DHHS Adult and Child Abuse and Neglect Hotline

Centralized Intake

History of the Hotline

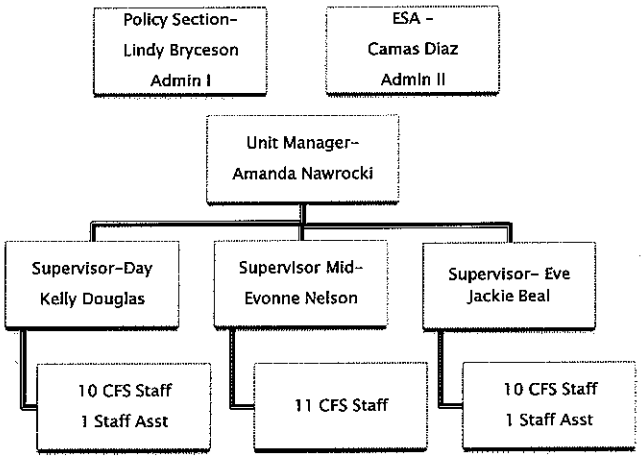
Jan 2007–

- 5 separate Hotlines per service area–
  Omaha, Norfolk, Kearney, North Platte and Lincoln.
- May 2007– Lincoln CPS integrated with Omaha.
- Oct 2009– Norfolk and Omaha APS integrated with Omaha.
- Nov – Dec 2009– North Platte, Kearney and Lincoln APS integrated.

Jan 2010–

- Centralized Hotline in Omaha for all APS and CPS calls for the entire state of NE.
- The Hotline staff consists of 30 CFS Staff and 2 Staff Assistants.
- Establishment of a Temporary Float Pool– CFS and Staff Assistant.

DHHS Intake Organizational Chart



ACD Phone System

Automated Call Distribution-
routes calls for equal distribution and live answering.

- ACD line for incoming Hotline calls and DSN line to manage both incoming/outgoing calls.
- Tracking ability to determine the number of calls offered, answered, and sent to voicemail time spent on each phone call, waiting for a call and being in not ready status.
- Monitoring ability for QA, training and immediate feedback to workers.

At Project Harmony there are 27 ACD lines to operate and manage the call volumes of the Hotline.

ACD Call Volumes

Year	2007	2008	2009	2010 (Aug)
Month	4,073	4,320	4556	6,470
Year	48,874	49,964	52,900	51,761

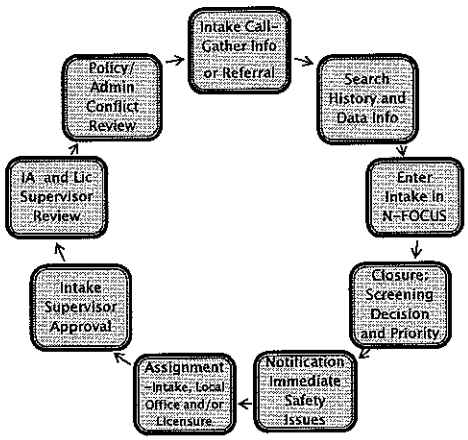
Hotline averages - 2010

- 6470 calls per month
- 265 calls per day
- Increase in 45% of calls since centralizing Hotline adding APS, Northern, Western and Central Service Areas.
- A 2 month sample indicated 26% APS vs 74% CPS calls
- Goal to have all calls answered live by staff person.

Screening Decision & Priority

- Accept for Safety Assessment-
  - Priority 1 Immediate response w/in 24hours
  - Priority 2 0-5 calendar days
  - Priority 3 0-10 calendar days
- Does Not Meet Definition- the intake does not meet the screening criteria per the Intake Tool or other services are in place to meet the safety needs of the child(ren). All intakes screened out reviewed within 72 hours by an Intake Supervisor.
- Less than 6% of intakes are inappropriately screened requiring an override in the screening decision by an Intake Supervisor. Intake staff appropriately screened 99.8% P-1 intakes in the past 12 months.

Intake Process



Checks and Balance System involving Worker/Supervisor/Administrators

Intake Staff Training

- Specialized CPS intake training
- Specialized APS intake training
- Sexual abuse training related to screening
- Out of home assessment training related to licensure and notification to all parties
- Computer search training for background information
- Customer service training is pending

Total Number of Intakes

	2009	2010 (Jan-June)
Adult Protective Services	9,555	6,410
Child Protective Services	30,309	19,169
Total	**39,864**	**25,579**

Total Number APS Intakes

	2009	2010 (Jan-June)
Adult Protective Services	7,093	3,619
APS Information/ Referral	2,462	2,791
Total	**9,555**	**6,410**

Accepted for Investigation Adult Protective Services

	2009	2010 (Jan-July)
Adult Protective Services	2,521	1,639
Law Enforcement	6	0
Total	2,527	1,639

Priorities APS

	2009	2010 (Jan-June)
Priority 1	45	24
Priority 2	552	574
Priority 3	1,924	1,041
Total	2,521	1,639

Total Number CAN Intakes

	2009	2010 (Jan-June)
Child Abuse/Neglect	25,106	16,332
CPS Information/ referral	4,316	2,292
Dependent Child	887	545
Total	**30,309**	**19,169**

Accepted for CPS Assessment

	2009	2010 (Jan-July)
Accept for Safety Assessment	13,134	7,699
Out of Home Assessment	584	281
Law Enforcement	1,060	618
Total	**14,778**	**8,598**

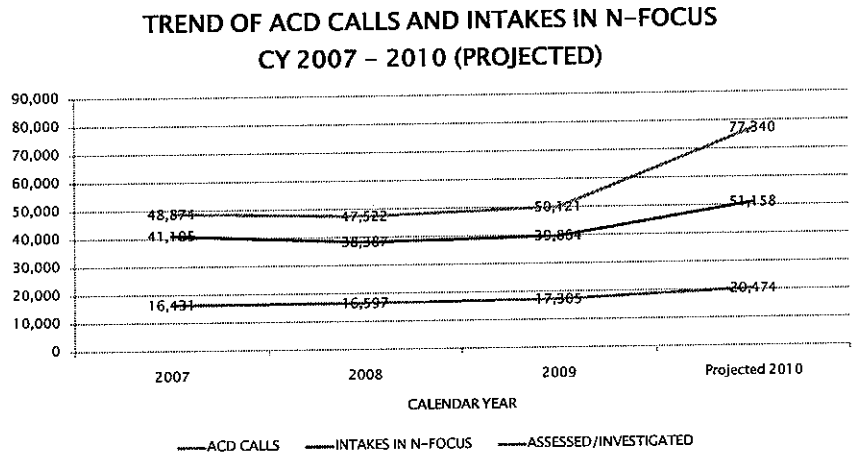
Priorities

	2009	2010 (Jan-June)
Priority 1	1,167	583
Priority 2	7,192	4,327
Priority 3	4,685	2,699
Total	**13,044**	**7,609**

LE and Dependent Child Intakes

	2009	2010
APS Law Enforcement	6	0
CPS Law Enforcement	1,060	618
Dependent Child	675	371
Total	**1,741**	**989**

Trend Line



APS and CPS Increases May be Due To:

- Appropriate entry of all APS and CAN intakes into the DHHS data base tracking system.
- Consistency with Screening-Decision Making and Priority
- Clarification of protocols involving youth to youth sexual contact and need to assess some situations to determine if the child is victim of an adult perpetrator.
- Training for professional groups about mandatory reporting
- Community awareness activities, especially for APS
- Changes in economic environment that increases family stress and decreases parental ability to care for their children without assistance.

Multiple Intakes on Specific Child Victim

- July 1, 2009–July 31,2010 = 30,551 unique alleged child victims
- Of these children, 22,334 were in only one intake
- 5,337 were in two intakes in this period
- 2,880 were in three or more intakes
- Thus, 27% were in more than one intake
- Of the 8,217 children in more than one intake, 4,660 were in intakes prior to July 2009, ranging from 1 to 19 additional intakes

Planned Improvements

- Listening in on intake calls by supervisors
- Recording of calls for quality assurance and complaint resolution
- Peer review
- Annual refresher training
- Formal QA of intake reports
- Additional training

Advantages of Centralization

- Improved consistency of screening practices across the state
- More consistent data entry on intakes
- Location of staff allows more frequent and consistent training
- Issues of concern and best practices more easily conveyed to staff

Questions or Comments

For additional information see the DHHS website at www.dhhs.ne.gov

This presentation was prepared by the Division of Children and Family Services 2010