HANDOUT

CACD Hotline Procedure:

Training and Intake

CACD Hotline Representative Training

Training Period:

New representatives without any previous DCFS or CACD training in the Children Reporting Information System (CHRIS) will complete the training period in approximately 4 – 6 weeks.

New representatives who possess CHRIS knowledge and/or previous DCFS or CACD experience may be eligible for a fast-tracked training period of 2 – 4 weeks.

Core Training:

- ASP and CACD Hotline Policy
- Child Maltreatment Act
- ASP/DHS Memorandum of Understanding (MOU)
- Testing Scenarios
- Phone Etiquette
- Mock Calls
- Information Gathering
- CHRIS intake, documentation, and history checks
- DRs/Garrett's Laws/Death Assessment/Death
- Investigations
- MRP Processing
- SDM Hotline Assessment Tool
- Priority 1 and Priority 2 reports
- DCFS/CACD Agency Assignments
- After hours, weekend, and holiday on-call procedures/notifications
- Foster Child reports
- Representative phone log

A

Developing Basic Knowledge

The understanding of child maltreatment laws, the mandatory requirements to accept a referral, and proper procedures

B

Interactive Application

The representative will access a training site to apply the knowledge and skills they have acquired.

C

Mock Calls

A training exercise designed to gain experience interacting with a caller while simultaneously navigating the systems and taking notes.

D

Live Calls

The representative has demonstrated the ability to make appropriate decision and complete procedures independently.

A

Developing Basic Knowledge

The understanding of child maltreatment laws, the mandatory requirements to accept a referral, and proper procedures

During this stage of training, the representative establishes knowledge surrounding the basic criteria to accept a referral, legal definitions and stipulations of all 52 child maltreatment allegations, which agency investigates each allegation, the standard priority of each allegation, and the offender requirements for each allegation.

Time is spent reviewing hotline specific policy and procedure as well as expectations set by DCFS in the MOU. The MOU details specific information that a referral should contain such as the existence, cause, nature, and extent of the maltreatment, the caregiver's action/inaction and the negative impact on the child, existence and extent of current and previous injuries, details of the environment where the child resides, risk factors and potential danger in the home, etc.

Once the allegations are reviewed with the representative, they will assess 61 different scenarios that cover all 52 allegations. Some allegations may have more than one scenario due to multi-part definitions. To advance, the representative must demonstrate adequate understanding of the Child Maltreatment Act.

B

Interactive Application

The representative will access a training site to apply the knowledge and skills they have acquired.

The representative shadows a veteran hotline representative to observe caller/representative interactions and the report making process. They will learn how to receive and process referrals made by phone and online through the Mandated Reporter Portal.

Representatives are walked through the basic navigation of CHRIS and begin hands-on training. Representative will process past cases to gain experience using the system while strengthening their critical thinking and decision-making skills.

Representatives are introduced to the Structured Decision-Making tool (SDM), its purpose, and how the maltreatment allegations are categorized within the SDM. The purpose of the SDM is to assist in assessing which agency responds, how soon, and if differential response (DR) is appropriate.

When the representative can navigate the systems and demonstrate appropriate decision-making skills, they begin processing real referrals sent in from the Mandated Reporter Portal. These referrals are known as MRPs. Work product is being monitored by a supervisor to ensure that the referral is accurate and that the most appropriate decision is being made.

C

Mock Calls

A training exercise designed to gain experience interacting with a caller while simultaneously navigating the systems and taking notes.

The next step is to advance to “mock calls.” A “mini script” is provided to representatives to remind them of basic essential information to gather during intake.

During a call, the representative is looking to answer 6 basic questions:

- *Who* (victim, perpetrator, caretaker/guardian, others)
- *What* (injury, caretaker behavior is concerning, is the negative impact on the child)
- *Where* (did the incident occur, is child/perpetrator now)
- *When* (did incident occur, frequency, duration, will perpetrator have access to victim or other children)
- *Why* (did the incident occur)
- *How* (did child respond, did caretaker/guardian respond, did reporter learn about incident)

The first step is to “set the stage” for the caller and inform them of what to expect. Then, the representative will collect demographic information for the reporter, victim and their household, and the offender. After, the representative will “open the floor” to the caller to talk about their concerns. The representative is listening for details of maltreatment and taking notes. To narrow down the concerns, the representative will ask clarifying and allegation specific questions and elicit behavioral descriptions. Representatives should avoid vagueness, generalization, and jargon. *The focus: caregiver’s action/inaction and the negative impact on the child.* Finally, using the SDM, Child Maltreatment Act, and professional judgement, the representative will determine whether the referral will be sent for investigation or not and wrap up the call.

D

Live Calls

The representative has demonstrated the ability to make appropriate decision and complete procedures independently.

The representative is ready for live phone calls when they have demonstrated appropriate phone etiquette, proper execution of policies and procedures, and accurate decision-making skills.

During the first few days of taking live calls, the representative is monitored side by side to ensure the success of the overall call and to ensure that all appropriate information is gathered. At this stage, the representative should be making screening decisions largely free from supervisor instruction.

Then, the representative will be monitored from a separate location to allow the representative to work independently while having a resource to collaborate with if necessary. The representative should be making decisions with little to no assistance.

Finally, the representative is released to take solo calls. Slowly, the representative will transition to a later shift to gain experience making on-call notification before being placed on their official shift.

CACD Intake:
Calls and MRPs

Intake:

1. “Set the stage” for the caller and inform them of what to expect.
2. Collect demographic information for the reporter, victim and their household, and the offender.
3. “Open the floor” to the caller to talk about their concerns.
4. Take notes, listen for details of maltreatment, and secure all information requested in each screen of the referral.
5. Narrow down the concerns by asking clarifying and allegation specific questions and elicit behavioral descriptions.
6. Questions that a representative chooses to ask are based on the situation presented, allegation definitions/criteria, and information requested by DCFS in the MOU. Representatives should avoid vagueness, generalizations, and jargon. *The focus: caregiver’s action/inaction and the negative impact on the child.*
7. Using the SDM, Child Maltreatment Act, policy, critical thinking, and professional judgement, the representative will determine whether the referral will be sent for investigation or not.
8. Inform the caller that the information does or does not meet criteria for child maltreatment.

After Intake:

1. Write a narrative detailing the information the reporter was able to provide.
2. Conduct a search for prior reports when feasible based on the backlog of calls.
3. Accepted reports must then be prioritized according to the SDM tool and the MOU.
4. Accepted referrals are then assigned to DCFS or CACD for investigation.
5. Receiving agency will be notified by telephone immediately if the report is a Priority 1 and assigned after hours, on weekends, or on designated state holidays.
6. Document all successful and attempted contact with the agency in the notes of the referral and on their phone log.
7. If the representative determines that the information does not meet criteria for maltreatment, they will seek approval from a supervisor to screen out the report.
8. Screened out reports will be kept for documentation purposes in CHRIS.
9. Document in the notes any other action taken on a referral such as sharing information with local law enforcement or forwarding the referral to other states that may need to be involved.

Questions

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