An Assessment of the District of Columbia's Child and Family Services Agency Child Abuse and Neglect Hotline and Intake Practices and Decision Making

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Prepared by the District of Columbia Child and Family Services Agency, Office of Agency Performance and the Center for the Study of Social Policy, the *LaShawn A. v. Bowser* Court Monitor

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I. INTRODUCTION

The District of Columbia Government Child and Family Services Agency's (CFSA) child abuse and neglect hotline receives reports with allegations of child abuse and/or neglect 24-hours a day, seven-days-per week. Reports, or referrals, alleging child abuse and/or neglect are received by trained Child Protective Services (CPS) staff through several methods, including the hotline call center, walk-in reports and other forms of communication (e.g., faxes, emails and letters).[1] CPS hotline staff members, often referred to as hotline workers, receive, review, screen, document and refer reports of suspected abuse and/or neglect of children and work to ensure timely responses to reports. Upon receipt and review of a referral, hotline workers either screen out the referral because there is no allegation of abuse or neglect that meets the District's statutory definitions, or send the referral to the Hotline R.E.D. Team for assignment to one of the following three pathways, based on a determination of the most appropriate response: (1) Family Assessment, (2) CPS Investigation or (3) Information and Referral (I&R).[2] For calls that are assigned as I&Rs, CPS hotline staff may refer reporters to the resources available through CFSA's community partners, e.g., the Healthy Families/Thriving Communities Collaboratives, other government agencies and other entities as applicable for services.

CFSA has strengthened the Entry Services Intake process, including the hotline, in order to provide better guidance to staff to support and improve consistency of decision making and to ensure a consistent, customer-service oriented process. In 2012, CFSA's Hotline Procedural Operational Manual (HPOM) and its accompanying Hotline Policy were updated to align with current CPS practice standards, as well as requirements and expectations of best practice standards for timely and consistent responses to abuse and neglect. In March 2014, CFSA also implemented the Structured Decision Making® model at the hotline to further enhance practice. Structured Decision Making (SDM) is an actuarially-based model used to assess safety and risk and for making decision from intake through closure of referrals and cases. It is an evidence-based best practice that has been shown to increase consistency and validity of case decisions.

[1] Child & Family Services Agency. (2012). Hotline Policy.

[2] Beginning in June 2016, CFSA reduced the number of Hotline R.E.D. Team meetings from 3 to 1 per day and limited the use of the R.E.D. Team to certain types of referrals, specifically those that include one of the following criteria: families with 4 or more referrals with the most recent referral occurring in the last 12 months; families with 3 or more referrals within a year; and families with existing open in-home or out-of-home cases.

SDM as utilized at the hotline allows CFSA to improve interpretation of the laws and policies that stipulate when and how CFSA can and should intervene in the best interests of children.

Additionally, CFSA implemented the Consultation and Information Sharing Framework (CISF) Hotline R.E.D. (Review, Evaluate and Direct) Team process in February 2013. This process of reviewing, evaluating and directing practice is a group decision making process that occurs after a report alleging abuse or neglect has been received to allow CPS to identify the appropriate pathway assignment for response.

One of the expected outcomes of the practice changes described above was a more deliberate decision making process regarding the agency's response to referrals of abuse and neglect. In the months following implementation, the percentage of screen outs occurring at the hotline began to increase, and the court appointed monitor for *LaShawn A. v. Bowser*, was interested in learning more about this trend and assessing if additional changes were needed within practice, procedure, training and staff support.

In order to assess the effectiveness of the improvement efforts, CFSA in partnership with the Center for the Study of Social Policy (CSSP), the court appointed monitor for *LaShawn A. v. Bowser* and partners at the Children's Research Center (CRC) and KVC Health Systems worked collaboratively to conduct a joint review of a sample of referrals alleging child abuse or neglect that were either screened out or reviewed at the Hotline R.E.D. Team. The review was intended to assess current practice and to provide the information needed to create a robust, internal continuous quality improvement process that would allow for regular review of the Entry Services intake process and further enhance the quality of services.

A. Purpose

This review sought to address two outcomes or goals. First, to evaluate whether appropriate screening decisions were made regarding referrals alleging child abuse and neglect. The second goal was to create a robust internal continuous quality improvement process that regularly reviews and evaluates the Entry Services intake process.

B. Methodology

In March 2016, staff from CSSP and CFSA conducted a joint review of a statistically significant sample of recorded calls to the Hotline, emails, faxes and unrecorded calls alleging child abuse or neglect that were screened out by CFSA as not requiring an investigation or family assessment during the month of January 2016. The review also considered decision making for referrals that were discussed during a Hotline R.E.D. Team between late April and early May 2016. The sample included 291 referrals: 108 referrals received via email, fax or unrecorded calls; 87

referrals with an audio recording saved in the NICE[3] system; and 96 referrals forwarded to the Hotline R.E.D. Team for pathway decision making.

The sample for referrals screened out prior to or outside of the R.E.D. Team process was drawn using FACES.NET management report INT003, titled Hotline Calls, run on February 15, 2016 for the month of January 2016. This report listed a total of 632 referrals screened out during the month, of which 342 were screened out by the Hotline staff and 290 were subsequently screened out after a R.E.D. Team review. A statistically valid sample (N=181) of the screened out calls was drawn to achieve a 95 percent significance and a confidence level of ± 5 percent.

From the list of referrals generated by INT003, a sample of 181 referrals was identified, along with an oversample in the event that individual referrals could not be used for the review. This original random sample included 79 referrals for which a recording was made, and 102 which came in through other means (fax, walk-in or email, primarily for allegations of educational neglect). Some of the original calls were excluded during the review for varying reasons and additional referrals were added as replacements from the oversample. Upon completion of the review the total number of referrals reviewed was 195, including 87 recorded and 108 unrecorded referrals.

In addition to the review of calls screened out at the Hotline, reviewers also assessed call screened out via the Hotline R.E.D. Team. The sample of cases reviewed at the R.E.D. Teams was based upon reviewer availability over a ten day period from April 27 to May 6, 2016. Ninety-six referrals that were sent to the Hotline R.E.D. Team from late April to early May 2016 were reviewed during attendance and observation at 18 Hotline R.E.D. Team meetings held at various times and days of the week. For purposes of this portion of the review, decision making on all referrals were assessed, not limited to screen outs.

The original Intake CQI (Continuous Quality Improvement) Hotline Referral Review tools developed in partnership with Sue Lohrbach of KVC and Deirdre O'Conner of CRC, were edited and revised to ensure reliability and validity for purposes of this review. The most significant revision was the addition of a final question: "Does the reviewer agree with the hotline and supervisory screening decision to screen out, forward to the Hotline R.E.D. Team or screen in for immediate response?" The responses included three options:

- Yes - The worker and supervisor gathered or had enough substantive information to support their screening decision, and the reviewer agrees with/has confidence in the screening decision.

[3] The data system which stores and manages recordings of CFSA hotline calls and the electronic tool used to evaluate those calls is provided by NICE Systems Ltd. It is generally referred to by staff as the NICE system.

- No - For reasons noted above, process and activities diverged from CFSA policy and procedures to such a degree that the reviewer is not confident in or disagrees with the screening decision.
- No - Although the hotline worker and supervisor or triage unit followed CFSA policy and protocol (which may include the SDM screening tool), the reviewer is not in agreement with or confident in the decision to screen out the referral.

The response options were expanded to enable a more nuanced understanding of instances where reviewers disagreed with the screening decision. The response option "*No - For reasons noted above, process and activities diverged from CFSA policy and procedures…*" was created to capture situations where the worker had not followed policy and protocol in making a decision to screen out the referral. This response was intended to highlight situations where there may be a need for more training and supervisory oversight as the worker has shown inconsistencies in adherence to policy and procedures. The second "No" response option was created to highlight possible deficiencies in both policy and practice; noting that even though policy and protocol were followed, they guided the worker to an inappropriate screening decision.

Recorded Calls

The review tool utilized to assess recorded calls at the hotline looks at five areas: customer service/interaction with the reporter, information gathering, documentation, supervisor comments and reviewer agreement with the screening decision including a description of strengths and weaknesses. A representative from CRC provided a one-day training to reviewers from CPS, CFSA's Agency Performance (AP) and CSSP on how to assess calls and how to complete evaluations using the tool in the NICE system. The review team was comprised of seven persons, drawn from both CSFA and CSSP staff. They listened to the recorded call, read the documentation and completed the review tool for 87 recorded calls that were screened out, all received in the month of January 2016. Of the 87 recorded calls, 21 (24%, every fifth call reviewed) were reviewed for quality assurance by two secondary reviewers from AP and CSSP. Any discrepancies in responses between the initial and the secondary reviewer were discussed and a final review was saved as the final copy. Please see *Appendix A* for the full review instrument.

Unrecorded Calls

Most reports alleging child maltreatment are received by phone via CFSA's 24-hour hotline although some referrals also come by fax or email. The one big exception is for allegations of educational neglect for which the protocol is to make the report via email or fax as described below. Because the bulk of emails and faxes received during the period under review were reports by schools who are mandated reporters of alleged educational neglect, the review

instrument was tailored to these types of referrals. However, though few in number, this portion of the review also examined all allegations of abuse or neglect that are reported to CFSA through means other than the hotline including emails or faxes, as well as one unrecorded call made by a worker for an open case.

The tool to review unrecorded calls was developed to reflect the internal Procedural Operations Manual developed by the CPS administration to handle educational neglect referrals. Questions were created based on the current standard practice surrounding the review of educational neglect referrals as they accounted for all but four of the unrecorded calls reviewed. Additional questions were developed to capture those unrecorded calls, faxes or emails.

The review instrument was designed to assess the Educational Neglect Triage Unit procedures and decision making process. The review tool included questions regarding the type of referral, the family's current or past involvement with CFSA and demographic information on the children who are the subject of the report. The review instrument also asked questions specific to the educational neglect allegations including the date of the referral and reporting form, number of unexcused and excused absences and tardies, if the child has an IEP or 504 plan and school efforts to engage the family about attendance issues prior to filing a report. Finally, the tool sought to capture the Triage Unit's reason(s) for screening out a referral and the consistency of these decisions with the information provided. Lastly, reviewers were asked to assess whether or not they agreed or disagreed with the decision to screen out the referral based on the recorded information. Please see *Appendix B* for the full review instrument.

Evaluators from CPS, AP and CSSP received a half-day training led by staff from the Educational Neglect Triage Unit on how to utilize the review instrument in assessing this sample of referrals. Evaluators assessed educational neglect referrals by accessing the CFSA Educational Neglect Reporting Form and documentation displayed in FACES.NET. A portion of the referrals were reviewed for quality assurance by two secondary reviewers from AP and CSSP. Any discrepancies in responses between the initial and the secondary reviewer were discussed and a final review was saved as the final copy.

Hotline R.E.D. Team

The Hotline R.E.D. Team review tool was developed in partnership with Sue Lohrbach, developer of the CISF framework and R.E.D. Team, using a Readiness Audit Tool that she previously created as the baseline. The Readiness Audit Tool included pertinent questions to evaluate the Hotline R.E.D. Team and provided structure and guidance on the practice standard for Hotline R.E.D. Team meetings including:

- Hotline R.E.D. Team logistics and membership, including questions about the day and time of the meeting, who attended and the role they played during the meeting and the quality of the facilitation;
- R.E.D. Team process, with questions regarding the content discussed during the meeting;
- Agency history with the family, including the Hotline R.E.D. Team's gathering of information and review of the family's prior involvement with CFSA, if any;
- R.E.D. Team critical thinking, which covered the team's use of the CISF and next steps for the referral;
- Documentation of the Hotline R.E.D. Team process, decisions and follow-up to assess the team's documentation of both the CISF and final information entered into FACES.NET; and
- Appropriateness of screening decision, including reviewer agreement and additional comments.

All sections of the review protocol included both quantitative and qualitative data in order to gain a full understanding of the reviewer's assessment. Please see *Appendix C* for the full review instrument.

At the time of the review, Hotline R.E.D. Team meetings were held three times each week-day and two times each day of the weekend to handle the volume of referrals. Each Hotline R.E.D. Team meeting typically lasts 60 to 90 minutes and reviews approximately 10 to 12 referrals, depending on the complexity of the referrals. Eight trained reviewers participated from CSSP, AP and CPS including high level CFSA staff (Program Administrator, Program Manager, Management Analyst, Deputy Director and Social Work Supervisor). Reviewers were trained to observe and to not participate in any of the discussion of the team. The reviewers had the option to attend any Hotline R.E.D. Team of their choosing over a ten day time period. Unlike the other parts of this CQI process, a secondary review at the Hotline R.E.D. Team was not feasible due to the fast paced and real-time setting of the meetings.

A probability sampling design was used to enable generalizing the findings to a larger population of referrals received at intake and to ensure that calls reviewed were representative of the overall population of intake referrals.

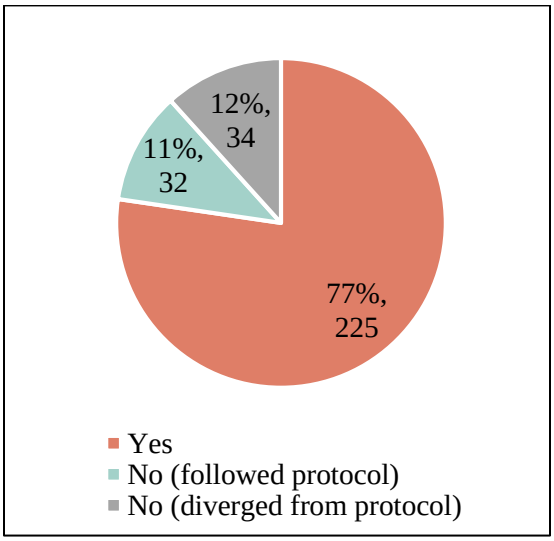
Efforts to ensure the accuracy and objectivity of the reviews included use of random samples, joint training and practice using the review tools and the use of quality assurance checks on completed tools by representatives of both CFSA and CSSP. This last function was not used for the evaluation of the R.E.D. Team meetings. Lastly, despite the intention to have the reviewers observe but in no way influence the functioning of the R.E.D. teams, the review could not account for the unknown extent of the influence of reviewer presence during the meetings. For

example, one reviewer commented that they felt their attendance at the meeting may have had some effect on the decision making process.

C. Summary of Review Findings

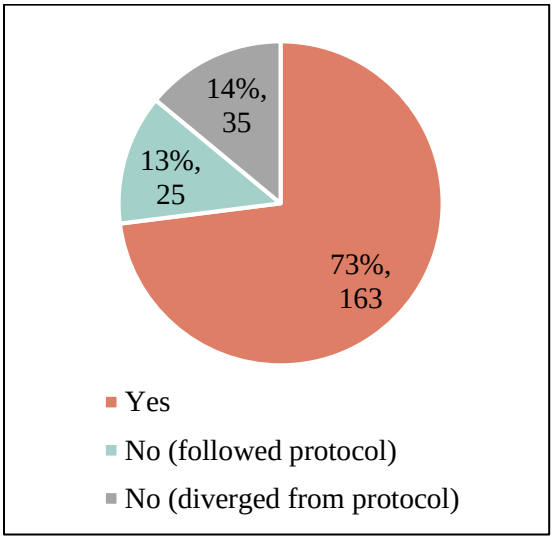
Of the 291 referrals reviewed (including recorded calls, unrecorded calls and through the Hotline R.E.D. Team), reviewers agreed with the decision made to either screen out the referral or agreed with the pathway decision made at the Hotline R.E.D. Team in 77 percent (N=225) of the referrals. Referrals where reviewers disagreed due to a worker diverging from protocol represent 12 percent (N=34) of the referrals and the referrals where workers followed protocol but reviewers felt the wrong decision was still made represent 11 percent (N=32) of the referrals.

Figure 1: Reviewer Agreement with All Screening Decisions
N=291 referrals



There were 223 referrals screened out at the hotline, Educational Neglect Triage Unit or the Hotline R.E.D. Team. Of the 223 referrals, the reviewers agreed with the decision to screen out the referral in 73 percent (N=163) of the referrals. Of the 60 referrals where reviewers did not agree with the decision to screen out, 14 percent (N=35) found that workers did not follow protocol while the remaining 13 percent (N=25) represented referrals where the reviewer disagreed with the decision even though protocol was followed. Figure 2 below illustrates the break down of decisions regarding screen outs only.

Figure 2: Reviewer Agreement with Decision to Screen Out Referral
N=223 referrals



II. PART A: RECORDED CALLS

The review tool to assess recorded calls screened out at the hotline looked at five areas:

- Customer service/interaction with the reporter
- Information gathering
- Documentation
- Supervisor comments
- Reviewer agreement with the screening decision, including a description of strengths and weaknesses.

The review of recorded calls differs from the review of emails or faxes and the Hotline R.E.D. Team as it additionally focused on customer service and the manner in which the hotline worker performs their role.

In the following section, overall ratings are assigned to each subsection of the recorded call reviews to provide a baseline for improvement. Reviewers answered each question for Part A of the review with either "yes" or "no." To calculate the overall rating for each subsection, the total number of responses for every question in the subsection was divided by the total number of "yes" responses for those questions.

D. Customer Service/Interaction with the Reporter

The overall customer service rating[4] was 62 percent. Hotline workers were evaluated on whether or not they demonstrated satisfactory customer service when on a call. Each hotline worker is expected to start calls promptly and politely, identify themselves and begin with open-ended questions so as to let the reporter describe the situation. They were also evaluated on how well they positively interacted with the reporter.

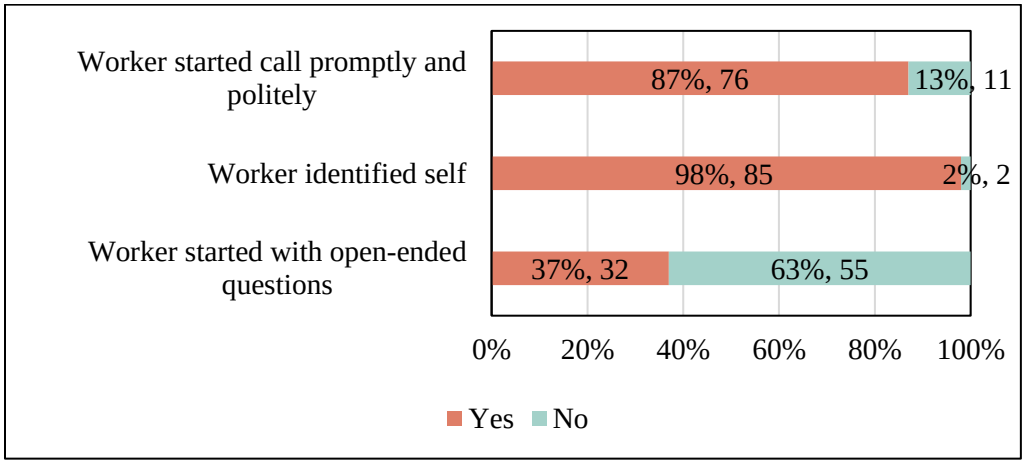
Eighty-seven percent (N=76) of hotline workers began the call politely and promptly and identified him or herself by hotline worker number in 98 percent (N=85) of referrals. However, respondents noted in 63 percent (N=55) of calls reviewed, hotline workers did not start the conversation with open-ended questions and did not allow the reporter to tell them what had occurred in their own manner. Open-ended questions are vital in that they encourage reporters to elaborate. Program staff have noted during the creation of the CQI process that if a reporter is asked a closed-ended question it limits their ability to elaborate on the details of the event. Reviewers noted that often hotline workers were *"more concerned with gathering the demographics such as the age and address of the alleged victims, rather than letting the caller provide the reason for their call"* (see Figure 3).

Cases where the hotline worker began with open-ended questions were more likely to be those where other good listening and interviewing skills were noted as well. In 78 percent (N=25) of the calls that began with open-ended questions, the hotline worker also asked follow-up questions; this was true of only 65 percent (N=36) of the calls where this was not observed.

In some instances the worker was able to provide positive customer service and displayed exemplary instances of positive customer interactions. One reviewer commented, *"[The] HW did a good job of focusing the caller despite his rambling. Additionally, the HW apologized for interjecting occasionally to obtain clarity on certain points the caller was trying to make. The caller rambled and required redirection at times."*

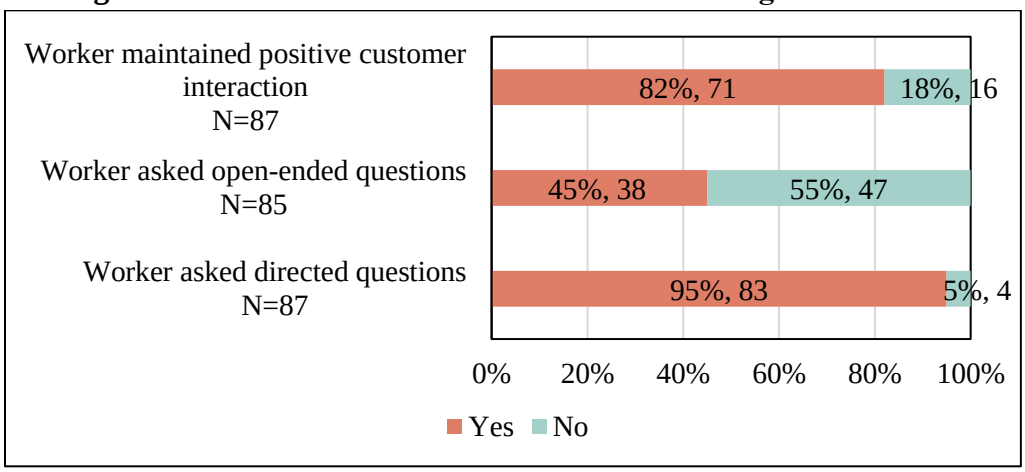
[4] The overall positive customer service rating is calculated by dividing the total number of responses (1163) by the number of positive responses (720). For example, a "yes" response to 'worker demonstrated good customer service with the call using a pleasant and inquisitive tone' would denote a positive response and thus be calculated in the numerator of the overall positive customer service rating.

Figure 3: Hotline Worker's Interaction with Reporter at Beginning of Call
N=87 referrals



After starting the call, the worker is expected to transition to gathering specific parent behaviors and the conditions of the household by asking direct questions and continuing to ask open-ended questions, all the while maintaining positive customer interaction. Figure 4 below illustrates that in 95 percent (N=83) of the referrals reviewed, hotline workers asked direct questions as opposed to asking open-ended questions (45%, N=38) or letting the reporter describe the circumstances of their call on their own. While there are some required pieces of information that the hotline worker is likely to seek using direct questions, it is important to continue using open-ended questions while asking about parent behaviors, safety and risk concerns and conditions of the household. One respondent commented that the *"HW asked mostly direct questions. For the most part, the interaction remained positive although abrupt at times."*

Figure 4: Hotline Worker's Transition to Gathering Information[5]



[5] The total universe (N) differs for each indicator due to blank survey responses.

The hotline worker is expected to allow the reporter to freely explain the reason for their call however they are also expected to guide the reporter to provide pertinent information regarding the allegation of abuse or neglect. The way a social worker interviews a reporter can have a profound impact on the quality of the responses he or she receives. In order to ensure that high quality responses are provided, the hotline worker must employ engagement techniques. Reviewers were trained to recognize the following use of specific types of engagement or interview techniques such as reflective listening. Examples are:

- "What I heard you state"
- "What I hear as your biggest concern is"
- "I heard you mention"

Hotline workers are also expected to engage in asking exception questions such as:

- "Are there days the child does not present/behave in the way you have described?"
- "Are there times the parent is not drunk/high?"
- "Are there times the parent engages or disciplines the child appropriately?"

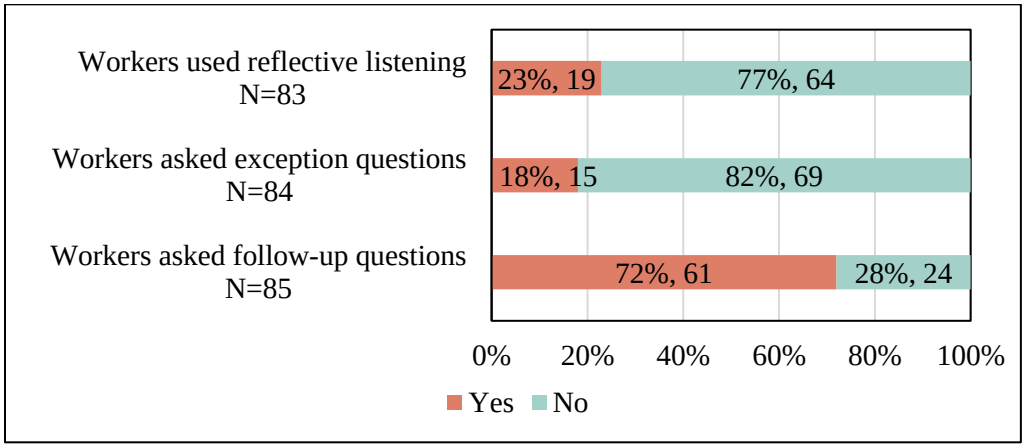
Lastly, hotline workers are expected to ask clarifying and follow-up questions to gather specific details about the incident. Examples include:

- "You mentioned the parent was high when he dropped the child off at school—can you tell me how you know/what makes you suspect that?"
- "You mentioned the parent is mentally ill—can you tell me what that means/a bit more about that?"

Reflective listening practices were noted in 23 percent (N=19) of the calls. Reviewers found examples of the hotline worker asking exception questions in 18 percent (N=15) of the referrals reviewed.

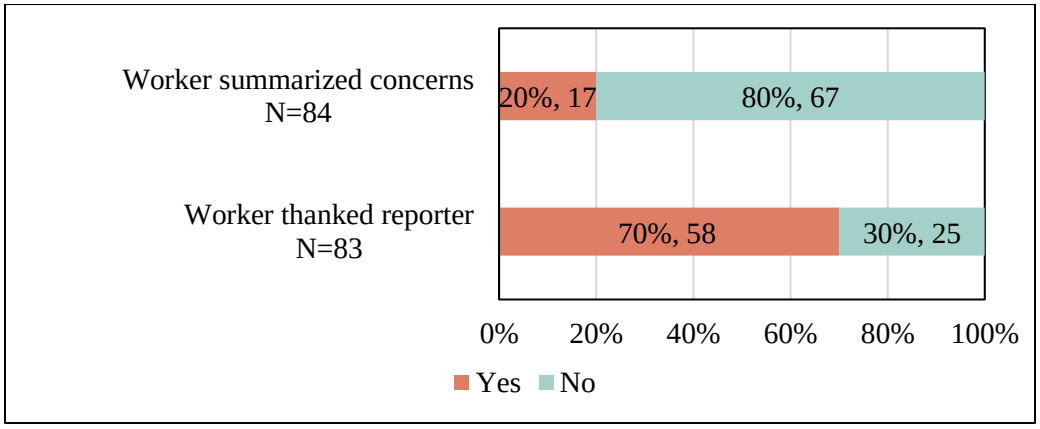
Respondents noted that hotline workers do ask clarifying and follow-up questions which are important because clarification responses produce the kind of specific information hotline workers need to make a screening decision recommendation. Asking for clarification also ensures the hotline worker does not misinterpret the reporter's answer. Seventy-two percent (N=61) of the referrals reflected that hotline workers asked clarifying questions (see Figure 5). One reviewer noted the following about a hotline worker's use of clarifying questions: "*Worker did ask clarifying questions regarding the alleged incident. She differentiated between the incident being sexual assault or 'just a choice to grab his crotch'."* Another reviewer stated *"[The] worker used good reflective listening skills to clarify the facts using the caller's own words."*

Figure 5: Hotline Worker's Use of Interview Techniques[6]



In addition to hotline workers' responsibilities of allowing the reporter to describe the situation organically and guiding the flow of the call, hotline workers have a responsibility to close the call professionally, effectively and politely. Evaluators noted that hotline workers summarized the statements of concern before ending the call in only 20 percent (N=17) of the calls reviewed. However, hotline workers often thanked the reporter before ending the call. In 70 percent (N=58)[7] of the calls reviewed, hotline workers thanked the reporter before ending the call (see Figure 6).

Figure 6: Hotline Worker's Interaction with Report at End of Call[8]

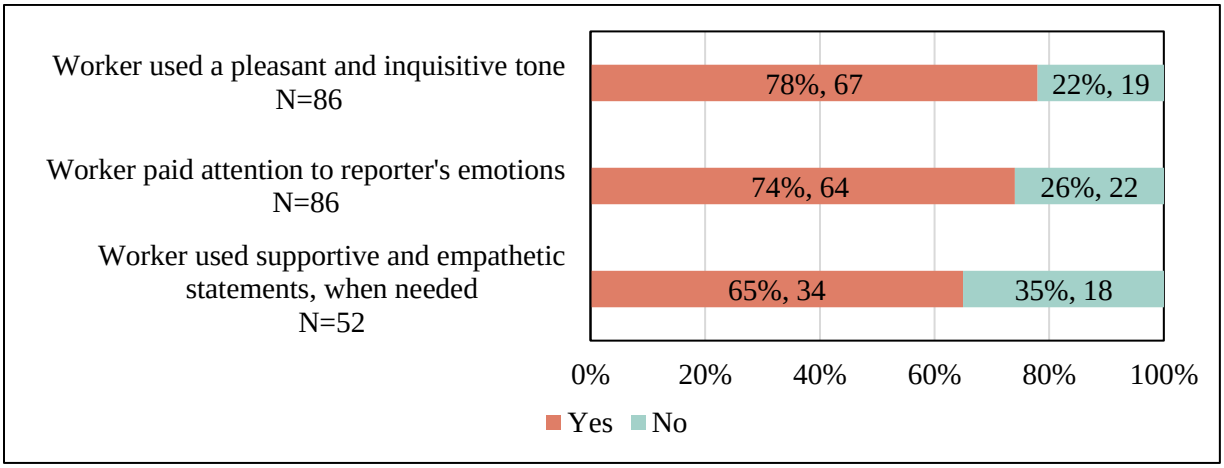


Lastly, evaluators were asked to assess if the hotline worker demonstrated good customer service by using a pleasant and inquisitive tone, by paying attention to the caller's emotions and by providing supportive and empathetic statements when needed. Figure 8 below shows that hotline workers used a pleasant and inquisitive tone in 78 percent (N=67) of calls reviewed and workers

[6] The total universe (N) differs for each indicator due to blank survey responses.
[7] N=83 for this question due to 4 blank survey responses.
[8] The total universe (N) differs for each indicator due to blank survey responses.

paid attention to the caller's emotions in 74 percent (N=64) of calls reviewed. A separate question asked if the worker provided supportive and empathic statements; this was rated as not applicable for more than a third (N=34, 40%) of the calls reviewed. For example, one reviewer commented that "*On calls with MPD, the hotline worker did not need to express empathy as they deal with these types of issues everyday as part of the job"* (see Figure 7).

Figure 7: Hotline Worker's Customer Service[9]



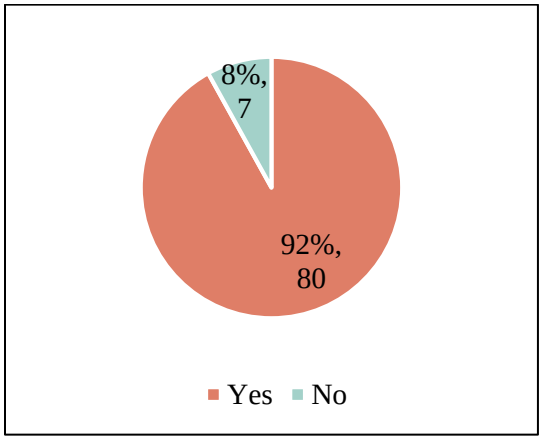
E. Information Gathering

In 57 percent of cases, hotline workers gathered all of the required information. The information gathering section of the review instrument included questions regarding the hotline worker's solicitation of information about the reporter, child victim, other children, parent or caregiver and alleged maltreater. Collecting information in each of these areas enables the hotline worker to gain a better understanding of family dynamics. Depending on the type of information, workers have the flexibility to ask both direct and open-ended questions, recognizing that workers may need to ask for the same information in a variety of ways and that the reporter may be unable to provide certain details.

The hotline worker gathered the name and call-back number from the reporter in 92 percent (N=80) of the calls (see Figure 8). Although the hotline will accept anonymous reports, sharing this information serves multiple purposes, including re-contacting the reporter after dropped calls, collecting additional information if needed to make a pathway decision and providing opportunities for follow up during the course of an investigation.

[9] Ibid.

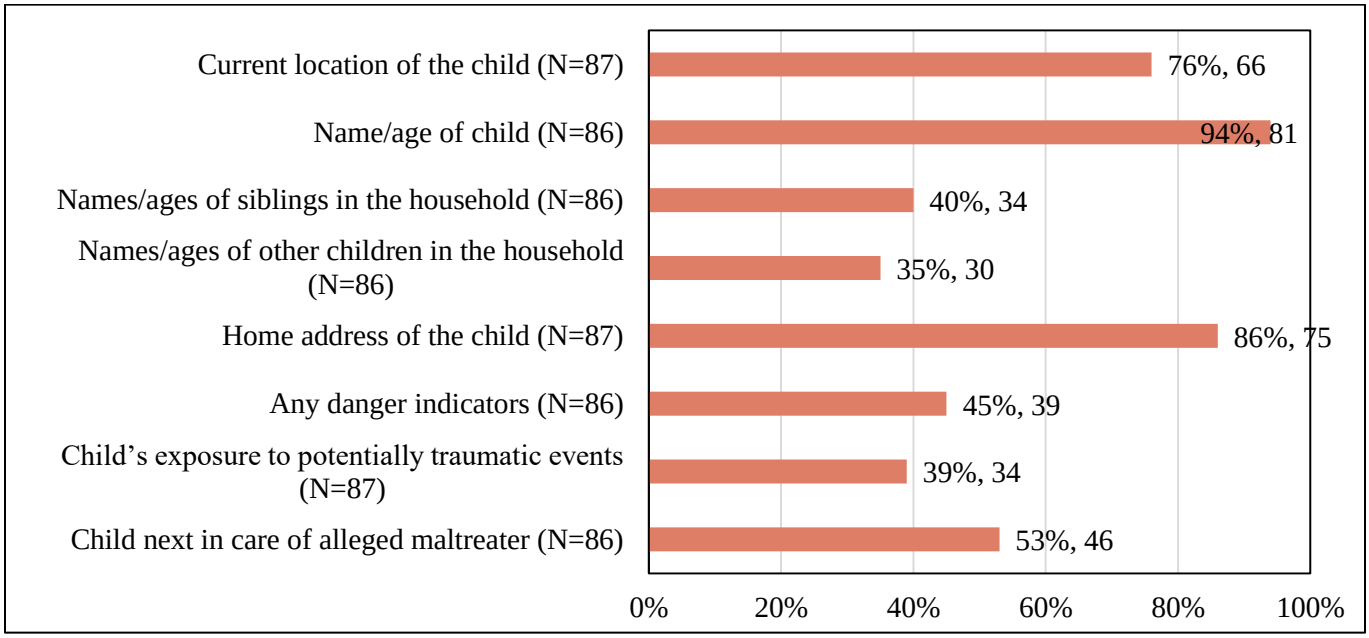
Figure 8: Worker Gathered Name and Call-Back Number from Reporter
N=87 referrals



Reviewers next assessed whether the hotline worker gathered, or attempted to gather, information on the child victim and any other children in the home or in the care of the parent or caregiver. Ninety-four percent (N=81) of referrals included the name and age of the alleged victim child and 86 percent of referrals included the home address (N=75) of the child. Additionally, 76 percent (N=66) of referrals included the current location of the alleged victim child.

Reviewers noted positive examples of information gathering pertaining to the child, such as: *"Worker asked good questions regarding a potentially traumatic event (fight/argument)"* and *"HW did excellent job immediately asking if the child that was sprayed with bleach, is she ok."* Instances noted where the hotline worker could have improved their information collection include: *"worker did not explore child's exposure to other assault in home or previous violence in home"* and *"only broad questions were asked about the sibling that was reference[d] by the caller. HW did not ask for [date of birth] or name."*

Figure 9: Worker Gathered Information on the Child Victim and other Children in the Home[10]

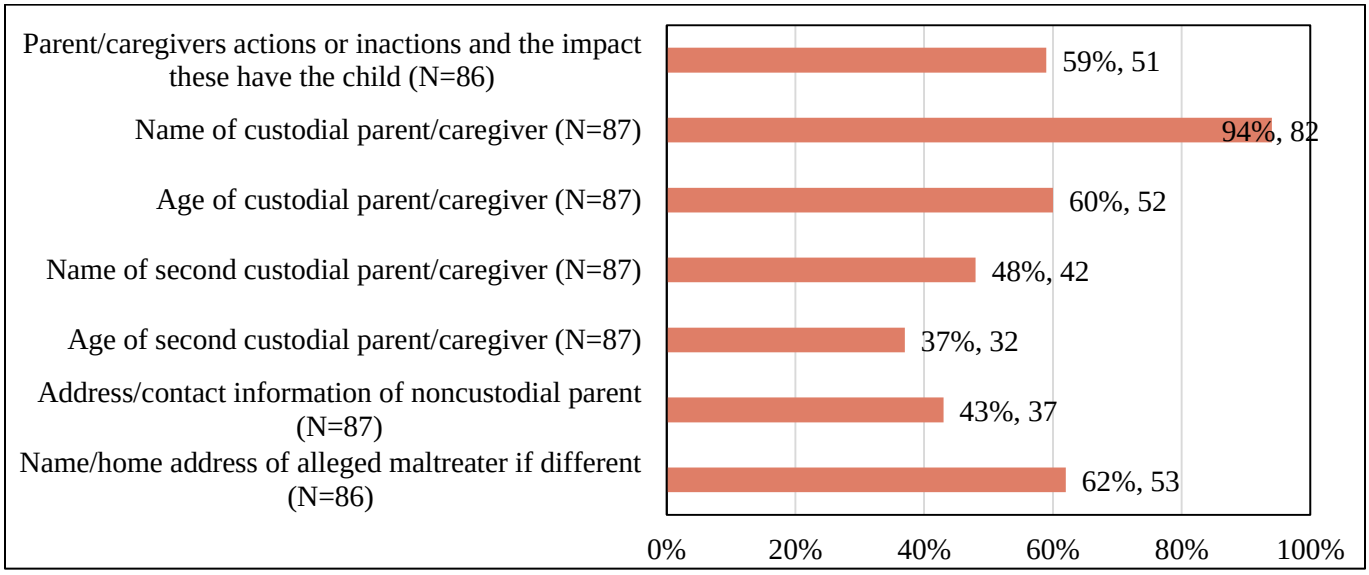


With regard to information on the parent or caregiver and the alleged maltreater, workers obtained the name of the custodial parent or caregiver for 94 percent (N=82) of referrals and the age for 60 percent (N=52) of referrals. However, this same information was only gathered for the second custodial parent or caregiver for 48 percent (N=42) and 37 percent (N=32) of referrals, respectively (see Figure 10).

One reviewer wrote that *"HW appropriately explored demographics with the caller and attempted to elicit information for both parents."* Another reviewer commented that *"HW asked questions about teachers that were supervising children at time of incident stating that that information was important."* However, for other referrals, reviewers noted a lack of information gathering, including *"officer mentioned father, however, worker did not explore further information"* and *"worker did not [ask] the caller if she knew the names of the family."*

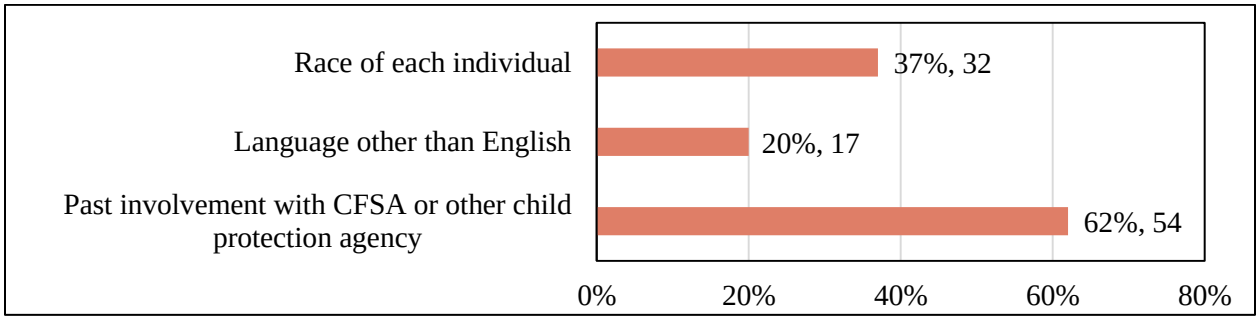
[10] The total universe (N) differs for each indicator due to blank survey responses.

Figure 10: Worker Gathered Information on the Parent/Caregiver and Alleged Maltreater[11]



Some information was collected for both the child and parent or caregiver, including race, language and past child welfare involvement. For these data, hotline workers collected the race of each individual for 37 percent (N=32) of referrals, the language spoke if other than English for 20 percent (N=17) of referrals and past child welfare involvement for 62 percent (N=54) of referrals (see Figure 11).

Figure 11: Worker Gathered Information on the Parent/Caregiver and Each Child N=87 referrals



F. Documentation

Documentation overall was rated positively for 58 percent of referrals. Documentation is a vital part of an efficient intake process. As such, reviewers reviewed each call to ensure that the written narrative in FACES.NET was consistent with the information provided by the reporter

[11] The total universe (N) differs for each indicator due to blank survey responses.

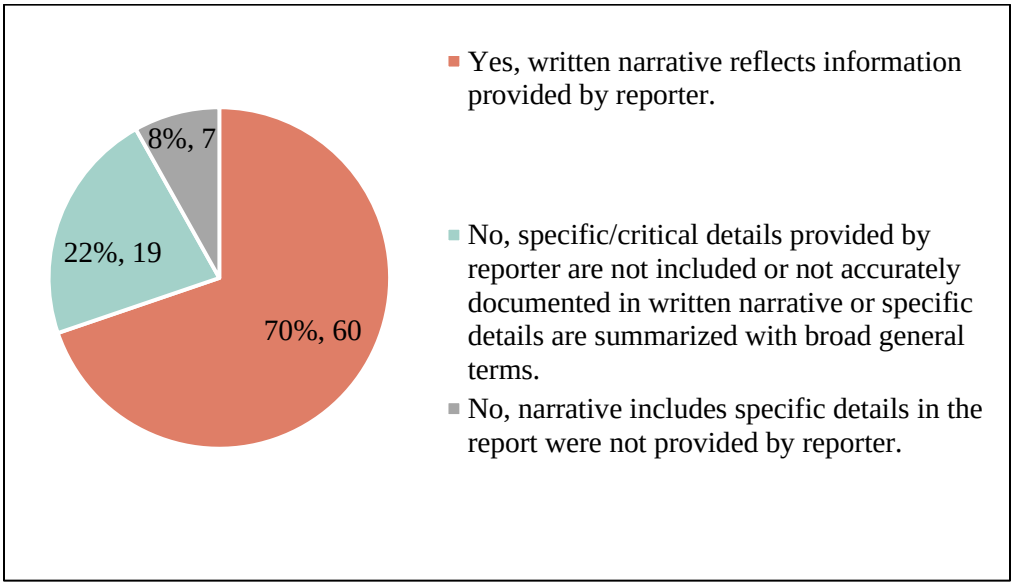
during the call. In 70 percent (N=60) of the referrals reviewed, the written narrative was reflective of information provided by the reporter on the call. In 22 percent (N=19) of all referrals reviewed, reviewers noted specific/critical details provided by reporter are not included or not accurately documented in written narrative or specific details are summarized with broad general terms.

In some of the hotline calls, these discrepancies were relatively minor, but the majority of those cited by reviewers had a potential impact on the screening decision. Reviewer comments of examples include:

- *"HW did not document all of the information provided by the reporter, i.e. how the situation arose, all of the individuals residing in the home, or the sister's belief that the mother is not capable of parenting."*
- *"Narrative does not include new information about the family's history - domestic violence in the family."*
- *"The caller reported that the child was sitting on top of a desk, hallucinating and hearing voices. The HW documented that the child was calm. The caller stated that they had tried to get in touch with the parents (gave parents' names, this was not included in documentation) and they were unable to reach anyone."*
- *"Written documentation is missing a critical piece of information that was provided by reporter, specifically that the stun gun is used in 'some way' in waking up the child."*

The remaining eight percent (N=7) represent referrals in which the reviewer noted that there are specific details included in the documentation that were not provided by the caller. In some instances these appear to have been unsupported assumptions (*"The narrative states 'the children do not know what happened' … Reporter simply stated kids were in basement at time of incident."*). In others, though, the narrative differed significantly from the call ("*Written report claims that mom did not identify father, but Reporter states he was present at the hospital and that his mother was currently a patient."*) (see Figure 12).

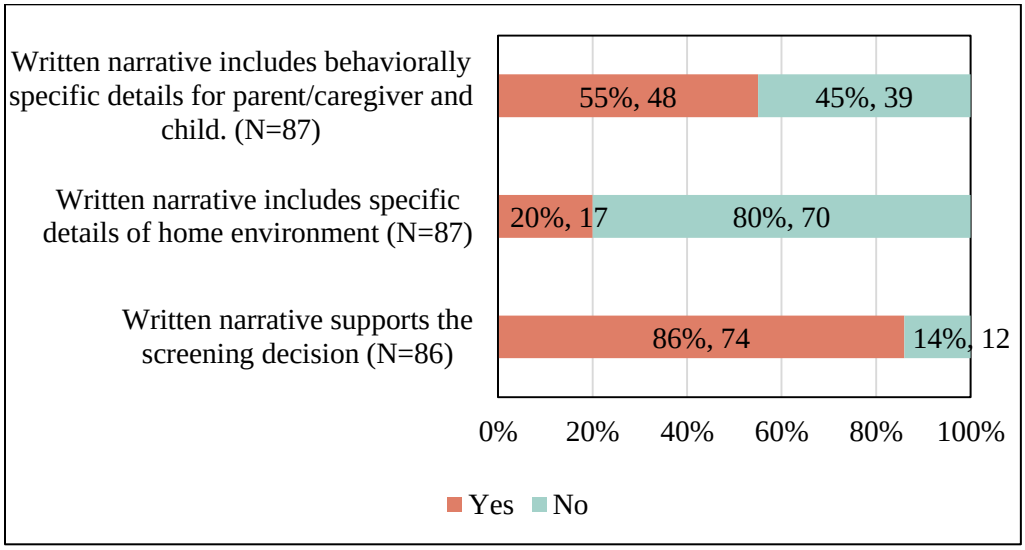
Figure 12: Written Narrative Consistency with Reporter Information
N= 87 referrals



Reviewers reviewed the written narrative in FACES.NET to whether the written narrative supported the screening decision, included specific details of the home environment, and included behaviorally specific details for the parent/caregiver and the child. In 86 percent (N=74) of all referrals reviewed, the written narrative supported the screening decision. Of the 65 referrals where the reviewers agreed with the final screening decision, the reviewers stated that the written narrative supported the decision in all but one (98%). This includes 13 referrals where the reviewers found the written narrative to be inconsistent with the information in the call. However, of the 12 calls where the reviewers determined that the screening decision diverged from policy and procedure, three reported that the written information was consistent with information provided in the call. This suggests that more accurate recording of information could have an impact on the accuracy and appropriateness of screenout decisions. (This split is not seen in the cases where the reviewer disagreed with the decision for other reasons: only 4 of the 8 had a written narrative inconsistent with the call.)

In 80 percent (N=70) of all referrals, the written narrative did not include specific details of the home environment. One reviewer commented *"Caller unaware of home environment."* Another reviewed stated *"HW did not ask."* In 55 percent (N=48) of all referrals, the written narrative included behaviorally specific details for the parent/caregiver or child. It is worth noting that 83 percent (40) of those were referrals where the reviewer agreed with the screening decision. This suggests that documentation of clear behavioral descriptors are an important area for further improvement.

Figure 13: Details Included in Written Narrative[12]



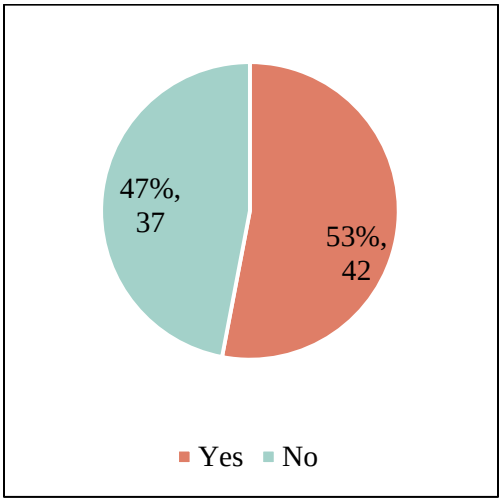
G. Supervisor Comments

Overall, 53 percent of referrals were judged to have a positive rating on supervisory review and oversight. Supervisory oversight of the hotline function is required to ensure that appropriate questions are asked, that referral information is as complete as possible and to review and approve the screening decision. Currently, supervisory oversight is based on the hotline worker's documentation and does not involve the supervisor listening to the recorded call prior to approving the screening decision.

In 53 percent (N=42) of referrals, the supervisor's comments and approval reflected thorough[13] review of the written narrative. Forty-seven percent (N=37) were not reflective of thorough review of the narrative (see Figure 14).

[12] The total universe (N) differs for each indicator due to blank survey responses.
[13] At the time of the review there was no standard time by which referrals were expected to be approved by the supervisor. As a result, an assessment of the timeliness of supervisory review was not conducted.

Figure 14: Thorough Supervisory Review of Hotline Referrals
N=79 referrals

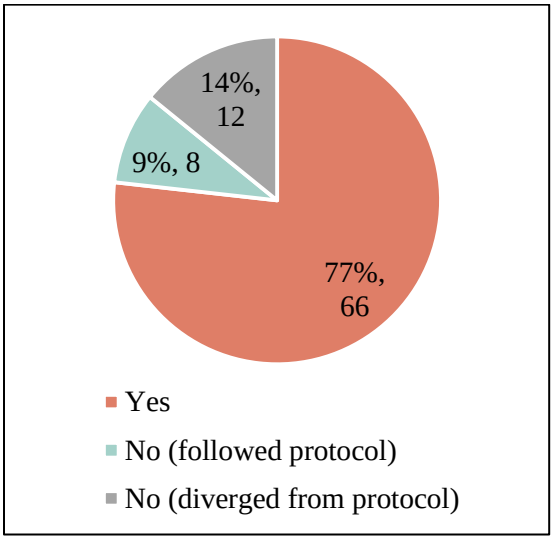


H. Reviewer Agreement with Decisions

Overall, reviewers agreed with the decisions made in 77 percent of referrals. Referrals where reviewers disagreed with the screen out decision due to a worker diverging from protocol represent 14 percent (N=12) of the referrals while the referrals where workers followed protocol but reviewers felt the wrong decision was still made represent nine percent (N=8) of the referrals. Reasons for reviewer disagreement with the screen out decision from hotline calls included documentation inconsistent with information provided during the call (3 referrals), the family had an extensive history of involvement with CFSA (2 referrals), lack of consideration of all provided information (8 referrals) and a judgment that the referral should have been referred to the Hotline R.E.D. Team (2 referrals) for decision making.

However, many reviewers also cited the need for additional information to be collected during the hotline call as the basis for their disagreement (9 referrals). Of the 20 calls for which the reviewer disagreed with the decision, the worker failed to ask key follow up questions in half (10). This lack of appropriate information collection contributed to eight of these 10 reviewers' disagreement with the screen out decision due to divergence from CFSA policy and procedure. Furthermore, for a small number of referrals (2), the reviewer disagreed with the final pathway decision because no reason was provided for the screenout.

Figure 15: Reviewer Agreement with Screening Decisions
N=86[14]



III. PART B: EMAILS, FAXES AND UNRECORDED CALLS

In March 2016, CSSP and CFSA conducted a joint review of a statistically significant sample of emails, faxes and unrecorded calls alleging child abuse or neglect that were screened out by CFSA during the month of January 2016. Most reports alleging child maltreatment are received by phone via CFSA's 24 hour hotline although some general referrals also come by fax or email. The one big exception is for allegations of educational neglect for which the protocol is to make the report via email or fax as described below. Because the bulk of emails and faxes received during the period under review were in fact reports by schools who are mandated reporters of alleged educational neglect, the review instrument was tailored to these types of referrals. However, though few in number, this portion of the review also examined all allegations of abuse or neglect that are reported to CFSA through other means than the hotline. The non-educational neglect referrals assessed in this review included emails or faxes, as well as one unrecorded call made by a worker for an open case.

The Educational Neglect Triage Unit (Triage Unit) was created in 2012 shortly after amendments to the District's Compulsory Education and School Attendance law. This law requires all educational institutions in DC to refer students between the ages of five and 13 to CFSA's abuse and neglect hotline no later than two business days after the accrual of 10 unexcused absences within a school year.[15,16] In response to an influx of calls to the hotline,

[14] Although the total N is 87 for Part A, N=86 for this question due to 1 blank survey response.
[15] 5 DCMR § A2103.5(a)
[16] Students ages 14 through 17 are referred by the educational institution to the Court Social Services Division of the Superior Court of the District of Columbia and to the Office of Attorney General Juvenile Section no later than 2 business days after the accrual 15 unexcused absences within a school year.

CFSA created an email reporting system for schools to use specifically for potential allegations of educational neglect. The Triage Unit is composed of Family Support Workers (FSWs) who review the educational neglect referrals from the schools, follow up with the school if needed to clarify or obtain additional information, enter the information into FACES.NET and make a screening recommendation to the unit supervisor for the final decision to either screen out or forward the referral to the R.E.D. Team for pathway decision making. The educational neglect reporting system does not replace the school's role as a mandated reporter for allegations of abuse or other types of neglect, and if during the process the Triage Supervisor determines that an immediate response is required, the referral is immediately sent to the CFSA hotline for processing. Schools also report immediate concerns of alleged abuse or neglect directly through the hotline.

Factors that the Triage Unit takes into consideration when screening the educational neglect referral include the child's age, grade level, role of parent/caregiver, reason for and pattern of absences and tardies, special needs of child, barriers to getting to school (i.e. transportation), history with CFSA, school engagement with family, total number of absences, retention risk and the connection between absences and academic performance.

The review instrument was designed to assess a multitude of information from the Triage Unit procedure and decision making process. The review tool included questions regarding the type of referral, the family's current or past involvement with CFSA and demographic information on the children who are the subject of the report. The review instrument also asked questions specific to the educational neglect allegations including the dates of the referral and reporting form, number of unexcused and excused absences and tardies, if the child has an IEP or 504 plan and school efforts to engage the family about attendance issues prior to filing a report. Finally, the review sought to capture the Triage Unit's reasons for screening out a referral and the consistency of these reasons based on the information provided. Lastly, reviewers were asked to assess whether or not they agreed or disagreed with the decision to screen out the referral.

The review sample included 108 emails, faxes and an unrecorded call received in January 2016 that were screened out and not assigned for a CPS investigation or Family Assessment (FA). These 108 referrals involved 118 children. Of these referrals, 96 percent (N=104) were educational neglect faxes or emails and four percent (N=4) were non-educational neglect emails, faxes or unrecorded calls. The 104 educational neglect referrals involved 114 children. Overall, reviewers agreed with 72 percent (N=78) and disagreed with 28 percent (N=30) of the agency's decision to screen out the referral at that time[17].

[17] The 28% of reviewer disagreements includes 16% (N=17) of decisions when the reviewer thought the worker followed policy and protocol however the reviewer is not in agreement with or confident in the decision and 12% (N=13) of decisions where the worker diverged from policy and protocol to such a degree that the reviewer is not confident in or disagrees with the decision.

The data below provide details from the findings of this part of the Intake CQI review.

A. Demographics

Table 1 includes the demographic data collected from the review. Boys represented 58 percent (N=68) and girls represented 42 percent (N=49) of the children in the referrals.[18] Children ages 11 to 13 comprised the largest proportion of the referrals at 42 percent (N=50), followed by children ages five to seven, at 25 percent (N=30).[19]

Boys and girls were similarly represented among most age groups, with two exceptions – referrals for children ages five to seven included 18 boys and 12 girls, and referrals for children ages eight to 10 included 11 boys and two girls. Children from Wards 7 and 8 made up 27 percent (N=32) and 26 percent (N=31), respectively, of the referrals.

[18] The sex for 1 child was not documented.
[19] Though school is not compulsory until age 5, 2 educational neglect referrals were made for 2 children who were both 4 years old. An additional non-educational neglect referral was made for 1 child who was 3 years old.

Table 1: Demographics of Children included in Emails, Faxes and Unrecorded Calls N=118 children

Gender	Number	Percent
Male	68	58%
Female	49	42%
Unknown	1	1%
Total	**118**	**100%**
Age	**Number**	**Percent**
3-4 years	3	3%
5-7 years	30	25%
8-10 years	13	11%
11-13 years	50	42%
14-16 years	19	16%
17 years	2	2%
Unknown	1	1%
Total	**118**	**100%**
Ward	**Number**	**Percent**
Ward 1	16	14%
Ward 2	1	1%
Ward 3	2	2%
Ward 4	6	5%
Ward 5	15	13%
Ward 6	12	10%
Ward 7	32	27%
Ward 8	31	26%
Child is not a resident of DC	2	2%
No Ward information	1	1%
Total	**118**	**100%**

Percentages may not equal 100 percent due to rounding.

As seen in Table 2 below, while the vast majority (92%, N=99) of referrals involved one child, seven percent (N=8) of referrals involved two children and one percent (N=1) of referrals involved three children in the same family. Additionally, most families (91%, N=98) had one adult or caregiver in the household, and seven percent (N=8) of families had two adults or caregivers.[20]

[20] 2% (N=2) of the referrals included an unknown number of adults or caregivers in the household.

Table 2: Family and Household Composition
N=108 referrals

Number of Children in Referral	Number	Percent
1 child	99	92%
2 children	8	7%
3 children	1	1%
Total	**108**	**100%**
Number of Caregivers in Household	**Number**	**Percent**
1 caregiver	98	91%
2 caregivers	8	7%
Unknown	2	2%
Total	**108**	**100%**

B. Education

Data and analysis in this section examine only the referrals received from schools reporting allegations of educational neglect in order to focus practice and procedural strengths and areas needing improvement on the unique protocols and work of the Triage Unit.

Educational neglect referrals in the sample came from 43 different schools, including both DC Public Schools and DC Public Charter Schools. However, 79 percent (N=82) of the referrals came from 21 schools and half (50%, N=52) of the referrals came from just eight schools (see Table 3). The two schools with the highest number of referrals were McKinley Middle School and Sousa Middle School (each with 12 referrals, 12%).

Table 3: Educational Neglect Referrals by School[21]

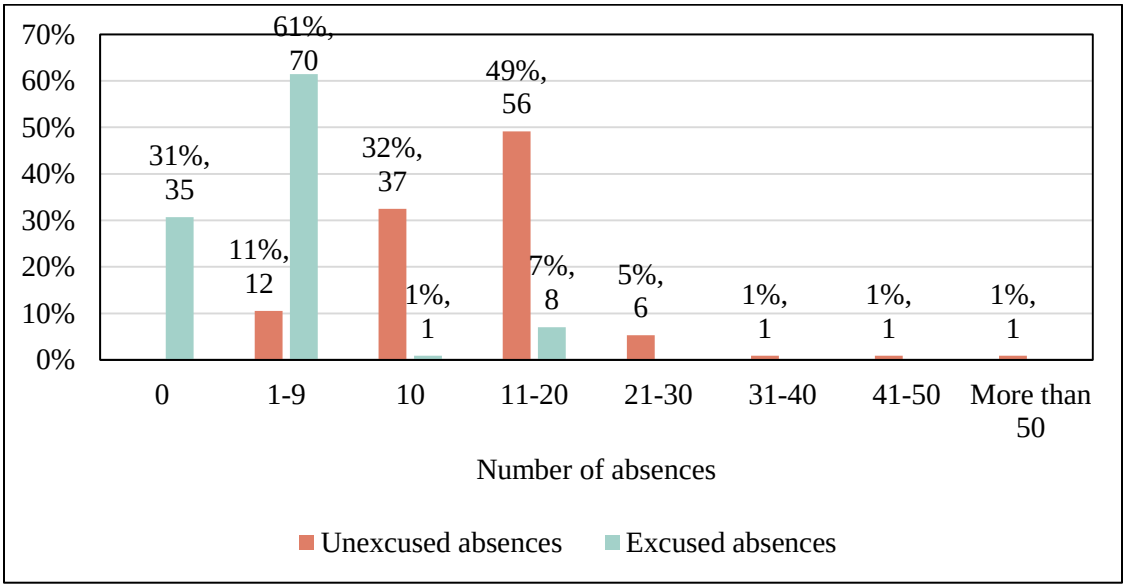
School	Ward	Number	Percent of Total
McKinley MS	5	12	12%
Sousa MS	7	12	12%
Walker-Jones EC	6	7	7%
Deal MS	3	5	5%
Columbia Heights EC	1	4	4%
Eagle Academy PCS	8	4	4%
Thomas ES	7	4	4%
Cardozo EC	1	4	4%
Subtotal	**- -**	**52**	**50%**

[21] This Table only lists schools who made 4 or more educational neglect referrals during the period under review. The 36 other schools who made 1, 2 or 3 referrals are not shown.

One additional factor taken into account during the Triage Unit's assessment is whether the child has any special needs. About one-fifth (18%, N=20) of the children have an IEP or 504 plan.

When examining number of absences, data show that 82 percent of the referrals were for children where school personnel had recorded between 10 and 20 unexcused absences. Specifically, 11 percent (N=12) of children had one to nine unexcused absences, 32 percent (N=37) of children had 10 unexcused absences, 49 percent (N=56) of children had 11 to 20 unexcused absences and eight percent (N=9) of children had more than 20 unexcused absences. For excused absences, 31 percent (N=35) of children had no excused absences, 61 percent (N=70) of children had one to nine excused absences, one percent (N=1) had 10 excused absences and seven percent (N=8) of children had 11 to 20 excused absences (see Figure 16). Children who were reported could have both excused and unexcused absences.

Figure 16: Unexcused and Excused Absences
N=114 children



Totals may equal more than 100 percent due to rounding.

The educational neglect referral protocol also asks schools making a referral to identify how many tardies the child has in order for CFSA to determine the extent that tardies may be impacting a child's attendance record. Reviewers' responses included both quantitative and qualitative data (see Table 4). Thirty-six children did not have any tardies at the time the school made the educational neglect referral to CFSA.

Table 4: Student Tardies

Number of Tardies	Number of Children
0	36
1-10	6
11-20	10
21-30	5
31-40	3
41-50	2
51-60	1
61-70	1
Unknown/Not reported	11
Frequency of Tardies	**Number of Children**
Not often/not frequently	4
Occasionally	2
Often/frequently	6
Very frequently	3
Other	3

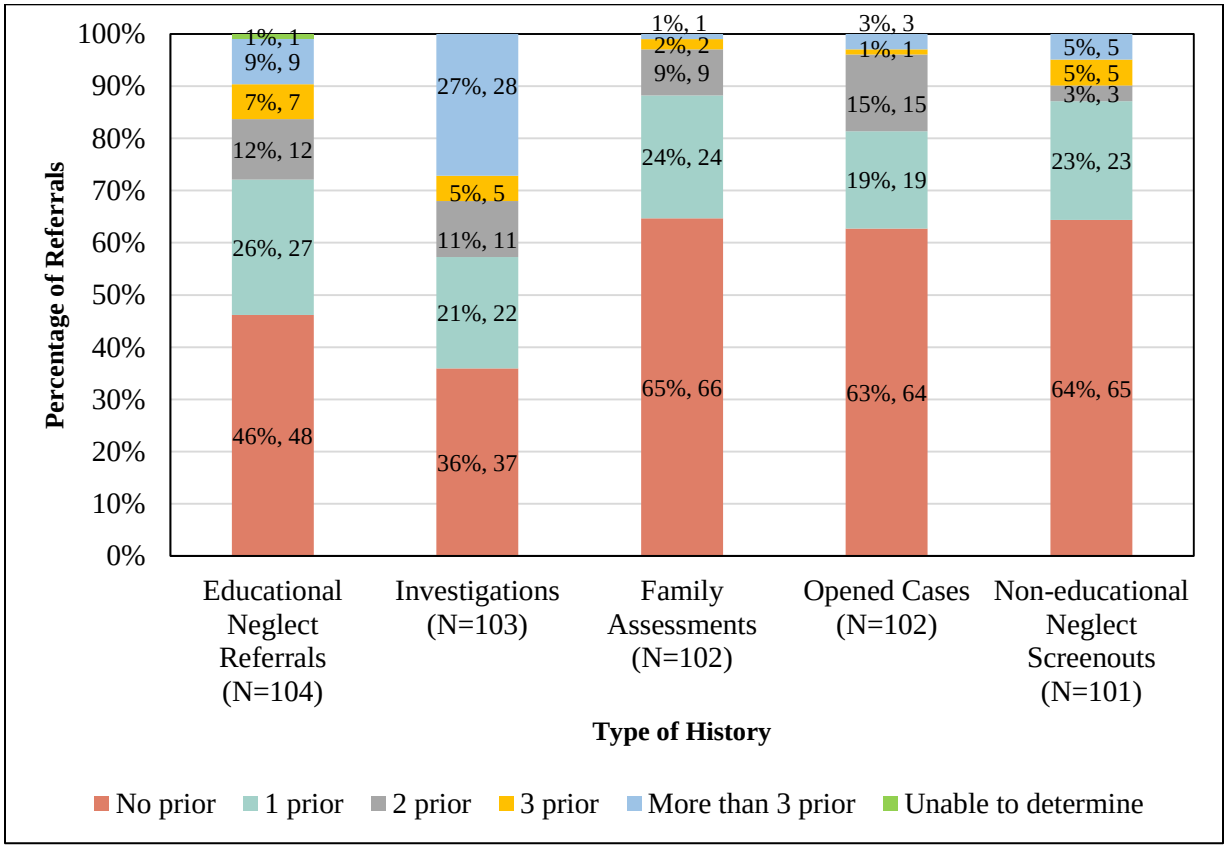
Other qualitative responses includes: Child will arrive late 60% of the time and that while tardies were a concern, they have since improved.

C. CFSA Involvement

Many of the families in the educational neglect sample have multiple prior referrals to CFSA. When analyzed by type of previous CFSA history, data show that while for 23 percent (N=24) of families, this referral was their first contact with CFSA, most other families (77%) have come to the attention of or have past involvement with CFSA. Of particular note is that 27 percent (N=28) of families in the educational neglect sample have had more than three previous CFSA investigations[22]; 37 percent (N=38) of families in reviewed referrals had one or more open CFSA cases in the past (see Figure 17).

[22] Data were not collected on the disposition of those investigations.

Figure 17: Type of Previous CFSA History[23]



Additionally, over one quarter (26%, N=28) of families had a current open investigation or case at the time of the educational neglect referral under review. Of these 28 families, 36 percent (N=10) had an open case, 32 percent (N=9) had an open FA, 29 percent (N=8) had an open investigation and four percent (N=1) had both an open investigation and open case.

D. School Engagement

Slightly more than one-third of the reports (36%, N=37) received by CFSA through the educational neglect email system were entered into FACES.NET within 24 hours, and an additional nine percent (N=9) were entered within 48 hours (see Table 5). In only one case did a reviewer note that the gap between the referral and intake date was due to the worker trying to obtain additional information from the school.[24]

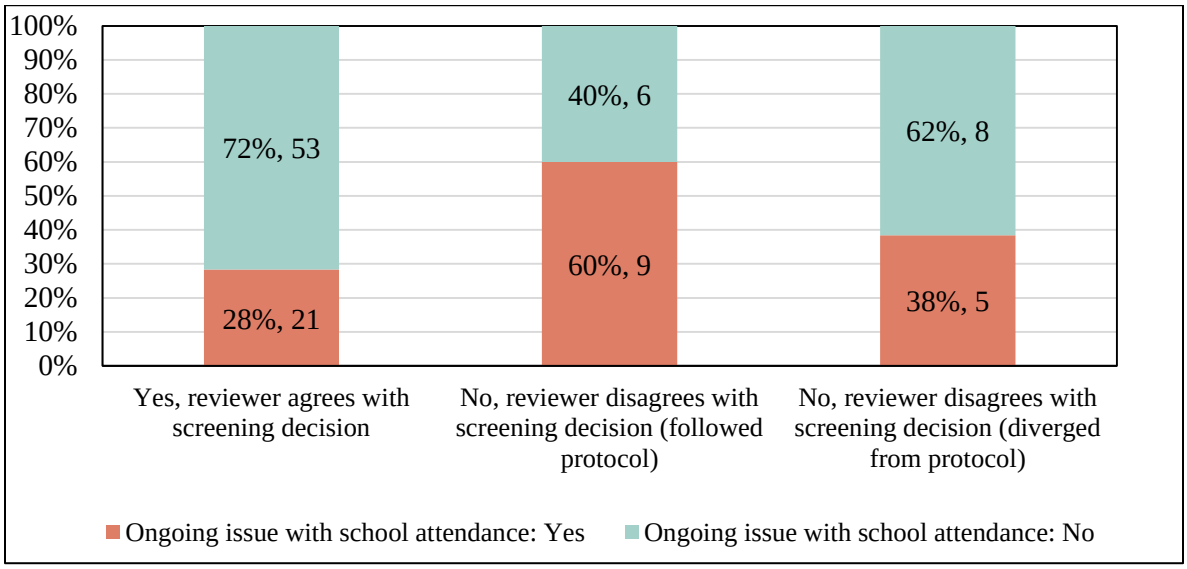
[23] These data are shown by referral, and the total universe (N) differs for each indicator due to blank survey responses.
[24] In this particular instance, the elapsed time between the referral submission and the intake date in FACES.NET was 18 days, which fell over school winter break and also was an instance of the child being enrolled in an alternate school and therefore had no attendance issues.

Table 5: Length of Time between School Referral and Report Input into FACES.NET
N=104 referrals

Length of Time	Count	Percent
Within 24 hours	37	36%
Within 48 hours	9	9%
3 days	9	9%
4 days	7	7%
5 days	8	8%
6 days	11	11%
7-10 days	13	13%
11-14 days	3	3%
15-18 days	2	2%
19-22 days	5	5%
Total	**105**	**100%**

Reviewers noted ongoing attendance issues for 35 referrals, with multiple children having frequent or excessive absences dating back multiple years. Patterns are also noted when these data are compared with reviewer agreement with the screening decision (see Figure 18).[25] Of all referrals with which the reviewer agreed with the decision to screen out the referral, 72 percent (N=53) of children did not have ongoing attendance issues. By contrast, of all referrals with which the reviewer disagreed with the screenout decision (though the triage worker followed protocol), only 40 percent (N=6) of children did not have ongoing attendance issues.

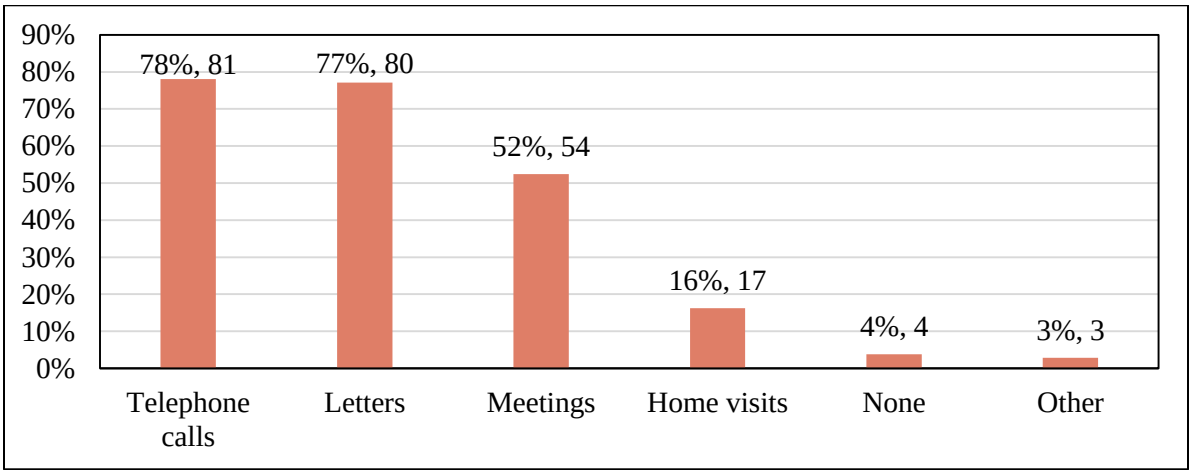
Figure 18: Comparison of Ongoing Attendance Issues and Reviewer Agreement
N=102 referrals[26]



[25] Data have not been calculated in order to determine statistically significant correlation.
[26] The total universe (N) is 102 for this indicator due to blank responses in the survey instrument.

In the school reporting form, schools are required to indicate the efforts they have made to engage the family regarding attendance issues prior to making an educational neglect report. The two most frequent types of school engagement with families were telephone calls (78%, N=81) and letters (77%, N=80), followed by meetings (52%, N=54). Home visits were less common at 16 percent (N=17) (see Figure 19).

Figure 19: Types of School Engagement with Family prior to Making an Educational Neglect Report
N=104 referrals



Other includes N/A, Referral to Boystown, and School has not had a chance to make a plan yet.

The school reported meeting with the student in 45 percent (N=47) of the referrals. Though the most common documented finding from the meetings was that the student was unable to provide an explanation for the absences (N=8), other findings include that the student was sick (N=6), the student did not want to go to school (N=4), the parent or caretaker was sick (N=3), the student lacked transportation (N=2), the student overslept (N=2), the student did not have clean clothes (N=2) or the student was out of town (N=2).

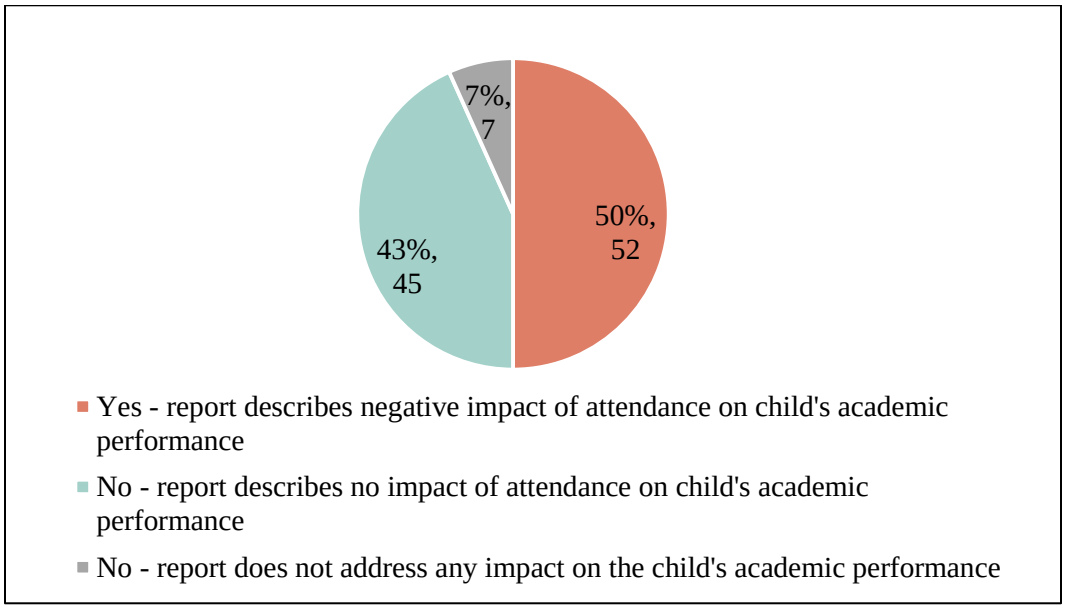
In the educational neglect report submitted to CFSA by the school, the school can indicate what, if any, service referrals have been made for the family. In this review, 46 percent (N=50) of families had not received any referrals from the school to address identified issues affecting school attendance. Most common referrals that were made for families include referrals to the Collaboratives (N=20); Boystown (N=8); the school social worker (N=4); and Show Up, Stand Out[27] (N=3).

Another important piece of information that is included in the report is the schools' opinion of whether the child's attendance issues have an impact on their academic performance. In 50

[27] Show Up, Stand Out is a free program from the DC Justice Grants Administration to help parents get their children to school every day. More information about the program can be found at http://www.showupstandout.org.

percent (N=52) of the reviews, schools described negative impact and in 43 percent (N=45) of the reviews, schools described no impact (see Figure 20). However, of the 52 referrals where the school indicated negative impact, for 12 referrals, the CFSA triage worker in their summary decision to screen out the referral indicated "no connection between attendance and child's academic performance" as a reason for screening out the referral and there was no documentation to explain the discrepancy with the school's report.

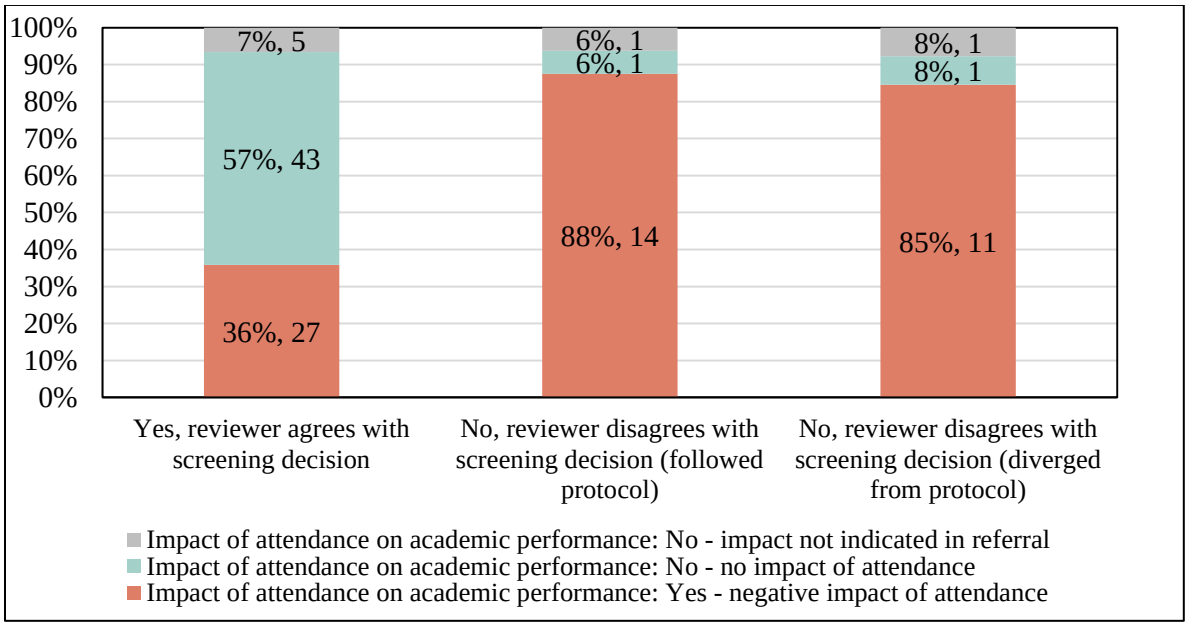
Figure 20: Impact of Attendance on Academic Performance
N=104 referrals



When these data are compared with reviewer agreement with the screening decision, additional trends appear (see Figure 21).[28] Of all referrals with which the reviewer agreed with the decision to screen out the referral, 57 percent (N=43) of cases were ones in which a determination was made that the child's attendance did not impact their academic performance. However, of all referrals with which the reviewer disagreed with the decision to screen out the referral, 86 percent (N=25) were cases in which the report documented that the child's attendance did have a negative impact on their academic performance. These data are separated by reviewer disagreement reason in Figure 21 below.

[28] Data have not been calculated in order to determine statistically significant correlation.

Figure 21: Comparison of Impact of Attendance on Academic Performance and Reviewer Agreement
N=104 referrals

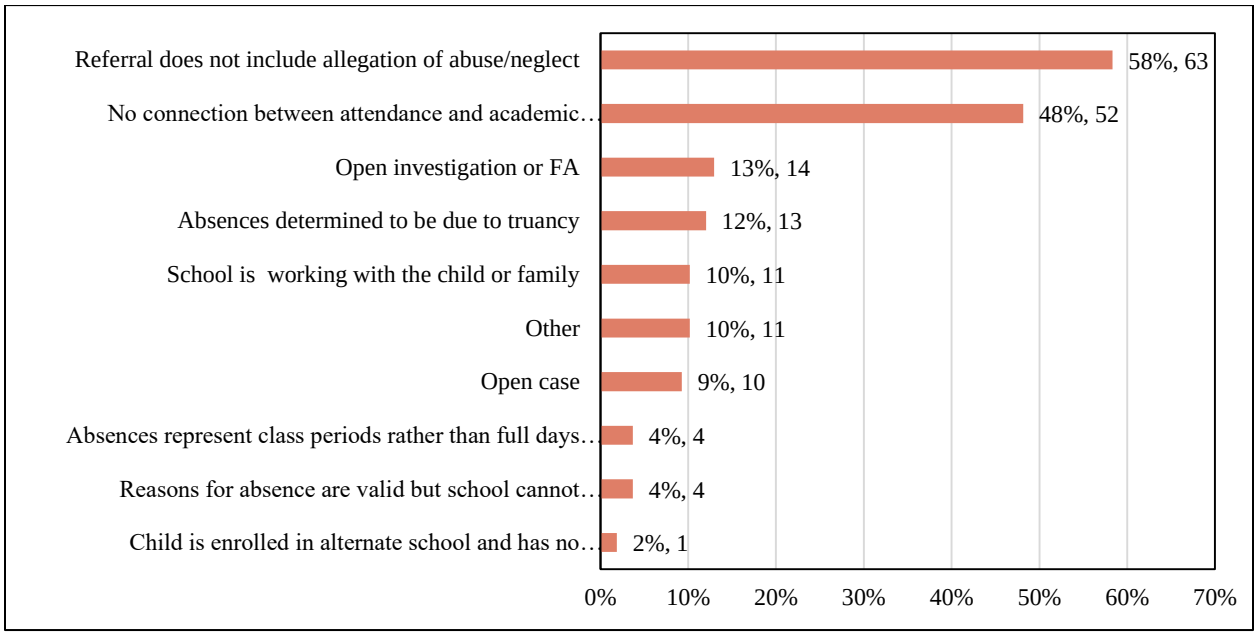


E. CFSA Decision Making and Follow-up

Data and analysis in this section examine all 108 referrals reviewed during this part of the Intake CQI review, including both educational neglect and non-educational neglect referrals.

CFSA's documented reasons for screening out the referral varied. The most common reason was that the referral did not include an allegation of abuse or neglect (58%, N=63), followed by no connection between attendance and academic performance (48%, N=52) (see Figure 22). CFSA hotline or Triage Unit workers can select more than one reason for the pathway decision, and for most referrals, there were at least two reasons listed.

Figure 22: Reasons for Screening Out the Referral[29]
N=108 referrals



Other includes: out of jurisdiction; attempts to contact school unsuccessful and report contains insufficient information; all alleged victims are above or below the mandatory school attendance age; maltreater is not a caretaker; reason for screenout unclear; absences do not appear to be excessive; sent to MPD; and parent wakes youth up to go to school.
Total equals more than 100 percent as more than one response could be selected.

Thirteen referrals were screened out because families already had an open investigation or Family Assessment with CFSA, nine referrals were screened out due to a currently open case with the family and one referral was screened out due to both an open investigation and an open case. Fifteen of these referrals showed evidence of follow up in FACES.NET. Actions for follow-up include notifying the ongoing social worker, supervisory social worker and program manager for assessment as part of the ongoing work with the family. Specifically, evidence of follow up was noted for 67 percent (N=6) of referrals that were screened out due to an open case, 67 percent (N=4) of referrals that were screened out due to an open FA and 57 percent (N=4) of referrals that were screened out due to an open investigation[30].

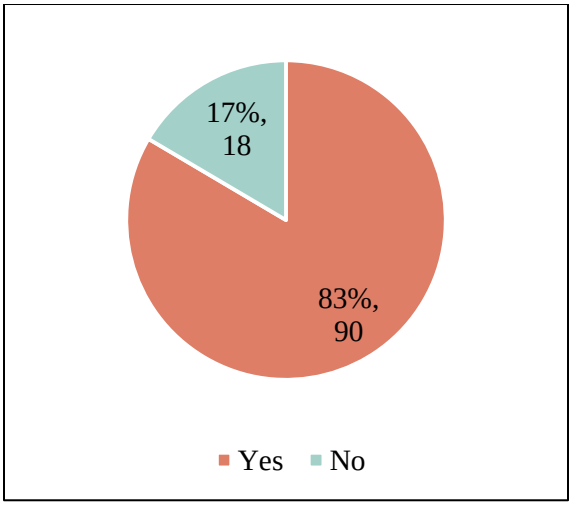
[29] The screenout reason "absences determined to be due to truancy" is used for cases where the youth is held at fault for the absences (i.e. skipping school); these referrals should be sent to the DC Superior Court Truancy Unit. The screenout reason "absences represent class periods rather than full days (80/20 rule)" is used for cases where a child in 6th to 8th grade is marked absent for the full day if they miss more than 20% of the school day. Due to the child actually being present in school, this does not meet the threshold of an allegation of educational neglect.
[30] For 1 of the screened out referrals included in this review, the reviewer noted that it was the investigator on the related open investigation who submitted the referral.

Table 6: Evidence of Follow-Up with Ongoing Worker
N=23 referrals

	Evidence of follow-up		
Reason for screenout	**Yes**	**No**	**Total**
Open CFSA Case	67% (N=6)	33% (N=3)	**100% (N=9)**
Open FA	67% (N=4)	33% (N=2)	**100% (N=6)**
Open Investigation	57% (N=4)	43% (N=3)	**100% (N=7)**
Open Investigation and Case	100% (N=1)	0% (N=0)	**100% (N=1)**

Reviewers also assessed whether the screenout reason was consistent with an assessment of the information provided in the referral. For 83 percent (N=90) of the referrals, reviewers determined that there was consistency (see Figure 23). Educational neglect referrals in which inconsistencies were noted included those with differing information between the school's report and the CFSA triage worker's narrative. For three referrals, the school report and the narrative contradicted each other on whether the child is tardy or truant. For seven referrals, the school report noted that there was a connection between the child's attendance and academic performance while the CFSA worker selected "no connection" as one of the reasons for screening out the referral with no additional documentation of the reason for this choice.

Figure 23: Screenout Reason Consistency with Referral Information
N=108 referrals

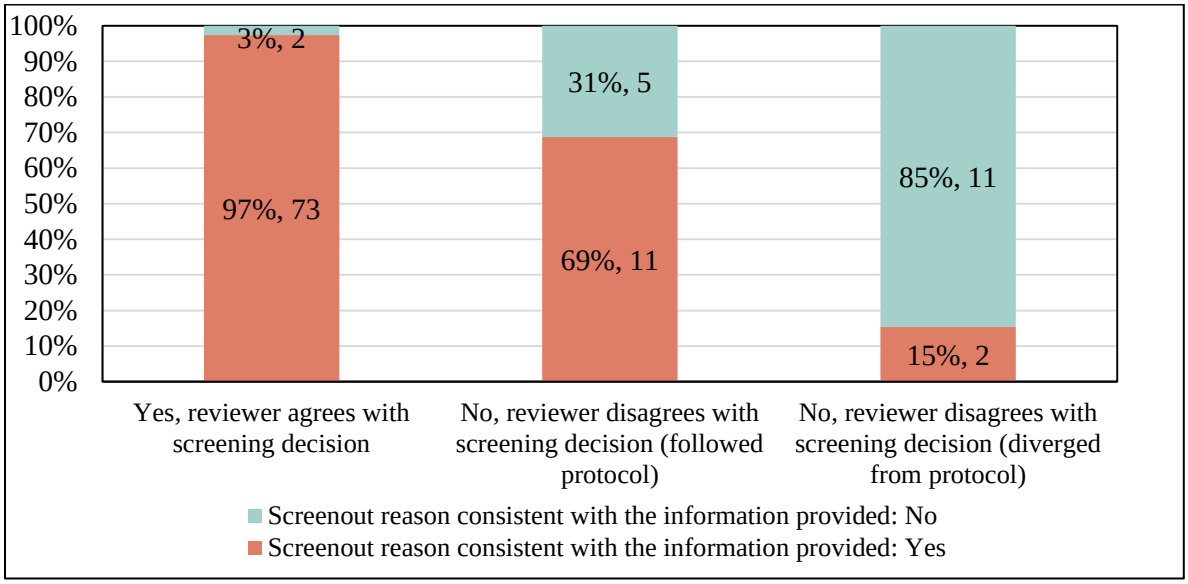


When compared with reviewer agreement with the screening decision, consistency between screenout reason and the information provided demonstrated a trend (see Figure 24).[31] In 97 percent (N=73) of the instances with which the reviewer agreed with the screening decision, the reviewer also thought the documented screenout reason was consistent with the information

[31] Data have not been calculated in order to determine statistically significant correlation.

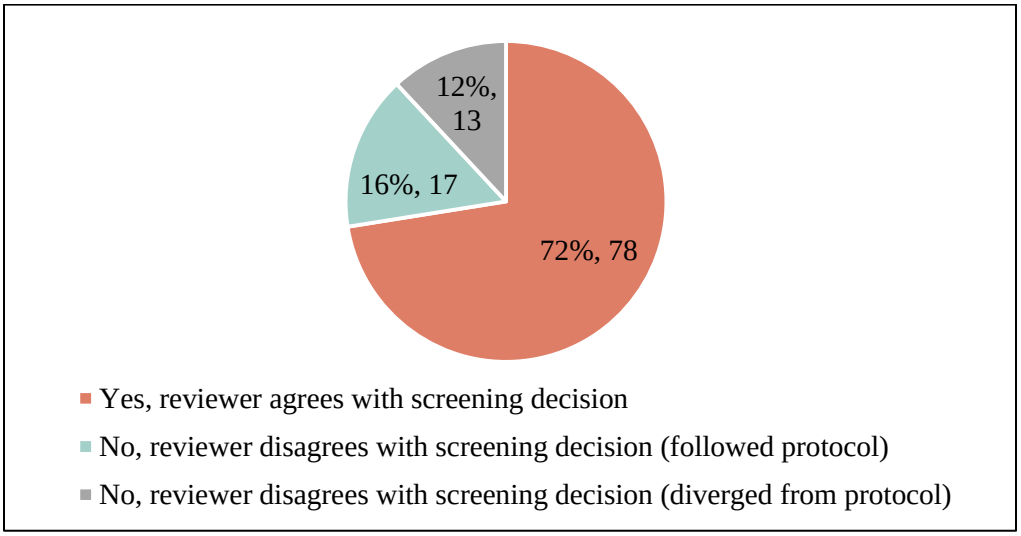
provided in the email, fax or unrecorded call. However, 55 percent (N=16) of reviewers who disagreed with the screening decision did not think there was consistency between the information provided in the email, fax or unrecorded call and the documented reason for screening out the referral. These data are separated by reviewer disagreement reason in the Figure below.

Figure 24: Comparison of Screenout Reason Consistency and Reviewer Agreement N=108 referrals



Overall, reviewers agreed with 72 percent (N=78) of screening decisions and disagreed with more than a quarter (28%, N=30) of decisions to screen out a referral. This included 16 percent (N=17) of decisions when the reviewer thought the worker followed protocol and 12 percent (N=13) of decisions where the worker diverged from CFSA protocol (see Figure 25).

Figure 25: Reviewer Agreement with Screening Decisions
N=108 referrals



A few common themes emerged from additional data analysis of referrals where reviewers disagreed with the screenout decision from emails, faxes and unrecorded calls. Among reviewers who disagreed with the screening decision even though the worker followed protocol, failure to account for considerable prior history was a key factor in the disagreement; reviewers expressed that consideration of a family's prior history should have played a larger role in the decision making process. Among reviewers who disagreed with the screening decision and thought the worker diverged from CFSA protocol, reviewers frequently cited inconsistent information between the school's report and the FACES.NET narrative.

Other themes in reasons for reviewer disagreement with screening decisions include relevant information that the reviewer thought was not fully taken into account, insufficient school follow-up or engagement with the family and recommending that the referral be forwarded to the R.E.D. Team for additional consideration rather than be screened out at the hotline level.[32]

Finally, reviewers used the comment box to provide overall feedback and evaluation of the referral and decision making process. Positive remarks from reviewers include that the worker took a *"proportional and incremental approach based on the available information"* and that the *"student actually is doing better now than before the prior spring report. Family now has an active FA."* One other reviewer noted that the *"ongoing worker took steps to address the educational concerns"* and that the case *"appeared to show good teaming between CFSA and DYRS."*

[32] Reviewers may have provided more than 1 reason for disagreement so totals may not equal the overall number of disagreements.

For other referrals, reviewers cited ongoing concerns or unanswered questions they would have liked to see addressed by the worker. While these suggestions may not be directly under the purview of the Triage Unit, they reflect broader considerations for the CFSA. For example, reviewers wanted to see additional interventions or engagement with the family in order to address chronic absences; thought there appeared to be a connection between attendance and academic performance (even in those instances where the school did not suggest a relationship between the two); or preferred that the referral be sent to the R.E.D. Team for further discussion. Questions reviewers raised included wanting additional information from the school, particularly around discrepancies or missing information in the referral, and wanting to ensure that the information sent to notify the family was in their primary language.

IV. PART C: HOTLINE R.E.D. TEAM REVIEW

The third part of the Intake CQI assessment was designed to look at the functioning of the Hotline R.E.D. Team in providing a more in-depth review of hotline referrals. Doing this part of the work involved attending Hotline R.E.D. Team meetings and, using a structured instrument, qualitatively reviewing the process and the outcomes. Ninety-six referrals that were sent to the Hotline R.E.D. Team from late April to early May 2016 were reviewed over the course of 18 Hotline R.E.D. Team meetings held at various times and days of the week.[33] Overall, reviewers agreed with 83 percent (N=80) and disagreed with 16 percent (N=16) of the pathway screening decisions made by the Hotline R.E.D. Teams.

Referrals reach the Hotline R.E.D. Team based on a determination by the hotline worker or educational neglect triage worker and their supervisor. By policy at the time of the review, any calls to the hotline that were not screened in as immediate response or screened out because the referral does not include an allegation of abuse or neglect, the alleged victim is age 18 or older, the alleged child victim resides outside of the District of Columbia or the alleged perpetrator is not a parent, guardian or custodian, were to be forwarded to the Hotline R.E.D. Team. The Hotline R.E.D. Team is then responsible for reviewing those referrals with other known historical and current information about the family in order to assign the referral for action using the Differential Response pathway options of Investigation or Family Assessment (FA), or to screen out the referral as not warranting a response. The Hotline R.E.D. Team meetings involve a multidisciplinary team that uses clinical judgement and the Consultation and Information Sharing Framework (CISF)[34] to guide the process. At the time of the review, Hotline R.E.D. Team meetings were held three times each week-day and two times each day of the weekend to

[33] For the purposes of this portion of the review, all referrals were assessed, not limited to screenouts.
[34] As presented during the Intake CQI Reviewer Training, the CISF allows for all operationalized practices, tools and assessments to be aligned to the outcomes desired through CFSA's Four Pillars framework. The CISF structure supports critical thinking, applied knowledge, collaborative practice, comprehensive assessment and inclusion and informs the agency's work in Entry Services and the ongoing in-home and permanency teams.

handle the volume of referrals. Each Hotline R.E.D. Team meeting typically lasts 60 to 90 minutes and reviews approximately 10 to 12 referrals, depending on the complexity of the situation.

Since pathway decisions were being made in real time (as the review was occurring), all referrals were assessed, not limited to screenouts. All sections of the review protocol included both quantitative and qualitative data in order to gain a full understanding of the reviewer's assessment.

The data below provide details from the findings of this part of the Intake CQI review.

A. Hotline R.E.D. Team Logistics and Membership

Reviewers attended 18 Hotline R.E.D. Team meetings that varied by day of the week and time of day (see Figures 26 and 27). In this way, the review sought to ensure an adequate sampling of all reviews that occurred over the 10 day period of the review. Frequencies for Wednesday, Thursday and Friday are higher because the review started on a Wednesday and ended the following Friday, so these days of the week were included in both the first and second week of the review. Within each of the Hotline R.E.D. Team meetings, reviewers were instructed to review every other referral discussed during the course of the meeting in order to allow time for the reviewer to complete the review instrument before beginning another referral.

Logistics

Figure 26: Day of Hotline R.E.D. Team Meetings Reviewed
N=18 meetings

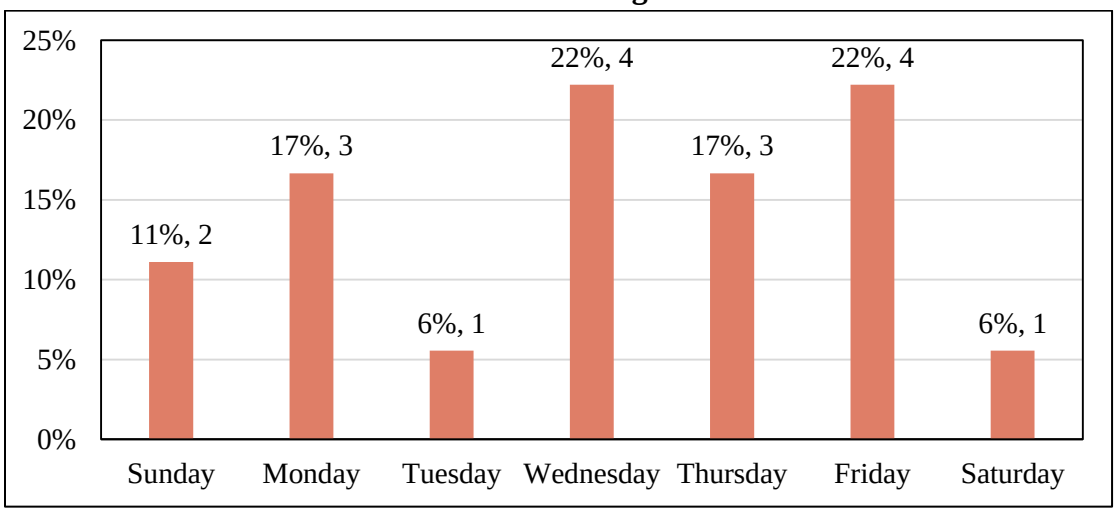
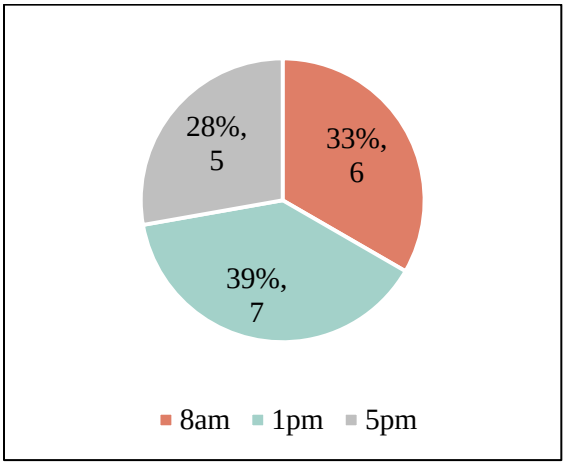


Figure 27: Time of Hotline R.E.D. Team Meetings Reviewed
N=18 meetings

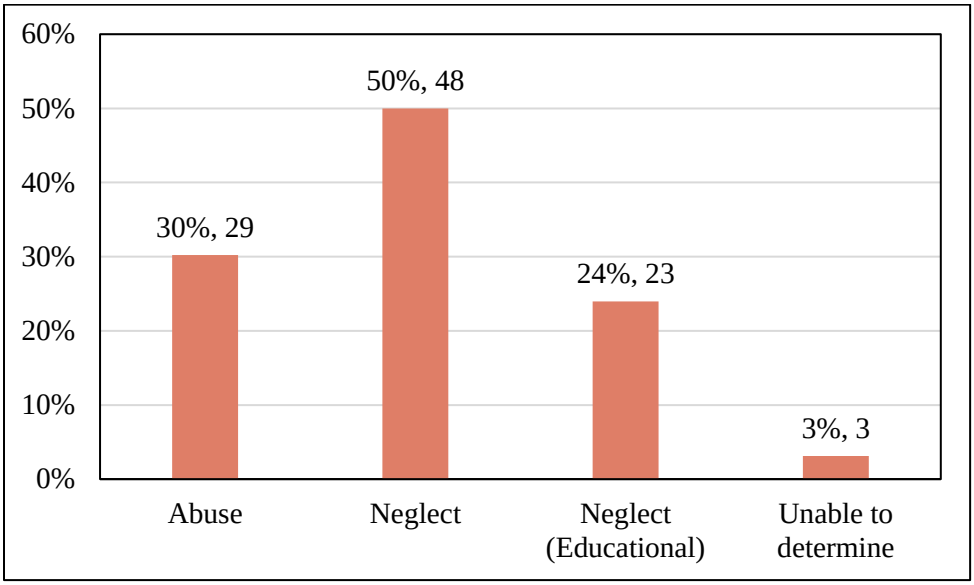


Almost half (44%, N=8) of the meetings began on time, defined in the protocol as starting within five minutes of the designated time (8am, 1pm or 5pm). Reasons for not starting on time included missing/tardiness of team members and computer glitches. Thirty-three percent (N=2) of the 8am meetings, 57 percent (N=4) of the 1pm meetings and 40 percent (N=2) of the 5pm meetings began on time. Starting on time is deemed to be important because of the other time pressures on staff involved in the meetings.

All Hotline R.E.D. Team meetings reviewed had access to a designated space, white board within the designated space, decision tree and documents in FACES.NET for accessing case history and documenting results. These are necessary in order to facilitate a successful Hotline R.E.D. Team meeting, and 100 percent availability of all of these components demonstrates a strength of the agency in its commitment to the Hotline R.E.D. Team framework.

Additionally, the review included referrals with a diversity of allegation types. Half (50%, N=48) of the referrals included allegations of neglect, almost one third (30%, N=29) included allegations of abuse and nearly one quarter (24%, N=23) included allegations of educational neglect (see Figure 28). As individual referrals can include more than one type of allegation, the 96 referrals in the review contained 103 allegations.

Figure 28: Type of Allegation in Referral
N=96 referrals

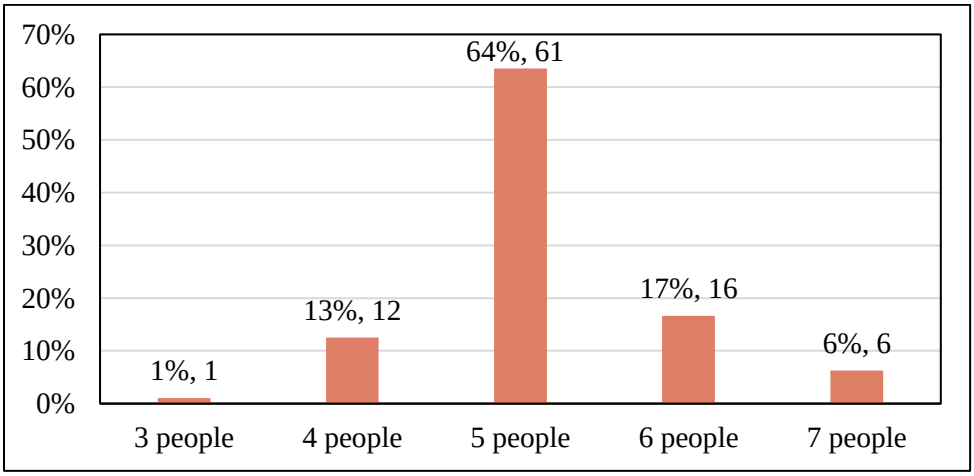


Total equals more than 100 percent as more than one response could be selected.

Hotline R.E.D. Team Membership

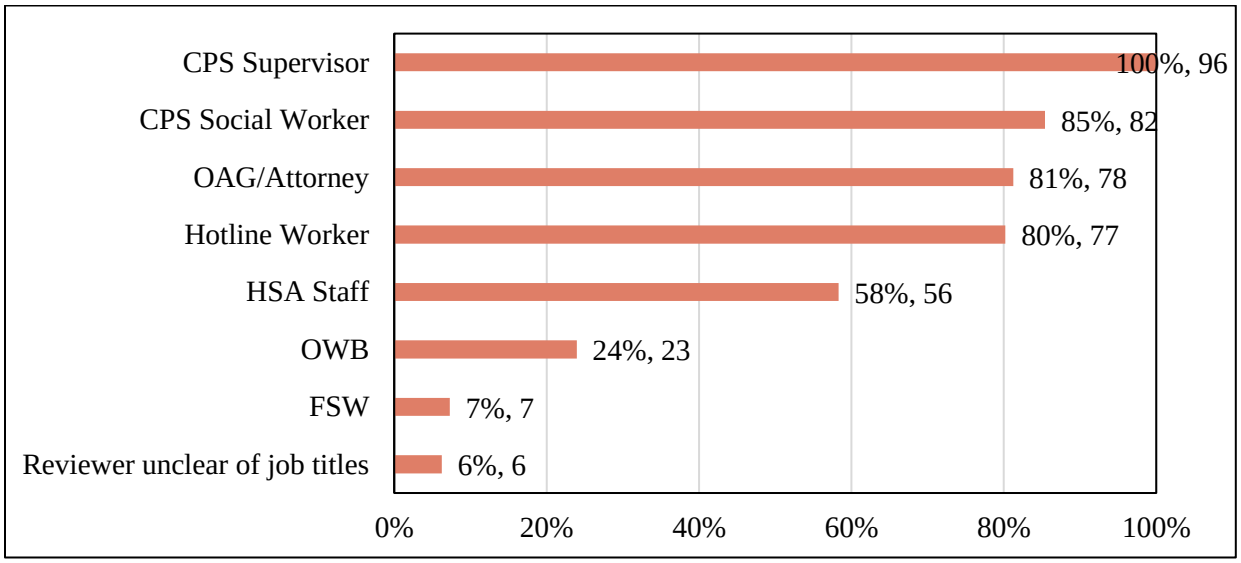
The number of people who attended the Hotline R.E.D. Team meetings ranged from three to seven, though most meetings (64%, N=61) had five people (see Figure 29). The one meeting with three people occurred on a Saturday.

Figure 29: Number of People at Hotline R.E.D. Team Meetings
N=96 referrals



The people who attended the Hotline R.E.D. Team meetings consistently included a core group of staff – 100 percent (N=96) of the Hotline R.E.D. Team meetings included a CPS supervisor, 85 percent (N=82) included a CPS social worker, 81 percent (N=78) included someone from OAG or an attorney and 80 percent (N=77) included a hotline worker. Other staff in attendance, though less frequently, were a staff member from the Health Services Administration (HSA), Office of Well-Being (OWB) or a Family Support Worker (FSW) (see Figure 30). Introductions of who was in attendance were made in 52 percent (N=50) of the meetings, potentially an indication of the consistency of the staff who attend.

Figure 30: Type of Staff in Attendance
N=96 referrals



Total equals more than 100 percent as more than one response could be selected.

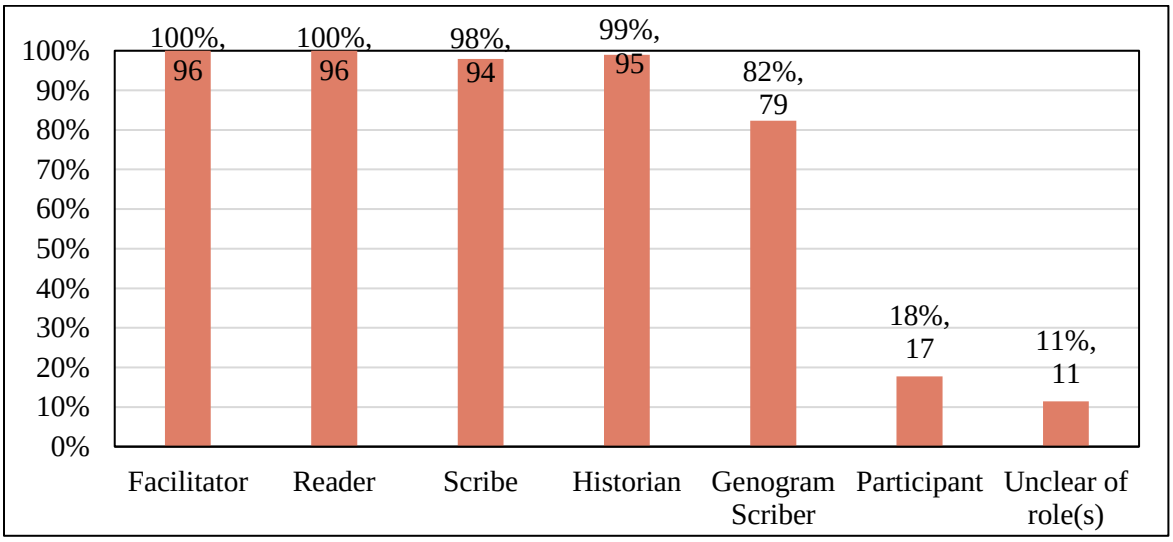
Part of the Hotline R.E.D. Team framework includes assigned roles that meeting attendees fulfill. These roles include:

- the facilitator, who guides the discussion, encourages full member participation and fills out the framework on the white board;
- the reader, who reads the hotline report information from the referral snapshot;
- the scribe, who records information from the white board into FACES.NET;
- the historian, who performs the FACES.NET history search during the meeting;
- the genogram scriber, who records the genogram information in hard copy as this component is not yet available in FACES.NET; and
- the participant, who participates in the meeting but does not have any specific responsibilities.

Reviewers sought to identify the people who were filling assigned roles and had the option of selecting all roles that were occupied or visible during the meeting. They could also indicate if they were unclear of the roles of any of the members.

Nearly (98 – 100%, N=94 – 96) all of the Hotline R.E.D. Team meetings included a facilitator, reader, scribe and historian and most (82%, N=79) meetings included a genogram scriber (see Figure 31). Reviewers did note some instances when they were unclear of members' roles – this was mainly because meeting attendees identified as one role (i.e. facilitator) but acted in another (i.e. scribe). Further discussion of this difference is included below.

Figure 31: Hotline R.E.D. Team Roles Occupied and Visible
N=96 referrals



Total equals more than 100 percent as more than one response could be selected.

After responding to the question about which roles were occupied, reviewers then provided information on whether the person in the specific role completed all, some or none of their assigned tasks. Reviewers recorded that Hotline R.E.D. Team members performed all of their assigned tasks for 60 percent (N=58) of referrals discussed. Hotline R.E.D. Team members only performed some of their assigned tasks for 40 percent (N=38) of referrals discussed.

Reasons noted for only some performance of tasks included a team member not acting in their assigned role, with particular confusion around the scribe and facilitator roles, as well as historians who experienced difficulty navigating FACES.NET. For example, in numerous instances the reviewer noted that someone identified as the facilitator on the sign-in sheet but actually served as the scribe during the meeting (N=14) and in other instances, the scribe supported the facilitation (N=6). There were also multiple times when the historian needed assistance researching the family's history in FACES.NET and another Hotline R.E.D. Team

member had to help them (N=8). Accessing the family's history is important so that the Hotline R.E.D. Team can make an informed decision based upon any patterns or other context that the history can illustrate.

Quality of Facilitation

Reviewers were asked to rate the quality of the meeting facilitation and could choose from a range of "strongly agree" to "strongly disagree" in three areas: ensuring equal level of participation during the meeting, ensuring professional conduct and guiding the discussion, redirecting participants when needed.

In-depth discussions with critical thinking reflect the quality of practice that the Hotline R.E.D. Team framework is designed to promote. Reviewers noted many positive examples of facilitation, including use of strong overall facilitation skills, good group engagement and facilitators leading constructive discussions. Their comments highlight the fact that with a strong facilitator, the Hotline R.E.D. Team members were able to work together cohesively to make clinically-informed and well-analyzed decisions. One reviewer commented that at times, the facilitator appropriately asked for clarification before moving on. Another reviewer stated that the *"facilitator did great with redirecting; there was a lot of discussion about community papering, voluntary vs non voluntary."*

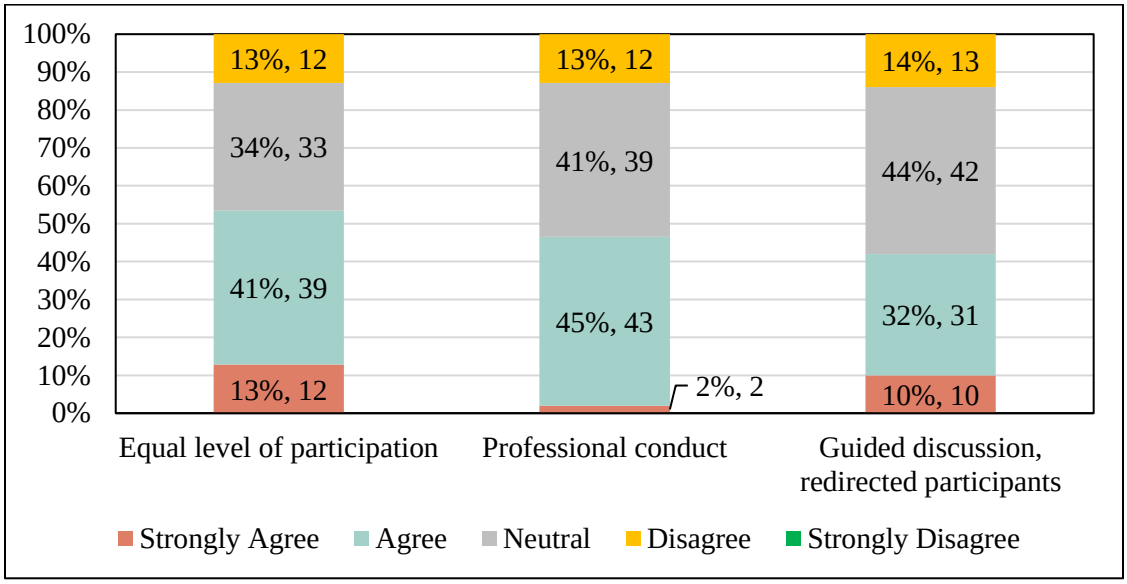
Reviewers also emphasized the need for an analytical, rather than incident-based, discussion and noted that the conversations sometimes *"felt more like [a] recap of information."* Reviewers sometimes felt that a more thoughtful discussion to fully review and analyze the information was lacking and occasionally led to missed opportunities to identify CISF components such as complicating factors. One reviewer also noted that time pressures appeared to be a factor and that *"it was more important [to] finish quickly then to have thoughtful discussion."* Lastly, reviewers highlighted the need for the facilitator to redirect the discussion when it got off-topic.

By design, each member of the Hotline R.E.D. Team serves a unique purpose, and a strong facilitator must be able to ensure the valuable contribution of each person. For example, reviewers noted that there was a *"great team dynamic,"* the *"group was fully engaged in the process"* and that *"all seemed empowered to discuss from their varied perspectives."* One reviewer also remarked that *"facilitation flowed and the conversation seemed organic - not rote!"*

The review covered meetings facilitated by 22 different facilitators. Reviewers "strongly agreed" or "agreed" that facilitators ensured an equal level of participation in 54 percent (N=51) of the meetings, ensured professional conduct in 47 percent (N=45) of the meetings and guided the

discussion well in 42 percent (N=41) of the meetings. Reviewers did not "strongly disagree" in any instances of facilitation evaluation.

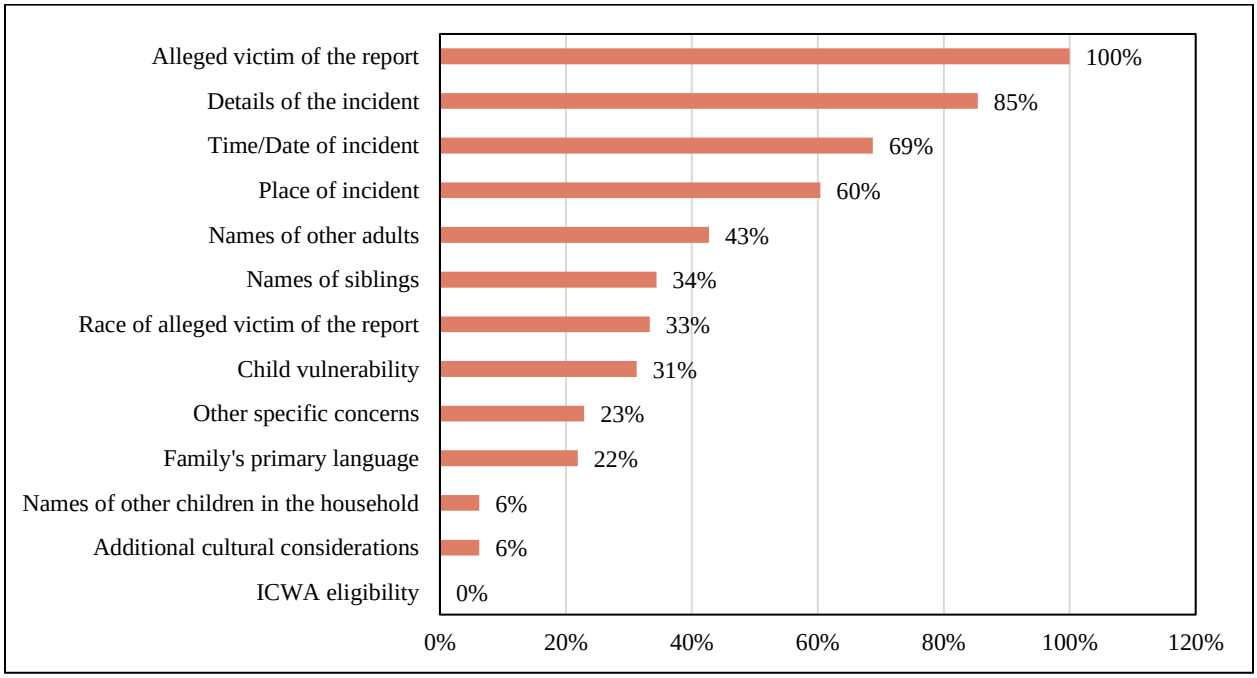
Figure 32: Level of Facilitation
N=96 referrals



B. Hotline R.E.D. Team Process

Figure 33 below shows the primary areas of discussion during the observed Hotline R.E.D. Team meetings. All (100%, N=96) of the Hotline R.E.D. Team meetings discussed the alleged victim of the report, and the vast majority (85%, N=82) of the meetings discussed the details of the incident.

Figure 33: Hotline R.E.D. Team Discussion Content
N=96 referrals



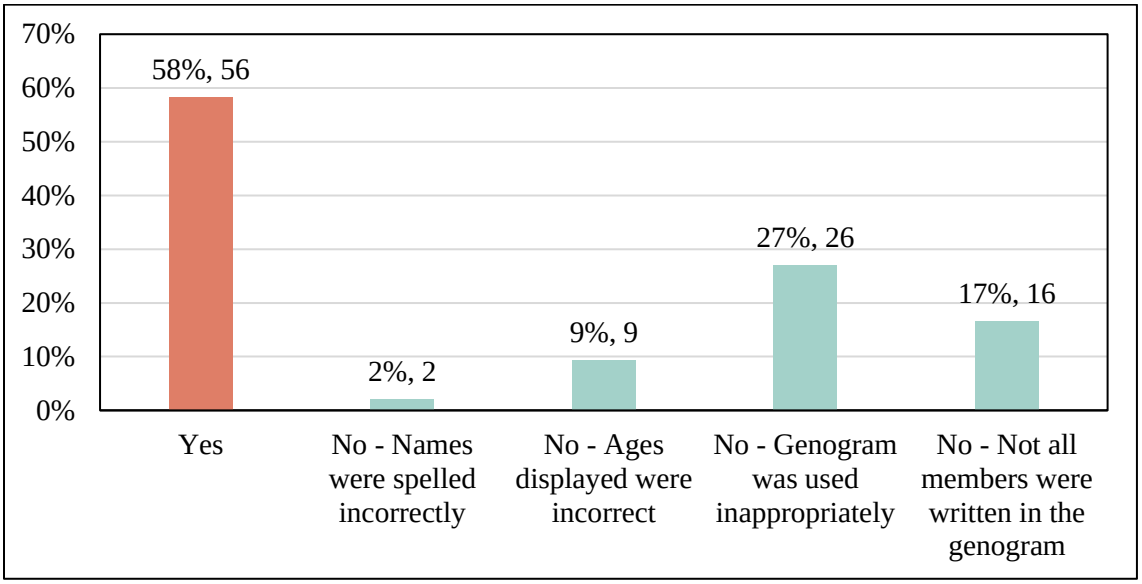
As seen in the above Figure, there is a sharp drop-off in content areas once discussion moves beyond the incident. Additional cultural considerations were only discussed in six percent (N=6) of the meetings. For these referrals, three discussions included conversations around language, two discussions talked about ethnicity and one discussion covered religion.

Use of the Genogram

The genogram was correct in 58 percent (N=56) of the reviews and reasons varied regarding as to why the genogram was incorrect, including incorrect names, ages, members and structural inconsistencies[35] (see Figure 34). An accurate genogram is important in order to fully understand the family's relationships, strengths and potential resources.

[35] For example, the wrong shapes were used to indicate gender, lines were incorrectly drawn to indicate relationships or household structure was not indicated with use of circles.

Figure 34: Correct Genogram
N=96 referrals



Total equals more than 100 percent as more than one "no" response could be selected.

Having a well-done genogram and using it to understand the family and its relationships is an important part of the Hotline R.E.D. Team framework. Reviewers commented in 19 instances that the genogram was used incorrectly or inappropriately by the facilitator. The genogram is the section of the CISF framework that provides a graphic representation of the child's familial relationships and serves to help better understand the family's relationships, dynamics and strengths. Using a system of shapes and lines, Hotline R.E.D. Team members can better visualize the family structure throughout the decision making process through the development and use of a genogram. Themes from reviewers' comments regarding genogram use include missing family members (most frequently the father, even if unknown, but in other instances other relatives in the household); genograms that were methodologically incorrect or incomplete (i.e., including the relevant shapes but missing the lines indicating the relationship; prewritten genograms that did not accurately represent the family's composition; lack of representation of household structure; inaccurate relationships between family members; and missing ages of children in the case).

C. Family Prior History with CFSA

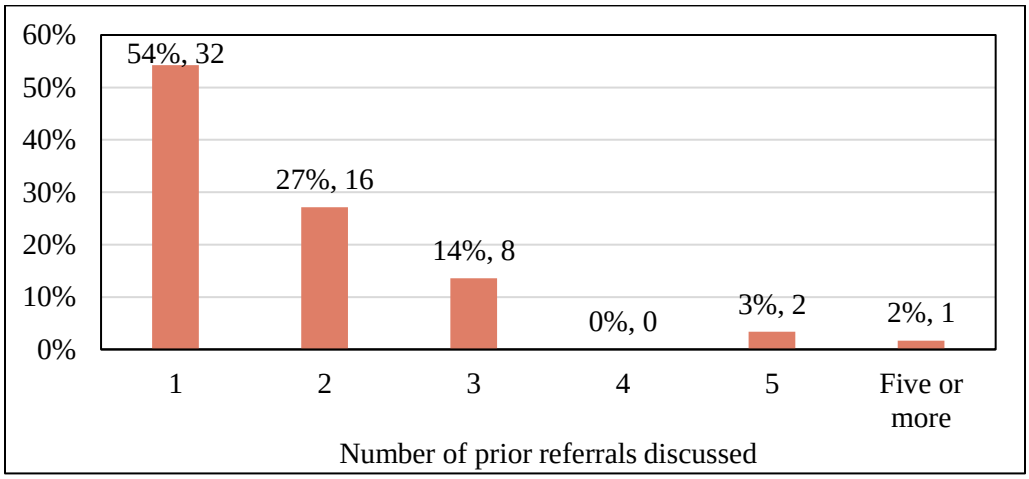
Of the total 96 referrals reviewed, families in 76 referrals had prior history with CFSA.[36] Of these referrals, the Hotline R.E.D. Team discussed prior history for 59 of these referrals.

[36] 18 referrals had no prior history to discuss and 2 referrals were not counted due to review instrument data entry errors.

A main reason why the Hotline R.E.D. Team did not discuss a family's history was when the prior history with the agency was from more than two years ago (for example, one reviewer wrote: *"identified history from 2011 but didn't discuss. > 2 yrs old remark."*). Yet while some Hotline R.E.D. Team members practiced under this two-year history guideline, other Hotline R.E.D. Team members discussed all history, regardless of year. There does not appear to be uniform guidance to teams on how extensive the history search and discussion should be.[37]

For discussions of prior history, reviewers were asked to record both the number of prior referrals discussed as well as the content of the discussion. Over half (54%, N=32) of the referrals with history included a discussion of one prior referral, 25 percent discussed two prior referrals and the remaining discussed three or more referrals (see Figure 35).[38]

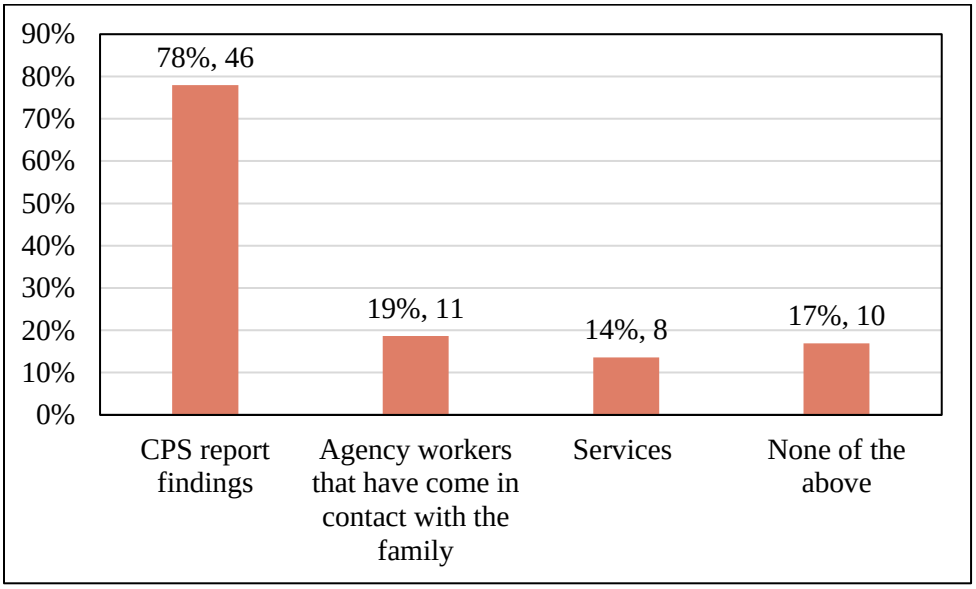
Figure 35: Discussion of Prior History: Number of Prior Referrals Discussed
N=59 referrals



In addition to the number of prior referrals discussed, reviewers were also asked to note the content of the discussion. Of the 59 referrals where family history with CFSA was discussed, the most common content discussed was prior CPS report findings (78%, N=46). Hotline R.E.D. Team meetings also identified agency workers who had prior contact with the families as well as services provided in the past. Reviewers selected "none of the above" if the Hotline R.E.D. Team discussed other aspects of the family's prior history (see Figure 36).[39]

[37] Other, less frequent reasons for not discussing family history include 1 referral where the history was noted as a grey area and 1 referral where the history only included referrals that were screened out.
[38] Data are not reflective of how many prior referrals the family had. The review instrument asked reviewers only to indicate how many prior referrals were discussed.
[39] Future edits to the review instrument will allow for reviewers to indicate what was discussed.

Figure 36: Discussion of Prior History: Content
N=59 referrals



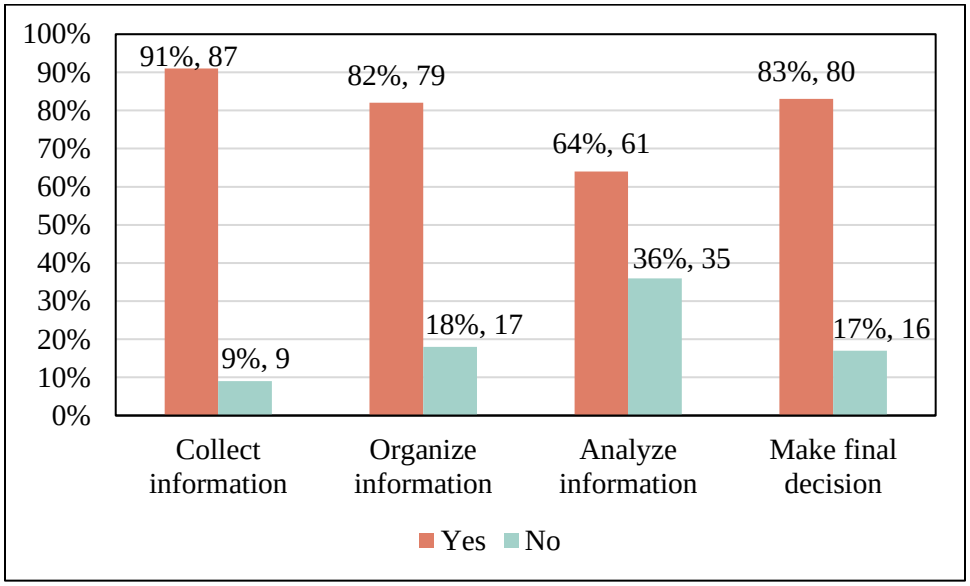
Total equals more than 100 percent as more than one response could be selected.

D. Hotline R.E.D. Team Critical Thinking

The CISF is a framework utilized within Hotline R.E.D. Team meetings to promote critical thinking in collecting, organizing and analyzing information as well as making the final pathway decision (see Figure 37). Information is collected and organized on a white board within the meeting room under the following headings:

- reason for referral, including details of the incident bringing the family to the attention of the agency and other historical context;
- complicating factors, defined as conditions or behaviors that contribute to greater difficulty for the family;
- grey areas, based on incomplete or speculative information or outstanding questions;
- safety/belonging, to note strengths demonstrated as protection/connection over time and any pattern or history of exceptions;
- strengths/protective factors, including assets, resources, capacities within the family or community and protective factors; and
- next steps for agency staff related to the pathway decision.

Figure 37: Use of the CISF at the Hotline R.E.D. Team Meetings
N= 96 referrals



The frequent use of the CISF to collect, organize and analyze information as well as make the final pathway decision is a large strength of the Hotline R.E.D. Teams. These are critical components that have been rooted in practice at these meetings and data show consistent use of the framework. Reviewers did note, however, that utilization of the CISF to analyze information could be improved. Responses contained feedback such as *"superficial analysis; did not look at previous in-home case to understand information in a better context," "the facilitator loaded information into relevant domains in CISF, however, there was no discussion among the team that showed an analysis of what was in the framework"* and *"analyzing information is complicated. I saw more recapping of information and not true analyzing."* A robust discussion that uses each area of the CISF to make analytical and clinical decisions improves the Hotline R.E.D. Team members' critical thinking abilities.

Reviewers noted other instances of strong analysis, where Hotline R.E.D. Team members made *"good use of the framework to capture information"* and appropriately used the CISF to guide the discussion and decision making process, using the information to *"consider and analyze the complicating factors and grey areas."* An example of a strong discussion and analysis was that the *"team was employing clinical observations to identify potential needs and explanations."* Strong facilitation was also illustrated through a few of the comments: *"Based upon the information presented the facilitator did an excellent job in pulling the information together"* and *"Great engagement from the facilitator. Encouraged active participation of the members."*

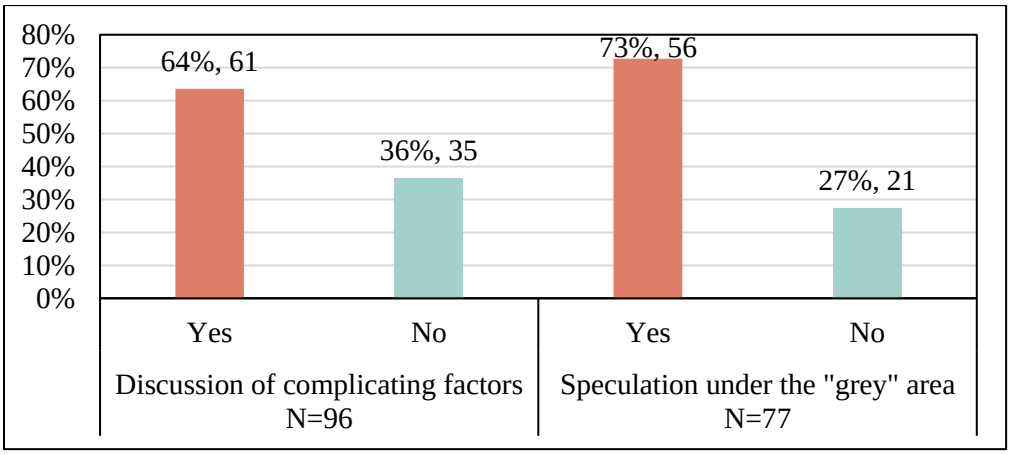
Additionally, a few reviewers made specific comments regarding utilization of the decision tree, a SDM document that provides criteria to assist in determining the Differential Response

pathway decision for a referral. Factors taken into consideration on the decision tree include the nature of the allegations, age of the alleged victim child and evaluation of imminent risk. The decision tree also helps prompt discussion – as one reviewer noted, *"great discussion when seeking guidance from the decision tree and using the information from the CISF."*

In other instances, reviewers commented on areas of improvement or missed opportunities at specific steps in the process or throughout the overall discussion. For some referrals, reviewers thought the CISF was not used appropriately to organize and analyze information, specifically when important information from the discussion was not added to the framework. As discussed later in the documentation section, information from the discussion must be added to the CISF framework in order to eventually be captured in the final FACES.NET documentation. Examples of missing information from the CISF include one reviewer's comment that the framework *"did not indicate IEP and special needs as potential complicating factor and did not indicate the grandmother's relationship and involvement."* In another instance, *"the child has a mental health [diagnosis] and this was not added in framework; also did not add strengths and resourcefulness of family which were discussed."*

Reviewers noted Hotline R.E.D. Team inconsistencies in the use of the "complicating factors" and "grey area" portions of the framework. For example, one reviewer noted that there was *"no discussion on grey areas or complicated factors; i.e. custody of child, mother's unknown address differs from child/father and not listed on referral snapshot – [history] may have provided that to rule out jurisdictional complications."* About two-thirds (64%, N=61) of all of the Hotline R.E.D. Team meetings included a discussion of complicating factors and of the applicable 77 referrals, 73 percent (N=56) of the referrals had speculative/incomplete information documented under the grey area (see Figure 38).[40]

Figure 38: Complicating Factors and Grey Area

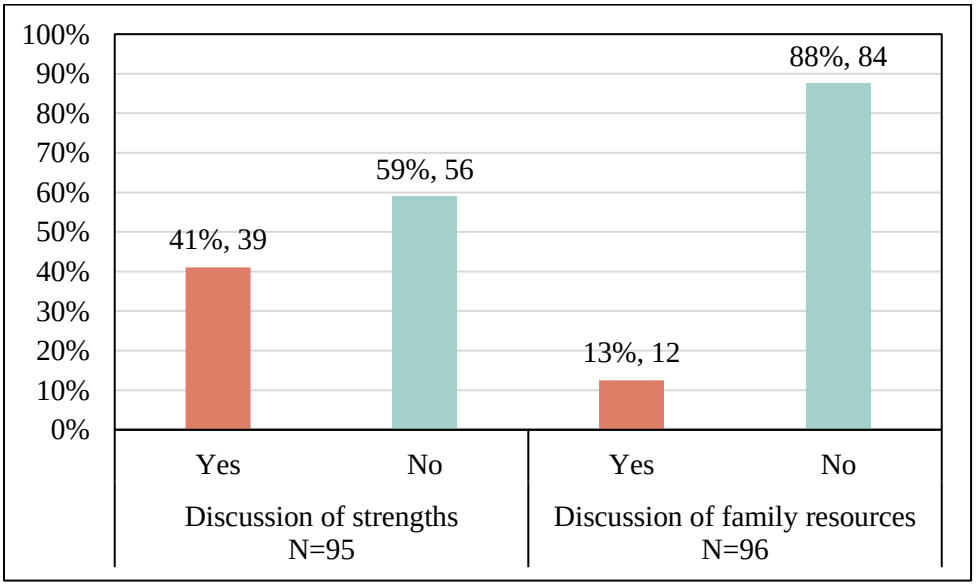


[40] For the remaining 19 referrals, there was no speculative/incomplete information to document so this question was non-applicable.

Though CFSA staff are trained to focus on the facts available to them from the referral and family history, a few reviewers noted that some discussions were based more on speculative and incomplete information than facts. One reviewer wrote that *"there was too much speculation and assumptions made without facts. Good overview of the information, but discussion was speculative."* Another reviewer noted that *"there was a lot of speculation and team did not fully analyze the [domestic violence] information that was primary reason for referral."* Making appropriate use of the grey area in the CISF allows teams to organize speculative information, to better determine if there is enough information to make a confident pathway decision and assist the CPS worker who may be assigned this referral to determine what potential questions they need to further explore. The level of speculation could be indicative of a need for hotline workers to prompt reporters for more information during their report and to ask clarifying questions when needed. Additionally, for two referrals, discrepancies were raised but not resolved. A reviewer described the following situation: *"participants noticed the discrepancy between the reported grades for the child (average) and the reporter's claim that the child was in danger of being retained. However, it did not prompt the group to ask for more information."* For another referral, there was no discussion on the issue that the mother's name differed from the family name in FACES.NET.

The Hotline R.E.D. Team framework by design seeks to identify family strengths/protective factors and resources within the family. Family strengths were discussed in only 41 percent (N=39) of the reviews and resources were only covered in 13 percent (N=12) of the reviews (see Figure 39).

Figure 39: Discussion of Strengths and Resources[41]



[41] The total universe (N) differs for each indicator due to blank survey responses.

This review attempted to collect data on next steps identified in the CISF, for example, asking if immediate next steps were identified and identified clearly; if individuals were identified to complete the next steps; and if a deadline was set for when next steps were to be completed. However, the high level of inconsistency within reviewer responses to these questions resulted in these data being removed from the analysis in this report. These questions will be revised for future use in ongoing CQI activities.

E. Documentation

As in all sections of the Intake CQI review, assessing the quality and accuracy of documentation is a critical component of the reviewer's assessment in order to ensure that staff who later review or depend upon this information have an accurate reflection of what was discussed or decided. Reviewers determined that the information documented by the facilitator within the CISF on the white board in the meeting room was representative of the discussion for 66 percent (N=63) of the referrals. When asked to assess if the final documentation in FACES.NET was representative of what was on the white board within the meeting room, reviewers indicated accuracy in 68 percent (N=65) of the referrals.

Differences between the information documented within the CISF and the discussion that was held by the Hotline R.E.D. Team members showed up mainly around grey areas, complicating factors, strengths and resources and family history that were discussed but not captured in the framework; errors in the genogram; and comments to contact the ongoing assigned worker. There were also a few instances of referrals pertaining to educational neglect where the CISF on the white board was not used.

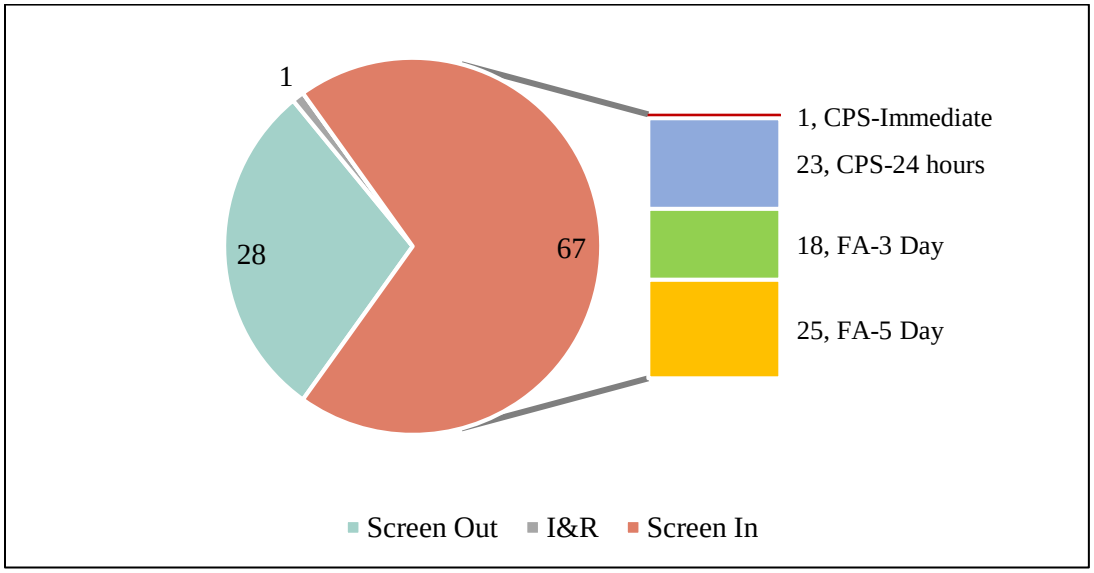
Differences between the final documentation in FACES.NET and the information documented within the CISF in the meeting room included grey areas, complicating factors, strengths, family history and reasons for referral that were noted in the framework but not in FACES.NET; multiple instances of incomplete information regarding the child and parent's relationship; and incorrect or missing information about the child's educational status, grades and academic performance. Additionally, there were multiple instances of the wrong facilitator listed and not all Hotline R.E.D. Team meeting participants listed in FACES.NET.

F. Support of Screening Decision

The referrals reviewed by the Hotline R.E.D. Team resulted in decisions involving all differential response pathways and time frames including CPS investigation-immediate response, CPS investigation 24 hours, FA 3 day, FA 5 day, I&R and screenouts. Seventy percent (N=67) of the referrals reviewed were screened in, including 24 assigned as CPS investigations and 43 assigned

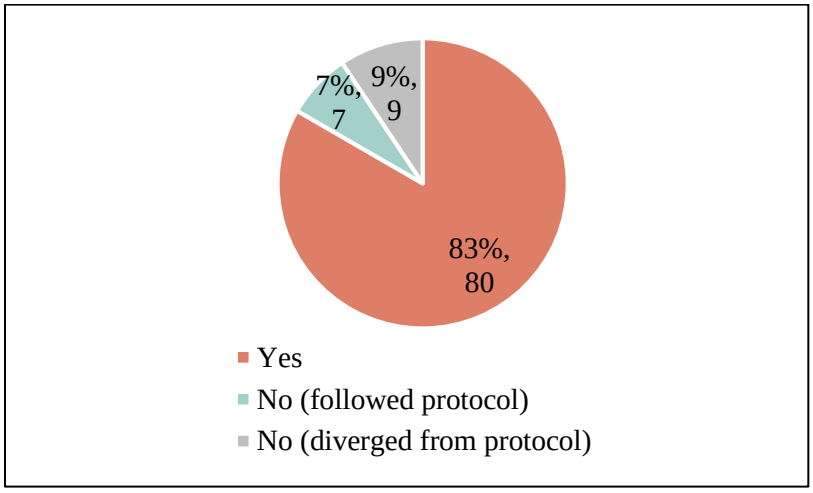
as FAs (see Figure 40). Twenty-nine percent (N=28) of the referrals were screened out and one percent (N=1) was designated as an I&R.

Figure 40: Screening Decision of Referrals Reviewed
N=96 referrals



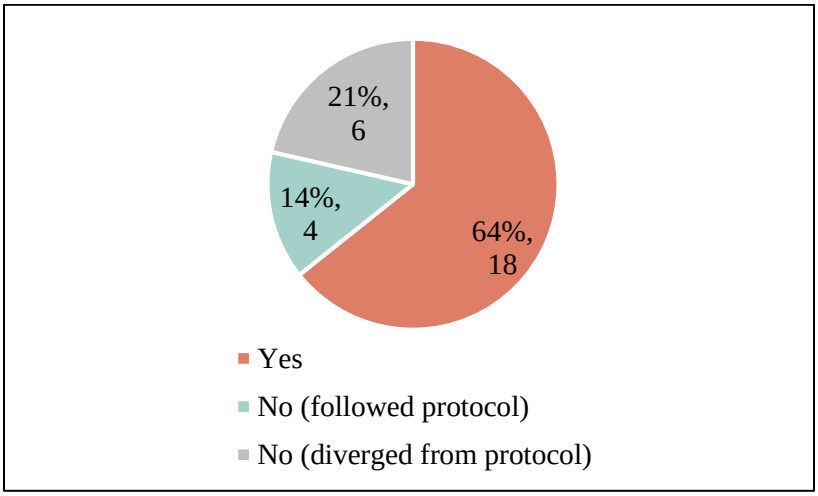
In considering all three parts of the Hotline Intake CQI review (to include the review of recorded calls and the review of emails, faxes and unrecorded calls), reviewers had the highest rate of agreement with the screening decisions made by the Hotline R.E.D. Teams, as compared with the others. Reviewers agreed with 83 percent (N=80) of the decisions made at the Hotline R.E.D. Team meetings observed (see Figure 41). When reviewers did not agree with the screening decision, they were asked to select either "participants followed CFSA policy and protocol in gathering information and making a decision however the reviewer is not in agreement with or confident in the screening decision" or "the participants' gathering of information and/or decision making process diverged from CFSA policy and procedures to such a degree that the reviewer is not in agreement with the screening decision."

Figure 41: Reviewer Agreement with Screening Decisions (all referrals)
N=96 referrals



Data in the first two sections of the review only included referrals that were screened out, however, as illustrated above, data for this portion of the review included referrals for all pathway decisions. In order to best compare the data from all three parts of the review, data on screened out referrals from Hotline R.E.D. Team meetings are shown below. When reviewer judgment is assessed for only these screened out referrals, agreement drops to 64 percent (N=18) (see Figure 42).

Figure 42: Reviewer Agreement with Screening Decisions (Screenouts only)
N=28 referrals



V. STRENGTHS AND AREAS OF ENHANCEMENT

Strengths

- **Hotline workers demonstrate positive customer service practices in the majority of interactions with callers.** Contact with a hotline worker can be one of the first interactions individuals in the community have with a child welfare agency and the quality of this interaction should be a priority. Based on reviewer ratings of recorded calls, 82 percent of hotline workers maintained positive customer interaction with callers during the call, 78 percent of workers used a pleasant and inquisitive tone, 74 percent of workers paid attention to the reporter's emotions and 72 percent of workers asked clarifying questions. Asking for clarification ensures the worker does not misinterpret the reporters answer. All of these practices impact the quality of information the hotline worker is able to obtain about the alleged child abuse or neglect.

- **The reporter's name and phone number were collected for 92 percent of the referrals.** While it is acceptable for a caller to remain anonymous and the hotline by policy will accept anonymous reports, it is always helpful when a reporter is willing to share their identity, even when asking the agency to keep their report anonymous. This information is very valuable, and can help strengthen the information gathering and decisions at multiple stages of the intake process. While the telephone system is designed to reduce the number of dropped calls, dropped calls can occur. If the call drops but the hotline worker has obtained the name and telephone number of the caller, the hotline worker has a quick way to re-contact the reporter and continue collecting information. Further, even after taking an initial report on the telephone, the worker after supervisory review or the supervisor may have additional questions important to decision making. By having the caller's name and telephone number, they have the ability to reach out if more information is needed in order to make a screening or pathway decision. Lastly, should the referral be screened in for an investigation or FA, the assigned worker can more easily follow up with the reporter for additional context and details – this contact is also a requirement of CFSA's practice and procedure.

- **CFSA has largely institutionalized the R.E.D. Team framework in its intake operations.** The review highlighted the deliberative steps that are built into the intake process across all entry points and demonstrate the system's approach to review, evaluate and direct each referral to the appropriate pathway. CFSA Hotline R.E.D. Team meetings occurred as planned with sufficient space and material to support the process. Additionally, the Consultation and Information Sharing Framework (CISF) was used to structure the collection and review of information for 91 percent of referrals. Multi-

disciplinary staff engagement was demonstrated through meeting attendance, regularly comprised of a core group of staff including a CPS supervisor, CPS social worker, OAG staff, hotline worker and HSA staff, which promotes diverse input into decision making and fidelity to the model.

- **There is evidence of supervisory involvement and review of intake decisions by the Educational Neglect Triage Unit and at the Hotline R.E.D. Team.** The designated supervisor reviewed the Educational Neglect Triage Unit workers' recommendations for every educational neglect referral in order to determine the final screening decision. Additionally, supervisors were present for discussions of each of the 96 referrals at each of the Hotline R.E.D. team meetings observed by reviewers.

Areas of Enhancement

- **Reviewer agreement with the screening decisions for all three parts of the Intake CQI review was 77 percent. When evaluating only referrals that were screened out, reviewer agreement was 73 percent.** The purpose of this review was to evaluate decision making within the agency's response to calls from individuals in the community who have concerns for a child and make a report of alleged child abuse or neglect. Reviewer disagreement with the decision to screen out a referral in approximately one-fourth of the referrals reviewed demonstrates a need for improved reliability and consistency of decision making. Common reasons for disagreement with the screening decision included accuracy of documentation and lack of thorough information gathering and analysis, both of which are critical parts of a well-informed, clinically-based pathway decision.

- **There are gaps in hotline workers' information gathering.** Hotline staff have considerable influence on the quality and usefulness of information provided by reporters. The worker's ability to engage and develop rapport with the caller, listen to what the reporter says, ask empathetic and probing questions, solicit necessary information and accurately document the information provided influences the agency's ability to make informed pathway decisions. The names and ages of siblings were collected for 40 percent of referrals; this information was only collected for other children in the home for 35 percent of referrals. The name of a second parent was collected for 48 percent of referrals. Most notably, in 80 percent of all referrals screened out at the hotline, the written narrative did not include specific details of the home environment which is essential to assessing the safety of the child. Of the decisions assessed to screen out a referral, reviewers found that reflective listening occurred in only 23 percent; use of exception questions was found in 18 percent; and in only 20 percent of

the referrals did the hotline worker summarize the reporters concerns prior to ending the call.

- **Reviewers found that hotline workers did not consistently and accurately document information shared by callers.** The information documented by the hotline worker in FACES.NET is the primary source of information used by supervisors and the Hotline R.E.D. Team when making a decision about whether to accept a referral for an investigation or FA or whether to screen out the referral because it does not meet the District's requirements for alleged abuse or neglect. Reviewers listened to the recorded hotline calls and compared it with the documentation in FACES.NET. In almost one-third (30%) of the referrals screened out at the hotline, reviewers determined that either specific details provided by the reporter were not written in the narrative or there were specific details included in the documentation that were not provided by the caller.

- **School reports of educational neglect are not entered into FACES.NET in a timely manner.** When calls are made to the hotline, FACES.NET automatically enters the time that the call was received and CFSA is responsible to initiate referrals that are assigned as investigations and FA within a specific timeframe that begins when the call was received. Referrals are submitted by schools utilizing AVOKA forms automation system to the Educational Neglect Triage Unit. The referrals are entered into FACES.NET by the worker in order for the required timeline and tracking to start. The review found that 36 percent of school reports were entered into FACES.NET within 24 hours, an additional nine percent within 48 hours and the remainder in three to 22 days from the receipt of the report from the school. Almost one-quarter (22%) of the referrals were not entered into FACES.NET until seven days or later from receipt. In only one case did a reviewer note that the gap between the referral and intake date was due to the worker trying to obtain additional information from the school. The Triage process as currently designed is not a 24 hour-a-day, seven days-a-week operation. Educational neglect reports are processed Monday through Friday during normal business hours and the referral is not assigned to a CFSA worker until it is entered into FACES.NET.

- **Improvements are needed regarding follow up on educational neglect referrals that are screened out due to there being an already open in-home case, investigation or FA for the family.** CFSA policy provides that when an educational neglect referral is screened out because there is a currently open investigation or FA, communication must occur with the assigned CFSA worker so they are notified that the school submitted a report of possible educational neglect. However, of the 23 referrals that were screened out for these reasons, there was evidence of the required follow-up with the ongoing

worker, FA worker or investigator in only 65 percent of the applicable referrals (15 referrals).

- **Inconsistencies were found in the information provided by the school in their report and the referral information entered into FACES.NET.** In general, the Educational Neglect Triage Unit is apt to screen out a referral when the school (who by law has to report children who have 10 or more unexcused absences) reports that the student's attendance issues have not had a negative impact on academic performance. However, reviewers found multiple instances (12 referrals) where the Triage Unit screened out a referral for that reason but the report itself stated that the there was a connection between the absences and the child's educational performance. In order for the AVOKA system used to receive and process educational neglect referrals to be effective, the Triage Unit worker must accurately transfer information from the report to referral in every case so that the supervisor can make an appropriate screening decision.

- **The quality of the facilitation of R.E.D. Team meetings was variable and makes a difference in its effectiveness.** Reviewers noted that some meetings relied too heavily on speculation and that the analysis of key data was sometimes superficial. The protocol requires that the facilitator guides the discussion and assists the team in processing the information. While reviewers observed examples of excellent facilitation, for 36 percent of the referrals reviewed, improvements in facilitation were needed to enable and support stronger analysis. Reviewers also emphasized the need for an analytical, rather than incident-based, discussion and noted that the conversations sometimes *"felt more like [a] recap of information."* Furthermore, meetings included a discussion of strengths for less than half (41%) of referrals and a discussion of available family resources for 13 percent of referrals. There were multiple instances noted when the designated R.E.D. Team *historian* experienced difficulty using FACES.NET to access family history. The historian must be able to independently search FACES.NET for the appropriate information without interrupting the flow of the discussion as the other Hotline R.E.D. Team members need to fulfill their own roles and duties. When history was accessed, there were inconsistencies in how far back to search and how the historical information was assessed and used in the decision making process.

- **The Consultation and Information Sharing Framework (CISF) and genogram are not used with full fidelity.** Within the CISF, reviewers noted confusion between the *complicating factors* and *grey area* sections. Recording information under the correct category is necessary in order to build a complete understanding of additional challenges a family might be experiencing versus information that is unknown. This observation applies to the need for an accurate *genogram* as well; reviewers found that family

genograms were correctly used for slightly more than half (58%) of referrals. The ability to visualize each of these components helps to provide a better understanding of relationships within the family and can also improve the depth of analysis when determining next steps for the referral.

VI. RECOMMENDATIONS

The following recommendations were finalized and added to this report on October 27, 2016.

A. Part A: Recorded Calls

Decision Making

- The Agency Performance (AP) team will review the CQI findings with Management and hotline staff by November 19, 2016. The Deputy Director for Entry Services (ES) will develop a plan to focus on those areas which have been identified as problematic - including supervisory decision making regarding the "screen out" process. The Management team will meet on a weekly basis, led by the Deputy or Administrator, for group supervision using examples of both accepted and screened out referrals to develop supervisory skills and increase consistency in decision making. The emphasis will be on conducting an in-depth review, therefore the review will be limited to no less than six reviews per session. AP will develop a tracking mechanism to collect this data.
- Hotline supervisors will complete a daily review of "no-maltreatment" type hotline screenout referrals and provide feedback to staff.
- Program Managers will review on a weekly basis "no-maltreatment" type hotline screenout referrals and provide feedback to staff.
- Program Administrators will review on a monthly basis "no-maltreatment" type hotline screenout referrals and provide feedback to staff.
- ES management is reviewing the policy of numbers as identification of hotline staff. Pending final approval by the Director, names or pseudo names will be used at the hotline starting in FY17 Q1.

Information Gathering

- Hotline staff received training on motivational interviewing in August and September 2016. Supervisors will reinforce concepts taught in training through supervision and real time coaching with live calls.

- In FY17 Q1, AP will conduct further data analysis from the Intake CQI review and management feedback will be utilized to identify supports necessary to strengthen supervisory practice.

Documentation

- Hotline supervisors will listen to 20 to 25 live calls monthly and provide individual feedback to staff during supervision. This will include a review of FACES.NET documentation of the call to verify that the information collected was appropriately documented. AP will develop a tracking and feedback tool.
- Hotline supervisors will develop individual training plans for staff focused on customer service, engagement, information gathering and documentation.
- In FY17 Q2, ES managers will identify specific areas of training necessary to support staff with engagement and documentation skills. Training will be facilitated by an ES training supervisor in conjunction with CWTA.

Ongoing CQI

- In FY17 Q1, ES and AP staff will conduct quarterly reviews on specified benchmarks, including screenouts and consistency in the documentation based upon the recorded call.
- AP will review 10 referrals monthly, both accepted and screenouts, using the CQI review instrument. CQI feedback from AP will be used by ES managers to identify strategies to improve specific staff skills in engagement and gathering information from callers. This review will begin in FY17 Q1, and repeated quarterly thereafter.
- In FY17 Q3, AP and OPPPS will develop and conduct a survey of mandated reporters to assess their experiences, feedback, concerns and plaudits.

B. Part B: Emails, Faxes and Unrecorded Calls

Timeliness

- Reports will be triaged within two business days. The process includes: screening, assignments to FSWs, contacting schools to verify reporting information, data entry and supervisory approval. In FY17 Q2, the ES Deputy Director will review this process and implement additional recommendations to update the process and timeframes.

Follow-up

- Where there is a currently open referral or case, the ES supervisor will notify the receiving supervisor by email of the education neglect referral and document this notification in FACES.NET.
- On a monthly basis, ES and CPS managers will review the educational neglect referrals connected to open cases for additional supervisory support. This information will be collected by AP for secondary review.
- In FY17 Q1, the FA Administrator and educational neglect triage supervisor will review existing policy and provide recommendations for training and policy updates to the ES Deputy Director and Principal Deputy Director.

Documentation

- ES managers will determine where the majority of educational neglect referrals are originating and will develop additional recommendations for training and/or connection to Collaborative resources.

Ongoing CQI

- In FY17 Q2, ES and AP will resume the qualitative review of a random sample of 125 educational neglect referrals per quarter using the revised CQI tool. This review will be conducted quarterly. The report will identify trends in screenout decisions, families' identified needs, services, barriers and underlying reasons that prevent school attendance.
- ES and AP will review quarterly the screenouts of new referrals on open cases.

C. Part C: Hotline R.E.D. Team Review

Facilitation

- Beginning in FY17 Q1, a FTM facilitator will conduct the Hotline R.E.D. Team meetings.

CISF and Genogram

- Beginning in FY17 Q1-2, Sue Lohrbach will review and provide recommendations on training and support for re-integration of R.E.D. Teams as an integral part of the ES hotline process, which will include reformatting the meeting, time, roles and tools.

Ongoing CQI

- After the collaboration with Sue Lohrbach, beginning in FY17 Q3, ES and AP will conduct a random sample of the Hotline R.E.D. Team meeting documentation quarterly. Themes and trends from the review will be provided to the Practice Improvement Committee for review and feedback.
- Beginning in FY17 Q4, CISF and critical thinking will remain a focus of training, supervision and CQI reviews throughout ES practice.

APPENDIX A

Part A Review Instrument

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
CONTINUOUS QUALITY IMPROVEMENT
HOTLINE REFERRAL—REVIEW TOOL

Hotline Worker Name: _____ **Date of Intake:** _____

Time of Intake: _____ **FACES.NET Number:** _____

Family Name: _____ **Evaluator/QA Staff:** _____

Section 1. Customer Service/Interaction With Reporter
Answer these questions based on review of the recorded call.

1.1 Worker started the call promptly and politely. (yes, no)

1.2 Worker identified self. (yes, no)

1.3 Worker started with open-ended questions and allowed reporter to provide information regarding reason for call. (yes, no)

1.4 Worker transitioned to gathering specific parent behaviors and/or conditions of the household while:

a. Maintaining positive interaction with the reporter. (yes, no)
b. Asking open-ended questions. (yes, no)
c. Asking directed questions. (yes, no)

1.5 Worker employed the following engagement or interview techniques (select all that apply).

a. Reflective listening. (What I heard you state … , What I hear as your biggest concern … , I heard you mention …) (yes, no)

b. Exception questions. (Are there days when the child does not present/behave in the way you described? Are there times when the parent is not drunk/high? Are there times when the parent engages with or disciplines the child appropriately?) (yes, no)

c. Follow-up questions to gather specific details. (Did the child witness … ? You mentioned the parent was high when he dropped the child off at school—can you tell me how you know/what makes you suspect that? You mentioned the parent is mentally ill—can you tell me what that means/a bit more about that? You mentioned the child is terrified of the parent—what does that look like? You said the child mentioned that the parents fight all the time—can you tell me anything more about that?) (yes, no)

d. None of the above.

1.6 Worker summarized statements of concern before ending the call. (yes, no)

1.7 Worker thanked reporter before ending the call. (yes, no)

1.8 Worker demonstrated good customer service with the call.

a. Using a pleasant and inquisitive tone. (yes, no)

b. Paying attention to reporter's emotions (anger, fear, sadness, frustration, concern, etc.). (yes, no)

c. Supportive and empathetic statements, when needed. (yes, no)

Section 2: Information Gathering
Answer these questions based on a review of the recorded call. Respond with yes if worker asked open and/or direct questions to elicit these details. Worker may need to ask for the same information in a variety of ways and reporter may be unable to provide the details.

2.1 Worker gathered name and call-back number from reporter. (yes, no, N/A—anonymous reporter)

2.2 Worker has gathered or attempted to gather the following information on the child victim and any other children in the home or in the care of the parent/caregiver.

a. Current location of the child/victim. (yes, no)

b. Name and age of the child/victim. (yes, no)

c. Names and ages of siblings in the household. (yes, no)

d. Names and ages of any other children in the household. (yes, no)

e. Home address of the child/victim. (yes, no)

f. Any danger indicators (supervision, physical injury that requires medical care, etc.). (yes, no)

g. Child's exposure to potentially traumatic events (witnessing violence, being a victim of violence, etc.). (yes, no)

h. When the child will next be in the care of the alleged maltreater. (yes, no)

2.3 Worker has gathered or attempted to gather the following information on the parent/caregiver and the alleged maltreater.

a. Parent/caregiver's actions or inactions and the impact these have on the child. (yes, no)

b. Name of custodial parent/caregiver. (yes, no)

c. Approximate age of custodial parent/caregiver. (yes, no)

d. Name of second custodial parent/caregiver or noncustodial parent. (yes, no)

e. Approximate age of second custodial parent/caregiver or noncustodial parent. (yes, no)

f. Address and contact information of noncustodial parent. (yes, no)

g. Name and home address of the alleged maltreater if different from the parent/caregiver's home address. (yes, no)

2.4 Worker has gathered or attempted to gather the following information on the parent/caregiver and each child identified in the referral.

a. Race of each individual (parent/caregiver and child listed). (yes, no)

b. Language other than English spoken in the home. (yes, no)

c. Past involvement with CFSA or other child protection agency and/or enough information to complete a FACES.NET search for each individual. (yes, no)

Section 3: Documentation

Complete this section based on review of the referral snapshot and recorded call. Answer yes if the worker asked questions specifically to gather the details described below and the reporter responded with "I don't know" or information was otherwise unavailable.

3.1 Written narrative is consistent with the information provided by reporter.

a. Yes, written narrative reflects information provided by reporter.

b. No, narrative includes specific details in the report that were not provided by reporter.

c. No, specific/critical details provided by reporter are not included or not accurately documented in written narrative or specific details are summarized with broad, general terms.

3.2 Written narrative includes behaviorally specific details for parent/caregiver and child. (yes, no)

3.3 Written narrative includes specific details of home environment. (yes, no)

3.4 Written narrative supports the screening decision (in, out, forward to RED team). (yes, no)

Section 4: Supervisor Comments

4.1 Supervisor comments and approval reflect thorough and timely review of written narrative. (yes, no)

4.2 If an immediate response is selected, supervisor comments include specific details that indicate an immediate response is appropriate. (yes, no, N/A)

Section 5: Narrative

5.1 Does the reviewer agree with the hotline and supervisory screening decision to screen out, forward to RED team or screen in for immediate response?

YES – the worker and supervisor gathered and documented enough substantive information to support their screening decision

NO – for reasons noted above, Hotline process and activities diverged from CFSA policy and procedures to such a degree that the reviewer is not confident in or disagrees with the screening decision.

NO – although the hotline worker and supervisor followed CFSA policy and protocol, including SDM screening tool; the reviewer is not confident/in agreement with the hotline screening decision.

Comment: Provide details from call or narrative that support any NO response. (narrative field)

5.2 Provide narrative comments of particular strengths noted in the call review and associated FACES.NET documentation. (narrative field)

5.3 Provide narrative comments of particular areas of concern noted in the call review and associated FACES.NET documentation.(narrative field)

APPENDIX B

Part B Review Instrument

* 1. Reviewer Name (Last name, First name)

* 2. Referral Name

* 3. Referral ID

* 4. Hotline Social Worker (Last name, First name)

* 5. Supervisor Name (Last Name, First Name) (Write 'unknown' if not provided in FACES)

* 6. Type of referral:

- ◯ Educational Neglect - email
- ◯ Educational neglect - fax or other
- ◯ Walk in - any allegation
- ◯ Fax or email - not educational neglect
- ◯ Other (please specify)

* 7. Does the family have an open case or referral (either Investigation or Family Assessment)?:

- ◯ Yes
- ◯ No

If yes, please provide case/referral number(s):

8. Previous CFSA History

	0	1	2	3	More than three
Number of previous Investigations	◯	◯	◯	◯	◯
Number of previous non-educational neglect screenouts	◯	◯	◯	◯	◯
Number of Family Assessments	◯	◯	◯	◯	◯
Number of times an ongoing case was opened	◯	◯	◯	◯	◯

* 9. Number of children who are the subject of the report

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ More than 8
- ◯ Report does not involve any children under the age of 18

10. Enter the ages of each child.

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Child 1	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 2	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 3	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 4	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 5	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 6	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 7	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 8	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 9	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Child 10	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

11. Enter the gender of each child.

	Male	Female
Child 1	○	○
Child 2	○	○
Child 3	○	○
Child 4	○	○
Child 5	○	○
Child 6	○	○
Child 7	○	○
Child 8	○	○
Child 9	○	○
Child 10	○	○

* 12. Number of adults/caregivers in household

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ More than 4
- ◯ Unknown

* 13. What school does the child(ren) attend, if any?

* 14. In what ward does the child reside?

- ◯ Ward 1
- ◯ Ward 2
- ◯ Ward 3
- ◯ Ward 4
- ◯ Ward 5
- ◯ Ward 6
- ◯ Ward 7
- ◯ Ward 8
- ◯ No Ward Information
- ◯ Child is not a resident of DC

* 15. Is this referral for educational neglect? Select Yes even if other concerns are listed as well.

- ◯ Yes
- ◯ No

* 16. What date was the Educational Neglect Reporting Form submitted?

* 17. What is the date of the educational neglect referral?

Educational Neglect Questions

18. How many unexcused absences does the child have?

19. How many excused absences does the child have?

20. How many tardies does the child have (if reported)?

21. Does the child have an IEP or 504 plan?

- ◯ Yes
- ◯ No
- ◯ Not addressed in documentation

Provide detail if given:

22. Number of previous educational neglect referrals on this family (including screenouts):

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ More than 3
- ◯ Unable to determine

Comments if any

23. Does the information in the previous referrals suggest an ongoing issue with school attendance? If so, explain.

- ◯ Yes
- ◯ No

If yes, please explain.

* 24. According to the school report, what type(s) of engagement has the school attempted with the family? Check all that apply.

- ☐ Telephone calls
- ☐ Letters
- ☐ Home visits
- ☐ Meetings
- ☐ Other (please specify)

25. According to the school report, what referrals if any were made for the family?

26. Does the school report having met with the student?

- ◯ No
- ◯ Yes

If Yes, what explanation did the student provide?

27. Does the referral information describe the impact of the child's attendance on academic performance?

- ◯ Yes - report describes negative impact of attendance on child's academic performance
- ◯ No - report describes no impact of attendance on child's academic performance
- ◯ No - report does not address any impact on the child's academic performance

Conclusion

* 28.
Reason provided for screening out the referral? (check all that apply)

- [ ] Referral does not include an allegation of abuse or neglect
- [ ] Out of jurisdiction
- [ ] Attempts to contact school unsuccessful and report contains insufficient information
- [ ] All alleged victims are above or below the mandatory school attendance age
- [ ] Maltreater is not a caretaker
- [ ] Open investigation or FA and information forwarded to respective SW, SSW and PM
- [ ] Open case and information forwarded to respective SW, SSW and PM
- [ ] No connection between attendance and child's academic performance
- [ ] School is actively working with the child or family regarding attendance and academics
- [ ] Reasons for absence are valid but school cannot classify them as excused.
- [ ] Absences determined to be due to truancy (i.e. not the fault of parent)
- [ ] Child is enrolled in an alternate school and has no attendance issues
- [ ] Absences represent class periods rather than full days, and report does not meet threshold for neglect (80/20 rule)
- [ ] Reason for screenout unclear or absent
- [ ] Other (please specify)

* 29. If screened out due to there being an open case, investigation or Family Assessment, is there evidence of follow up? [Reviewers will need to look in the other case or referral to verify.]

- ◯ Yes
- ◯ No
- ◯ N/A screened out for another reason

Please describe

* 30. Is the screenout reason consistent with the information provided?

- ◯ Yes
- ◯ No

Please explain

* 31. Does the reviewer agree with the hotline decision to screenout this referral?

- ◯ Yes - The worker and supervisor gathered or had enough substantive information to support their screening decision, and the review agrees with/has confidence in the screening decision.
- ◯ No - For reasons noted above, process and activities diverged from CFSA policy and procedures to such a degree that the reviewer is not confident in or disagrees with the screening decision.
- ◯ No - Although the hotline worker and supervisor or triage unit followed CFSA policy and protocol (which may include the SDM screening tool), the reviewer is not in agreement with or confident in the decision to screen out the referral.

Please provide detail to explain any NO response.

32. Please provide any other comments about this referral.

APPENDIX C

Part C Review Instrument

Intake Continuous Quality Improvement. Hotline R.E.D Team Review (DRAFT)

1. Introduction

The purpose of this review is to aid in establishing an on-going Intake Continuous Quality Improvement process that fosters a learning environment providing continuous feedback for Social Workers so that they may continue to ensure the safety and well-being of children and families in the District. This survey should take approximately 20 minutes to complete.

* 1. Reviewer Name (Last Name, First Name)

* 2. Referral Name

3. Referral ID

* 4. Report Type

- ◯ Abuse
- ◯ Neglect
- ◯ Neglect: Educational Neglect
- ◯ Unable to Determine

Intake Continuous Quality Improvement. Hotline R.E.D Team Review (DRAFT)

2. Hotline RED Team Logistics and Membership

Hotline RED Team meetings are required to have certain members and elements present and visible in each meeting. The following questions are to evaluate the logistics of each Hotline R.E.D Team and presence of vital tangible items and documents.

* 5. Which Hotline R.E.D Team did you attend? (*Time slot*)

6. Which day of the week was the R.E.D. team you attended?

* 7. Did the meeting begin at its designated time? *(Within five minutes of 8:00 am, 1:00 pm, 5:00 pm)*

- ◯ Yes
- ◯ No

If no, explain

* 8. How many people attended the meeting? *(Please count only individuals who attended the meeting from beginning to end. Do not forget to include yourself.)*

* 9. Please select all of the following that were available for the R.E.D Team meeting.

- ☐ Designated Space *(The meeting took place in a designated space or room)*
- ☐ White Board *(A white board was visible in the space or room)*
- ☐ Decision Tree *(The SDM Decision Tree was visible in the space or room)*
- ☐ Document in FACES

* 10. Were introductions made before the meeting commenced?

- ◯ Yes
- ◯ No

* 11. Please select all internal agency staff representing varied child protective service functions. *(Please count only the individuals who attended the meeting from beginning to end.)*

- [ ] CPS Supervisor
- [ ] CPS Social Worker
- [ ] Hotline Worker
- [ ] OAG/Attorney
- [ ] Health Services Administration Staff
- [ ] Unclear of the job titles of participants
- [ ] Other - FSW
- [ ] Other - OWB
- [ ] Other - Ongoing Worker
- [ ] Other - Observer
- [ ] Other (please specify)

* 12. Each Hotline R.E.D Team will have members acting in specific and required roles. Please select all the roles that were occupied and visible during the meeting.

- [ ] Facilitator (loads framework on white board)
- [ ] Reader (provides/reads report information from referral snapshot)
- [ ] Scribe (records information on hard/electronic copy)
- [ ] Historian (performs FACES search)
- [ ] Genogram Scriber (records genogram information)
- [ ] Participant
- [ ] Unclear of the roles of the members
- [ ] Other (please specify)

* 13. Did each member perform his or her assigned tasks?

- ◯ Yes
- ◯ No (please explain which member did not perform his or her task and how they were unsuccessful in performing their assigned tasks)

* 14. Level of Facilitation. Please answer the following questions stating your level of agreement or disagreement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The Facilitator was able to ensure an equal level of participation during the meeting.	◯	◯	◯	◯	◯
The Facilitator was able to ensure professional conduct during the meeting.	◯	◯	◯	◯	◯
The Facilitator was able to guide the discussion; redirecting participants to the task at hand when needed.	◯	◯	◯	◯	◯

15. Name of Facilitator (Last name, First Name)

Intake Continuous Quality Improvement. Hotline R.E.D Team Review (DRAFT)

3. Hotline R.E.D Team Process

This sections deals with the functionality of the Hotline R.E.D Team. The groups' level of participation in reviewing the reason for the referral, presence of danger/harm, use and application of the Genogram, review of the client's history of agency involvement, and the review of strength and protective factors are all assessed in this section.

* 16. Select each of the following that was discussed during the meeting?

- [ ] Alleged victim of the report
- [ ] Race of alleged victim of the report
- [ ] Details of the incident
- [ ] Time/Date of incident
- [ ] Place of incident
- [ ] Names of other children in the household
- [ ] Names of siblings
- [ ] Names of other adults
- [ ] Family's primary language
- [ ] Child vulnerability
- [ ] Other specific concerns

* 17. Did the team discuss the child's eligibility under the Indian Child Welfare Act?

- ( ) Yes
- ( ) No

* 18. Is the genogram correct? (The genogram is correctly diagrammed when it includes the correct spelling of all names of members, the correct ages, the inclusion of all members in the report, and the appropriate symbols and relationships for all members)

- [ ] Yes - All names were spelled correctly, ages were transcribed correctly, and the genogram displayed appropriate symbols and relationships among members
- [ ] No - Names were spelled incorrectly
- [ ] No - Ages displayed were incorrect
- [ ] No - Genogram was used inappropriately *(Paternal grandmother was diagrammed with direct connection to the mother, etc...)*
- [ ] No - Not all members were written in the genogram

* 19. Were additional cultural considerations discussed?

- ( ) No
- ( ) Yes (please specify)

* 20. Did the group discuss agency history?

- ◯ No
- ◯ Yes (Please specify how many years back the group searched. ex. 1)

Intake Continuous Quality Improvement. Hotline R.E.D Team Review (DRAFT)

4. Agency History

21. Which of the following were discussed? Select all that apply

- ☐ CPS report findings.
- ☐ Agency workers that have come in contact with the family
- ☐ Services
- ☐ None of the above

22. How many prior referrals were discussed?

- ◯ None
- ◯ One
- ◯ Two
- ◯ Three
- ◯ Four
- ◯ Five
- ◯ Five or more (please specify number)

23. Was there discussion of strengths?

- ◯ Yes
- ◯ No

24. Was there discussion of resources within the family?

- ◯ Yes
- ◯ No

Intake Continuous Quality Improvement. Hotline R.E.D Team Review (DRAFT)

5. Hotline R.E.D Team Critical Thinking

Participants in the Hotline R.E.D Team are expected to utilize the Consultation and Information Sharing Framework (CISF) to promote critical thinking in deciding the pathway of a referral. The following section gauges how well participant utilize the framework and employ critical thinking techniques.

* 25. Did the participants utilize the CISF to collect information?

- ◯ Yes
- ◯ No

* 26. Did the participants utilize the CISF to organize information?

- ◯ Yes
- ◯ No

* 27. Did the participants utilize the CISF to analyze information?

- ◯ Yes
- ◯ No

* 28. Did the participants utilize the CISF in making a final decision about the pathway of the referral?

- ◯ Yes
- ◯ No

29. Please summarize your answers to questions 25 - 28.

* 30. Were complicating factors discussed?

- Yes
- No

* 31. Was any speculation of the referral documented under the "grey" area?

- Yes
- No. Speculative information was discussed however the group did not document it under the "grey" area.
- No. There was no speculative information to document.

* 32. Were the immediate next steps identified?

- Yes
- No. There appeared to be a need for next steps however the group failed to identify them.
- No. Team discussed next steps but did not add them to the framework.

33. Were the next steps identified clearly?Next steps can include:
Decision to screen in or out
If screened in, pathway (Investigation or Family Assessment)
If screened out, follow up?
If screened out, reason documented?
Time frames?
Additional follow up?

- Yes
- No

Please provide a brief statement of how the decision failed to be precise.

34. Were individuals identified to carry out next steps?

- Yes
- No. Next steps were identified however the group failed to assign a point of contact to carry out those steps.
- No. There were no next steps.

35. Is there a deadline for when activities are to be completed?

- ◯ N/A. There are no activities to be completed
- ◯ No
- ◯ Yes. There are deadlines for the completion of activities. (Please provide the activity to be completed and the date of expected completion. Ex. Forward to SSW. 05/15/2016)

Intake Continuous Quality Improvement. Hotline R.E.D Team Review (DRAFT)

6. Documentation

Complete this section based on review of FACES documentation and the CISF on the white board.

* 36. Is the final documentation in FACES representative of the CISF displayed on the white board?

- ◯ Yes
- ◯ No. (Please explain how the FACES documentation and CISF documentation differ.)

* 37. Is CISF displayed on the white board representative of the discussion held?

- ◯ Yes
- ◯ No. (Please explain how the CISF on the white board and discussion differ.)

Intake Continuous Quality Improvement. Hotline R.E.D Team Review (DRAFT)

7. Support of Screening Decision

* 38. Do you agree with the Hotline R.E.D Team decision?

- ◯ Yes. The participants gathered and documented enough substantive information to support their screening decision.
- ◯ No. The participant's gathering of information and/or decision making process diverged from CFSA policy and procedures to such a degree that the reviewer is not in agreement with the screening decision.
- ◯ No. The participants followed CFSA policy and protocol in gathering information and making a decision however I am not in agreement with or confident in the screening decision.

39. Additional Comments