and be given the resources to do so.

The biggest concern facing the Hotline right now is the high rate of message-taking and the length of time before reporters receive a call back, both of which have increased in recent years. Although the Illinois Hotline has always had a percentage of incoming calls that were

taken as messages, it is one of few states that does this; most states are able to receive all incoming calls in real time. If the Department's goal is to receive 100% of its calls in real time, the Hotline needs to be capable of completing more intakes during peak volume times, which occur on weekdays between 8:30 a.m. and 4:00 p.m. During peak volume times, the Hotline can receive over 100 calls an hour. In order to be able to answer that many calls and process that many intakes in real time, the Hotline needs more staff.

Subsequent to the data collection for this review, the SCR administrator was notified that the Hotline had been given approval to hire 20 additional CFWs and one additional call floor supervisor, and the hiring process for these positions has already begun. It is important to remember, however, that the positive impact of the additional staff on Hotline performance will not be seen for 9–12 months, due to the length of their training. Although the 20 additional CFWs will undoubtedly improve the ability of the Hotline to take more incoming calls in real time, this number will not be enough to completely eliminate message-taking and call backs. Additional CFWs assigned to key shifts will be needed in order to reach that goal. Due to a large number of unknown factors, we are unable to determine the number of additional staff that would need to be hired in order to eliminate message-taking. The Department has asked the CFRC to collect additional information so that we can provide an "educated estimate" of this number; once this analysis has been completed, an addendum to this report will be published.

Also, the number of call floor supervisors currently assigned to the Hotline is inadequate to support the number of CFWs. Before the addition of the 20 new CFWs, there was one call floor supervisor (on average) for every 11.4 CFW. With the addition of 20 CFWs and one supervisor, that ratio will increase to one supervisor for every 12.2 CFWs. This is well above the ratio of one supervisor per five workers that is recommended by the Child Welfare League of America.[31] Illinois' staff-to-supervisor ratio is also high compared to the majority of the state hotlines that were interviewed as part of the state hotline practice review; ratios in other states ranged from 4:1 to 9:1. Call floor supervisors perform many critical functions at the Hotline, and their participation in any upcoming practice reforms will be necessary for their success. Therefore, we recommend that the Department hire additional call floor supervisors in order to reduce the staff-to-supervisor ratio to 7:1. If there will be 134 CFWs employed at the Hotline, there will need to be a total of 19 call floor supervisors to obtain a 7:1 ratio. There are currently 10 supervisor positions, one of which is vacant, and one new supervisor position has been allocated. So, we recommend adding 8 additional supervisor positions for the 136 CFWs that are included in the current budget. If additional CFWs are added to the Hotline, we recommend adding one additional supervisor for every 7 CFWs.

The addition of 20 new CFWs will increase the need for SCR trainers beyond what is currently available. The two current SCR trainers have spent approximately 75–95% of their time in training activities over the past year, which include providing the SCR foundations training, coordinating the OJT schedules for all trainees, maintaining the daily feedback for each

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[31] Child Welfare League of America. (2003). *Child Welfare League of America Recommended Caseload Standards*. Washington, DC: Author.

trainee in a centralized location for review each week, publishing the OJT training schedule weekly with trainee goals for the upcoming week, training new OJT trainers (who are current CFWs), and maintaining the changes approved by the SCR administrators in the CFW resource manual known as "the Rolodex." In addition, the SCR trainers have been completing CYCIS training for trainees and refresher training for CFWs who have higher than average errors. The SCR administrator has proposed a need for two additional SCR trainers and one new training supervisor (which would be a Public Service Administrator position) to handle these additional training responsibilities. We agree with this recommendation.

Adding more staff to the Hotline is not the only way to improve the percentage of calls taken in real time; another way to accomplish this goal is to increase the number of intakes that CFWs are able to complete in an hour. Right now, CFWs are expected to complete 1.9 intakes per hour; worker performance on this metric is closely tracked as part of their monthly supervision. According to information provided by the Department and by the workers' self-reports in the focus groups, the majority of CFWs do not reach this level of efficiency. Long-term CFWs report that they used to be able to complete more intakes per hour, but the additional requirements that have been included to the procedures for processing an intake prevent them from reaching their performance goals.

The results of the Hotline review revealed several processes that could be either eliminated or improved in order to increase CFW efficiency. Some of these changes are "quick fixes" that can be accomplished in the near term, while others may take several months to implement. Some of these recommendations have previously been suggested to DCFS administration but have not been implemented. To improve the efficiency of Hotline processes, we make the following recommendations:

1. Improve the online reporting system by moving it to a new platform. Other states with online reporting systems report that CFWs are able to process between 4 to 9 online reports in an hour, which is much more efficient than the current processing capacity in Illinois. Each person we spoke with agreed that SharePoint is not the appropriate platform to host the online reporting system, and that the quickest solution to this problem would be to move it to a web-based application that was developed "in-house" by OITS.

2. Incorporate additional instructions and features into the online reporting system to make it more "user friendly." Mandated reporters find the current online reporting system difficult to use and hard to understand, which leads to errors in the information provided. Instructions should be built into the reporting system itself (through the use of pop-up instructions or a chat box) rather than located in a user's manual that reporters may or may not read. The Department may benefit from learning about the online reporting systems that have been successfully implemented in other states. In addition, feedback from mandated reporters who make frequent reports should be incorporated into the design of the online reporting system.

3. Once the online reporting system has been upgraded, a public awareness and education campaign should be developed and presented to mandated reporter groups throughout the state to increase its use. To date, there has been little in the way of awareness or education campaigns about the online reporting system, and reporters are finding it by accident or through word of mouth.

4. Eliminate the requirement for CFWs to document the complete SACWIS and CYCIS case history in the intake narrative for child abuse and neglect reports. The requirement for the extensive documentation of SACWIS and CYCIS histories should be replaced with a simpler (and less time consuming) requirement for them to document whether there is a "positive or negative" SACWIS and CYCIS history in the intake narrative. The exception to this recommendation would be for death investigations where all SACWIS and CYCIS history would be documented in the narrative. The reasoning for this recommendation is that once the report is transmitted to the Child Protection Specialist for investigation, they are required to search and document the same information in their report, which results in duplicative work. SCR administrators and the CFWs report that the SACWIS and CYCIS documentation process adds approximately 10 minutes to the time it takes a CFW to complete the intake narrative, which is time that could be more efficiently spent serving other reporters.

5. Eliminate the requirement for after hours call outs on normal response investigations. It is estimated that this process, which was described in the results section, adds approximately seven minutes to the amount of time required to complete an intake. CFWs would still be required to call out all "action needed" and emergency response investigations, Related Information, and Information Only intakes.

6. Continue to prioritize and implement SACWIS improvements that will decrease manual processes during intake processing. Over the past year, the SCR administrators and SACWIS developers have established a collaborative process through which they identify and triage current SACWIS-related issues that are impacting CFWs; this process has already yielded several useful enhancements and more are expected to be completed in the near future.

7. Explore the feasibility and usefulness of adding certain enhancements to the current telecom system (Finesse), such as adding a code identifier to the existing 800 number that would allow certain groups of mandated reporters (e.g., medical personnel or law enforcement) to be sorted into a different queue (for example "press 1 if you are police, press 2 if you are medical personnel"). The possibility of a second dedicated telephone number for mandated reporters was explored in February 2018 and the results of the analysis were included in a report.[32] The recommendations at the time of the analysis

[32] Illinois Department of Children and Family Services. (February 6, 2018). *Dedicated Line for Mandated Reporters – Feasibility Study.*

were to increase staffing and implement the online reporting system rather than adding a dedicated line or code identifiers for law enforcement and medical personnel. Once the additional staff have been added and trained and the online reporting system is functioning more efficiently, it may be worthwhile to revisit the idea of code identifiers.

8. Other states have implemented “talk to text” technology that could potentially save time currently spent on typing the details of the call into the intake narrative. Observations on the call floor revealed that some CFWs spend several minutes transcribing handwritten notes into SACWIS or cut and paste them from a Word document. The Department may wish to explore the use of productivity-enhancing technology such as talk to text.

9. Other states have allowed certain groups of workers to telecommute, which has resulted in higher worker satisfaction, better worker retention and recruitment. The additional of 20 new CFWs brings the current physical location of the Hotline to maximum capacity. The Department should explore the feasibility of allowing some CFWs to telecommute from home. A telecommuting option would require an initial investment in equipment (laptops and soft phones), but the potential benefits would include increased staff retention, the ability to recruit staff in parts of the state where recruitment is not currently possible, reduce the number of staff time lost to weather-related absences, strengthen the SCR disaster recovery plan, and reduce the need for physical office space in the long-term.

10. Several CFW expressed concerns about the difficult nature of their work and their inability to process particularly difficult intakes with colleagues. The Department should explore resources to support CFWs who are dealing with secondary trauma.

11. The results of any system reform efforts at the Hotline should be monitored and examined by conducting a follow-up review in 18–24 months.

Appendix – State Hotline Profiles (prepared by Dr. Robin LaSota)[33]

1. Alaska
2. Arizona
3. Connecticut
4. Indiana
5. Missouri
6. Tennessee
7. Texas

[33] The interviews with states about Hotline practices were conducted by Dr. Robin LaSota, who is the Director of Translational Research at the School of Social Work, University of Illinois at Urbana-Champaign, and Gayle Hopper, SCR Administrator. The state profiles were written by Dr. LaSota.

Alaska Child Abuse Hotline

1. General Information

Description: 24/7/365 Centralized State Hotline for child abuse and neglect (as of 2016)

(Staff in office 24/7 Friday – Monday and 7 am to midnight Tuesday – Thursday. During the hours that staff are not physically present in the office, there is an Intake Specialist on-call to accept reports.)

Call Volume (per week, weekend, daily, annual): Alaska just recently gained the ability to track the number of calls received so accurate numbers are not yet available. The hotline had about 1,085 calls in July 2019 from 7 a.m. – 7 p.m. (not including the answering service calls); July is typically a slow month. Alaska wrote up about 23,000 reports last year (with 70% from phone calls during business hours).

Total Hotline Staff: 17 total Intake Specialists (13 hotline Intake Specialists during 7 a.m. – 7 p.m. and 4 workers for other shifts), 4 supervisors, 1 social services associate (clerical and managerial support), and hotline manager.

Total Supervisors: 4 supervisors

Supervisor/Intake Specialist Ratio: 4 Intake Specialists per supervisor, on average (would vary by shift)

Number of Shifts/Shift Structure: The 7 a.m. – 7 p.m. shift has staggered start times, such as some start at 7 a.m., some at 8 a.m., some at 8:30 am, 9 a.m., and some at 10 a.m. To attract people to the later shifts, options were given to include four day workweeks. There is one graveyard shift, and two weekend shifts (one weekend swing shifts that are 2 p.m. to midnight, and 1 weekend day shift), and one weekday swing shift. There is an on-call person for every 24-hour period, even though there are onsite workers, so if one person on the later shifts calls in sick there will still be coverage.

State hotline office structure: Prior to centralization, Alaska used to have Intake Specialists in each of five regions. Callers would call the main regional number, reaching the front desk. The drawbacks to this regional system included considerable differences in screen-in rates (i.e., up to 30% differential between regions), based on different processes and interpretations of policy. There were also some problems in callers calling the wrong region, which led to frustration when redirected. Hotline staff are currently located in one location in Anchorage, and there is one hotline phone number for the whole state. With centralization, the screen-in rates are more tightly aligned between regions.

2. Intake Protocols/System Support for Intake

Changes to Intake Protocols or Scripts: Alaska does not use a structured decision-making tool to guide intake decisions. Hotline Intake Specialists use the same practice model as child welfare caseworkers, the safety model through Action for Child Protection. This is a relatively complex model which requires documentation of collateral contacts and background research on the child/family history. In addition, hotline Intake Specialists research the tribal affiliation for each family in order to distribute reports to the appropriate Tribe, if applicable. The Action for Child Protection model was refined for the hotline to allow for relatively quick decision making and a detailed decision tree was developed. Alaska's practice model has a lot of processes to identify unsafe and high-risk family situations. The workers apply this model after obtaining the report information, and then use a modified process for the hotline assessment to assess present or impending danger, high-risk of maltreatment, or did maltreatment already occur, etc.

When gathering child welfare history information, the worker's goal is to look for patterns and behaviors in the history, no matter how long. Intake Specialists must summarize the CPS history in narrative form to provide an overview of how this current report connects with the prior history. Workers are guided to use their best judgment based on the practice model and the totality of information available at the time of the report. In addressing the Enhanced Intake section, workers can say that they have enough to screen-in based upon the current report. Otherwise, workers may need to make collateral calls to make a screening decision, such as calling a person in their tribe, previous caseworkers, or school personnel. About one-third of reports may have a collateral call.

Alaska has 229 federally-recognized Tribes. The hotline distributes the hotline report to any Tribe who has signed up to receive reports directly from Intake, and has a legitimate interest in receiving that information (the victim is a member of the Tribe or eligible for membership). The worker has to identify the tribal affiliation of the victim in the report. Reports are distributed to the tribe through secure file transfer. The reports are confidential unless someone has a legitimate interest in the information. Legislators and policymakers have interpreted Alaska's state statute to indicate that tribes have an inherent, legitimate interest in the wellbeing of their member children, and are therefore entitled to these reports. Any tribe can opt-in to receiving the reports. The tribe signs a confidentiality agreement and receives a single point of contact. Some tribes offer services to families based upon the information; and others don't have sufficient capacity for the type of supports the families need. Various tribes are working to create inter-tribal alliances and pool resources to serve families, though. Some tribes have obtained additional funding as well to improve service delivery to children in their tribes.

Linkage from SACWIS to other system data: Intake Specialists record reports in a SACWIS-based system. Alaska is set-up so that related case history will be available for the intake worker. Workers still have to click on individual cases and read through, so it is a difficult balance to know how much history is enough at the hotline level. For additional history or information, Intake Specialists make collateral calls. Alaska's SACWIS system has features to make it easier to find the tribal affiliation of the child or family in the hotline report, as a worker can look at previous court reports or staffing notes. There is a SACWIS "tab" indicating tribe for every child's person record to list tribes. However, there is inconsistency in the use of this tab. So, locating tribes can be fairly time-consuming.

3. Call Processing Efficiency

Average length of time per call: Less than 10 minutes average talk time. Workers have up to 30 minutes of wrap-up reporting time. If workers have completed the report early, the workers can indicate "ready" mode for another call.

Intake Specialist performance expectations (calls per hour; online reports per hour): In the regional system, there was a wide variability in Intake Specialist reports per day (due to differences in call volume, etc.). During the process of centralization, the hotline manager talked with the intake specialists about what seems like reasonable daily performance criteria. At that time, the workers recommended a performance expectation to be 4-6 reports per day. A minimum standard of 5-6 was developed. The actual reports completed per worker per day is a bit higher but there is some variability based on shift time and other factors. In January 2019, the per worker report volume averaged about 7 reports per day. This data is not in SACWIS and tracked manually.

Average wait time for calls: Since centralization, the average wait time for calls is now under 1 minute (19 seconds in July 2019), however, prior to centralization and 24/7 operation, there was a lot of message taking.

Any call backs? Messages taken? Alaska just recently shifted to 24/7 hotline in August 2019. The hotline used to operate from 7 a.m. to 7 p.m., and after that time, would have an answering service with an Intake Specialist on call to address reports. The answering service is still used as backup in case call volume exceeds capacity (such as if a worker calls in sick, etc.).

4. Messaging/Phone System Technology

Phone sorting/cue/hold system: Alaska has worked on diverting calls that are not new reports or calls from law enforcement or other mandated reporters to the hotline. When a caller contacts the hotline, the initial message says to hold if the caller is making a report and to hit 1 if they are calling for any other reason. If the caller hits 1, he/she can then select an option based on what region he/she is calling for. During business hours, these calls are diverted to the regional office front desk. After business hours, they go directly to the answering service. The answering service then takes a message for the regional office to respond to in the morning (unless it is an emergency or the caller was actually calling to make a report but selected the wrong option.) If there is an emergency after hours that is not coming from law enforcement, or relating to a new report of abuse or neglect, then the call will be forwarded to the regional on-call worker. All law enforcement calls are prioritized. This is accomplished through a "secret" code that can be dialed that will immediately prioritize that caller in the queue. This code was shared with internal staff and law enforcement only.

Technology system used for phone calls: Alaska's hotline utilizes their local phone provider, GCI. Alaska chose GCI because it was inexpensive compared to other providers. The phone system can offer considerable data, however, staff capacity to manage and access the data is limited. The phone system provider does not provide technical assistance on accessing hotline data, which is based on a Cisco program. There were problems in keeping the hotline callers connected with this system, such as callers being disconnected if they accidently hit a certain number on their phone. The phone company does not have a lot of capacity to help troubleshoot these types of errors and problems. Alaska has incrementally improved its use of its phone system, with the hotline manager troubleshooting, testing, and making improvements.

Messaging technology to investigators/field staff: The SACWIS system and email are the primary tools used for communicating new reports to regional staff. Once Intake finishes their reports and make a screening decision, they then assign the case to the designated person in the region. This is dependent on the region. For example, in Anchorage, the largest region, there is one person who does assignments for all Initial Assessment staff. In other regions, the primary supervisor for that office receives the report. The SACWIS system automatically generates an email to the staff member receiving the assignment. In addition, the Intake Specialist or Supervisor also emails a secondary email to the staff person telling him/her that the new report was received and informing them of the screening decision. One thing of note, is that this system works in part due to the smaller size of the CPS system (comparatively to other states). It would become extremely complex in a larger system, as Intake often has to adjust who they assign to on the fly based on emails that people are out sick, leaving early, etc. There is a significant amount of information that Intake needs to keep track of in order to assign to the correct person.

5. Online Reporting Technology

Online reporting structure: Alaska does not have online reported yet, due to lack of encryption technology. In addition to phone calls, hotline reports can be delivered by FAX, email, or even walk-ins. Once encrypted email is available for regular use, an online reporting system will be developed.

Online reporting website: Not applicable.

Online reporting volume: Not applicable. However, about 30% of hotline reports are not provided through live-answered phone calls.

Technology supports for online reporting tool: Not applicable.

6. Staff Retention

Strategies for handling staff turnover, e.g., work from home, use of hourly employees, support for secondary trauma: For occasional vacancies, hotline manager recruits staff internally who are familiar with Alaska's practice model. If unable to recruit internally, external postings are made. The hotline manager would like to have a pool of substitute workers to fill in for staff who are absent, however, there is not a substitute pool yet.

Intake specialist turnover rate: Alaska does not have too much turnover now that the hotline office is based in Anchorage, and those staff are situated in their roles. During the centralization process to Anchorage, the hotline lost a lot of intake staff, who were based in the regions and could not move. Intake generally has a lower staff turnover than other areas of the agency.

Use of mandated or voluntary overtime to handle peak periods: If staff begin to develop a backlog of "stacked" reports, overtime may be used. Voluntary overtime is first sought. Mandatory overtime is utilized if necessary. The number of hours is dependent on the size of backlogged reports. Individual plans are developed with each worker.

Technology supports for telework from home: Alaska does not have technology for teleworking.

7. Training

Duration of training: Alaska operates 6-7 weeks of training.

Structure of training for Intake Specialists: In a partnership with a local university, the Child Welfare Academy runs a 6-week formal training program. Hotline workers also attend the Anchorage region orientation (which is 1-2weeks). Typically, Intake Specialists spend an additional 1 to 2 weeks shadowing other Intake Specialists prior to being placed on the hotline to handle calls. Any external hires also spend at least a week obtaining training in a regional office as well, in which a lot of time is spent shadowing regional staff to see all functions of the agency. When an opportunity for ongoing training arises (conferences, partner organization training, etc.), one to two Intake Specialist will be sent and then they share highlights/lessons learned that are applicable to their roles with the rest of staff at the next staff meeting. Twice monthly staff meetings are held, with roughly half of those meetings being dedicated to report review for continuous quality improvement.

8. Performance Management

Calls Reviewed for performance management: Supervisors review all screened-out reports. For workers who meet criteria to approve their own screened in reports, supervisors must review 5 per month per worker to ensure continued quality. Of the 17 Intake Specialists, 9 workers can approve their own screened-in reports.

Process for supervisor approval of intakes: Last year, supervisors had to approve all report decisions (both screened-out and screened-in reports). This year, the process changed such that workers who

meet certain performance criteria can approve their own screened-in reports. In order for a worker to be able to approve his/her own screened-in reports, he/she has to have a mid-acceptable or high performance rating, have at least 6 months of hotline intake experience, and display consistent sound judgment regarding child safety. Workers also have to achieve a certain level of reporting reliability/consistency agreement with a supervisor. Workers have to have at least 95% agreement rate with a supervisor for the main screening decision (in versus out) and 90% agreement rate with a supervisor on priority level (P1, P2, or P3). All screened-out reports must be approved by a supervisor.

There is a function in SACWIS, in which the worker records the priority level of the report and sends his/her recommendation for screen in vs. out. The hotline manager asked for a report to be generated from SACWIS on agreement rate with a supervisor, but this data is not used for performance evaluation of staff because it can easily be affected by staffing, etc. Therefore, it is only used as a somewhat more objective safety check to ensure that workers are continuing to make high quality decisions.. The hotline manager runs this report at least monthly (number of intakes per worker and agreement rate with supervisors).

Continuous quality improvement (CQI) process: Internally, the hotline manager provides a monthly snapshot of hotline indicators including the: screen-in rate, average hold time, the number of calls received, the average hold time, average time to write up reports, any backlog that occurred, etc. These statistics are compared to the prior year to demonstrate increases or static trends, etc. In addition, approximately every month meetings occur where reports are reviewed by staff and discussed for strengths and areas needing improvement. Regional staff are invited to some of these meetings to ensure that multiple perspectives are included.

Publicly available hotline benchmarks or reporting:
http://dhss.alaska.gov/ocs/Pages/statistics/default.aspx

Publicly available reports on the hotline calls: Alaska's Office of Children's Services website has a section on statistics that reports the count of all protective service reports received in the past 12 months by region and the count of all protective service reports screened in during the past 12 months by region. A PDF provides data on the percent of protective service reports screened-in, and protective service reports by allegation type. There is a table of alleged victims by alleged maltreatment categories (i.e., neglect, mental injury, physical abuse, sexual abuse). Allegation report types are reported for Natives vs. Non-Alaska Natives and Unknown Race. Allegation report types are reported by gender and by age group (0-2, 3-5, 6-8, 9-11, 12-14, Age 15+). These data are provided for the past 5 years.

Feedback or evaluation on the effects of hotline practice changes: Only informal feedback has been provided thus far. Compliments have included community partners who have reported that the agency is much more available and responsive, that they love the new hotline system, short to no hold times, and that they feel that decisions are made more equitably. Concerns have included continued challenges with hotline staff contacting the correct law enforcement jurisdiction, as well as confusion about the new process and a desire for more training and information about the changes.

Alaska struggled internally after rolling out the new process. Regional staff, who were used to having control over their screen-in and screen-outs struggled with understanding and adapting to the changes. Although Intake was the most consistent it had ever been statewide, regional staff often complained of inconsistencies because they had not received the same training on the changes, so they didn't understand some of the decision making. If the roll-out of this process could re-done, it would have been prudent to devote much more time to training of regional staff prior to implementation.

Arizona Child Abuse Hotline

1. General Information

Description: 24/7/365 Centralized State Hotline for child abuse and neglect

Call Volume (per week, weekend, daily, annual): FY19 (July 1, 2018-June 30, 2019) had 159,000 total calls. Of these, approximately 46,000 met the criteria to be screened in as a report for investigation. Approximately 34,600 were calls that did not meet report criteria. The remaining 80,000 calls include amendments to prior incident, messages to caseworkers, non-report concerns about children in custody or runaways from placements.

Total Hotline Staff: 115 total staff: 80 intake workers; 35 Support and leadership personnel (including 13 supervisors, 8 lead specialists, 4 information call workers). There is a Call Center Operations Manager that handles onboarding, offboarding, facilities, and workforce management. The staffing levels are similar to 5 years ago.

Total Supervisors: 13 supervisors and 8 lead specialists, 1 trainer

Supervisor/Intake Specialist Ratio: 7 workers per supervisor (workers include 8 lead specialists, 80 front line staff, and 4 information/customer service workers)

Number of Shifts/Shift Structure: There are approximately 65 unique shifts that cover 24/7/365.

State hotline office structure: Central office in Phoenix, and 2 highly experienced staff members pilot testing work in an offsite location 30 miles from Phoenix. No satellite offices yet, but Arizona would like to have a satellite office or two.

2. Intake Protocols/System Support for Intake

Changes to Intake Protocols or Scripts: In 2014, all state agencies in Arizona received a refresh to their telephony hardware and software technology. The technology refresh allowed for managing in real-time, which was previously unavailable to Hotline leaders. The ability to manage and deploy resources in real-time helped to reduce call wait times. Also in 2014, the hotline workers were taking handwritten notes and then putting them into Word and then pasting into SACWIS. Based upon a review by outside stakeholders and internal work groups, the hotline workers were duplicating processes conducted at the investigation stage, and so streamlining questions for effective handoff to investigations helped smooth this transition and reduce unnecessary questions at the point of intake. For example, if the intake specialist recognizes at the start of the call that there is a concern that will screen-in at the most urgent level, the intake specialist will gather the minimum information necessary and then transmit the report for investigation. The investigator will then gather all necessary and required information for the investigation. In part, by reducing unnecessary questions at the point of intake, the call processing times were reduced.

Linkage from SACWIS to other system data: The current SACWIS system is partially integrated with the Arizona Department of Economic Security (DES) which oversees TANF, Child Support Services, and other benefits. The partial integration allows for Hotline specialists to view addresses for benefit recipients and their household compositions only. The view is not automatic and is only referenced if required information is unknown to the reporting source.

3. Call Processing Efficiency

Average length of time per call: About 32 minutes per call this includes talk time and after call processing (FY19).

Intake Specialist performance expectations (calls per hour; online reports per hour): Arizona does not have a "call count" expectation, as this is not equal for all shifts. Arizona does not use a calls-per-hour per worker performance calculation because an employee is not productive for the entirety of his or her 8 or 10 hour shift. Employees have breaks, meetings, trainings, off-phone processing, etc. We base our expectation on Average Handle Time (AHT) of all call types (which is noted above, as 32 minutes per call on average).

Average wait time for calls: The average wait time is 34 seconds for FY19 (with a monthly average range of 21-50 seconds). The abandonment rate is also low, i.e., with a FY monthly average of 2.5%. Average FY monthly service level was 83%. This is the percent of total calls answered in 20 seconds or less. Prior to the 2014 redesign, the call abandonment rate peaked at over 30% in February 2014. The 2014 redesign was aided by the support of the Arizona Government Transformation Office (GTO), technology upgrades, behavior changes, additional resources, and new leadership.

Any call backs? Messages taken?: There is no system for message taking. All calls are answered live.

4. Messaging/Phone System Technology

Phone sorting/cue/hold system: The phone system presorts calls, i.e., 1) professional/mandated reporter, "press 1"; 2) anyone else calling to make a report, "press 2"; 3) question about a resource or calling about a youth in care, "press 3". Law enforcement calls are directed to a separate line and are prioritized. Four staff are managing an information line, answering questions related to caseworkers, runaway, medical consent, etc., that are not abuse/neglect reports.

Technology system used for phone calls: AZ uses a Cisco phone system, and used to be on a Nortel system. The phone system allows supervisors to manage calls in real time, and see what each worker is doing in real time. Snapshots can be provided via email according to user settings. All hotline staff have access to the same real-time displays as the Hotline Program Administrator and as part of their standard work are expected to launch and monitor the real-time displays throughout their shift. The technological upgrades transformed hotline efficiency in substantial ways. The Hotline Program Administrator can share a link with another agency administrator at any point and see the current hotline performance in real time.

In addition to the call center technology, AZ also has scheduling technology, which they use Calabrio for call forecasting. AZ likes the interface of Calabrio, which is better than a previous system. AZ does not manage real-time management in Calabrio.

Messaging technology to investigators/field staff: All urgent matters, whether it be a report for investigation or an urgent matter involving an open case, are called out directly to an assigned supervisor or case manager.

5. Online Reporting Technology

Online reporting structure: In 2011, Arizona created an online reporting system for mandated reporters due to complaints about high wait times. Mandated reporters must be registered on this system to use it. Non-mandated reporters can use this system, however, typically, they do not provide all the information needed and require more callbacks than mandated reporters. The system is designed for

non-emergencies and there is a disclaimer about the processing time that could take up to 3 days. However, the processing time is typically within 3 hours for an online report. There are prompts that indicate to online reporters that if you are reporting one of these types of situations, you have to call the hotline.

Online reporting website:
https://extranet.azdes.gov/DCYF/CHILDS/communication/des/Register.aspx?ReturnUrl=

Online reporting volume: Arizona's online system had about 3800 reports in FY19.

Technology supports for online reporting tool: Currently, the online reports cannot be automatically linked to Arizona's SACWIS system. All information from online reports is manually inputted into the SACWIS.

6. Staff Retention

Strategies for handling staff turnover, e.g., work from home, use of hourly employees, support for secondary trauma: Arizona's Department of Child Protection operates a workforce resilience program, which offers peer-to-peer support for Department workers. A news article in 2018 reported that about 40 DCS employees across the state of Arizona volunteer to help their colleagues cope with day-to-day stress inherent in social work. Article link below:
https://dcs.az.gov/news/september-12-2018-dcs-launches-peer-support-program-ease-worker-stress-and-reduce-turnover

Staff retention is an area of focus in Arizona's current strategic plan, and implementation strategies include: 1) leader selection and development processes, 2) new Supervisor training, and 3) design and implementation of a Supervision Coach Program. See: https://dcs.az.gov/news-reports/strategic-plan

Intake specialist turnover rate: Arizona tracks turnover rate, however, that information is not currently available at the time of this profile writing. In FY19, Arizona disaggregated its tracking by those dismissed vs. promoted, etc. in order to monitor turnover.

Use of mandated or voluntary overtime to handle peak periods: Since we use Calabrio to forecast call volume, Workforce Management can see when scheduling gaps exist. Based on the scheduling gaps, Workforce Management then solicit for planned OT coverage. For unexpected gaps due to attendance, Arizona has a list of staff that we can call-in. Because Arizona's service performance is typically on target, the hotline has not had to require OT, but hotline managers are allowed to mandate OT if volunteers are not available or not enough.

Arizona also centralizes all of its time off requests through Workforce Management team. Other than a few administrative and leadership positions, all time off requests are handled by Workforce Management. Prior to centralizing the request process, individual supervisors would handle requests for their teams, thus resulting in over-approval of time off and gaps in coverage.

Technology supports for telework from home: Arizona does not currently have teleworkers. However, due to power outages, all staff have laptops and the soft phone technology (i.e., Cisco Jabber). Calls can be answered from any agency office on the network. Piloting results were mixed success using personal wifi with VPN, so teleworking procedures are not yet operational. The long-term vision is to allow some workers the ability to work from home. Arizona requires telecommuting contracts to verify and insure the site. Each employee has a laptop and 2 screens, which works well.

7. Training

Duration of training: AZ offers about 4 weeks of training.

Structure of training for Intake Specialists: All specialists go through a one-week Foundations training (adoption, investigator, hotline workers). After the first week, employees break into their individual tracks (e.g., hotline). Week 2 is classroom-based instruction on screening decision tools, caller engagement practices, and review of policies and procedures. Week 3 is focused on using the Management Information System, and how to research within the system and understand report types. Workers participate in mock phone calls in Week 3. In Week 4, workers shadow hotline workers for a couple of days and then the roles reverse and the more experienced worker observes the new employee, offers feedback and answers questions. The hotline has its own trainer embedded in the agency's Learning and Development Office. On the last day of the 4th week, the worker is taking calls independently, and there is an experienced hotline worker nearby to help as needed.

8. Performance Management

Calls Reviewed for performance management: All calls are reviewed for new workers. Until the workers are fully independent, all calls are reviewed by a supervisor or lead specialist. It takes approximately 2 months for most workers to become independent. New workers rely heavily on the internal help queue. The supervisors monitor their own employees from a coaching perspective. Each specialist receives a minimum of four formal call monitors that make up their quality score. Supervisors don't score or rate the calls for their own employees though. Each of the units rotate to different supervisor every month to change who is conducting the quality checks.

Process for supervisor approval of intakes: Intake specialists make a decision on the report, and they have ownership over the screening decision. All calls that are screened out are reviewed by a lead specialist or a supervisor for agreement. As for the review of screened-in calls, intake specialists do not need to approve the screening decision before a report for investigation is transmitted for investigation. However, all screened-in intakes receive a second-level review of sorts.

1) During business hours, all reports for investigation are reviewed by an investigations supervisor or designee. If that individual does not agree with the Intake screening decision, he or she may submit a Quality Assurance review.
2) Outside of business hours, on weekends and holidays, all screened-in intakes that are transmitted for investigation are also transmitted to an Intake Review window in the SACWIS system. Hotline supervisors and program specialists must review every report on this Intake Review window to ensure agreement with the screening decision.

If an intake specialist is unsure about a decision, staff can call a lead supervisor or supervisor for guidance. All lead specialists and supervisor spend time on the help desk. The help desk can also help navigate the information system.

Continuous quality improvement (CQI) process: Arizona has a performance dashboard to track its call efficiency and call quality. The hotline monitors the rate of disagreement between supervisors and intake workers for the screened out reports that are checked, and works to maintain a disagreement rate lower than 3% (FY19 average monthly rate of disagreement was 2.5%). In order to calculate the inter-rater agreement, the hotline manager has to use a “data dump” for the last week's "reports not taken" which may be a couple thousand. Then he or she randomly assigns each of the 8 lead specialists to code the "reports not taken" in workbooks. MIcrosoft is currently working on creating a web-based system for a SACWIS update to manage this process. In the new system (Guardian), there will be work

queues to track the information.

There are two embedded positions at the Hotline, one that reports to the Office of Quality Improvement and one that reports to the Office of Child Welfare Investigations (which reviews criminal investigations). They also double-check screening decisions and there is an inter-rater reliability rating between these two individuals. The rate of agreement is also very high, i.e., 90% agreement rate between intake workers and the two QA individuals for felony coding, etc. The 80 specialists, 13 supervisors, 4 customer service persons report to one of 2 managers who each have an assistant. Note: In Arizona, there are three investigation tracks: 1) standard/field investigation with no felony crime (e.g., substance-exposed infant); 2) felony crimes against children that require joint investigation with law enforcement (e.g., sex abuse, manufacture of drugs in the home); 3) foster parent or youth in-group home reports.

Call workers participate in hotline CQI through multiple methods. Arizona narrows down its indicators to true indicators focused on people, quality, service, and cost. The Arizona Management system also supports overall quality improvement. Call workers inform improvements in online system and call systems. At every level, there are scorecards and huddle boards indicating performance. Every week, every team is huddling around their board. The scorecards/huddle boards shows their attendance, weekly handle time, etc. At the hotline, each individual specialist gets a weekly scorecard which tells him or her the phone response time, call handle time, percent of personal and other time, etc. The quality review information is not real time, since that takes longer. Unit and sections also have performance scorecards that they "huddle" around at meetings to strategize on call monitoring and quality. The Executive Assistant to the Hotline Program Manager assembles the data with the program managers/program specialists for scorecards. Arizona still has a manual performance process of linking Excel workbooks via VLOOKUP, and is looking at a better relational database solution that would automate the report process.

Publicly available hotline benchmarks or reporting: https://dcs.az.gov/news-reports/performance-measures

Publicly available reports on the hotline calls: The agency operational and outcome report includes performance measures for the hotline. The monthly operational outcomes report indicates: total communications, total referrals, total reports taken, screen in percentage, average speed of answer (all queues), abandoned call rate (all queues). The agency semi-annual report provides hotline data on the following: 1) total reports received, 2) total reports by maltreatment category, 3) total reports received by priority, 4) total reports not responded to by region. Many other agency performance indicators are shared in this semi-annual report.

Feedback or evaluation on the effects of hotline practice changes: In 2013-2014, Arizona had support from its Government Transformation Office focused on behavioral change efficiencies and technology efficiencies. This office monitors contracts, provides consulting and analysis, and troubleshooting of operational improvement. During the redesign, Arizona obtained approval for 20 temporary staff for two years to help cover the calls during all the process/technology change. By 2015-16, the hotline just had 3 temporary staff. In 2015, Arizona again had support from the Government Transformation Office, led by Mike Faust who was a lean management coach focused on the internal screening decision guide. They gathered tools and instruments from other jurisdictions to make decision on the tools Arizona should use. The reason for this change was that workers were screening in 80% of the calls to err on the safe side with the prior tool. Once a new tool was selected, the screen-in rate lowered to 57%. AZ was

not making accurate screen-in decisions with the prior tool. Many stakeholders informed the decision about the new tool.

Connecticut Child Abuse Hotline

1. General Information

Description: 24/7/365 Centralized State Hotline for child abuse and neglect

Call Volume (per week, weekend, daily, annual): In 2018 CT averaged 110,000 calls. About 50-60,000 of the calls were reports of abuse/neglect. Of the 50-60,000 reports, half of those were accepted for intake. In 2018, the highest daily average was 600 calls. The past average range had been 250-400 daily. Call volume has increased in recent years due to legislation on consequences for mandated reporters if they fail to report.

Total Hotline Staff: 114 total staff, 63 intake screeners, 12 of the 63 are part-time. 114 includes background check, etc.

Total Supervisors: 15 supervisors

Supervisor: Ratio: 5 workers per supervisor. However, because of shift schedule and workers on the floor, the ratio is closer to 10 workers per supervisor at a given time.

Number of Shifts/Shift Structure: **Several shifts**: 1st shift: 8:00 a.m.-4:00.p.m. with some staggered start times and end times, e.g. stagger start between 7:30 a.m. -11 a.m. and end between 4:00 p.m.-7:30 p.m. 2nd shift: early afternoon to evening, e.g. start times beginning at 1:30 p.m. – 6:00 p.m. Ending times stagger beginning at 10:30 pm to midnight. 3rd shift begins at 9:30 p.m. – 9:00 a.m. Some work 4 days per week.

State hotline office structure: Central office only in Connecticut

2. Intake Protocols/System Support for Intake

Changes to Intake Protocols or Scripts: Workers have a guided script and narrative, which is being updated. Connecticut adopted a structured decision-making tool in 2007. This has just been updated in the summer of 2019. Connecticut also uses differential response, in which screeners can create a Family Assessment Response (FAR) for accepted reports that are non-emergent and low risk. Workers are trained to ask identifying questions on the reporter and the involved persons. The workers can look up case information in Connecticut's Link system. Workers obtain information on who did what and when, and how they know these facts, and additional concerns for safety of children. CT uses a structured tool for making decisions on response priority. Based on history gathered and assessment of safety and risk, a determination about the required response time for the case is made. If the report does not meet criteria and it is an open case, the hotline notifies the case manager of the non-accepted report via email. Only a supervisor and above have the ability not to accept a report for service.

Linkage from SACWIS to other system data: CT does not have an integrated database to search prior case history. In the current system, intake workers have to manually look up each person associated with the hotline report. Child welfare data is not integrated with public assistance data or department of motor vehicles, etc. to expedite ability to identify families based on an address.

3. Call Processing Efficiency

Average length of time per call: 10-30 minutes per call, depending on efficiency of the caller in answering pertinent questions. Some staff can do direct data entry during the call and finish in 5

minutes, and send for review. Staff who do not directly enter their information live can take up to 25 minutes, and request an additional 5 minutes. Some cases with common names can take longer. There are benchmarks for call times in day shift vs. evening shift.

Social work screeners performance expectations (calls per hour; online reports per hour): 1.3 calls per hour per person.

Average wait time for calls: Average wait times vary by staffing coverage and call volume. In non-peak months and hours, the average wait time is 2:50 to 3:25 minutes. In peak hours and months, wait times could average 15-20 minutes. At highest peaks, wait times can go up to 45 minutes to 1 hour and 15 minutes. In the NEC system, if a caller opts for call back, the system still counts the wait time for call back.

Any call backs? Messages taken? There is a call back system built into the cue. After 10 minutes of wait time, callers have the option to receive a call back and not lose their place in line.

4. Messaging/Phone System Technology

Phone sorting/cue/hold system: The system has 4 queues. The phone calls are pre-sorted according to the queue phone number. The law enforcement are the first calls answered, and hospital staff have second priority. Hospital and law enforcement employees have a separate phone line to call. Spanish and English queues have separate numbers and the same level of priority.

Technology system used for phone calls: Connecticut currently uses NEC, which they have had some history with. Connecticut tried using Avaya. With Avaya, the phone system was not integrated with the state SACWIS database and workers had to open another website. With the previous system, there could be up to 100 calls in cue at a point-in-time. So Avaya did not work for Connecticut's needs. Since technology changes quickly, Connecticut is seeking another phone system upgrade.

Messaging technology to investigators/field staff: Connecticut has instant chat capability for Social work Screeners to talk with each other within the Careline/Hotline, however, workers don't really use that feature. Connecticut's Regional Offices respond to the referrals that the Careline creates. An automatic email is sent upon assignment to the screeners in the respective Regional Office via our LINK system.

5. Online Reporting Technology

Online reporting structure: CT created an online/email system so that schools could also file non-emergency reports via this system. CT has been developing the online interface for reports, and started with school staff. The online system was expanded to allow reports from court staff reporting domestic violence. Also, the hospitals file electronic reports on non-emergent substance-exposed infants. CT worked on its prompts and disclaimers so that only non-emergencies are reported online. CT is building a new SACWIS system (CTKIND) to include online reporting scheduled for release in early 2020. The definition for non-emergency is rather clear on the website prompts, so this has worked to keep the online reports to non-emergencies. CT has Frequently Asked Questions on its online reporting system that has been helpful.

Online reporting website: https://portal.ct.gov/DCF/Mandated-Reporter-Training/Home

Online reporting volume: CT has had approximately 4,000 online submissions beginning December 2018 to present date.

Technology supports for online reporting tool: The new online reporting system/SACWIS system will have a feature in which mandated reporters can create a personal ID for themselves and pre-fill their login. Mandated reporters will be able to see what they reported in the past as well, by the organization that they work for (e.g., by school if the reporter works at multiple schools). In the new system, Connecticut's SACWIS will provide the platform for initial interaction with our online reporting system. Currently, Connecticut has a pilot program that rests outside of our current system. Connecticut's new SACWIS will have full integration, with the reporters having their own individual profiles with info prefilling from their submission into SACWIS. The new SACWIS system will generate an automatic electronic response to the Mandated Reporter upon the report acceptance decision.

6. Staff Retention

Strategies for handling staff turnover, e.g., work from home, use of hourly employees, support for secondary trauma, **hiring or coaching practices, etc.** Currently there is not a plan for work from home. Our staff are salary and our positions are set hours. Support for secondary trauma includes a wellness committee and planned activities for self-care, trainings, change of schedules, and staff check-ins. All staff must be currently employees of the agency with at least 2 years and out-of-the-training probation. The majority of training is conducted by the assigned and shift supervisory staff. The senior social work screeners are also utilized to coach/train new staff with supervisory oversight.

Social work Screener turnover rate: Turnover rate is fairly low, since staff finds this role less stressful then the regional offices.

Use of mandated or voluntary overtime to handle peak periods: Connecticut uses overtime to cover staffing gaps.

Technology supports for telework from home: CT does not offer telework at this time for hotline workers. Investigators who respond to reports after hours have laptops, cell phone, and car to respond to reports.

7. Training

Duration of training: Connecticut's hotline training is about 1-2 weeks, depending upon prior experience and skills of the new hire. Connecticut recently added a half-day training implemented by our agency's training academy.

Structure of training for social work screeners: After reading the Handbook (draft revised), workers engage in on-the-job training on Day 2. Usually people are coming into the hotline from another part of the agency. New workers first observe another worker and take handwritten reports while the worker completes the phone report, so the worker can practice. Workers get on the phone by Day 3 or 4. The supervisors sit with the worker to observe, coach, listen and mentor. The supervisor guides the workers through the call on how to engage with the caller to gather the necessary information. The social work screener has to do data entry into the computer system. This is skill-based that improves with practice, and so they focus the first part of the training on the script and information gathering. Those who do extremely well can step down from training mode. The training process has been effective in getting staff ready to take calls. Staff use a timer to get their timing to under 25 minutes per call, and once they are meeting the pace, they can handle calls independently. Training is individualized and pacing is based on those individual skills and needs.

8. Performance Management

Calls Reviewed for performance management: All calls are reviewed by supervisors for all new staff. Among staff who are more tenured, supervisors review 2 calls per month per person using structured decision-making tool effective Sept. 2019. In Connecticut's new phone system, supervisors can listen in on any call and supervisors can whisper guidance to a worker, to help provide guidance, and the caller would not hear that. Illinois is interested in the phone system research of companies that provide this feature.

Process for supervisor approval of intakes: Supervisors know which staff can work independently and some staff need report reviews more regularly. Any staff can submit their report for review if they have questions. Supervisors can choose to review selected staff that they want to review more closely, and implement individual processes for staff based on performance.

Continuous quality improvement (CQI) process: The quality improvement efforts thus far this year have been focused on building the new SACWIS system, more staff, and a new phone system. Connecticut currently has a new tool to assess call quality, which went into effect this fall 2019. All staff have annual performance evaluations. Each staff has quarterly assessments to establish new benchmarks for that quarter's performance. Prior to adopting the structured decision-making tool, Connecticut used a tool to rate call quality. Now, CT is designing a new call quality rating tool based on changes/adoption of a new structured decision-making tool. Connecticut tracks their report acceptance rate, and with structured decision-making tool, the proportion of accepted reports has reduced.

Publicly available hotline benchmarks or reporting: No publicly available hotline reports at this time.

Publicly available reports on the hotline calls: Not applicable.

Feedback or evaluation on the effects of hotline practice changes: Connecticut has not had a formal internal or external audit of the hotline, but the hotline does have internal quality assurance efforts. Connecticut conducts a needs assessment and test reviews of its new SACWIS system.

Indiana Child Abuse Hotline

1. General Information

Description: 24/7/365 Centralized State Hotline for child abuse and neglect

Call Volume (per week, weekend, daily, annual): In 2018, Indiana had 203,602 phone calls. The average is 700 calls per weekday and about 230 calls per weekend. During the school year, the daily average can be 700-900 calls per day. The daily maximum has been 900 or more, but not over 1000 daily calls.

Total Hotline Staff: 124 total intake specialists; 21 supervisors. There are also: 2 Deputy Hotline Directors, 1 Hotline Director, and 5 clerical support as of August 2019; 3 additional clerical support by September 2019; and 1 additional Deputy Hotline Director by October 2019.

Total Supervisors: 21 supervisors

Supervisor: Intake Specialist Ratio: 6 intake workers per supervisor

Number of Shifts/Shift Structure: There are staggered start times beginning at 7 a.m. Workers can start 8 a.m., 9:30 a.m., 10 a.m., 11 a.m. etc. And afternoon shift starters can start 1 p.m., 2 p.m., 3 p.m., and even 4 p.m. Most overnight workers have the 9:30 p.m. to 5:30 a.m. shift. There are also compressed schedules, e.g. Sun-Wed, or Wed-Sat, with 4-day work weeks and longer days.

State hotline office structure: Indiana has five total offices for its centralized hotline: one central office in Indianapolis, and two others in north Indiana (South Bend, Hartford City) and two in south Indiana (Evansville, Bedford). In 2011-12, it became apparent that the hotline did not have enough staff coverage to handle the call volume, and there was intervention by the state legislature. Staff turnover was relatively high, and at that time, the agency allocated an additional 50 intake specialists for the Hotline and 10 supervisor positions.

2. Intake Protocols/System Support for Intake

Changes to Intake Protocols or Scripts: The intake specialists gather information from the callers using the Hotline's Intake Guidance Tool. Recommendations for report outcome are done using the Structured Decision Making Tool. The intake specialists' decisions are reviewed by a hotline supervisor, who may approve, ask for more information, or change the decision. Once the hotline supervisor approves the decision, the intake goes to the local office. The local office has the final decision regarding the disposition of the intake.

Linkage from SACWIS to other system data: Indiana uses MaGIK, which is a Case Commons product, to integrate intake information. Indiana will be transitioning to a Salesforce system. The system allows quick find to check child welfare system history, and add persons associated with that individual. The system asks workers to enter basic information from the call, as well as hand-type a narrative using a template. The case history is automatically brought into the report, so the worker does not have to search for case history. In the prior system, workers had to search manually. There is a worker safety and domestic violence section, to help with investigations stage. Then there is the section on completing the structured decision making tool, and a section where workers can auto-populate the information from the tool, or enter in manually.

3. Call Processing Efficiency

Average length of time per call: Average call time in 2018 was 12 minutes, 22 seconds, and average wrap-up time is 15-20 minutes.

Intake Specialist performance expectations (calls per hour; online reports per hour): Intake specialists can produce about 8-10 reports per day, which is 2+ reports per hour. The overnight shift does not produce the same volume of reports, since that shift does not have the same volume of calls.

Average wait time for calls: The average wait time is about 14 seconds for law enforcement; all other calls the average wait time is about 15 seconds.

Any call backs? Messages taken? There is no system for message taking. All calls are answered live. [Note: Indiana used to take messages in 2011-2012 since they did not have as many staff at that time.]

4. Messaging/Phone System Technology

Phone sorting/cue/hold system: The phone system sorts calls through a basic prong system: 1) by language preference, English or Spanish; and 2) law enforcement, which prioritizes those calls first.

Technology system used for phone calls: Indiana uses Interaction Desktop, through a company called Genesys. Interaction Desktop comes with a supervisory software program, called IC Business Manager. The phone system sets up the queues, routes the calls (by language preference, and prioritizes law enforcement). The phone system also has chat functionality and you can route fax and email through the phone system (but Indiana does not use that function). All calls are recorded and are kept for 24 years from the date of the call. The phone system tracks persons on the call, call times, etc. Status data can be customized for each individual to report "busy", "in a meeting", etc. Indiana built a status function for the whole hotline staff, tracking reports, tracking workers not on a call, how long staff are in "wrap-up" status, and display of "status notes." Some staff will add in notes about how they are down reports, etc. so that supervisors can adjust. The system allows coaches/supervisors to listen into a call to whisper instructions, but Indiana does not use that feature. The system also allows force disconnect on any call. There are other add-ons with Interactive Desktop, such as customer satisfaction surveys with a sample of callers.

One of the reasons for the move from a Case Commons technology to a Salesforce platform is the flexibility that the Salesforce platform will offer. In the Case Commons approach the vendor offers a certain number of billable hours for the specifications you choose. Salesforce offers the ability for the hotline to have in-house staff as well as billable hours from vendor staff to tailor the system to our individual hotline needs.

Indiana discussed some of the inefficiencies of their current technology to guide the new system. Indiana mentioned several inefficiencies they would like to enhance. For example, information that is currently manually entered could be auto-completed in some fields. The new system may also be able to incorporate certain stock phrases that are frequently used in report conclusions, and these could save time and enhance quality of the report summaries. Indiana explored some voice-to-text technology with mixed effectiveness, but that process is fairly slow and not very effective. One person still uses voice-to-text though, so some individuals may benefit. Some technology allows import of the call transcript, but there is a lot of extraneous information sometimes, and there is still a lot of work to synthesize the key information from the transcript once imported.

Messaging technology to investigators/field staff: The MaGIK system automatically generates emails to the Investigations team or Case Manager (for open involvement cases) once reports are approved. This function saves time, since Indiana used to send these communications manually. The case managers, local office management, in-house licensing, etc., are informed of new reports that come in. The system auto-emails the County on approved reports as well. This auto communication helps with the after-hours communication as well. Indiana still does some call outs now, but has scaled back. Indiana used to call out to case managers for all 24-hour reports and 1-hour reports on a 24/7 basis. Now, Indiana now calls out case managers 24/7 for 2-hour reports only (Note: 1-hour reports changed to 2-hour reports). On 24-hour reports, Indiana calls out only from 4:30 - 8:30 p.m. M-F, and weekends 8 a.m. - 8 p.m. Outside of those hours, the local office can use the system generated e-mails.

5. Online Reporting Technology

Online reporting structure: Indiana does not have online reporting tool, but does take electronic reports via email and fax. Those reports are triaged by an intake specialist or supervisor and then entered by one of the clerical staff. About 1500 fax/email reports come in per month (mostly law enforcement and hospitals), and about 18,000 per year.

Online reporting website: Not applicable.

Online reporting volume: Not applicable.

Technology supports for online reporting tool: Not applicable.

6. Staff Retention

Strategies for handling staff turnover, e.g., work from home, use of hourly employees, support for secondary trauma: In 2014, Indiana revamped its applicant interview process in order to conduct more rigorous upfront screening on typing skills, critical thinking skills, writing skills, etc., which are essential to intake specialists. Redesign of the hiring process itself substantially improved staff retention. The hotline revamped its hiring process to require a reading comprehension and typing test, since hotline work is different than standard case manager jobs. Indiana's interview for intake specialist now requires scenario-based questions, critical thinking, reading comprehension, and a writing sample.

The interview process includes a written comprehensive exam in which applicants must read, locate information, and correct the narrative that contains many errors. All the activities are timed, and the goal is to measure reaction time and speed, as well as quality. Applicants have 10 minutes for the read, find, and correct task, and 10 minutes on the Question Section (critical thinking/scenario-based). Hotline Managers obtained a baseline with the current staff on the Narrative Correction task, and found that passing was 7/10 errors found and corrected. Applicants also complete a writing sample based on a picture of a dirty home and some unsafe features, and must write down why the department should be involved to protect child safety, given safety conditions of the home. Applicants have to complete a typing test from typing.com that provides the same written excerpt from the Wizard of Oz to type. Internal transfer applicants must also go through this process, and must provide their annual performance appraisal, and bring a writing sample.

[Note: Hotline managers found that poor typing speed has an impact on worker performance, so technology solutions could help expand the hiring pool to workers that are not particularly fast typers. If the amount of typing was reduced, then the hotline could broaden the type of workers that could

effectively do intakes. A minimum typing speed is about 35 words per minute for clerical, but this is relatively poor performance.]

Intake specialist turnover rate: Indiana revamped its hiring process for intake specialists in 2014 to conduct front-end screening on the skills required for the intake specialist positions, which substantially reduced turnover from 38% annual turnover to 18% annual turnover.

Use of mandated or voluntary overtime to handle peak periods: Indiana Hotline uses voluntary overtime to cover anticipated busy periods and periods where there is a known staffing shortage. If necessary, mandated overtime can be used, but has not been needed for years.

Technology supports for telework from home: Indiana started in 2012-13 experimenting with teleworking with 4 intake specialists. Those 4 intake specialists worked effectively, and the feedback was positive. Regional offices worked on recruiting intake specialists, and teleworking grew in numbers over time. The big expansion to telework was in 2018, which was when teleworking options included supervisors. In 2019, 90-95% of Indiana's hotline workers telework from home, which includes both intake specialists and supervisors. Home-based workers tend to stay longer in their positions. The workers save transportation costs, and the state agency saves facility costs. Telework is not mandatory; however, some individuals prefer to come into an office. In the past, the agency did have criteria for telework eligibility which were: had to have at least 1 year of experience working for the hotline, demonstrate independence on call decisions, have no disciplinary reports, and complete quality work. Presently, the hotline can transition people straight into telework and monitor staff effectively through technology, and provide coaching support. The teleworking has substantially helped reduce external hires with no DCS experience to zero; all hotline workers now are internal transfers or re-hires with DCS experience.

7. Training

Duration of training: IN offers about 5 weeks of training, three weeks of which is delivered in a central location with direct bill hotel room. Currently, IN does not send trainers to a satellite location, since there was not a large group coming from one area.

Structure of training for Intake Specialists: Training varies depending upon whether an individual is transferring from another department within the agency vs. new to the department. Currently, Indiana is focused on hiring internal transfers to save training time. The first part of the training is classroom-based with the manual, delivered by 2 training supervisors, that includes 1/2 of the time spent on lab-based intake work. There are three lead specialists working with the trainees on practice intakes. Trainees gradually progress to handling mock phone calls, which includes one person pretending to call in a report, and new intake specialist practicing on that person. Once trainees do well with the mock calls, then they progress to taking live calls with the lead specialists listening in and coaching them via chat. Once the trainees are proficient with this process, then they are approved to take calls on their own. Typically, training is M-F 10 a.m. to 6 p.m. to accommodate trainers. Then the trainees' move to their shift, which is typically the later shifts or weekend shifts to start. Every new hire can request a preferred schedule after 1 year. And typically the shift transfers are gradually changed, and may not completely move to the day shift or afternoon shift right away.

Training supervisors manage a team (only 5 intake specialists instead of 6), in addition to their training duties. They oversee the team leaders that are delivering the training practicums, organize and plan the training sessions, and lead the primary lectures before trainees start their practicum/lab time. Trainers also deliver internal trainings for other audiences such as investigators, case managers, mandated

reporters, and they work on revisions to training materials. They are not always training, because there are not always new hires.

Team leaders do not have supervisory responsibility, but they do assist with training and mentoring of newer staff. Some of the team leaders have approval authority. The minimum degree requirement is a bachelor's degree, with a minimum number of credit hours in the social sciences.

8. Performance Management

Calls Reviewed for performance management: Hotline supervisors conduct quality assurance on 7 calls a month. Every intake specialist reviews 1 call per month (peer-to-peer). Indiana gathers information on various quality indicators, such as coverage of questions asked. DCS's central office quality assurance team also reviews 100 calls per quarter. They review calls on: 1) completeness of questions asked, 2) documentation quality, 3) appropriateness of decision making, and 4) professionalism/communication quality.

Process for supervisor approval of intakes: Supervisors review all reports. There are certain reports that are fast-tracked to the local office who offer quick review for the highest-functioning staff. Every new employee must have all reports of any type reviewed before they can leave their shift. At the monthly management meeting, the work quality of the new intake specialists is discussed for a determination if the worker can leave their shift before their reports are checked. Then a worker could be released from their shift without having all of their reports checked, except for highest priority reports that require a 24- hour or 2-hour response time.

Continuous quality improvement (CQI) process: Indiana tracks calls and reports taken, call times, number of reports, etc. Some calls require more than 1 report. Indiana also conducts an annual survey of callers to ask about their opinion of the wait time, ease of finding the phone number, customer service quality, etc. The results of the survey help with messaging needs and work with staff on areas for improvement. The monthly management meetings are focused on reviewing performance data to guide decision making and process/outcome improvements. Vision alignment exercises occur regularly to help align all staff on decisions and reinforce the structured decision-making tool.

Publicly available hotline benchmarks or reporting: https://www.in.gov/dcs/3165.htm

Publicly available reports on the hotline calls: The Indiana hotline fact sheet includes: 1) total number of reports, 2) total number of calls handled, 3) average number of calls per business day, 4) average number of calls per business day, 5) average speed of answer for law enforcement with access code, 6) average speed of answer for non-law enforcement calls, and 7) average length of time callers spent speaking with an intake specialist. Data is presented monthly and annually on the website.

Feedback or evaluation on the effects of hotline practice changes: Indiana did not have an independent audit that preceded its redesign. However, the agency conducted the internal review with focus groups, legislators visiting the hotline, etc. It was apparent in 2010-11 that the hotline did not have enough staff and supervisors to mathematically handle the call volume.

Missouri Child Abuse Hotline

1. General Information

Description: 24/7/365 Centralized State Hotline for child abuse and neglect

Call Volume (per week, weekend, daily, and annual): A daily record is 686, but have averages of 600-650 daily calls. Weekend daily average is 150-250 calls. The yearly volume is about 154,000 calls.

Total Hotline Staff: 49 full time call floor workers; 1 part time worker; 11 hourly workers (Coverage 26 on day shift, 2 on midnight shift, 10 on evening shift; weekend 5 day shift/5 evening shift/2 midnight). Total = 83 workers

Total Supervisors: 1 Unit Manager, 1 Program Manager, 3 Specialists, 8 Supervisors (full time), 3 Supervisors (hourly), 2 Trainers

Supervisor/Intake Specialist Ratio: 5-9 workers per supervisor

Number of Shifts/Shift Structure: 3 shifts: Day, Evening, Midnight. They also allow flex-time to support people with family obligation scheduling needs, e.g. you don't take a lunch and have 2 15-minute breaks; you can work a 4-day week.

State hotline office structure: Central office in Jefferson City, MO and adjunct office (called "out-based" office) in Jackson County, MO. The Jackson office does not have overnight workers right now. Out-based office also in Greene County, MO. Two team members in St. Louis County, MO. Workers can be based anywhere with Cisco phones. Missouri finds it most effective to have a supervisor at the satellite-based offices.

2. Intake Protocols/System Support for Intake

Changes to Intake Protocols or Scripts: MO uses "structured decision making" to guide the calls. Since 2005, Missouri's SACWIS system had approximately 30 different maltreatment pathways. Team members taking calls would go through a structured intake. MO is now using a conversational approach to screening allegations, called Signs of Safety (https://www.signsofsafety.net/). This approach has received a great deal of positive feedback from mandated and voluntary reporters alike. Before Signs of Safety was implemented, it was rare to get positive feedback like this. Example conversation questions are:

- What are worries?
- What are positives?
- What would you like to see happen?

Linkage from SACWIS to other system data: Starting in early 2000s, every child born in MO, has a DCN number that links Medicaid, child support enforcement, TANF, public assistance programs, child abuse/neglect. This linkage helps intake specialists search for addresses if they need to, links prior history with child protection. This system integration is a time-saver!

3. Call Processing Efficiency

Average length of time per call: 15.17 minutes per call CY18

Intake Specialist performance expectations (calls per hour; online reports per hour): 3 calls per hour. Staff can do 3 online reports in the same time as one phone call, so 9 online reports per hour.

Average wait time for calls: Average wait time for Jan-May 2019 (YTD) was 10 minutes 21 seconds (which includes making decisions during the calls).

Any call backs? Messages taken? No system for message taking. All calls are answered live.

4. Messaging/Phone System Technology

Phone sorting/cue/hold system: The phone system does triage up front into three queues: 1) mandated reporters/emergencies/child reporters; 2) permissive reporters with non-emergencies; and 3) mandated reporters with non-emergency concern (this group encouraged to go online). The new queue system was remodeled and launched in January 2018. The queue size increased from 12 to 50. A "hold my place" feature was added in the third queue for the reporter.

Technology system used for phone calls: MO moved to Cisco January 17, 2018 and used to be an Analog system. MO uses "Zoom" which is a workforce management system subsequent to the Public Consulting Group (PCG) conducting its independent audit of Missouri's hotline in 2017 (see Section 8 for more info on the PCG audit below). Once a team member answers the phone, the screen records what they are doing and the audio recording is saved to the "cloud" for up to 1 year. Supervisors can easily see where workers are stuck, and help troubleshoot. Workers can see their own screen captures and see ways to improve. The system is about $79 per license, and there are upfront costs as well.

Messaging technology to investigators/field staff: Missouri does not utilize any specialized technology for messaging investigators or field staff.

5. Online Reporting Technology

Online reporting structure: In November 2016, Missouri DSS launched the Online System for Child Abuse Neglect and Reporting (OSCR) to take non-emergency reports from mandated reporters. The online system has the same questions that would be asked on a phone call, allowing calls to be completed in half the time and boosting first call resolution (limiting callbacks to only one call). When the online report receives a determination, the reporter is notified and receives a call number in which additional information can be collected. There are currently no chat capabilities for OSCR. DSS has engaged in training and media campaigns for the mandated reporters that are most likely to make reports on the system (including school nurses, early childhood staff, law enforcement, and other common mandatory reporter populations.) See: https://dss.mo.gov/cd/keeping-kids-safe/can.htm

Online reporting website: https://apps.dss.mo.gov/OnlineCanReporting/default.aspx

Online reporting volume: In FY19, 38,191 online concerns reported.

Technology supports for online reporting tool: State technical support helped develop their SACWIS system (FACES) with contracted agencies.

6. Staff Retention

Strategies for handling staff turnover, e.g., work from home, use of hourly employees, support for secondary trauma: MO supports workers with at least 1 year of experience that are considered "independent" workers to work from home; and uses hourly employees (with prior hotline experience). There are a lot of advantage to using workers with prior hotline experience in reduced training cost.

Intake specialist turnover rate: Turnover was 28% in CY18. This includes non-voluntary turnover and those that moved to hourly status.

Use of mandated or voluntary overtime to handle peak periods: Missouri does not use mandated overtime.

Technology supports for telework from home: DSS provides the home-based workers the cell phone with the "Jabber" technology, the laptop and docking station, and an extra monitor. Hourly workers are last on the list to work from home. DSS is in the process of moving forward with this pilot.

7. Training

Duration of training: MO's training is now 4 weeks, and used to be 3 weeks before the PCG review.

Structure of training for Intake Specialists: First, the trainers go through book work about policies, procedures, statutes, and dealing with secondary trauma. Then, workers shadow trainers who are taking calls while the worker navigates the SACWIS system, inputs information. The trainer shares what he/she would have done if it was same/different from the worker who is shadowing. Then the trainer and worker swap roles. The worker takes the call, and the trainer does the SACWIS/information/screen management. The training also includes some mock calls and simulation-based learning.

8. Performance Management

Calls Reviewed for performance management: For newly trained workers, all calls are reviewed the first year. There is a step-down process for how quickly those are reviewed. For seasoned workers all Documented Calls are reviewed. Also, the Signs of Safety collaborative approach is used to review one screen-in every other month. Supervisors also review calls that specific workers have concerns with for coaching improvement.

Process for supervisor approval of intakes: Before this year, it used to be that supervisors would review 10% of reports and 50% of referrals and all documented calls. Currently, to provide a more quality review, supervisors review all documented calls after a team member has been there for one year. Supervisors also review calls as appropriate from each team member for coaching.

Continuous quality improvement (CQI) process: MO has a CQI process, in which teams meet quarterly for 1.5 hours to review goals and performance. The teams are divided into shifts. The evening shift meets during the day and receives comp time. Each of the groups has a leader, and the leaders meet quarterly after each individual group, and that group has a leader. There are minutes taking at the meetings. The statewide leader-meetings are held quarterly, and via WebEx; people can jump in the meeting and listen virtually. In addition to CQI, there are statewide initiatives yearly that are reported to the Governor's office. The initiatives are outlined on each Department's 'placemat'—dashboards and metrics are associated with each. The hotline was a 2018 'placemat initiative.'

Publicly available hotline benchmarks or reporting: https://dss.mo.gov/re/

Publicly available reports on the hotline calls: Child Abuse and Neglect Annual Report includes total reports to the hotline; total reports by month; number of incidents per child; number of reports by mandated vs. permissive reporters; and mandated reporters by occupation. Children's Division Annual Report includes hotline reports by region, newborn crisis assessment, non-caretaker referral, preventive service referral, non-CA/N fatality referral.

Feedback or evaluation on the effects of hotline practice changes: The Public Consulting Group (PCG) conducted an independent evaluation audit of Missouri's hotline in 2017. The PCG review of the hotline included outreach to other states (Arizona, Colorado, Florida, Indiana, Massachusetts, and Minnesota). This audit included a states' best practices summary, and used this information to guide recommendations and analysis. After the review, MO received another trainer, specialist, and supervisor, and 3 more call floor workers, and the Zoom technology. Missouri was the first child welfare agency PCG worked with. The PCG Audit recommended "talk to text" technology, but MO implemented Zoom instead. MO thought Zoom would add more capacity to their processing.

The Hotline Director has conversations with the supervisors about upcoming changes, and supervisors gather their thoughts and get behind it, to get team members behind it. The MO hotline has had a lot of support from the current division director and former division directors and central office. The Hotline Director had weekly meetings with the phone system staff, and weekly meetings with supervisors/trainers with Signs of Safety roll-out. The Hotline Director stated that its redesign was a process of setting a timeline, and having milestones, and that it "felt good to check off progress. We have been data-driven to make right changes at the right time."

Tennessee Child Abuse Hotline

1. General Information

Description: 24/7/365 Centralized State Hotline for child abuse and neglect

Call Volume (per week, weekend, daily, annual): 400-600 daily phone calls. The peak daily calls can exceed 600 calls per day (e.g., April, child abuse prevention month). The weekend daily rate is about 150-175 calls. In 2018, the annual call volume was 134,000, which was slightly lower than 2017, in which the annual call volume was 140,000.

Total Hotline Staff: 66 intake specialists/case managers, 17 supervisors, service desk of 4 supervisors/managers (2 are floor coordinators who monitor workload and database, staff status; and the other 2 focus on training and quality assurance), core leadership (Director and 2 team coordinators who supervise the supervisors and manage daily operations).

Total Supervisors: 17 supervisors

Supervisor/Intake Specialist Ratio: 4 workers per supervisor

Number of Shifts/Shift Structure: 3 Shifts to cover 24/7 -1st, 2nd, and 3rd Shifts. For 1st Shift, the Hotline has staggering schedules to accommodate peak volumes that start between 7am and 11am, and these shifts end between 3:30pm and 7:30pm.

State hotline office structure: TN Child Abuse Hotline is a centralized statewide with only one office location located in the middle of the state.

2. Intake Protocols/System Support for Intake

Changes to Intake Protocols or Scripts: Tennessee uses a structured decision making tool to assess the disposition of the call after the worker ends the phone call. Workers have complete history searches for each call, and also do history look-ups on the online reports. Intake case managers have cue-questions that they use to engage the caller to obtain the information for the report, on the various allegations. There are first introductory questions focused on reporter's information and who they are calling about; and then questions about their concerns based on the various allegations, such as sex abuse, drug exposure, inadequate supervision, etc. After the call, the structured decision making tool helps workers assess the information to determine whether it qualifies as a report for investigation.

Linkage from SACWIS to other system data: Tennessee has one system, however, the case history information is not integrated enough to auto populate into the intake data fields. Workers have to go to a different link in the system. Workers have to come out of intake to search the information, and then manually document the results on a template. And then copy and paste the template into the intake. Tennessee would love to have case history lookups integrated. There are reductions available on case history searches, depending upon the type of referral.

The search protocol in Tennessee is to first look for any open activity for current child welfare case, and document that activity, e.g., the service being provided and the age of the activity. Depending upon how recent the activity was, a new case may need to be opened. Intake case managers search if the child is currently in agency custody. Depending on the types of referrals, the Hotline Manager was able to reduce the history search depending upon the type. The Hotline Manager demonstrated duplication of effort in the case assignment stage, which is when "readers" in the field review the intakes to make field

assignments. The Readers have to review the histories of all the involved participants in order to assign anyway. So it made sense to reduce the hotline workers searching case histories. The amount of time that intake case managers spent in "not ready" mode has reduced, and the call taking efficiency increased after eliminating these redundancies in case history lookup.

3. Call Processing Efficiency

Average length of time per call: The average call time is about 23 minutes.

Intake Specialist performance expectations (calls per hour; online reports per hour): Hotline case managers typically can complete 2 phone reports per hour. Intake staff can complete an average of 4 online reports per hour.

Average wait time for calls: The average speed to answer a call is within 30 seconds. However, the highest wait time could be an hour, such as the night shift.

Any call backs? Messages taken? Message taking is only available during the night shift, when callers may leave a voicemail.

4. Messaging/Phone System Technology

Phone sorting/cue/hold system: There is a dedicated phone line dedicated to law enforcement, hospitals, and schools, and those calls receive a higher priority than all other calls. However, the phone system does not pre-sort calls. Sometimes, mandated reporters may call into the public line, if for example, they don't have the dedicated phone number handy.

Technology system used for phone calls: Tennessee uses the Cisco phone system. The hotline used to have Interactive Intelligence, but in 2013, Tennessee upgraded to Cisco. Cisco provides an integrated computer and phone system. Supervisors have their own version of the phone system which has a dashboard. But the system does not allow the supervisor to see the worker's screen, which was a feature but Tennessee did not have the resources. Tennessee hotline staff attend a Quality Assurance and Training Connection conference in Nashville, which features all types of technology solutions for call centers. Software providers do offer "screen capture" technology which allows screen sharing. Tennessee's system can share audio between supervisors and intake managers, but not screens.

Messaging technology to investigators/field staff: In terms of communicating with the "Readers" (field assignment staff), the intake case managers use a paging system to alert Region Staff of new cases, with an indication of the Priority Level of the case. Reports can be designated with Priority 1 status, that require response within 24 hours. Priority 2 calls require response time within 2 business days, and Priority 3 calls require 3-business-day response time. The Readers shift ends at 4:30 p.m., but receive pages on their reports for all Priority Levels. Pages are sent to the Region's "on-call" staff phone and email in the region. The paging system is called MIR3. The response time required for each Priority Level submitted on the weekends and overnight is the same as if submitted on a weekday. All supervisors on call are required to check their workloads, and have the option on how to staff the report, in that they could choose to address a Priority 2 or 3 report within 24 hours. There is quality assurance check to determine how well supervisors are responding within the required timeframes.

The page includes the county, referral number, description of the scenario, or note about need for callback. The hotline uploads the referral and hits send, and that saves a lot of time. The prior system used to involve the field staff calling the hotline and the hotline worker reading the report back to them, which was very inefficient.

The paging system does require that the field staff load their information into the system each week and monthly, so that when the system prompts to press county and region, the correct person is paged.

MIR3 is an internet site that is separate from SACWIS, that can be pulled up from phone or computer. The hotline staff have their MIR3 logins, and they save the intake to the desktop or phone, and then attach it in the MIR3 paging system. The hotline staff types out the county, unit number, and referral to load the referral, and the system sends a return email indicating that the page was received.

The hotline staff then monitor the receipt, which may occur within 2 minutes, depending on how quickly the field supervisor presses the button that the referral was received. There is a tier system of escalation when the response time is greater than 10 minutes, for example. The page goes to the secondary contact, if the primary person on call does not respond quickly. The hotline protocol states not move on to the next task until a response is provided. The intake case manager then documents in the data system who responded to the report referral and when.

5. Online Reporting Technology

Online reporting structure: Tennessee rolled out the online reporting system in 2015. Among the online reports, a greater percentage of these are screened out, compared to phone calls (50% screen out rate online vs. 40% screen out rate for phone calls). Some of the reason is due to lack of information in the online report, and there is no follow-up with online reports. In the past, Tennessee has received a few immediate assistance requests and reports of deaths or near deaths in the online reporting system, and has implemented changes to prevent this from happening this year. As of July 2019, online reporters must indicate they have read the disclaimer about online reports only for non-emergencies, e.g., reports of deaths or near deaths or requests for immediate assistance cannot be reported online. The online system states that report processing can take up to 24 hours, since phone calls are handled first.

Online reporting website: https://apps.tn.gov/carat/

Online reporting volume: Tennessee has about 150-200 online reports daily. The online reports have contributed to an 8% decrease in phone calls, even as the number of reports have increased.

Technology supports for online reporting tool: The online reports are integrated directly into the one main database, called Tennessee Family and Children Tracking System (TFACTS). Any individual can make a report in the online reporting system. Users can track a prior report or submit a new report in the system. There is one intake report structure that would cut across the phone, FAX, email, and online reports. When you file a report, you receive an intake number no matter what format your report was delivered. The intake number can then be tracked in the system and let the reporter know whether the report was assigned or not assigned to an investigator. If a report was not assigned for investigation, the system will provide a reason, based on a drop-down menu. The system also provides links to state policies and state law that provide justification for the reason that a report was not referred for investigation. The tracking system does not indicate whether reports were substantiated, for the confidential protection of families. Reporters would be able to obtain information about the case, because field investigators follow-up with reporters with phone calls.

6. Staff Retention

Strategies for handling staff turnover, e.g., work from home, use of hourly employees, support for secondary trauma: TN Hotline is still working to improve staff retention efforts. TN Hotline is not approved at this time for work from home opportunities. TN is exploring ways to revise the current shift

schedules that would not only provide more staffing during high peak volume times, but would provide staff the ability to utilize vacation leave to a greater extent than they currently have. TN hotline managers are looking at "employee attendance forgiveness" programs that other call centers often use to engage with staff. This type of programming will help with vacant spots, and will forgive attendance deficits that could lead to corrective action. The TN Hotline does have its own newsletter for the Hotline staff that highlights new staff and displays kudos for staff. The newsletter is employee-based and meant to keep employees connected to each other on a more personal and family-style level.

Intake specialist turnover rate: For 2019 so far, we have turnover percentages that range between 1.41% (January) to the highest being 8.33% (June). This includes turnover from promotional opportunities. Monthly turnover rate is the actual turnover divided by the actual staffing. Yearly rate is the actual turnover divided by the average monthly staffing.

Use of mandated or voluntary overtime to handle peak periods: TN uses both mandated and voluntary overtime. TN hotline has mandatory “on call” for intake case managers and supervisors. “On call” is predominately used to cover absenteeism, but often is used to cover vacancies during after-business-hour shifts with “skeleton crew”-style shifts. Tennessee’s hotline also offers voluntary overtime to staff weekly to try and avoid using the mandatory on call. Tennessee offers a lot of voluntary overtime, and this is a perk for intake staff vs. staff in the local regional field.

Technology supports for telework from home: Tennessee's hotline staff do not currently have capacity to telework from home. Field staff have alternative workspace solutions to work mobile. Telework may be explored in the future for hotline workers, since absenteeism is a problem, as it is for many call centers. There are logistics to work out regarding equipment, confidentiality protection and liability insurance for home locations, and setting eligibility criteria for telework.

7. Training

Duration of training: TN offers about 11-15 weeks of training in three phases: 1) preservice (9 weeks), 2) transitional training (2 weeks), and 3) quality assurance training (1-4 weeks).

Structure of training for Intake Specialists: For new hires, TN has 9 weeks of preservice training. They learn the phone system, TFACTS system, policies and procedures, and go through stages of the curriculum and have to meet milestones. Trainees learn how to do case history searches in the system, and apply policies and procedures to example intakes. At the 4.5 weeks midway point, trainers administer a panel of tests to assess their knowledge of policies, procedures, and systems. If the individual passes, the trainers work on writing skills, phone interviewing skills, and how to use the interview questions (open vs. closed questions). After 9 weeks, trainees start taking phone calls under supervisory review, and then Trainers and employee Supervisor determine whether the individual passes the preservice program. If the trainee passes preservice, he/she goes to transitional training, which is a 2-week duration of taking phone calls with hands-on support. Trainers review all the phone calls and outcomes, and give immediate feedback. Then, individuals go through a third training phase which is focused upon quality review. The supervisor monitors performance and provides immediate feedback for as long as needed, until the workers are independent.

All of the employees are on probation for an entire year. The new workers receive coaching throughout the year. Once workers transition off probationary period, the intake case managers are then trained to make their own referral decision making on the calls. In the first year, the supervisor makes the screening decisions for all of the new worker's calls. At the present time, 16 of the 53 intake case managers are in the probationary period.

8. Performance Management

Calls Reviewed for performance management: For documented quality assurance, the quality review manager and supervisors work together to review 2 calls per worker per month.

Process for supervisor approval of intakes: For all non-self-screening intake case managers, once the intake is completed and a preliminary screening decision is made, this person will send the intake in "Awaiting Screening" status in our database to his/her designated screening supervisor. The designated screening supervisor then reviews the narrative concerns and reviews the listed prior history for the family. The supervisor then verifies the demographics and incident county to determine jurisdiction. Supervisor reviews the allegation and verifies per policy to determine final criteria for assignment. The supervisor then officially screens the referral—in for assignment, or out as does not meet criteria.

Continuous quality improvement (CQI) process: The hotline has a CQI team which includes case managers and 1-2 supervisors (who can answer management-level questions that arise). Workers voice complaints and offer suggestions from these meetings. There is also a suggestion box that guides practical improvements in how to structure intake, attendance, employee engagement.

Publicly available hotline benchmarks or reporting: No, TN does not have a public site that would contain our specific Hotline performance indicators.

Publicly available reports on the hotline calls: The only public website that has information regarding TN DCS specific information that would highlight some areas about the Hotline is the TN DCS web page - https://www.tn.gov/dcs/program-areas/child-safety.html

Feedback or evaluation on the effects of hotline practice changes: In 2012-13, the Casey Foundation and the Governor's customer service group completed an audit to evaluate the hotline efficiency, safety, and quality. The hotline made massive changes after those audits, and that is how TN added a Hotline Business Analyst position. Before the audit, we did not track as many performance indicators, such as worker "not ready" times. The hotline had a quality review system, but did not have a formal way to track performance or formalized methodologies. After the audit, the hotline made a number of improvements and redesigned the system that have led to upgrades in the phone system, paging system, information collection, adoption of the structured decision-making tool. Moving to a system in which the hotline workers make decisions themselves has increased the efficiency of the call center.

Tennessee has consulted with a number of states since 2012. However, one state in particular was Arizona which gave TN the idea for a "Service Desk." This Service Desk is comprised of two Floor Coordinators, a Training Coordinator, and a Quality Assurance Coordinator. The Service Desk is like a "Hotline Core." It monitors and ensures that the Hotline is functioning as needed for both the Call Center portion and quality portion. TN hotline managers have had discussions with various other states including West Virginia and Michigan to share information on current practices. The most influential in the redesign for TN has been from the Casey Foundation. TN employees have also attended a national call center conference each year called the Quality Assurance and Training Connection (QATC) that is solely for call centers. This conference is held in Nashville, TN and has call center leadership from all over the U.S.

Additional Information: What other process efficiencies were you able to achieve, in addition to the reduction on case history lookups for different report types?

1. Within intake, there was a procedure to establish the relationship of a person to the victim in several places. The worker had to enter one person at a time with a drop-down menu. We cut that section out, because the introduction narrative explains the relationship of each person involved. With multiple victims or multiple adults, the relationships have to be entered in more than once manually. So, these were all redundancies. The Hotline Manager showed overlapping data entry to reduce the entry.

2. The Hotline Manager also reviewed the required information to be able to prioritize the most necessary items to make a determination. A new information gathering template was created to streamline the information based upon the assessment. Not all of the intake information prints off the screen, once the analysis of the information had been gathered. If the information does not print, then why is it being collected?

3. Field workers handling the follow-up to reports can offer "Reconsiderations," to submit a disagreement with the hotline disposition. In the case of emergency referrals, the field worker had to call the hotline to speak to a supervisor about why he/she wanted to submit this "Reconsideration." This process took up a substantial chunk of time from hotline calls. The Hotline Manager created an email system for field workers to submit reconsiderations of an emergency referral. The email goes to an email listserv of all the supervisors. The supervisor can look at the email 'emergency reclassification' to save phone time. Hotline managers reported that "this reduced phone calls by several hundred a month, and the field workers appreciate the email option."

Texas Abuse Hotline (Includes Children, Youth, and Adults)

1. General Information

Description: 24/7/365 Centralized State Hotline for child and adult abuse and neglect

Call Volume (per week, weekend, daily, annual): About 2,000 daily calls. About 800,000 calls for the entire year for the entire state of Texas, both child and adult protective services programs, including hospitals, state facilities, congregate care, etc.

Total Hotline Staff: 430 total staff (300 intake workers); about 1/2 of staff allowed to telework.

Total Supervisors: 36 Supervisors

Supervisor:Intake Specialist Ratio: 9-10 workers per supervisor.

Number of Shifts/Shift Structure: The number of shifts can fluctuate as hotline managers are constantly modifying schedules for both business and employee needs. Texas probably averages ~50 unique shifts. Texas works to ensure that an Intake Specialist's schedule overlaps their Supervisor by at least 50%, so most shifts in a unit are pretty similar. The two core types of shifts are either 8-hour/5 days shifts or 10-hour/4 days shifts, but there are part-time variations on both of those schedules. Texas also spread the schedules out so that it has full 24/7 coverage. The staff begin their shifts at the top of the hour, and end at the half hour. Example: an 8-hour shift that starts at 8:00AM will end at 4:30PM. The shifts start as early as 5:00AM and as late as 10:00PM. The majority of the shifts are focused on Monday through Friday.

State hotline office structure: Central office in Austin, TX. TX opened satellite offices in Texarkana (about 12 tenured and 7 additional staff) and El Paso (about 5 staff) in the past year.

2. Intake Protocols/System Support for Intake

Changes to Intake Protocols or Scripts: TX redesigned its call protocol to create some efficiencies. First, the worker has to find out if the call is regarding a child or adult. Then the worker obtains demographics of the reporter and the demographics of the players involved, including address, phone, and race/ethnicity. Workers ask about the reason for the call and have prompts to understand the current scenario. The workers focus on getting information about the perpetrator and victim to determine if there is a substantiated report for abuse or neglect, before documenting everyone in the household. If the call only requires "Information and Referral", then there is not a need to document everyone in the household. TX has a process called a "Conclusion" which is the summary of the assessment of abuse/neglect based upon the call information, based upon criteria used in Investigations. TX is piloting an effort to remove this, and gather information components in a different way rather than the summary paragraph. TX used to ask follow-up prompts to explore other allegations that may be present, in addition to the main issue being reported. To save time, once workers have enough information to screen in at least one allegation, additional prompts are not explored during intake. These additional prompts are saved for the investigations stage.

Linkage from SACWIS to other system data: TX has a SACWIS system called IMPACT shared across the whole agency. TX has online pages dedicated to statewide intake staff that field staff can access, but not alter. The system connects to case history and program information for each stage of service. Most case

history information is linked, though some information might require a separate lookup (e.g., license plate search).

3. Call Processing Efficiency

Average length of time per call: 20 minutes per call.

Intake Specialist performance expectations (calls per hour; online reports per hour): 1.45 calls per hour prior to the recent redesign based on an internal audit in early 2019. In March 2019, Texas implemented a new training to support 1.75 calls per hour, and those who were trained are meeting 1.75-1.9 calls per hour. Staff can do 4 online reports per hour.

Average wait time for calls: The maximum wait time established is 8.5 minutes. Before the redesign, TX had an average wait time of about 10 minutes for about 2 years. Since the spring 2019 training, TX will actually have wait times lower than 8.5 minutes.

Any call backs? Messages taken? There is no system for message taking. All calls are answered live.

4. Messaging/Phone System Technology

Phone sorting/cue/hold system: The phone calls are not pre-sorted for children vs. adult services, and all workers are trained on how to handle both types of calls. The only sorting that is done is English vs. Spanish line.

Technology system used for phone calls: TX uses a soft phone system called Avaya. TX also uses laptops, which has ultimate mobility with the soft phone. Some workers desktop phones, but primarily soft phones integrated with the computer.

Messaging technology to investigators/field staff: During the day, many reports are routed through the system of record (IMPACT) to field staff (who also use that system of record) without any notification as the report first goes to a field Routing Coordinator who then notifies a field Investigator that he or she is receiving a report. There are some situations (including after hours, holidays, or time sensitive reasons) where Texas hotline staff may call out the report over the phone to field staff (either Routing Coordinator or Investigator). Some of these phone notifications are also followed up with an email generated by our Intake staff. A couple of field programs (Adult Protective Services, Day Care Licensing, and Residential Care Licensing) have also agreed to receive a text message to their issued cell phones when a low priority/non-time sensitive report has been placed on their workload after hours. This text message is automatically sent by the IMPACT system upon assignment.

5. Online Reporting Technology

Online reporting structure: The current online reporting system has been live since 2016; however, TX has had electronic reporting for about 10 years. The current internal benchmark for processing online reports is to assess within 24 hours. The online system allows submissions from mandated or voluntary reporters. Online reporters have to have a valid email address, and so they cannot be anonymous. The online system has a large disclaimer that requires the reporter to verify that their report is not an emergency. However, some emergencies do get reported online, unfortunately. Texas has training materials for school professionals, online reporting guide, and online reporting video tutorials on the

website to guide users. Texas also has a Frequently Asked Questions section about what constitutes abuse, neglect, and exploitation to guide reporters.

Online reporting website: https://www.txabusehotline.org/Login/Default.aspx

Online reporting volume: Fiscal Year (FY) 2017 resulted in a total of 180,467 internet reports processed which was 21.9% of total/all processed reports. FY 2018 resulted in a total of 177,189 internet reports processed which was 22.4% of total/all processed reports.

Technology supports for online reporting tool: The online reporting system is integrated in Texas' IMPACT system. The protocol follows the same structure as a live call would to gather the required information. Once the online report is assessed, staff do some data cleaning, but staff do not change anything in the report narrative. Texas does not do follow-up phone calls from the online reports. When the report has a disposition, the system sends the notification back to the reporter about the determination.

6. Staff Retention

Strategies for handling staff turnover, e.g., work from home, use of hourly employees, support for secondary trauma: TX implements a range of strategies to improve staff retention and wellness, and has expanded its services over a 10-year period. TX partners with a volunteer organization that brings in certified therapy dogs 1x/week and staff can sign up to spend time with the dogs. The Employee Assistance Program comes in 1x/month to debrief stressful calls, etc. TX arranges for a massage therapist onsite 1x/week for nominal fee. There is also free yoga onsite, including hula hoop yoga, with guided meditation. The hotline provides a wellness newsletter, and organizes a wellness walk the last Friday of every month. And a farmer's market is also available to workers in which farmers bring produce baskets to workers. Workers earn 8 hrs. of wellness leave when they go get their annual physician's check-up. The Community Enrichment Committee and Wellness Committee provide leadership to these efforts. These committees organize an annual statewide picnic; holiday meals/events; and monthly Taco Tuesday meetings. There is also a Staff Retention Steering Committee that gathers staff input from a survey, manages work groups, and work groups submit proposals for consideration. Most proposals are accepted, and those that are not (e.g., 10%) receive feedback for revision.

Intake specialist turnover rate: Turnover rate is 19%, and that is the lowest turnover among all departments in the agency. The hotline's retention programs are highly rated by staff, and turnover is primarily due to salary level (based on agency survey data).

Use of mandated or voluntary overtime to handle peak periods: TX has never mandated overtime for our staff. The partial reasoning for this is that TX hotline managers believe it would lead to greater staff burn out. However, TX does pay overtime for peak periods, special events, and system upgrades. Staff can also work overtime to earn additional leave time.

Technology supports for telework from home: About 1/2 of the intake workers work from home. Telework is allowed for those who meet performance-based criteria and have worked for the hotline at least 1 year. All teleworkers are required to come into the office for 1x/month unit meetings.

7. Training

Duration of training: TX offers 7 total weeks of training.

Structure of training for Intake Specialists: The first week is primarily orientation. The next 3 weeks are classroom-based instruction, including interviewing techniques and test scenarios. The last three weeks are practice-based, which new staff take calls with the support of the trainer. There is a mentorship program in which a tenured staff member meets with a newer staff member every three months on the call floor. There is also Advanced Skill Development programming with the trainers as workers progress. When workers first come out to the call floor, they can put a call on hold if they find out that they are not proficient in a certain type of call. Workers may be released to take calls in child protective services, but not released for certain adult programs yet, so they can check the nature of the call, and pass on if they need to.

8. Performance Management

Calls Reviewed for performance management: Statewide Intake (SWI) does not mandate that a certain percentage of an intake specialist's calls be reviewed. Each intake supervisor must however, review at least 22 calls per month. This may be spread out evenly across a unit, or extra call reviews from that 22 may be spent on new staff or other staff who have shown signs of a developmental need. At the end of each year, an intake specialist must have had at least 35 call reviews done on him or her in order to be rated on our five qualitative tasks (Interviewing, Documentation, Assessing, Processing, and Customer Service). In addition to the reviews conducted by the supervisor, the call evaluation numbers are supplemented by random reviews and complaint handling reviews done by our Quality Assurance team.

Process for supervisor approval of intakes: For the most part, SWI Supervisors do not verify intakes or Information and Referrals (I&Rs). The only time this occurs is when Intake Specialists designate a case as sensitive, which is what Texas does when any given case requires restricted access (employee involved, high profile individual involved, high media involvement, etc.). Intake supervisors do review these cases before the hotline assigns to the field, but those are the only ones. New intake staff, however, must run all of their assessments by an intake supervisor before completing their reports. This is done over the phone, and does not include the supervisors reviewing the documentation ahead of the case being assigned. Over time, new staff are released from having to have their assessments confirmed by their supervisors.

Continuous quality improvement (CQI) process: Texas looks at performance indicators on a daily and monthly basis. Texas used to mandate quarterly meetings with staff to go over the performance metrics. When Texas made the push to 1.75 calls per hour, the quarterly meetings are now optional. Supervisors have more hands-on contact with workers to help them become more efficient, supported by the Efficiency Specialists. Efficiency Specialists are an interim-supervisor type person who has intake experience and skilled to handle sensitive information. They work with intake specialists on how to improve call quality and efficiency, and do not need to have a graduate degree; must interview and qualify for the position based on prior job performance.

Publicly available hotline benchmarks or reporting:
https://www.dfps.state.tx.us/About_DFPS/Data_Book/default.asp

Publicly available reports on the hotline calls: The DFPS Data Book shows total number of contacts received by method of receipt, number of intake specialists, entry salary per year, and turnover rates. Texas offers data downloads for alleged and confirmed victims by county from FY08-present, children in substitute care by county, foster care placements by county, investigations by county, allegation types by county, etc. There is also a dashboard that shows "Phone calls by Queue" which shows average hold time for all calls, percentage of abandoned calls, and number of calls on the English line, the Spanish Line, Law Enforcement Calls, Community Center Calls, and transfers to English vs. Spanish. There is a dashboard that shows source of abuse/neglect reports. There is also a dashboard of annual call trend data to the Texas Youth and Runaway Hotline (phone vs. online chat vs. text).