

Effective Hotline Elements: Supporting accurate and reliable screening decisions

What are basic elements of an effective hotline?

As the point of entry for family involvement in the child welfare system, hotline decisions can have a lifelong impact upon 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 or 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 that the overall system functions in a more effective and efficient way.

What should I be thinking about related to effective hotline elements?

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

Making decisions about having a centralized or decentralized intake system¹

In centralized intake systems, reports of child maltreatment are processed through a centralized hotline, which receives all referrals for the entire jurisdiction, typically 24 hours per day, seven days per week. Most centralized systems have staff dedicated solely to screening hotline calls, and centralized administrative functions for these staff, including standardized training, standardized decision tools, and quality monitoring processes.

States that switch to centralized intake systems do so to deliver greater consistency and accountability in screening decisions. Centralized intake systems can also support implementation of large-scale policy and practice changes in a more consistent and timely manner. This is not to say that

Effective hotline elements

- **Centralized intake systems**
- **Clear policy guidance**
- **Reliable decision-making processes**
- **Skilled workforce and adequate staffing levels**
- **Continuous quality improvement**

there are not effective decentralized systems, just that issues related to consistency and accountability will still need careful attention.

Clear policy guidance²

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. In contrast, clear policy guidance, including concrete definitions of abuse and neglect, facilitates more accurate and consistent screening decisions. Standardized decision tools can help guide screening decisions 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, so that 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.³ When hotline staff are trained to understand how mental shortcuts can bias their decision-making, many common decision errors can be prevented. Some jurisdictions utilize team decision-making processes to reduce individual bias through shared burden and accountability, based upon the assumption that “no one of us makes decisions better than all of us together.”⁴

Skilled workforce and adequate staffing levels⁵

The overall effectiveness of hotline decision-making depends heavily upon 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 all later system involvement for the family depends upon making the right decision about complicated issues at the point of screening. Staff also need regular opportunities for skill development, through training, coaching, and clinical supervision. Agencies must monitor workload levels in real time, and make adjustments to hotline staffing levels whenever necessary to ensure sufficient staffing and oversight.

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 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.⁷ QA findings are then used to refine established training processes. Inter-rater reliability tests are also used to ensure that screening decisions are consistent across all hotline staff.



Evidence of effectiveness

Evidence for each of the hotline elements varies. One study has 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.⁸ In another study, nearly all (94%) of states with centralized intake reported that consistency, accuracy, or efficiency were important benefits of the system.⁹ While states with centralized systems may have longer response times to investigate 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 demonstrated to classify cases to different risk levels more accurately than consensus-based models.¹⁰

Outcome data on collaborative decision-making is limited, but at least one approach in Olmsted County, [state? Minnesota?], offers some indication that a team approach to decision-making can be effective. The RED team *reviews, evaluates, and directs* all reports of child maltreatment, and at least one evaluation found that less than 2% of reports initially assigned to the differential response track were later switched to an investigative response, providing some indication that these hotline decisions were made accurately.¹¹

¹ Casey Family Programs (2011). *Centralized Intake Systems*. Seattle WA: Casey Family Programs. Conversation with Paul Buehler, Senior Director of Child and Family Services, Casey Family Programs, October 16, 2016.

² Conversation with Raelene Freitag, Director of Children's Research Center, November 8, 2016. Conversation with Paul Buehler, Senior Director of Child and Family Services, Casey Family Programs, October 16, 2016.

³ Tversky, A. and Kahneman, D. (1974). Judgment under Uncertainty: Heuristics and Biases. *Science*, 185: 1124-1131.

⁴ Casey Family Programs (2012). *Shared Learning Collaborative on Differential Response*. Seattle, WA: Casey Family Programs.

⁵ Casey Family Programs (2011). *Centralized Intake Systems*. Seattle WA: Casey Family Programs. Casey Family Programs (2012). *Shared Learning Collaborative on Differential Response*. Seattle, WA: Casey Family Programs.

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



⁶ Wulczyn, Fred, Alpert, Lily, Orlebeke, Britany, and Haight, Jennifer (2014). Principles, language, and shared meaning: Toward a common understanding of CQI in child welfare. Chicago: Chapin Hall at the University Of Chicago. Available at: https://fcda.chapinhall.org/wp-content/uploads/2014/07/2014-07-principles-language-and-shared-meaning_toward-a-common-understanding-of-cqi-in-child-welfare.pdf

Also, see: Administration for Children and Families (ACF) (2012). *Information Memorandum: Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies* (IM-12-07). Washington DC: ACF. Available at: <http://www.acf.hhs.gov/sites/default/files/cb/im1207.pdf>

⁷ Casey Family Programs (2014). *Assessment of Santa Clara County's Child Abuse and Neglect Center* [Internal Report]. Seattle, WA: Casey Family Programs.

⁸ 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.

⁹ Holland, Shari, Glass, Lauren, Clearfield, Esha, Jenkins, Jesse, and Stevens, Catrina (2014). *Answering the Call: How States Process Reports of Child Abuse and Neglect*. Austin, TX: Morningside Research and Consulting Inc. Available from: http://www.morningsideresearch.com/wp/wp-content/uploads/2014/07/StateWideIntake_FINALR2_07_15_14.pdf

¹⁰ Baird, Christopher, & Wagner, Dennis (2000). The relative validity of actuarial- and consensus-based risk assessment systems. *Children and Youth Services Review*, 22, 839–871.

¹¹ Sawyer, R., and Lohrbach, S. (2005). Differential Response in Child Protection: Selecting a Pathway. *Protecting Children*, (20) 2:44-53. (p. 44). Available at: <http://www.americanhumane.org/assets/pdfs/children/differential-response/pc-20-2-3pdf.pdf>