

MRS Conference Call Notes  
July 2010

Counties Participating 7/22: Caldwell, Davidson, Davie, Forsyth, Gaston, Gates, Graham, Guilford, Haywood, Hoke, Hyde, Macon, McDowell, New Hanover, Northampton, Onslow, Pender, Perquimans, Person, Pitt, Scotland, Yadkin.

Counties Participating 7/27: Bladen, Buncombe, Caswell, Chatham, Gaston, Granville, Halifax, Harnett, Jackson, Orange, Mecklenburg, Nash, Randolph, Surry, Union, Yadkin.

Counties Participating 7/28: Alamance, Brunswick, Cabarrus, Columbus, Gaston, Randolph, Rockingham, Washington.

Agenda

Announcements from Raleigh  
CPS Assessment Policy CH VIII Section 1408  
Intake  
Travel Restrictions

News from Raleigh

Letters:

- 7/20 – 2 letters regarding foster care:
  - Foster care rates
  - Regarding an Adoption Promotion program that went out mostly to child placing agencies to get info regarding adoption of special needs kids.

Other announcements:

- Candice – The Division has received program instruction from the Childrens Bureau regarding requirements around Fostering Connections. There will be some new policy changes around this but this is preliminary. There will be a forthcoming letter with more information as we have it.
- Knighted program (National Youth in Transition Database - LINKS) is having a slogan and logo contest. Rodney will be sending out information on this.
- Joyce reminded folks to get their foster care visits entered in MRS so that October 1 doesn't sneak up on them!
- Nicole from Duke – update on the evaluation. Will be switching direction this year with the evaluation. AOC had expressed concern that MRS was having an effect on the rate of petitions, so Duke will be researching that. Will start with some interviews of judges, etc. to frame research. Then will concentrate on 6 counties and interview people (hopefully who were also around pre-MRS) within CPS and also looking at court data. Limiting the amount of data collection so they can have a report to the Division by the end of fiscal year 10/11.

### CPS Assessment Policy CH VIII Section 1408

The Division is always looking to update policy. As it stands now, policy is roughly divided in three sections; the first covers policy that holds for both Investigative Assessments and Family Assessments, then there are separate sections for IA and FA. Do we still need that division? Would it make sense to collapse those into one section that simply includes specific policy for each track where necessary? The goal would be to make it more streamlined so that reading policy flows better. Not talking about putting a lot of new material in, just to make it flow. Wanted to hear from county staff (since you are the ones that read and navigate it) as to what thoughts were on that!

- This topic was added later, so Holly asked that if you didn't have a chance to really think about it before the call but had some thoughts later on, please take the time to let your voice be heard and let her know what you think.

#### Discussion 7/22:

- Asked if the jurisdictional policy would be incorporated in that section or would it stay separate. Terri said it would likely stay separate.
- One county said from an intake perspective – some info for screening day care assessments is in 1408 and not in the screening section.

#### Discussion 7/27:

- One county likes the idea of collapsing the sections because the more you try to differentiate the sections, the more confusion you have.
- It would be more streamlined, easier to find things, and will be more clear about what the differences are between the two tracks. At the beginning think that it made more sense to have separate sections, but the time has come to make it one.
- Will also reduce some duplication in the policy because where policy is identical it has to be in there twice; once under each track.

#### Discussion 7/28:

- Consensus on this call seemed to be that collapsing would make sense, eliminate redundancy and make it easier to navigate through.

### Intake

As she is in training and out in the counties, Holly gets questions about intake and it seems that, although it is where everything starts it often doesn't get the time it deserves. Also get a lot of questions about it from community partners!

A survey was sent out to counties and used that as a starting point for the discussion.

*What happens when everyone who normally does intake is already on a call, and another call comes in – how do you ensure that the incoming call will get answered?*

#### Discussion 7/22:

- List that the switchboard goes down so someone gets it, eventually gets to supervisors and all the way to the Director but the call will get taken.
- Have an on call list for the social workers at the reception area if all the intake workers are on other calls.
- Another county has a list as well, but if all else fails they will do an overhead page and the expectation is that anyone who is available will pick up.
- Sounds like there are very few times when they would have to take a message and call back.
- One county does have a message line that if all else fails they can leave a message and they will get called back, normally within in the hour. But if the caller says its an emergency, the switchboard is very diligent about finding someone immediately.

#### Discussion 7/27:

- One county has a line that tells them that their call will be answered in the order that it was received.
- Another county has a full time intake person and another person that covers when the regular intake person is out to lunch or on leave, and a person who backs those 2 people up if they are out, and after that it goes up the chain of command all the way to the Director. They will find someone to take the call.
- Another county has a backup tree so someone will always be available to take the CPS intake calls.
- Placement workers back up intake workers on calls.
- One dedicated worker, and they have a special page so that social workers know its an intake call and whoever picks up the most pages each month gets \$50!
- Answering service that picks up all calls that are not picked up by intake staff and they fax the info to the intake workers who can call the reporter back.

Holly asked if there was a problem with reporters not being available for a callback, they left work on a break to call or something?

- The county with the answering service asks if its an emergency and there are procedures to find a supervisor to take the call if its an emergency.

One county wondered how others manage the work flow of intake since it is so unpredictable

- New phone system – have 4 dedicated intake workers and a supervisor – so the phone system rings through anyone on hold to the person who just hung up. If a call is on hold more than 2 minutes the receptionist gets it.

What about when it is less busy – what else are the intake workers doing?

- One county's intake worker runs criminal background checks and the 5 day notice to reporter.
- Another one sets up the record, the 5 day letters, and other letters that need to go out.

- Most counties do something like setting up the files, sending out other letters, criminal background checks, etc. and things such as that.

How do you handle it to screen the reports (to get it to the supervisor?)

- Several counties have automated phone systems or some other automated way that the appropriate supervisor is alerted.
- Others do it manually, where the intake worker brings the paperwork to the appropriate supervisor.

Discussion 7/28:

- Find some way to have someone get the call – try not to have to get people leave a message.
- All counties have this in varying degrees.
- One county has a rotating schedule so each team is responsible for backup for a week.

*What about inadvertent screening on the intake (Comments such as “this doesn’t sound like it will be a report”). It is often hard for reporters to make the call, and this may discourage them. When on the phone, it is not the time for screening. Policy states it is a two level decision whether to screen it out.*

Discussion 7/22:

- Community partners calling in and wanting to talk about situations “off the record” and asking if it would be a report – once we have heard the information, it is already a report. This may be something we need to educate them about. They need to call and give us the info and we take it as a report and screen out or accept. Should not be “pre-calling” to determine if it would be accepted.

Discussion 7/27:

- What if someone calls and asks if something is appropriate to report, so they give you the information but don’t give you the demographics cause they don’t want to actually give the report at that time.
- The best you can do is ask for the information and explain that we have already taken the report when they give the initial information.

One county asked what to do when you have an entire street that literally everyone is calling on the other neighbors on the street.

- Holly pointed out that just because they don’t have the best motives, does not mean that abuse and neglect is not happening so don’t discourage or “pre-screen out”.
- It’s a very fine line because you don’t want to discourage people from making legitimate report.
- It is almost impossible to prove that someone called with malicious intent.

Discussion 7/28:

- What happens when the people taking the report say its probably not a report, and then the reporter starts tossing out more info until it is enough

for a report. That makes the additional information suspect, which is another good reason not to let them know over the phone if it will be a report or not. But still have people that almost want to bully DSS into making it immediate response or some response that the reporter is looking for instead of just making the report and letting DSS handle it.

- Just let them know that we have a process that we have to go thru and try to educate.
- Explain that safety is at the forefront of our decisions.
- Make education about intake and reporting a part of collaborating and working with other agencies (law enforcement, schools) etc. Not only the reporting process (of the actual intake) but the way we make decisions and then how and why we work cases the way we do (why do we call the family first in a family assessment – can show research as well to support explaining what we do and why we do it.)

*The Review Team has seen a trend of counties not filling out the intake form completely. Although you do not have to fill out every single questions, because there are certain sections that only apply if specific allegation are part of the report (i.e. inappropriate discipline) but other than those, need to fill out whole thing even if the answer is “reporter did not know” or “reporter hung up before worked could ask their info” .*

- This goes to getting as much info as possible before we start the assessment.
- Includes on every report that we should be asking about DV and SA.

Other Intake Comments/Discussion areas by call:

Discussion/comments 7/22:

- Idea of suspending judgments on the reporter. Often people feel that the reporter may have an ax to grind and that does not matter. Even if they do, that does not mean that there are not needs in the family and the allegations may not be true. If the intake worker has already assigned a motive to the reporter, it affects their judgment and even how they write up the report.
- Is there something at the Division we can do to support counties or any suggestions from others on call.
  - One county said that they would like to improve at teasing out info when a non-professional calls.
- How do you find ways to ask the reporter to help without making them feel guilty or like we are accusing them of not doing enough? Are there counties that are having success with a way to make them comfortable with that question?
  - If we preface the question with “We always ask on a report like this if there is there anything *e*/se you can think of you could do for this family..... This normalizes the question so they know its not

just them, we ask everyone, and lets them know we appreciate what they have done so far

- How you start the call sets the whole tone. If you are friendly and try to put the reporter at ease, they are less likely to resist and try to get off the phone ASAP.
- Start the call by asking the reporter if they have a few minutes. This is a sign of respect. Can tell them that this will take several minutes and make sure with them that it is a good time.
- Time for taking a report – 30-60 mins seems the norm. How do you manage this?
  - If it's a professional calling they let a staff member (at the Dr's office) give them the demographics so that the professional does not have to spend as much time on the phone.
- Question – is anyone recording the intake process?
  - No one said they were.
- How are people getting reporters to give info on other people that have information on this family knowing that the family may be told who these other people are?
  - Some people have problems with the reporter giving info – their own and others because the parents will know who they are.
  - Need to let them know that the anonymity of the reporter is pretty sacred to DSS and that we won't tell if we have told them we will not and to remember that a lot of people figure it out, but we will not deny or confirm but that, yes, the family may figure it out.
- CPS, APS, and general intake are all handled by one group of intake workers. Wondering if other counties were like that. Some were, and some broke out different intakes.
  - Several on the surveys said they do CPS and APS together.
- Question about anonymous callers. - The caller says they want to be anonymous but the DSS knows who they are?
  - Most counties put the name as the reporter if they know who they are and they tell them that they know them and are putting their name down.
  - Terri read policy that said if you know the identity of the reporter you must document it even if they say that they want to be anonymous. You can make a note that they wanted to be anonymous. You also have to document the phone number if you have called ID and see the number.
  - Reports have the right to have their identify kept in confidence, they do nto have the right to anonymity.
- What about people emailing reports or leaving them on the website?
  - If there is a number the intake worker will call back. Otherwise they will email them back and tell them they need to speak to them – ask them to call the hotline number.

- If they cannot be reached back, you have no choice but to screen on what you have and 9 times out of 10 its not enough to be a report.

#### Discussion/comments 7/27:

- How to ask follow up questions – how do you train people to ask follow up questions. They aren't maybe on the intake form but need to be asked. This is an area that lots of people said they wanted to work on.
  - Mecklenburg – all phone calls are recorded so they can be reviewed with the worker and talk about areas they excel at and also areas that they could improve on. Unless there is an issue that arises, they tend to grab random calls.
  - Noticed that if the intake worker is a former investigator, they tend to know the follow up questions they need to ask. So when they get workers that come to intake from another area, they try to have them shadow someone who has more experience.
- Another trend is dealing with the length of the intake with a reporter – keeping them on the phone for the length of time that we need to keep them, and also asking the reporter how they might be able to help the family.
  - Mecklenburg – lets them know at the beginning of the conversation that it may take 20 mins or so and if they say they can't stay on the phone that lone (esp if it's a Dr or something) they say they will do as much as they can. They also tell them that making this report has helped this family and ask if there is anything else they can add.
- One county runs into law enforcement making reports that may not meet the statutory guidelines – or they do meet the requirements, but are not 24 hour responses, and then they feel pressured into either taking a report that does not qualify or it's a 72 hr response and are being pressured to make it a 24.
  - Another county has an internal policy that if law enforcement calls and requests a social worker on scene, they are going to respond. Not going to argue with the officer on the phone, they will send a DW out and that may end up being an intake, or it may not. If they are calling in a report, will screen just like any other report.
  - Don't they have to get enough information before going out to make sure that it is a valid situation to go out? Has this been a problem?
  - Not so far. They will generally tell you why "There are kids here, and we are arresting Mom and Dad and taking them to jail." Get enough information to know, but do not keep an officer on the phone for 45 minutes to do an intake.
  - Relationships with other bureaucratic agencies are always a challenge. Have to educate them on what we can legally do and what we are mandated to do. Make sure the top people understand

#### Discussion/comments 7/28:

- Does anyone have anything that helps to promote the workers asking follow up questions to get a deeper level of info?
  - One county talked to a new worker transitioning into intake from in-home, and talked about CFT's and debriefing. Thinks they can follow the same principle of debriefing at intake. Spot checks at least and have someone sit in on sporadic calls and afterwards review what went well and offering constructive criticism, it would be helpful.
  - Make sure that what the person is asking the reporter is pertinent and relevant.
- Time for doing an intake – particularly for mandated reporters - have had experience where they were not happy with the amount of time it took to make the reports. They just wanted to give the meat of the situation and get off the phone. They were informed that these questions were standard and necessary to make an informed decision, but they were not happy about it.
  - Other counties agreed that this was a long time for the professional reporter and one nurse told them that doctors & police officers would not go though that.
  - Make sure to educate them about WHY we need all this info.
  - Give them notice when we only have 5 more mins.
  - Also let them know at the end we appreciate them taking the time to call and we respect their time, and anything they can do to help the family.

#### Other Topics/Discussions:

7/22:

- Children with cell phones who are sending pictures of their own private parts and sending them or parents who have pictures of themselves (the parents) that end up on the kids phones (either they accidentally include the kids when they sent it as a text to their friends....) How do other counties deal with this?
  - Depends on the situation,
- One county said they were told that the Division's expectation is that their county will take 100 intakes a month.
  - Division staff responded that they were not sure where they got this, there is no set number of reports expected to be received. There is no minimum or maximum number of reports.
  - This could have had something to do with staffing requirements to facilitate being about to adequately handle the number of reports that are generally taken in by their agency, but no numerical guidelines.

7/28:

- New RIL legislation has passed, and have to use the new forms for petition but have not gotten any sort of guidance on that from the Division.

### Travel Restrictions

Wanted to know if anyone was still on very strict travel restriction such that they could not go to trainings, etc? The Division just wants to get an idea of what is going on with restrictions so they can plan around it. Please email with information if you like.

- Some people were told to keep it very close, not a total freeze, but be very cautious.
- Bigger problem is trying to get into training and finding the opportunities – not as much the issue of getting there. County has been on waiting lists and not been able to get in.
- Holly said from the training team the 200 level classes are typically full but many other ones are not filling up (one of the reason she is asking about travel because the training team is trying to determine what is the climate in the counties regarding opportunities to travel.)
- The training team has to predict training needs a year out, and sometimes needs change, but the schedule is set.
- Does appreciate turning in registration and get on a waiting list as that shows what classes have the largest amount of interest.

August Calls: 13, 18, 24