SAFE CHILDREN

What are the elements of an
effective hotline system?

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Hotline systems are the first point of contact between the public and the child protection agency. The public has a reasonable expectation that children who come to the attention of the CPS agency will be safe from future harm. Having an in-depth understanding about the practice and underlying policies of an agency's hotline system is essential for any child protection agency leader. An effective hotline is responsive, timely, and consistent and must be designed to ensure that children who require investigation and/or services are identified in a timely way. In addition, the foundation of successful hotlines includes staff who have a clear appreciation of the agency and community values around child safety and family strengths and a proven ability to demonstrate critical thinking and decision-making skills under challenging circumstances. This part of the child protection agency is easy to overlook, but doing so would be to the peril of a leader, her agency, and the community at large.

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Hotline systems serve as a crucial point of contact for people reporting child maltreatment and can support valid and reliable decision-making at the point of screening reports of child abuse and neglect. However, careful design and planning is essential to ensure that this entry point into the child welfare system is efficient as well as meaningful. This document:

- describes the value of an effective hotline;
- provides jurisdictional examples;
- describes common elements of effective hotline systems; and
- provides information about the research base for these common elements.

The value of an effective hotline

Hotline decisions are the point of entry for family involvement in the child welfare system and therefore impact the safety, permanency, and well-being of vulnerable children. Getting the screening decision right — whether to screen a case in or out of the system — is one of the most important functions of a child protection agency.

If a referral is incorrectly screened in, the child and family are subjected to needless investigations, potential court and law enforcement involvement, and even unnecessary removals of the child from the home. Incorrect screen-in decisions also burden the workload of every unit in the system that subsequently encounters the child and his or her family. When referrals are incorrectly screened out, however, opportunities to help children and families are lost, potentially resulting in continuing, even fatal, harm to children.

By installing and refining effective hotline elements, child protection agencies are better able to ensure that the right families receive the right interventions at the right time and, thereby, that the overall system functions more effectively and efficiently.

Common elements of effective hotline systems

Hotline elements support valid and reliable decision-making at the point of screening reports of child abuse and neglect. They include:

Consistent and timely response,[1,2:]
Hotline systems often operate 24 hours per day, seven days per week. It is vital that the system is sufficiently staffed so that reports of child maltreatment are answered quickly and processed efficiently. Agencies must monitor workload levels in real time and adjust hotline staffing levels whenever necessary to ensure sufficient staffing and oversight. Texas, for example, uses predictive analytics software to ensure adequate staffing during peak call times. In Washington, D.C., supervisors monitor efficiencies, such as how many calls are waiting to be answered at any given time.

Intake systems can be decentralized or centralized: in decentralized systems, reports of child maltreatment are typically made to local or regional child welfare offices. In centralized intake systems, reports of child maltreatment are processed through a centralized hotline that receives all referrals for the entire jurisdiction.

States that switch to centralized intake systems typically do so to deliver greater consistency and accountability in screening decisions. Most centralized systems include staff dedicated solely to screening hotline calls and centralized administrative functions for these staff, including standardized training, standardized decision

EFFECTIVE HOTLINE ELEMENTS

- Consistent and timely response
- Clear policy guidance
- Reliable decision-making processes
- Skilled workforce
- Continuous quality improvement

tools, and quality monitoring processes. Centralized intake systems can also support implementation of large-scale policy and practice changes in a more consistent and timely manner. Decentralized systems are also effective, but issues related to consistency and accountability need further attention.

Clear policy guidance[2,3]

Many hotlines have a complex web of policy guidance, developed as new policies were added on top of existing regulations over the course of many years. This can make it difficult for screeners to make consistent decisions. Providing clear policy guidance, including concrete definitions of abuse and neglect, facilitates more accurate and consistent screening decisions. Standardized decision tools, such as the structured decision-making tool used in New Jersey and Washington, can help front-line staff in making screening decisions by guiding them through a simple, structured process. Such intake tools are most helpful to screeners when the tools are integrated with current policy through a child welfare information system, ensuring that the decision-making guidance is clear and straightforward.

Reliable decision-making processes

Human beings are vulnerable to biases and mental shortcuts in decision-making, which can lead to systematic errors in predictable (and therefore preventable) ways.[4] Training hotline staff to understand how mental shortcuts can bias their decision-making allows them to avoid many common decision errors. Some jurisdictions use team decision-making processes to reduce individual bias through shared burden and accountability, based on the assumption that "no one of us makes decisions better than all of us together."[5] In Colorado, each county operates its own intake system, but all counties use the RED team model to *review, evaluate, and direct* all allegations of child maltreatment, except for those that require an immediate response. In this model, a rotating four-person team determines whether reports should be screened in or out, and the response time for screened-in reports. In counties that have Differential Response and/or Prevention programs,

the RED team also assesses the appropriateness of a report for either of those tracks.

Skilled workforce[1,2,3,4]

The overall effectiveness of hotline decision-making depends heavily on the stability and skill of the workforce. Many experts have noted the importance of staffing the hotline with the most skilled and experienced staff, as later system involvement for the family depends on making the right decisions about complicated issues at the point of screening. In Washington state, child welfare experience is a prerequisite for hire as an intake screener, and most new intake screeners are internal staff transfers. Staff also need regular opportunities for skill development through training, coaching, and clinical supervision. New Jersey's new intake screener training includes coaching and mentoring, and Tennessee provides brief 30-minute trainings as part of each unit's monthly team meeting, in addition to optional training opportunities offered throughout the year for ongoing professional development.

Continuous quality improvement

Continuous quality improvement (CQI) is a problem-solving process that builds on organizational data to improve outcomes for children and families. CQI often includes stages such as identifying problems, hypothesizing causes, developing and testing solutions, and then making decisions about future investments based on the results of those tests.[6,7] For a hotline, CQI is vital to ensuring that staff are engaging callers effectively, gathering all of the information needed to make an appropriate decision, and documenting the information and decision-making process appropriately. In Florida, the Department of Children and Families Quality Assurance (QA) unit provides real-time and post-report QA reviews of telephone interviewing and assessment skills as well as written intake narratives.[8] QA findings are then used to refine established training processes. The QA unit also uses inter-rater reliability tests to ensure that screening decisions are consistent across all hotline staff.

What does the research say?

Evidence of effectiveness for each of the hotline elements varies. One study reported that hotline managers around the country believe centralized intake systems produce greater levels of consistency and accountability in screening decisions compared to local intake systems.[1,9] In another study, nearly all (94%) of states with centralized intake reported that consistency, accuracy, or efficiency were important benefits of the system.[10] While states with centralized systems may have longer response times for investigating referrals, they may also identify more cases and confirm more victims than local intake systems. Centralized systems tend to have a higher percentage of referrals that are screened in and a lower percentage of referrals that are screened out. Several states reported improvement in caseworkers' dedication and availability, as well as the quality of their work, under centralized hotline systems.

Actuarial risk assessment tools, such as the Structured Decision Making (SDM) Risk Assessment or other models, have been demonstrated to classify cases to different risk levels more accurately than consensus-based models.[11]

Outcome data on collaborative decision-making is limited, but at least one evaluation of the RED Team approach in Olmsted County, Minnesota, found that less than 2 percent of reports initially assigned to the differential response track were later switched to an investigative response, providing some evidence that the overwhelming majority of hotline decisions were made accurately.[12]

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2   Conversation with Paul Buehler, Senior Director of Child and Family Services, Casey Family Programs, October 16, 2016.

3   Conversation with Raelene Freitag, Director of Children's Research Center, November 8, 2016.

4   Tversky, A. and Kahneman, D. (1974). Judgment under Uncertainty: Heuristics and Biases. *Science,* 185: 1124-1131.

5   Casey Family Programs (2012). *Shared Learning Collaborative on Differential Response.* Seattle, WA: Casey Family Programs.

6   Wulczyn, F., Alpert, L., Orlebeke, B., and Haight, J. (2014). Principles, language, and shared meaning: Toward a common understanding of CQI in child welfare. Chicago: Chapin Hall at the University of Chicago. Retrieved from http://www.chapinhall.org/research/report/principles-language-and-share-meaning-toward-common-understanding-cqi-child-welfare

7   U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2012). *Information memorandum: Establishing and maintaining continuous quality improvement (CQI) systems in state child welfare agencies* (ACYF-CB-IM-12-07). Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/im1207.pdf

8   Casey Family Programs (2014). *Assessment of Santa Clara County's Child Abuse and Neglect Center* [Internal report]. Seattle, WA: Casey Family Programs.

9   Casey Family Programs (2009). *The use of statewide centralized intake systems for the reporting of child maltreatment.* Seattle, WA: Casey Family Programs. Casey Family Programs (2011). *Centralized Intake Systems.* Seattle WA: Casey Family Programs.

10 Holland, S., Glass, L., Clearfield, E., Jenkins, J., and Stevens, C. (2014). *Answering the call: How states process reports of child abuse and neglect.* Austin, TX: Morningside Research and Consulting Inc. Retrieved from http://www.morningsideresearch.com/wp/wp-content/uploads/2014/07/StateWideIntake_FINALR2_07_15_14.pdf

11 Baird, Christopher, & Wagner, Dennis (2000). The relative validity of actuarial- and consensus-based risk assessment systems. *Children and Youth Services Review, 22,* 839–871.

12 See page 44 in: Sawyer, R., and Lohrbach, S. (2005). Differential response in child protection: Selecting a pathway. *Protecting Children, 20*(2–3), 44–53. Retrieved from https://www.co.olmsted.mn.us/cs/cspublications/Documents/CFSPublications/differentialresponse.pdf