

# **The Indiana Child Abuse and Neglect Hotline**

## **1-800-800-5556**

### **Step-by-Step Process of Reporting Child Abuse and Neglect**

1. Citizen calls the Hotline at 1-800-800-5556 to make a report of Child Abuse or Neglect
  - Spanish speaking callers can select the appropriate prompt and their call will be sent to a Spanish speaking Intake specialist if available.
  - Law Enforcement has a special access code that puts their call at the front of the line.
2. Intake specialist from the DCS Child Abuse and Neglect Hotline answers the call
3. Intake specialist gathers information from the reporter and enters the information into MaGik (DCS case management system)
  - Intake specialists are specifically trained on what questions to ask based on what information is provided by the report source during the course of the intake (ie; allegations related to physical abuse, sexual abuse or neglect).
  - The Intake specialist asks questions related to domestic violence history as well as any known safety concerns in the home (ie; weapons, drugs, criminal history, propensity to violence) there are many questions that are important because they could affect the safety of the Family Case Manager.
4. If the reporter is a law enforcement officer and they request DCS on the scene the Hotline gathers their name and location and then calls the on call Local Office FCM to tell them to go to the scene.
  - a. Due to the technology of the new Hotline phone system, the Hotline is able to route a call to a specific county, each county has the calls routed to their specific case manager on call that night. The Hotline is then able to have a consistent means of contacting the appropriate assigned on-call person.
5. Once the Intake specialist has gathered all the information they will finalize the report.
6. If the report is from a parent or professional report source the intake specialist will tell them if they are recommending the report for assessment or not. If the report is not being recommended for assessment, the intake specialist will also provide them with appropriate community resources that may be able to assist the family depending on the circumstances.
7. The intake specialist determines whether or not the report meets legal sufficiency for DCS to complete an assessment or whether the report will not be sent for assessment. DCS can only assess allegations which meet the statutory definition of alleged child abuse or neglect.
8. If the report will be screened in, it is given a response time in line with state statute of 1 hour, 24 hours, or 5 days.
  - a. Response times are determined by statute, (ie; physical or sexual abuse-24 hour response time; neglect-5 day response time; request for immediate assistance is given a one hour response time and a child in imminent danger is a one hour response time. Response times can be overridden and shortened if determined appropriate by the Hotline and local office staff but cannot be extended.
9. All reports are reviewed by a supervisor at the Hotline.

10. The report is sent to the local office

*\*At this point in the process the Hotline is no longer involved.*

- a. If the report has been screened out it is sent to the local office Director and Regional Manager who can then review the reports, they have the ability to request that the Hotline change the status of a report to be screened in or out.
- b. If the report is screened in to be assessed it then the report is then sent to the local office unassigned caseload. Each local office is responsible for developing a system as to how they handle assigning those reports. If a report requires a one hour response, the Intake specialist will contact the local office and advise them of the report prior to it being sent to the unassigned caseload. All reports with a 1 or 24 hour response time are sent to the local office distribution list which may include the local office director, division manager, supervisors, family case managers and possibly clerical staff depending on the size of the office to ensure that the information is received as timely as possible.

11. Family Case Manager (FCM) in the local office completes an assessment

- a. The FCM will make contact with the family in line with the response time determined by the Hotline (1 hr, 24 hrs, or 5 days).
- b. The FCM has 30 days to complete the assessment.
- c. The FCM must determine if the information presented in the assessment meets a preponderance of the evidence (51%) that child abuse or neglect occurred.
  - i. If a preponderance of the evidence exists then the FCM will substantiate the report for child abuse or neglect.
  - ii. If a preponderance of evidence doesn't exist then the FCM will unsubstantiate the report. At that time DCS will no longer be involved with the family.

12. Involvement with families after an assessment has been completed

- a. Once a report has been substantiated DCS may become involved with the family in a number of ways:
  - i. Informal Adjustment: DCS can enter into an informal adjustment with the family. This is a voluntary agreement the family and DCS signs. At times the IA may be signed by the Judge.
  - ii. CHINS Case: If there is enough evidence that the coercive intervention of the court is needed in order to ensure the safety and well being of the children then DCS can file a CHINS petition. The petition must be approved by a judge, if approved the child becomes a ward of the state.

### **Why did Indiana implement a centralized Hotline?**

To provide a consistent and accurate way of receiving child abuse and neglect reports and to ensure those reports were handled by trained staff. The Hotline improves quality, consistency and accuracy of reports of child abuse and neglect.

## Child Abuse and Neglect Reporting - Before and After the Hotline

	<b>Prior to Implementation of the Hotline</b>	<b>After Implementation of the Hotline</b>
<b>Abuse and Neglect Reports Received</b>	Calls were received at over 350 different locations. During business hours the local office received the calls and at night they were routed to law enforcement.	All calls are received at one central location and logged to ensure accuracy.
<b>Staff Taking the Reports</b>	No requirement that trained and qualified staff take reports.	All intake specialists receive 7-12 weeks of training prior to ever taking a call at the Hotline. They are required to have the same qualifications as staff assessing reports in the local office.
<b>Report Tracking</b>	No way to ensure that all reports received were logged into the DCS system.	Each call is recorded and stored in our system. As well, each report is logged into the system and stored electronically.
<b>Evaluation of Reports</b>	92 different ways of applying the Indiana Code on Child Abuse and Neglect.	One consistent way of applying the legal definition of child abuse and neglect to all counties. Ensuring all children, no matter where they live, receive the same evaluation.
<b>Tracking of Intake Data</b>	No way to track the number of calls received, the amount of time spent waiting to speak to a DCS staffer, or the amount of time talking with an intake specialist.	All calls are tracked, including the amount of time spent waiting to speak to an intake specialist, the amount of time spent talking to an intake specialist, the time of day that calls are received, and the number of abandoned calls.

### Changes to The Hotline Since Its Creation

Since implementation of the Hotline on January 1, 2010 the Hotline has made numerous changes due to feedback from DCS staff and outside stakeholders. A timeline of those changes can be found below.

January 1, 2010:

- Hotline went live in Marion County.

January 2010:

- Hotline implemented immediate assistance for law enforcement, allowing them to take priority.

February 2010:

- Hotline implemented procedure that the intake specialist would call a professional report source back if the decision was made to change the decision after the verbal recommendation was given.

June 2010:

- Immediate assistance request was implemented for law enforcement, allowing them to inform the intake specialist that they needed immediate assistance at the scene. Upon notification the intake specialist would ask an abbreviated set of questions and immediately dispatch the local office to the scene.
- A shortened set of questions was created for emergency medical professionals to help shorten the amount of time they spent speaking with an intake specialist based on the crisis nature of their work.
- All parents would be given a verbal recommendation prior to hanging up the phone.

July 2010:

- Hotline required that all calls reporting fatalities and near fatalities be monitored by a supervisor at the Hotline at the time of the call.

August 2010:

- The Hotline went live in all 92 counties.

September 2010:

- A staff schedule change was implemented to meet the demand of call volume.

October 2010:

- Implemented the practice that the local office could reverse the decision of the Hotline by requesting their Regional manager.

December 2010:

- Automatic assessments were implemented for reports received from Judges and Magistrates.

June 2011:

- Hotline staff training was updated to incorporate a more comprehensive internal training to ensure field shadowing days and more intensive one-on-one work with a supervisor.

July 2011:

- The Hotline began meeting with the Indiana Department of Education to work on implementation of on-line reporting for educators. This initiative is on-going and we hope to launch it in January of 2013.

October 2011:

- A monthly on-going staff training calendar for 2012.

January 2012:

- Hotline implemented a practice that incorporated an advisement of a PEDS referral to the local office on all reports that indicated an injury from the neck or above. A PEDS referral is a resource that DCS has developed for FCMs to receive a consultation from a trained professional at Riley Children's Hospital.

April 2012:

- Hotline implemented Structure Decision Tool used to evaluate whether or not a report met the legal requirements for assessment.

June 2012:

- Hotline implemented a practice that if a hospital made a report that would require an assessment, it would be assigned a 1 hour response time.

July 2012:

- A pilot program with Lawrence County LEA began. The pilot allows LEA to contact their local office if they require immediate assistance.

August- October 2012:

- All Local Child Protection Teams have the option to review all reports not sent for assessment (screen outs). If the Child Protection Team disagrees with a Non Assessment they can request that the local office director assign the report for assessment.