DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P.O. BOX 88

JEFFERSON CITY, MISSOURI

September 16, 2004

MEMORANDUM


TO:         REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS,
            AND CHILDREN'S DIVISION STAFF

FROM:       FREDERIC M. SIMMENS, DIRECTOR

SUBJECT:    IMPROVEMENTS AT THE CHILD ABUSE/NEGLECT
            HOTLINE


DISCUSSION:

The Children's Division has recently developed two new initiatives that provide Child Abuse/Neglect Hotline staff with tools to improve responsiveness and consistency toward the goal of becoming a world class hotline system.  The hotline has implemented a Call Management System to improve the management of incoming calls based on real-time data.  The hotline has also implemented new intake Protocols that assist hotline staff in accurate and consistent decision-making.

Call Management System (CMS)

The CMS was implemented in response to excessive busy signals given at the hotline during unpredictable periods of high incoming call volume.  The previous hotline telephone system did not have queuing capability, nor did it provide any real-time call data.  Call data reports were not available to supervisors until the following month.  The CMS was selected for optimum call management and was implemented in stages during March through June of 2004.  The first stage involved the installation of new telephones and the creation of an ACD (Automatic Call Distribution) group, both of which were required to support the new call data system that was installed during the second stage in June.  The first stage allowed for queuing of calls when all hotline staff were busy taking calls, with emergency calls placed at the front of the queue.  The new ACD group set-up also provided some basic real-time data on hotline staff's desktops that improved call management (workers could view the number of staff signed on, priority level of calls,

number of callers in queue, and the number of seconds the longest call was holding in queue). CMS implementation was completed in June with the installation of the CMS server, providing additional real-time data for supervisors (including calls offered, calls answered, abandoned calls, duration of calls, length of time calls were queued, grade of service, etc.) along with updated reports every thirty minutes. The CMS allows supervisors to directly manage calls by changing queue settings and sending alert signals to workers (for example, to postpone all breaks because of the number of calls waiting to be answered). Supervisors can create specialized management reports that are available at 30-minute intervals for future planning.

The implementation of the CMS has brought remarkable improvement in responsiveness. Previously, the hotline answered an average of 40-50 % of calls offered on the first attempt and gave several thousand busy signals each month. During the first stage of CMS implementation in May, the calls answered on the first attempt increased to 90%. By June, the month of full implementation, the hotline answered 97% of calls offered on the first attempt and gave only 114 busy signals compared to 8,838 busy signals in June 2003. By July, the hotline answered 97% of calls offered on the first attempt and gave only 33 busy signals compared to 12,196 in July 2003.

Protocols

The new hotline Protocols complement the CMS by providing a tool to assist hotline staff in achieving consistency in the acceptance, prioritization, and classification of calls. The Protocols are based on structured-decision-making principles for making key decisions to assess child safety and establish necessary response time. The Protocols utilize a standard interview beginning with entry questions, followed by a set of key questions for every type of maltreatment concern (called Pathways), and ending with a closing procedure that is specific to the classification of the call. The Protocol procedure assures that pertinent information about a child is not overlooked. The Protocol model is designed to be directed by the hotline staff and results in a thorough professional assessment of all of the reporter's child abuse or neglect concerns.

The Protocols have also been implemented in stages. In December 2003, half of the hotline staff was trained to use this new intake method, while the other half of the staff continued to use a free-flowing, less-directed interview style, without a formal decision-making tool. Recently, the Protocols were revised based on experiments conducted utilizing these two groups. Meanwhile, automation of the Protocols is under development with a targeted completion date of June 2005. Protocol automation will allow for simultaneous data entry of information and an automated search for the family's prior history, along with other necessary searches. Automation is being designed to eliminate duplication and improve efficiency.

Preliminary information indicates that the Protocols are an effective tool to assist hotline staff in conducting a thorough interview and in making consistent and accurate decisions.

Charlotte Gooch, Manager of the Child Abuse and Neglect Hotline, and our Hotline Unit are to be congratulated on their willingness to use Quality Improvement techniques to allow their initiative to be successful.


NECESSARY ACTION:

1. Review this memorandum with all Children's Division Staff.
2. All comments and questions regarding this memorandum should be cleared through normal supervisory channels.

FMS/CG