CITIZENS' REVIEW BOARD FOR CHILDREN

# REPORT ON THE BALTIMORE CITY

# CHILD PROTECTIVE SERVICES CALL CENTER

Prepared in Consultation with

Department of Human Resources
Baltimore City Health Department

Submitted to

Senate Budget and Taxation Committee
House Appropriations Committee

September 30, 2005

# Citizens' Review Board for Children

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The Honorable Ulysses Currie, Chair
Senate Budget and Taxation Committee
3 West, Miller Senate Office Building
Annapolis, Maryland 21401

And

The Honorable Norman H. Conway, Chair
House Appropriations Committee
Room 131, Lowe House Office Building
Annapolis, Maryland 21401

Dear Senator Currie and Delegate Conway,

I am pleased to deliver the report requested by the budget committees regarding operation of the Baltimore City Child Protective Services Call Center. As instructed, we consulted extensively with the Department of Human Resources and the Baltimore City Health Department. Both provided outstanding advice and assistance in this process, and an atmosphere of camaraderie and cooperation suffused the deliberations. We must also thank the staff of the Baltimore City Department of Social Services who tolerated our presence and our hundreds of questions with exceptionally good spirit.

We found a good operation that can be made very much better. We hope that our recommendations will be helpful to all in maximizing benefit and minimizing disruption during the implementation of MD-CHESSIE and in improving the staffing pattern for receiving and screening child protective services reports. In a couple of areas, there may be room for clarification or enhancement of child protection statutes. Most of all, we hope serious consideration will be given to adopting our recommendation for a statewide call center.

Thank you for the opportunity to serve the State's vulnerable children through this report.

Sincerely,

*Nettie Anderson-Burrs*

Nettie Anderson-Burrs
State Board Chairperson

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# EXECUTIVE SUMMARY


**Background**
The Baltimore City Department of Social Services (BCDSS) operates its Child Protective Services Call Center from two locations – one during regular business hours and one for nights, weekends, and holidays. Thirty-two screeners handle a diverse array of calls, including 30-40% that are not child protective services reports. The center initiates about 6,500 investigations a year, of which 56% were for neglect and 34% for physical abuse. Screeners use an elaborate process to categorize calls, screen child protective services reports in or out, facilitate placements for children in BCDSS custody and refer the remainder to an appropriate service provider. At present, screeners have four main information systems in which they look up or enter data. MD-CHESSIE, an automated case record system for child welfare services in Maryland, was in the initial stages of implementation as this study was being undertaken. MD-CHESSIE implementation caused an understandable disruption in work routines that may have skewed the results of this report.

**Results**
The phone was answered promptly and the screeners were attentive, respectful, patient, skilled, and sensitive. Reporters were mostly satisfied with the service they received. Screeners usually got the essential information needed to initiate an investigation. Screeners do not always check history for certain types of individuals who may be critical to the investigation. In a random sample of 131 case records, 89 (68%) were reports of possible child maltreatment. Eighty-six (86) of these were screened in or out correctly by the Call Center (97%). In two cases that were screened in for investigation multiple maltreatment issues were raised by the reporter but only one was marked for investigation. Most cases screened out were referred to an active BCDSS caseworker or to the police.

**Discussion and Recommendations**
- The Call Center is a valuable service, but it is hampered by lack of adequate tools and staff.
- There is a high screen-out rate, manifesting a divergence between what reporters feel should be investigated and what laws and regulations permit.
- The phone system should be upgraded, and opportunities for cross-training among various child welfare units should be explored.
- A memorandum of understanding with the Department of Juvenile Services regarding children who are arrested and not picked up by parents needs to be reinforced.
- Laws and policies should be reviewed regarding mothers with extreme limitations and mandatory investigations for adults with a history of child maltreatment when children in their care may be at risk.
- Information systems must serve the staff so they can do a more thorough job. Currently, MD-CHESSIE has various hardware, software, and network limitations, and it is impeding screeners' productivity. When full CHESSIE is implemented in 2006, it will impact 25 times as many staff. Problems must be solved before then or child welfare operations will virtually come to a halt. CHESSIE must be a system that can be modified quickly and economically.
- Staffing should be modified to increase effectiveness. Screeners need an additional car and a transportation aide present around the clock. A supervisor should be present at all times. Higher standards for screeners should be adopted, and they should have the assistance of clerks as well as a caseworker to answer the phone and handle non-CPS matters
- Child Protective Services screening should be a statewide function, and, at a minimum, it should be combined with screening for Adult Protective Services. DHR and the Governor's Office for Children should form a high-level committee to plan for the transition to statewide operation.

# BALTIMORE CITY CALL CENTER REPORT

## CHARGE

The Budget Committees of the General Assembly requested that the Citizens' Review Board for Children (CRBC), in consultation with Department of Human Resources (DHR) and the Baltimore City Health Department, evaluate the Baltimore City Child Protective Services Call Center's responses to reports of alleged child maltreatment. The charge states:

> ***Baltimore City Child Protective Services Call Center:*** *In an effort to improve the process by which reports of alleged cases of child abuse and neglect are handled in Baltimore City, the Department of Human Resources (DHR) has created a Child Protective Services call center in Baltimore City. All calls reporting alleged cases of child abuse or neglect now go through a central number, and training for call center operators has been increased. The committees would like the Citizen's* [sic] *Review Board for Children, in consultation with DHR and the Baltimore City Department of Health, to submit a report to the committees by October 1, 2005 assessing the process by which calls reporting child abuse or neglect are handled in Baltimore City.* [1]

In this report, CRBC will also provide information on reports relating to two additional types of child protection situations that frequently arise: 1) drug-exposed infants under Family Law Article § 5-706.3 and 2) families with a history of child maltreatment where there is a concern about the safety of children.[2]

## DESCRIPTION OF CALL CENTER

The Baltimore City Department of Social Services (BCDSS) Call Center[3] operates from two locations: 1900 Howard Street during business hours and 313 North Gay Street on nights, weekends, and holidays. Three supervisors, 16 caseworkers, and one clerk staff the Screening Unit at Howard Street, receiving calls from 7:00 a.m. – 3:30 p.m., Monday through Friday. The screeners work 8-hour shifts. Once this unit screens a report in, the case is referred to Child Protective Services (CPS – also located at 1900 Howard Street) for investigation. The Extended Hours Unit (EHU), with two supervisors and 16 caseworkers, accepts calls from 3:30 p.m. through 7:00 a.m., Sunday through Thursday; 3:30 p.m. Friday until 7:00 a.m. Monday (weekends); and on holidays. There are night and weekend shifts when supervisors are on call and not present at the site. The screeners are assigned 8- or 16-hour shifts. Since there is no separate CPS coverage during extended hours, screeners may leave the office to complete various phases of the process including investigation, emergency intervention, and placement. When this happens, the number of screeners left in the office to handle calls is reduced, thus impacting the call wait time and diminishing time to complete required paperwork.[4] Neither unit has interpreters on site, but a list of resources is available to call as needed.

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[1] Pp. 134-135 of the Joint Chairman's Report.

[2] Local departments are not required to investigate such cases but are permitted to do so.

[3] We will use the term Call Center throughout this report; however, the reader should be aware that on rare occasions reports come via fax, email, or in-person.

[4] In May 2004, when BCDSS officials described plans for the Extended Hours service, CRBC was told that there would be a team of personnel on site to address screening, investigating, family preservation services, and necessary interventions. We were surprised to learn that, in practice, the screeners handle all these types of duties. BCDSS has informed us that family preservation staff have been added to the Extended Hours staff since July 2005 when we conducted our observations.

Neither unit is limited to handling child abuse and neglect reports or even child welfare intake issues. Rather, they receive a diverse array of calls ranging from adult protective services matters, issues with children in the custody of BCDSS, requests for general family assistance, issues with children not picked up by family from DJS custody, and information requests from a variety of agencies and members of the public. They also redirect a substantial number of calls to other jurisdictions.

According to data supplied by the Social Services Administration, about 6,500 Child Protective Services investigations were initiated by BCDSS during the period June 2004 through May 2005. Of these, 56% were for neglect, 34% for physical abuse, 9% for sexual abuse, and 1% at request of another agency.

## SCREENING PROCESS

Issues raised by callers fall into one of four categories:

1. **Not about child maltreatment or safety**. Such calls may be referred to adult protective services or the caller may be given information about community resources. Various agencies call to offer general information, such as a group home that has a vacancy.
2. **Regarding a child welfare case that is already active.** When a call does not include new maltreatment allegations, it should be referred to the active caseworker.
3. **Request for services**. A parent or other family member may request help with child care or for a child with developmental or mental health issues. These requests can sometimes lead to a child welfare referral or even placement, but they are not abuse or neglect reports
4. **Child protection report.** The screener must obtain sufficient information to locate the family so that an investigation would be feasible. In addition, and most critically, the screener must determine whether the allegations would constitute abuse, neglect, a drug-exposed infant, or a family with a history of abuse or neglect. If so, the report should be "screened in" – that is, referred to an investigator. The screener must conduct a clearance to check for past CPS involvement. Also the screener determines priority for immediate investigation or response based on written guidelines. If the report is screened out, a supervisor can reverse the decision, and an investigation will ensue. If the supervisor finds that a case was screened in erroneously, the investigation is terminated as "ruled out" unless new information suggests otherwise.

## INFORMATION SYSTEMS

When taking a call, a screener completes either a paper or computerized form during the interview. Both forms are incompatible with the databases screeners use. In addition, both during and for a considerable time after the call ends, the screener is interacting with computerized information systems, to obtain historical information and to enter new data. The Call Center uses four information systems:

**CIS** (Client Information System) serves as Maryland's child maltreatment registry under Family Law Article § 5-714. Child abuse and neglect screeners can use the CIS to determine whether there is a past history of child protective services involvement for the children or adults involved in a report. CIS also tracks many other DHR services.

**MD-CHESSIE** – is an automated case record system for Maryland's child welfare system. Currently, only the referral module of CHESSIE is implemented. It allows screeners to enter the details of child abuse and neglect reports and other requests for service. By December 2006, CHESSIE will be fully operational and will provide caseworkers with an interactive system to access CIS, automate the case record, assist in scheduling appointments, generate reminders, print notices, authorize payments, and perform other administrative functions.

**SADIE** – is an automated application for child protective services that has been implemented by Baltimore City Department of Social Services. SADIE will be eliminated in January 2006. It has been in use for more than a decade and includes both information that is not currently available in CIS or MD-CHESSIE and much that is duplicative of these systems. SADIE does not store narrative details of interviews (as CHESSIE does), but SADIE's printed reports allow text notes from Word documents to be appended.

**EQUEST** – is the automated system in use by the Baltimore City Juvenile Court for cases involving Children in Need of Assistance and termination of parental rights. It is capable of providing valuable information on the legal status of a child and on any court orders in effect. However, not all personnel know how to access this resource, and the Court has not provided a sufficient number of login accounts.

In addition to these four information systems, screeners use the Internet to find inmates through the Department of Corrections, to check the sex offender registry, and for many other kinds of inquiries.

The Call Center has a relatively modern telephone system that enables management tracking of activity, Two aspects of this system, however, raised concerns:

- When the EHU is taking calls, the phone rings four times at Howard Street before the transfer occurs.
- If all screeners are busy, the caller is asked to leave a message in order to receive a return call. This procedure compromises access and caller anonymity.

## STUDY METHODS

CRBC developed a Call Center Committee (hereafter called The Committee) comprised of Baltimore City Child Protection Panel members,[5] supported by CRBC staff. The Committee decided to consider the two sites to be one "virtual call center". The evaluation focused on activities from when the Call Center received the report of maltreatment until the screening decision was made.[6]

The Committee conducted the evaluation through: review of records, interviews with Call Center Staff, and surveys of reporters of alleged child maltreatment.

Members of the Committee observed the Call Center staff taking reports of alleged maltreatment and recorded the observations on a standardized form. Committee members and staff were on site for 124 hours during July 2005 and conducted 63 observations of screeners taking phone calls. In addition, there was one walk-in report.

The Committee reviewed 201 records with a clear allegation of maltreatment for the presence or absence of specific practice elements. CRBC staff also carefully read a random sample of 131 records to determine the types of maltreatment and to assess the validity of screening decisions. These same records were then read by the staff of the Social Services Administration. Records with different ratings by CRBC and SSA staff were reviewed by the Committee, which made a final assessment.

[5] Panel members are appointed by local government under Family Law § 5-539.2.
[6] It had originally been planned to follow the case until the screener had feedback on who would investigate a report that was "screened in," however, we were not able to collect data that far into the process.

Twenty-three (23) interviews were conducted with Call Center staff.

Acknowledgement letters are sent to the vast majority of those who make a report to the Call Center. A CRBC User Satisfaction Survey went out with the letter for the July reports.

## LIMITATIONS

An important limitation of this report is that the referral module of the MD-CHESSIE system was implemented in May 2005. Implementation problems were ongoing in July 2005, and results may not be typical.

With the direct observation method that the Committee used, it was not always possible to complete every data element as observers were hearing only one side of a phone conversation. In addition, some of the staff interviews were not completed depending on how heavy the call flow was and whether screeners were out of the office conducting investigations or placing children. If more than one call was being handled simultaneously, only one could be observed.

## EVALUATION CRITERIA

The Committee developed four criteria regarding each maltreatment report to evaluate whether there was sufficient information in the report to make a screening decision and whether the screening decision was accurate. These essential elements include:

- Clearly stated who, what, and how of allegations.
- Contained information to locate the child victim(s).
- Identified involved parties/collateral contacts.
- Identified danger/safety factors for the child(ren).

The Committee also checked for the practice of a number of policies and procedures that promote more accurate screening decisions and make the investigator's job easier. Assessing these elements was more difficult because they involved subjective judgments or there were practical barriers to gathering the information. These desirable practices include:

- Screeners checked for prior history of abuse/neglect investigations.
- Screeners considered prior history of maltreatment.
- The rationale for screening the report in or out was consistent with law and regulation.
- All maltreatment issues were accepted for investigation.

## RESULTS

A more complete accounting of results is provided in an Appendix. Only key results are presented here.

- The committee found that the phone was answered promptly – within an average of 1.9 rings for those calls that could be directly observed.

- Committee members documented that the Call Center staff members were attentive, respectful, patient, skilled and sensitive, even if the report was non-CPS. A team approach was often used to assist callers. During 96% of the child abuse and neglect reports observed, the screener informed the reporter of the screening decision.

- Overall, survey respondents were satisfied with the services they received from the Call Center. At least 90% felt that DSS was helpful, treated them with courtesy and respect, and the information they received was satisfactory.

- The four types of essential information needed to initiate an investigation were usually captured, and the in-person observations revealed a substantial effort to do so.

- BCDSS staff sometimes did not clear through CIS certain parties such as other (non-parent) adults living in a household, other children not identified as victims, and other children of a parent who did not live in the household.[7]

Of 131 records examined in the random sample case-reading project, 89 (68%) were categorized as reports of possible child maltreatment (including abuse and neglect plus the drug-exposed infants and families with a history of maltreatment), in which 133 alleged victims were identified. Table I shows the results of the 89 reports as to whether the screeners decided to initiate an investigation ("screened in ") or not ("screened out") and whether the Committee felt that the decisions were correct.

**Table I**
**Screening Decisions and Their Validity[8]**

| | **Screening Decision** | | |
|---|---|---|---|
| **Assessment of Validity** | Screened In | Screened Out | **Total** |
| Correct | 63 | 23 | 86 |
| Incorrect | 2 | 1 | 3 |
| **Total** | 65 | 24 | 89 |

**Reasons for rating "Screened In – Incorrect":**
- Police had ruled out physical abuse and DSS decided to investigate anyway on the theory that an injury might have been visible prior to the time when police investigated. The Committee found this inconsistent with other cases where prior police decision was used to screen out.
- Home was in grave disrepair and non-parent adult in the home accused of taking drugs. Committee felt that with mother in rehab, poverty should not occasion an investigation.

**Reason for rating "Screened Out – Incorrect":**
- BCDSS correctly screened out physical abuse allegations but failed to initiate a neglect investigation where children allegedly missed school for two months with head lice.

In one case, BCDSS screened out and referred to State's Attorney for 20-year-old allegations of sexual abuse to an adult victim. It created a separate, screened-in record for the same allegations and opened its own investigation. Although the duplicate record-keeping seems unnecessary, the case is rated in this report as correctly screened out. (The record that was screened in is not in our sample.)

In addition to two cases that were incorrectly screened out, there were two other instances in which multiple maltreatment issues were reported but only one was identified for investigation. Of the 24 reports that were screened out, 14 were referred to an active investigator or an active

[7] Clearances may have been performed later in the process – during the investigation, for example; however, routine case reviews conducted by the Baltimore City Child Protection Panel indicate a similar pattern of missing clearances.
[8] CRBC is solely responsible for the final judgments as to validity in this report.

caseworker, and three were referred to the police, providing a measure of protection for the children involved.

In one instance a 12-year-old child in foster care had given birth. She had run away from foster placements five times and was reported by the hospital to be extremely promiscuous. The hospital did not plan to let her leave with the baby. While there may be a technical issue of whether neglect had occurred or was only highly likely, the Committee strongly agreed with BCDSS that it should have been investigated.

## DISCUSSION AND RECOMMENDATIONS

The Call Center provides a valuable service. It is far superior to the system that exists in most of the counties in which a staff member is "on call" to respond to emergencies that are brought to their attention by law enforcement. Screeners are courteous and knowledgeable about their jobs, exerting a high level of effort to do the job correctly. The vast majority of reporters who responded to the user survey were satisfied with the service provided. Especially in the EHU, there is a high level of teamwork that facilitates information retrieval, child protection, and getting families referred to the proper service resource.

The overall picture from the data analysis and observations is of an operation that is hampered by lack of adequate tools and by a staffing pattern that does not fit the workflow. In addition, the results presented here may be unrepresentative because implementing the MD-CHESSIE system was a serious drain on staff time. As a result, operations during the study period were probably less efficient than they were prior to CHESSIE implementation. To the extent that desirable practices are not done, they mostly appear to be less essential than those that are. Of most concern, however, are instances where clearances for history are incomplete; the omissions – even if corrected later – could compromise protection of children.

Nevertheless, screening decisions were assessed as 97% accurate, and many cases that are not investigated were referred appropriately. BCDSS should strive for a consistent standard for how the results of a police investigation should affect the decision to screen in or out. The screen-out rate is high at 27%, representing a divergence between what the reporters feel should be investigated and what laws and regulations permit. Further discussion and recommendations follow:

**The phone system should be upgraded**
To improve responsiveness, the phones should be programmed to ring directly at the appropriate facility, without delay. Capacity to answer phones should be increased to eliminate the call-back system because that system compromises anonymity for the caller wishing to maintain it and also risks losing valid reports since there is no guarantee that callback will be successful. If there is a situation in which the phone absolutely cannot be answered, there should be a message recommending that callers contact 911 to report abuse or life-threatening neglect. Call Center staff should have the ability to transfer calls to other State agencies when there is no child protection concern. In addition, supervisors should have the capability to monitor calls for quality assurance purposes.

**The training program should be reviewed**
Screeners mentioned a number of areas in which they would like additional training, particularly regarding the information systems. BCDSS should review these ideas with staff to determine whether changes are necessary and should consider what types of cross-training would promote teamwork among units.

**Call Center Staff need improved policy support**
Extended Hours staff devote considerable time to calls from DJS about children from the Detention Center whose parent(s) did not show up to take responsibility for the child's safety and welfare. It appeared that this is a daily problem and often involves a number of youths. A clear Memorandum of Understanding has been negotiated with DJS that defines responsibility; however, we were unable to ascertain whether the MOU has been formally adopted. It should be adopted and promulgated to all appropriate staff of both agencies.

We observed Call Center staff losing time discussing policy issues that are already well defined. BCDSS should develop better channels of communication for policy materials. There are a few areas that may require rule-making or legislation:

- Mothers with extreme limitations (e.g., under age 14, mentally ill or mentally handicapped) who give birth;
- Mandatory investigations for adults with a history of child maltreatment when children in their care may be at risk.

For a number of reasons, children are brought to the EHU to await services. Children should certainly not sleep there. DHR, in cooperation with other state-level child-serving agencies should move forward on Senate Bill 711 (2004) and on past recommendations from CRBC and other advocates to complete a thorough needs assessment for placement resources and then follow through with action to promote development of placement resources where they are most needed.

**Information systems must serve the staff**
The screeners are using four databases, but their computers are not powerful enough to run all four simultaneously. DHR is in the midst of installing expanded memory on 2,500 machines. Unfortunately, for now, they must enter data on both CHESSIE and SADIE, re-entering a large volume of information. CHESSIE runs extremely slowly: recording a screen full of data that should require less than one second often takes more than a minute. It takes far too long to enter data, whether a case is screened in or out. This will probably improve as equipment is upgraded, full CHESSIE is implemented, and SADIE is discontinued. Neither SADIE nor CHESSIE has an on-screen form that the screener can use while talking to the reporter. Furthermore, the screener cannot allow CHESSIE to sit idle while the screener engages in non-data entry activities because the system times-out and the data entered are lost. It frequently freezes and is cumbersome. These factors require the screeners to dedicate much time to data entry, resulting in less time available for calls. DHR attributes much of the delay to insufficient bandwidth in the communications network. They have doubled capacity at both Call Center sites and plan to do so again. Unfortunately, it takes about eight months for Verizon to install new capacity through the existing State contract. DHR also plans to add data compression techniques that will reduce bandwidth requirements. DHR admits that even with improvements, saving a CHESSIE record will take 10-34 seconds.

In comparing MD-CHESSIE and SADIE, SADIE was reportedly more accurate, faster in completing clearances, and easier to read. CHESSIE uses 3-17 pages to produce a report similar to SADIE's two-page report. The use of less paper and ease in reading make the SADIE reports more useful when Extended Hours screeners and Child Protection workers must go out into the field to investigate allegations or place children. CHESSIE cannot link siblings and handle multiple reports as well as SADIE can. Therefore, for each child and each allegation in a family, information must be re-entered in CHESSIE.

CHESSIE does have strengths. It is law-based and gathers safety factors up front, prior reports can be accessed by staff and read at their desk, and it provides a uniform, statewide system. CHESSIE's extensive use of "pick lists" reduces errors but also consumes time. Once

CHESSIE has more individuals entered, time will be saved because it will not be necessary to create so many new individual records. DHR feels that SADIE's ease in copying allegations from one sibling to another can also be a problem, creating a risk of false allegations or erroneous data entry. SADIE does not permit allegations to be copied to, say, three of five siblings – it's all or none.

Call Center staff should have equipment that can run all necessary software simultaneously, and access to working printers and fax machines. Backup systems should be available to assure continuous operation 365 days a year. DHR states that well-trained screeners should be able to enter data into CHESSIE while interviewing a caller. However, entering data before performing a CIS clearance creates a risk of creating duplicate records. A quick, easy-to-use computerized intake form should be created that allows data to be taken during a phone interview and entered into the database with minimal effort. CHESSIE needs to be upgraded to work more quickly and require less duplicative data entry. Because child welfare is a field that changes rapidly, perhaps the most important determinant of CHESSIE's ultimate success will be whether it can be modified quickly and economically.

CHESSIE's limitations are impeding screeners' productivity. When the full version of CHESSIE comes up in 2006, it will affect approximately 800 caseworkers in Baltimore City DSS rather than 32 screeners. It will have a similar impact throughout the State. At that point, it will be absolutely imperative that every office is connected to Network Maryland (faster optical communications) or some other very fast communication line and any other hardware bottlenecks be eliminated, or Child Welfare operations will virtually come to a halt.

**The staffing pattern should be modified for greater efficiency and effectiveness**
At the Extended Hours office, there is only one State car available to either transport the worker to the scene of the incident or to transport a child. A second car is needed. Also, the Extended Hours staff should be supplemented with employees who can transport children. For staff safety and to address agency liability, two staff members should always be assigned when transporting youth.

The staffing pattern at the Extended Hours work site is insufficient for the volume of work, especially since the workers are required to go into the field. For example, from 12:00 midnight until 7:00 am, there are only two workers on staff. Even at the Howard Street site, staffing was insufficient because of CHESSIE implementation and, perhaps, other factors. At both sites, the official schedule shows more people assigned, but they are not present due to a number of staff on long-term sick leave, vacation, training, or other assignments. Staff have felt pressure to work overtime, which may have hurt morale and may not have been cost-effective. A supervisor should be on site (rather than merely on call) at all times.

Screeners are multi-tasking at the Extended Hours office to an extent that is counterproductive. They must be receptionists, screeners, information and referral operators, clerks, and play the roles of several different types of caseworkers. At a minimum, they should have assistance of support staff to handle the inappropriate calls and to take some of the data entry burden. The use of screeners to go out into the field has pros and cons. It allows for immediate action when necessary and makes the job more interesting. On the other hand, there are times when only one screener is available because others are in the field, and this can compromise responsiveness. BCDSS should evaluate the level of job satisfaction at each site and examine in detail the issues raised by multi-tasking.

Screening protective services reports should be confined to highly qualified staff with five years of child welfare experience and a bachelor's degree or one year of experience and a Master's of Social Work. In addition, screeners must be nimble computer users, calm under pressure, and

skillful in communicating with the public. Most of the screeners we observed had these personal characteristics, although only one third had five years experience.

Screeners should not be handling such a high volume of calls for which they can provide no service or for which a less highly qualified employee would suffice. Adult protective services calls, for example, should be taken 24 hours a day, but the present system is not set up to respond appropriately and the workload impacts on the ability to respond to children's needs. Staff with a bachelor's degree in social work should answer the phone and direct calls to a screener or other appropriate resource.

Overall, the addition of a transportation aide at all times and a qualified person to answer many of the non-CPS calls would go a long way towards improving effectiveness and reducing risk.

**Protective Services screening should be a statewide function**

Baltimore City DSS has established a service with unquestionable merit. However, we believe that the screening function could be performed more efficiently and more expertly on a statewide basis. The inter-jurisdiction issues would disappear, and the counties would gain coverage that is sorely lacking. Expertise and policy adherence could be improved. We therefore strongly recommend that this function be assumed by the Social Services Administration and operated on a statewide basis for both Child and Adult Protective Services. Consideration might even be given to including additional agencies, such as DJS, with appropriate interagency sharing of budgetary and staffing burdens. This type of collaboration could improve services to children and other vulnerable populations. Through an integrated telephone network, it would be possible for the centralized screeners to refer calls promptly and efficiently to the appropriate local authorities. Local departments of social services would continue to be responsible for response on a 24-hour-a-day basis.

DHR and the Governor's Office for Children should form a high-level committee to plan for the transition to statewide operation and to consider which agencies should be included.

## APPENDIX – ADDITIONAL RESULTS

During July 2005, there were a total of about 896 reports documented by the Call Center. We estimate that about 600 of these were CPS reports. There are many more actual telephone calls; the Howard Street office alone responded to over 1,700 calls on the hotline.

**Table II**
**Capture of Essential Elements**

| | **Results** | |
|---|---|---|
| **Element** | Attempted capture (from direct observation) | Documented capture (from reading records) |
| Who, what, and how of allegations | 94% | 86% |
| Information to locate the child victim(s) | 97% | 88% |
| Identified involved parties or collateral contacts | N/A | 78% |
| Identified danger/safety factors for the child | 88% | 72% |
| Incorporated all four factors | N/A | 59% |

Table II compares the attempted capture rates for key information from direct observations with results from reading records. Of course, the rates of documented capture are lower than the rates of attempted capture since the reporter may not have supplied the desired information.

In the observation study, the average length of the phone calls was 15.2 minutes. Forty-one percent (41%) of the calls were non-CPS related. In the record reading study, 31% of the calls were non-CPS related. [9]

**Table III**
**Types of Maltreatment Reported[10]**

| **Type of Maltreatment** | **From Observation** | **From Case Reading** |
|---|---|---|
| Neglect[11] | 50% | 57% |
| Physical Abuse | 41% | 29% |
| Sexual Abuse | 9% | 18% |
| Drug-exposed infant | 0% | 3% |
| Mental Injury | 0% | 0% |
| **Total** | 100% | 107% |

Table III shows that the cases read had a higher percentage of sexual abuse than were seen in observations or in longer-term trends reported on page 2. DSS should monitor to see whether a new trend is developing.

[9] It is likely that many of the calls observed that were not CPS-related did not merit creation of a case record. This may explain why the record-reading method yielded a much lower percentage of non-CPS-related calls.
[10] The total may add to more than 100% because a single report may have multiple types of maltreatment.
[11] Neglect includes situation in which a parent may not be at fault but is unable to provide care – e. g., illness, extreme youth

Eighty-one percent (81%) of the observation forms listed the relationship of the reporter; 31% were relatives and 44% were professionals (e.g., law enforcement, hospital, health, or human services). Because the study occurred in July, none of the reports was from an educator.

There was substantially less attention paid to other desirable practices than to those tracked in Table II. The Committee observed that screeners requested information about the following subjects at the indicated rates:

- Abuse, neglect, or risk to other children in the household – 75%
- Abuse, neglect, or risk to other children in the care of the alleged maltreator – 62%
- Other adult household members (who may pose a risk to a child) – 76%
- Non-custodial parent – 64%
- Collateral contacts such as neighbors, relatives, teachers – 32%
- Possible types of maltreatment other than that identified by the reporter – 52%
- Presence of domestic violence, mental illness, or substance abuse – 61%
- Reporter's knowledge of prior history of child maltreatment – 59%
- Reporters required by law to file a written report were so informed – 18%[12]

Of the 23 interviews conducted, eight screeners (34%) had over five years experience while the average was 5.3 years. In response to questions designed to test their knowledge of policy and procedure, screeners demonstrated consistency in knowing policy and procedure.

Fifty-seven reporters responded to the User Satisfaction Survey. According to the responses:

- Thirty-five percent of the respondents were social workers; relatives were the next largest group, representing 18% of the population. Sixty-one percent of the respondents had made a prior abuse or neglect report.
- Twenty-eight of the respondents (49%) had contacted the Call Center to report alleged neglect; 10 (18%) were for physical abuse, and 8 (14%) were for sexual abuse. Ten respondents (17%) stated their report was screened out and did not give details of the allegation. One questionnaire did not have data on the type of maltreatment.

Fifty-two respondents (91%) answered the question, "How long did you wait for someone to begin to take the report?" Twenty-two respondents (42%) said the wait time was a minute or less, 143 (25%) stated the wait was 2-3 minutes, and 6 (11%) reported the wait was 10 minutes or more.

Eighty-six percent reported they were "highly likely" to make a report again, twelve percent stated they were "likely" to make a report again, and 2% responded that they were "unlikely" to report again. Seventy-four percent rated the overall experience as excellent.

[12] There were only 11 observations for this item.