



How did Hawaii gain staff and stakeholder support when **centralizing its hotline?**

Between 2000 and 2002, Hawaii transitioned from a decentralized child abuse and neglect reporting hotline system spread across all six islands to a single centralized hotline located on Oahu. As a result of this transition, Hawaii has found greater consistency in screening decisions, which leaders attribute to a more standardized application of safety and risk protocols. While centralized intake systems are not necessarily the solution for every child protection agency, without structured protocols for risk and safety assessment, safety decisions are more vulnerable to individual and team biases and mental shortcuts, which can lead to more global, systematic errors in predictable (albeit preventable) ways.

When implementing system change in child welfare, proactive engagement of internal and external stakeholders is important, as is integrating their perspectives into the change process. Strategic and ongoing communication with the stakeholders also is needed to keep them well-informed and sustain their support.¹ This brief highlights strategies that Hawaii's Child Welfare Services (CWS) employed to gain support from its staff and community stakeholders during the hotline centralization process,² in order to inform the efforts of others considering a similar transition. It is part of a series of briefs on child abuse hotlines, which includes [*What are the elements of an effective hotline system?*](#) and [*How do some states hire, train, and retain their hotline intake screeners?*](#) with [*accompanying appendix*](#).



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Background

With its jurisdiction spread out over six different islands, Hawaii's CWS knew that implementing a major system change would require careful planning and support from staff and community stakeholders. When Hawaii made the decision to centralize its child abuse and neglect reporting line in 2000, it thought about how to address resistance from community members who preferred calling a staff person they knew personally in their own local area, or even walking into an office to file a report in person. Hawaii officials also knew that agency staff were likely to have their own fears and concerns, especially those who worked for each island's local intake lines.

With these considerations in mind, Hawaii CWS spent two years developing and implementing a transition plan before launching its centralized hotline in 2002.

Gaining support across six islands

When a system moves to a centralized hotline, two major concerns typically raised are the displacing of local intake staff and creating more distance between the intake system and the local community. Hawaii was careful to attend to both concerns.

Laying the groundwork

Oahu quickly was identified as the site for the new centralized hotline due to data (more than 60 percent of intake reports were from Oahu) and workforce capacity (Oahu's intake unit was the more long-standing, well-developed and experienced among the six units at the time).

Intake workers in Hawaii are more seasoned CWS staff and, as a result, intake staff impacted by centralization were able to move into other roles within their local offices fairly easily. This helped ease personal concerns they may have had about the transition. The centralized intake unit also **received new positions** to support the increased statewide workload in Oahu. Intake staff from the neighboring islands were welcome to apply but were required to relocate to Oahu for the assignment.

The local Oahu hotline unit had a training and intake supervisor, Johnny Papa, who had 20 years of experience and strong relationships across the agency. She was known for her strong communication, organization, critical thinking, and analytical skills, and in particular her interpersonal skills. Tasked with leading the transition to a centralized hotline, Ms. Papa knew she and her staff would have to address concerns of the staff and community on the other five islands.

Communicating with stakeholders

Hawaii CWS credits the success of the centralization process with its **comprehensive communication plan**, which detailed communication strategies with leadership, staff and community stakeholders. Hawaii's CWS director was briefed regularly, which helped to maintain leadership support for the transition. Keeping the director informed was also critical to gaining legislative support for centralization, as the director was able to provide regular status reports to the Legislature regarding the transition process.

Communicating with staff and community stakeholders was equally important so that they understood what changes were coming and why, how they would

Many assume that “intake” simply means just answering the phone — when in fact conducting an assessment without a face-to-face visit truly requires a highly developed level of mastery and skill in child safety, understanding the dynamics of maltreatment, and progressive decision-making.

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HAWAII CWS CENTRALIZED HOTLINE SUPERVISOR

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be impacted, and how they could help support the transition. This level of communication served to ease the anxiety that accompanied such a major system change. The agency communicated the goals of moving to a centralized intake system with all staff and community stakeholders, providing multiple opportunities for soliciting feedback and incorporating their views and voices into the transition planning process.

In Hawaii, local relationships are key. A successful transition to a centralized system required **gaining endorsement from local intake staff**, who in turn could help generate support within the local community. Once local intake staff understood the purpose behind centralization, they played a pivotal role in the transition. They helped gain support from the community and local stakeholders through **positive messaging of the hotline centralization**, which occurred at meetings and in fielding community questions and concerns.

Making connections on the ground

The centralized hotline leadership team began by reaching out to all CWS intake staff on each island, explaining what was happening, gaining feedback and insights, and confirming a plan for a face-to-face visit. The team then visited each of the islands, holding **one-on-one meetings with each and every intake staff, as well as a series of meetings with local intake units, community members, law**

HAWAII'S CENTRALIZED INTAKE

12 screeners operating around the clock

2400 calls a month

11% of calls are screened in

enforcement, schools, medical providers, courts and other stakeholders. Meetings were designed to hear directly about local concerns and gain stakeholder feedback about what was most needed from the agency's intake function. They also helped the team gather information about communities and their local resources.

Data also was key. Prior to the visit, intake data for that island was prepared and shared with local stakeholders so that all local staff and community members had **access to the same information to inform their discussions** and ask questions of the Oahu centralization team.

An intake worker from Oahu was involved in each site visit so that **relationships could build between centralized intake and local community members** on each island.

Intake staff on all the islands were engaged in the process from the beginning — by phone and emails prior to (us) arriving on each island for private face-to-face meetings...By the time we arrived on each island, we were prepared to... begin working as a team to prepare the community for the transition. The staff provided us with...their resource listings and community contacts, and insights into the nuances and culture of their respective communities so that we understood the community culture as best as possible before going live.

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We built partnerships from the ground up, working with both the local CWS and the community through facilitated meetings, networking with each party (law enforcement, health care, schools, courts), ...demonstrating how client service and response was improved for each partnership.

We did not just go out and announce the concept...It is a constant and fluid process of continued engagement and outreach.

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HAWAII CWS CENTRALIZED HOTLINE SUPERVISOR

Phasing it in slowly

Hawaii opted to **phase in centralization of its intake system, island by island**, to give centralized staff time to adjust to each change, and be able to make adjustments or corrections from phase to phase. One of the biggest learning curves was the new intake tool, which was borrowed from Washington state and adapted to Hawaii's culture and needs. Beyond the introductory training provided to centralized intake staff, coaching was provided to support a greater depth of understanding and consistent application of the tool.

A phased-in process also allowed centralized intake staff to get to know each of the six island communities, including understanding the resources available in each local community. While Hawaii's centralized hotline was not designed to be a resource and referral line, CWS

wanted to ensure that all callers received the response they needed, so centralized intake staff **created strong networks with local partners to be able to provide resource referral information to callers through the centralized hotline.**

The site visits helped develop the relationships with local staff and community groups, but maintaining them has proven to be critical in continuing to understand the resources available on each island. CWS developed a **community resource guide** that has been distributed widely. The guide has both reduced the volume of calls unrelated to child abuse and neglect, and supported centralized intake staff in having easy access to the information they need to respond to inquiries from local communities.

- 1 Children's Bureau. (2015). *The use of implementation projects to support change in child welfare*. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/topic_paper.pdf
- 2 Western and Pacific Child Welfare Implementation Center. (2013). *Stakeholder engagement: Tools for action*. Retrieved from https://www.cssp.org/publications/general/WPIC_DCFS_Stakeholder_Engagement_Toolkit.pdf
- 3 Interview with Tonia Mahi, Hawaii Child Welfare Services Section Administrator, Johnny Papa, Hawaii Child Welfare Services Intake Supervisor, and Roselyn Viernes, Hawaii Child Welfare Services Section Administrator, December 8, 2017.

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